

Care Quality Commission

Inspection Evidence Table

Southdene Medical Centre (1-593702719)

Inspection date: 27 June and 3 August 2022

Date of data download: 06 June 2022

Overall rating: Requires Improvement

At our previous inspection of 24 November 2016, the practice was rated outstanding overall and for the key questions of safe, effective and well-led. They were rated as good for the key questions of caring and effective.

At this inspection we were concerned that care and treatment was not always provided in a safe way to patients. The shortage of established GPs at the practice had an impact on the practice not being able to keep up to date with care plans, medication reviews and the reviewing of prescribing. The quality of clinical coding could be improved and national guidance in the case of pre-diabetic monitoring was not being followed. We were concerned that there were no improvement plans in place which were effective, achievable and well monitored. Following our inspection, some improvement plans were submitted to us by the practice.

Safe

improvement

Rating:

Requires

At this inspection we saw some patients who received medication for high blood pressure were not receiving the correct monitoring and there was no protocol in place for the follow up of these patients. Resourcing issues meant that the individual prescribing of antibacterial items and some high-risk medication were not being reviewed. The practice were not following national guidance for patients with possible missed diagnosis of diabetes. The correct clinical coding was not applied to some patient's records, we found this in the case of safeguarding, pre-diabetics and patients with hypertension. We have rated this practice as requires improvement for providing safe services.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	*Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: We saw record keeping and safeguarding meetings with other relevant health care professionals. *However, in some cases, there were no alerts or codes on the clinical records of parents of children with safeguarding concerns. This was a risk as if records are not correctly clinically coded staff may not realise that there were safeguarding concerns about a family, when seeing patients, so they may not make an adequate assessment or refer for support appropriately. The poor-quality coding of patient records meant that patient's needs were not always identified, and we could not be assured that patients were always given appropriate care and treatment. Following the inspection, the provider told us that codes had been added to parents notes for all children on the safeguarding register.	

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 UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
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Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 10 May 2022	Yes
There was a fire procedure. Date of fire risk assessment: 10 May 2022	Yes
Actions from fire risk assessment were identified and completed.	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
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: 10/01/22	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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 were enough staff to provide appointments and prevent staff from working excessive hours	*No

Explanation of any answers and additional evidence:

*The practice had enough resources, with the inclusion of locum GPs to deal with the immediate and acute needs of the patients. However, this did not always allow for the longer-term planning, monitoring and prevention of ill health and for ensuring the practice was delivering good quality evidence-based care and treatment. The practice were trying to recruit a salaried GP with a view to partnership. They were planning to advertise soon. In the meantime, there was support from regular locum GPs. The

shortage of established GPs had an impact on the practice being able to keep up to date with care plans, medication reviews and the reviewing of prescribing.

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

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

Appropriate and safe use of medicines

The practice did not 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) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	1.24	1.03	0.79	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). (01/04/2021 to 31/03/2022) (NHSBSA)	6.8%	7.1%	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 (01/10/2021 to 31/03/2022) (NHSBSA)	4.08	4.66	5.29	Variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	454.9‰	266.4‰	128.2‰	Significant Variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.23	0.44	0.60	Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	8.4‰	6.1‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	No *
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	No **
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We carried out remote searches of clinical records to check how the practice monitored patients' health in relation to the use of high-risk medicines. We found that generally patients had received appropriate monitoring at the required intervals, however;</p> <ul style="list-style-type: none"> * We reviewed patients who were prescribed medicine to treat high blood pressure. From 454 patients prescribed this medication we identified 40 patients, (9%), where there was no renal function monitoring blood test recorded in the last 18 months, some were as far back as six years ago. We looked at 5 of these patients in detail and found reminders were sent out and not followed up. There was no protocol for the follow up of this. Some patients were not recognised 	

as receiving the medication on the clinical system and were not advised they needed monitoring. This should have been done via clinical coding. Following the inspection, the provider told us that all patients that have not had renal monitoring with a diagnosis of hypertension within the last 18 months had been contacted.

- ** The number of antibacterial prescription items prescribed per Specific Therapeutic group were higher than the England and clinical commissioning group (CCG) average. The lead GP told us the pandemic had contributed to this variance. Resourcing issues meant they did not always have the time to review individual prescribing. Following our inspection an antibiotic reduction plan was submitted to us by the practice.
- The total items prescribed of pregabalin (used to treat patients with epilepsy and anxiety) or gabapentin (used to treat epilepsy and nerve pain) per 1,000 patients was significantly higher than the England and CCG average. The lead GP told us that resource issues and the pandemic meant that they did not always have time to review this prescribing. Following our inspection a plan to reduce the numbers of gabapentin items prescribed was submitted to us.

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:	10
Number of events that required action:	10

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

Event	Specific action taken
Verbal aggression from a patient	As a result of verbal aggression from a patient the practice began to record telephone calls, this would help when investigating complaints of aggression.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	*Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a process in place for taking action in response to safety alerts. for example, ensuring a pregnancy prevention programme was in place for women of childbearing age, prescribed Sodium Valproate as per an MHRA safety alert from March 2018.</p> <p>*However, the clinical searches we carried out on the practice systems found some issues with the management of a historical safety alert from 2014. Patients who were prescribed a certain type of antiplatelet and heartburn and indigestion medication together should be discouraged from taking this and offered an alternative. We reviewed three patients prescribed this medication, all of whom had not been documented as being offered alternative medication.</p>	

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	*Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: There were templates on the clinical system for reviews of conditions such as asthma and learning disabilities. The referrals reviewed had been made promptly and in accordance with NICE guidance. Referral templates were used and contained appropriate information. * However, we did find that national guidance regarding pre-diabetic monitoring was not being followed.	

Effective care for the practice population

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.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- One of the nurses was trained in tissue viability and had access to the tissue viability specialist service.
- 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, 23 out of 26 had received a check in the last twelve months
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice were an accredited veteran practice which meant they could identify and treat veterans and refer them, where appropriate, to dedicated NHS services.
- All staff had received awareness training on learning disabilities and autism.
- Patients with poor mental health, including dementia, were referred to appropriate services. All clinical staff were trained to carry out memory screening, when appropriate, for patients presenting with memory concerns
- The practice told us they were behind with keeping care plans up to date for patients with poor mental health. This was due to capacity issues.

Management of people with long term conditions

Findings

- We carried out remote searches of clinical records to check how the practice managed the care of patients with long term conditions, these were of a good standard other than missed diagnosis of diabetes.
- We identified from our clinical searches three patients with possible missed diagnosis of diabetes. We found that the practice were not following national guidance regarding the interval between tests. If results were above a certain limit (47), a further test was necessary, four to six weeks after the first test to confirm or negate the diagnosis of diabetes. In the case of two out of three patients the practice were not carrying out HBA1C (blood sugar) tests which is advised for pre diabetics. Patients did not have the correct clinical coding assigned to their patient record.

- 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 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 chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	34	36	94.4%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	55	55	100.0%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	55	55	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	55	55	100.0%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR)	39	39	100.0%	Met 95% WHO based target

(01/04/2020 to 31/03/2021) (NHS England and Improvement)				
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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	CCG average	England average	England comparison
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). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	81.3%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	57.5%	63.4%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	67.8%	69.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	68.8%	60.5%	55.4%	No statistical variation

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
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

The practice had carried out audit and improvement projects to advance patient care. Examples of audits seen were:

- A two-cycle early cancer diagnosis audit. It started in October 2021 looking at the route to cancer diagnosis via two week wait referrals. They looked at the proforma completion, guidelines being followed and whether it was documented that the patient was given the correct paperwork at the time of referral as well as outcome. The second part of the audit looked at the last three months of cancer diagnoses, fitting particular specialties and how the diagnosis was made. The first part of the audit showed guidelines were followed and the patient was always given the appropriate information. Some patients had not had their bloods taken at the time of referral, this was one of the main changes as a result of the audit. It showed the importance of the national screening programmes due to the high numbers diagnosed.
- An audit of repeat prophylactic antibiotics prescribed to patients with urinary tract infections. This had been a regular audit since at least 2017. It showed the ongoing process and the lower than average rates of UTI prophylaxis. The practice had set up a monthly report to identify patients who received repeat prescribing for this type of medication. The report also ensured that these patients are given the appropriate advice about side effects.

Other examples of audits which the practice had carried out in the last twelve months included;

- An audit of high dose gabapentinoids which are prescribed to treat epilepsy and pain.
- A check of to establish if patients with a learning disability were receiving the correct medicines.
- A follow up of patients prescribed asthma medication and to ensure they attend education sessions.
- An audit of patients prescribed the high-risk medication lithium, which is a mood stabiliser.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: The practice had set out what skills each job role required. There were comprehensive records of training. We saw a schedule of appraisals completed.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence: Minutes of palliative care meetings were seen with palliative care and health care professionals in attendance.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice website had up to date information for patients including, carers, veterans, mental health advice and support, and drug and alcohol services.</p> <p>There was a social prescribing link worker available to help refer patients for directional support to services such as help with benefits. There was a sign in the reception area advising patients how to access this service.</p> <p>The practice provided health checks for ages 40-74, they had hit their yearly target for these in the first four months of the year.</p>	

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
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes

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-judgemental 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: The practice had a large folder of thank you cards and compliments from the patients. Staff told us they were proud to provide good, compassionate care for patients.	

National GP Patient 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 (01/01/2021 to 31/03/2021)	96.2%	91.5%	89.4%	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 (01/01/2021 to 31/03/2021)	95.4%	91.4%	88.4%	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 (01/01/2021 to 31/03/2021)	100.0%	96.6%	95.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	97.8%	86.5%	83.0%	Variation (positive)

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

Any additional evidence
<p>The practice carried out a feedback of patients on the lead GP April – May 2022. Thirty-four responses were received. The responses were positive. The questions asked for example were, how good did you feel the doctor was for caring for you? Thirty patients said excellent and four very good. Did you feel confident about the doctor's assessment? twenty-six patients said yes, absolutely and seven yes. Sixteen patients left comments on the survey which were all wholly positive. Comments included, excellent, helpful, approachable, listens with care and compassion.</p>

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

National GP Patient 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 (01/01/2021 to 31/03/2021)	96.6%	94.2%	92.9%	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

Carers	Narrative
Percentage and number of carers identified.	The practice identified 112 patients who were carers which was 3% of the overall practice population. The practice had increased the number on the register since 2020, by proactively identifying carers.
How the practice supported carers (including young carers).	The practice website had up to date information for carers including information on the local carers support service. A social prescribing link worker was available to give advice at the practice.
How the practice supported recently bereaved patients.	The practice sent an information pack to the bereaved family which included a sympathy card, a letter from the GP offering support and info from a bereavement support organisation. Prior to the pandemic a member of staff always tried to attend funerals of long registered patients.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

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: The practice had installed extra phone lines to improve telephone access.	

Practice Opening Times

The practice was open from 8am until 6pm Monday to Friday, with extended opening times on Monday morning from 7:30 am. Telephone appointments could be made available from 7:30am, if needed. Consulting times are broadly from 9am until 12 noon or 1pm and then 3pm until 5pm.

There were two branch surgeries at Peterlee Health Centre and in the village of Haswell. Due to the pandemic, the practice told us, the branch surgeries had been closed. The intention was to re-open them as soon as this was possible. The practice manager told us there had been no complaints from patients about this. The bus service to the main surgery and parking there were good.

Extended access was provided locally under a separate contract, at a local hub site, where late evening and weekend appointments are available from 6pm – 8pm weekdays and 8am – 1pm, weekends and Bank Holidays. This could be booked by 111 or by practices directly (via remote booking).

There was an overflow hub 12 noon – 6pm weekdays for practices and NHS 111 who may be facing increased demand on specific days.

Out of hours services are provided by via the NHS 111 service.

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. They had a home visit policy to assist staff.
- 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. Appointments were available after school for children.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- Appropriate length appointments were allocated to patients for annual reviews to avoid multiple attendances at the practice.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- A diabetes specialist nurse and consultant held clinics at the practice

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes

National GP Patient Survey results

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 (01/01/2021 to 31/03/2021)	93.2%	N/A	67.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	96.1%	74.3%	70.6%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	91.9%	69.9%	67.0%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	95.3%	84.8%	81.7%	Variation (positive)

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.	0
Number of complaints we examined that were satisfactorily handled in a timely way.	N/A
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
Explanation of any answers and additional evidence: The practice had not received any written complaints in the last year. The three they had received were verbal and dealt with there and then and documented. We were provided with the list of the three complaints.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy with the waiting time to be seen in the surgery	A patient attended their appointment but did not let the receptionist know they were waiting in the surgery. The health care assistant assumed they had not attended and did not call their name. They then complained about the time kept waiting. Signs were then put up in the waiting area to tell patients to let reception know when they arrived for their appointment.

Well-led improvement

Rating:

Requires

At this inspection we saw that mostly there were effective processes for managing risks, issues and performance. However, we were concerned there were no improvement plans in place to deal with the shortfalls in relation to care plans, medication reviews and the reviewing of prescribing.

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: The management of the practice were aware of the challenges facing them. Currently this was delays to medication and annual long-term condition reviews because of workforce challenges.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice mission statement was ‘to deliver an excellent patient-centric service using innovative technology consistent with modern general practice’.• The aim was to provide patients with an efficient service, with safe, effective, compassionate, high quality care and they encouraged improvement by continuously updating their teamwork and premises.• The practice had a business development plan which set out that they were striving to achieve maximum quality and outcomes framework points.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Feedback from staff was positive. They told us the management were supportive, the practice was a good environment to work in. They felt they gave good, compassionate care for the patients.</p> <p>The practice conducted a survey of staff asking for feedback on the lead GP. This was completed in April 2022, there were 18 responses, which were positive. Examples of questions asked were, supervising colleagues, 17 responses replied excellent and one good. For working with colleagues all 18 rated the GP as excellent. Comments included, an excellent GP, committed to the patients, caring and hard working.</p>	

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	* Partial
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	*Partial
There were effective arrangements for identifying, managing and mitigating risks.	*Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>*The shortage of established GPs at the practice had an impact on the practice not being able to keep up to date with care plans, medication reviews and the reviewing of prescribing. The quality of clinical coding could be improved and national guidance in the case of pre-diabetic monitoring was not being followed. We were concerned that there were no improvement plans in place which were effective, achievable and well monitored.</p> <p>Following our inspection the practice provided us with improvement plans for reducing the numbers of antibiotic and gabapentin medication prescribed. The staff were being trained to use an online toolkit which produced templates, reports and clinical searches to help identify patients who needed to be reviewed.</p>	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes

Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes

Appropriate and accurate information

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

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

Governance and oversight of remote services

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

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
<p>Explanation of any answers and additional evidence: The practice acted upon staff feedback that nurse appointments were not long enough when patients had multiple health problems. Appointment times were lengthened to take account of this. The practice also had a second telephone line installed during the pandemic as a result of direct staff feedback.</p>	

Feedback from Patient Participation Group.

Feedback
<p>The practice told us that since the pandemic they had been unable to hold any face to face patient participation groups (PPGs). However, they had rang members of the group to ask their opinions on issues at the practice and gain any feedback, which was confirmed by a group member we spoke with. The member of the group told us the practice listened to them and were good at putting right any issues the group had. They had raised the issue of difficulties in receiving prescriptions and this was rectified promptly.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice said because they were a small practice, they had a very good knowledge of their patients, were easily accessible and very responsive. • The number of registered patients was increasing steadily. The practice believed this reflected the good reputation of the practice locally and the access that they offered. A disproportionate number of new patients had long term medical conditions, making their care more challenging. • They encouraged professional development for their staff. • There were good support resources provided via the primary care network which included physiotherapy, a pediatric and mental health nurse, care coordinator and a social prescriber. 	

- The practice were continually improving their cervical smear rate and were above the target figure and were one of the practices with the highest rate locally.
- Staff would hand deliver letters to patients to ensure they were aware of their appointments. Prior to the pandemic, home visits were carried out for this.
- The practice prior pandemic held regular education sessions for patients this included sessions on geriatrics, stroke medicine, diabetes and bowel screening. The practice were hoping to resume these sessions soon.

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 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.
- **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.