

## Inspection Evidence Table

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(1-565630567)

**Inspection Date: 15 November 2023**

Date of data download: 16/10/2023

## Overall rating: Good

At our previous inspection in January 2016, we rated the practice as good overall. At this inspection in November 2023, we have continued to rate the practice as good overall and good across all 5 key questions.

## Context

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the third lowest decile (3 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 3.3% Asian, 21% Black, 1.1%, Mixed 1.6%, 0.6% Other and White, 93.3%

The practice long term condition prevalence was higher than the local Integrated Care Board (ICB) and England averages for depression, high blood pressure and palliative care. The practice and local ICB averages long term condition prevalence was higher than England averages for obesity.

The practice hosted primary care network staff and clinical rooms and consultation space had been considered by the practice in its risk register and practice strategy.

## Safe

**Rating: Good**

### Safety systems and processes

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

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

Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice had safeguarding systems in place and staff we spoke with had access to safeguarding leads, policies, and demonstrated a clear understanding of the reporting and recording processes.</p> <p>Registers were maintained and safeguarding alerts had been added to the records of vulnerable patients both adults and children, including those living in the same household. The practice safeguarding leads met on a monthly basis during clinical meetings to discuss vulnerable patients. Records of children on the child protection register were reviewed on a weekly basis by the safeguarding lead.</p> <p>A review of staff training records showed staff were up to date with their training or were due to complete refresher training, all had received the required level of training appropriate for their role.</p> <p>We sampled the records of 4 members of staff employed in addition to locum clinician. Disclosure and barring scheme (DBS) checks had been obtained.</p> <p>The practice told us health visitors and school nurses were invited to attend meetings but had not attended since the pandemic. The health visiting team were based within a hub and any information of concern would be shared, including liaison regarding young children who were not brought for their appointment, for example their childhood immunisations.</p> <p>The practice reconciled the children's safeguarding register with that of information provided by the local Integrated Care Service (ICS) on a monthly basis. This was to ensure safeguarding information was accurate and up to date.</p> <p>The practice Lead GP had completed a joint safeguarding self-assurance tool (JSSAT) which was forwarded to their ICB. This tool kit assisted in identifying good practice and further development opportunities which the ICB could review and improve communications and understanding.</p>	

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

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: Various	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 31 October 2023 Brook Medical Centre and 14 August 2023 at the Smallthorne site.	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice operated from two sites, Brook Medical Centre and Smallthorne Health Centre.</p> <p>The Smallthorne Health Centre building environmental health, safety and security audits were completed by the building owners, Midlands Partnership University NHS Foundation Trust (MPFT). The fire log at the site demonstrated some gaps in completion for example, emergency lighting. The Practice Manager reported this to the building owners for action and confirmed that appropriate action had taken place.</p> <p>A range of health and safety checks and risk assessments had been carried out to mitigate identified safety risks for patients and staff. Examples of these included:</p> <ul style="list-style-type: none"> <li>• Legionella risk assessments -20 December 2022 for Brook Medical Centre site and 21 April 2022 at the Smallthorne site.</li> <li>• Portable Appliance tests to both sites on 7 February 2023.</li> <li>• Gas safety record – 22 October 2023 and the Smallthorne site on 5 July 2023.</li> <li>• Electrical installation condition report for Brook Medical Centre site took place on 7 November 2023, quotes for remedial work following this report had been received on 14 November 2023, and dates agreed for this work to be carried out.</li> <li>• Electrical installation certificate was issued for the Smallthorne site on 19 January 2023.</li> <li>• Liquid Nitrogen was stored on site at Brook Medical Centre and recommendations were made in the practice fire risk assessment regarding the fitting of a low oxygen alarm and an extract fan in the room by January 2024. The practice had an action plan in place.</li> </ul> <p>The practice sites had designated fire marshals who had received training. We saw procedures in the event of a fire were available in each room detailing the evacuation points and meeting point. The practice held a Health and Safety Handbook, updated in August 2023, which provided information for staff and the employer on their legal duties and responsibilities under the Health and Safety at Work. Act 1974 (“The Act”). This is the primary piece of legislation and imposes duties on both employers and employees to ensure health and safety in the workplace.</p>	

### Infection prevention and control

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

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes

Date of last infection prevention and control audit: 11 May 2023	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff had access to an infection, prevention and control (IPC) policy and staff received on-line IPC training. The areas of the practice we reviewed were visibly clean on the day of our site visit and staff had access to adequate supplies of personal protective equipment.</p> <p>A contractor was responsible for maintaining cleaning standards throughout the health centre and cleaning schedules were maintained. The practice manager told us any concerns identified regarding cleanliness were raised with the landlord and contract cleaning company. We found cleaning mops at Brook Medical Centre were not stored appropriately. The practice manager took immediate action to rectify and report concerns.</p> <p>The Smallthorne site had disposable privacy curtains around a treatment couch which exceeded a six-month period, and a yellow infectious/healthcare sharps box was at the fill line, full. Remedial action took place, and this was rectified during our on-site visit.</p>	

### Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice at both its sites held medicines in the event of a medical emergency. A risk assessment had been completed for medicines not held.</p> <p>Staff had all received training in basic life support and had access to information on signs and symptoms that may indicate a serious underlying cause when dealing with patients. Staff were able to share examples of how they had responded to medical emergencies and the action taken.</p> <p>Locum information and induction information was available to new/temporary staff members.</p> <p>Leaders were mindful of staff wellbeing in particular when agreeing to take up additional hours to cover each other during sickness and annual leave.</p>	

The practice leadership and staff we spoke with considered staffing levels were running at an acceptable and safe level with the exception of an additional healthcare assistant and care co-ordinator. These positions had been advertised.

### Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Our clinical searches completed on 13 November 2023 identified that the care records we sampled were mainly managed in a way to protect patients. For example, history, examination, management plans, safety netting and follow up were adequately documented within the patient record.</p> <p>A spreadsheet was maintained with clinical oversight of all 2 week wait urgent referrals to assure the practice that all appropriate actions taken were timely.</p> <p>A protocol for the management of test results was in place to ensure they were reviewed and managed appropriately. This included buddy and deputising systems where a clinical staff member was on leave.</p>	

### Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) <small>(NHSBSA)</small>	1.11	1.05	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the	5.7%	6.0%	7.8%	No statistical variation

total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2022 to 30/06/2023) (NHSBSA)				
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) (NHSBSA)	5.58	5.23	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	237.9‰	206.3‰	129.5‰	Tending towards variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.37	0.55	0.54	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	5.8‰	7.3‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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 UKHSA guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence, including from clinical searches.	
<p>Our clinical searches which were completed on 13 November 2023 found:</p> <ul style="list-style-type: none"> <li>• Medicines that required monitoring such as Disease-modifying antirheumatic drugs (DMARDs) were appropriately managed. We reviewed 5 patient records, and 2 patients read as overdue but had been reminded, one had their medicines stopped. All were appropriately managed and recalled.</li> <li>• 55 of 1906 patients on a angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) medicines (used in the treatment of high blood pressure) appeared to have not had a monitoring blood test in the past 18 months. We reviewed 5 of the 54 patient records which showed that all but 1 patient had received a recall. The practice noted that this patient had been sent a text message and a text to their pharmacy to remind them that blood monitoring tests were overdue.</li> <li>• Our clinical searches found 14 patients who had been in receipt of 12 or more rescue inhalers in a 12-month period. We sampled 5 of the 14 patient records. In 3 of 5 records reviewed there were clear recalls. One patient had been advised to use an inhaled corticosteroid (an anti-inflammatory medicine); however, the patient had said they only used '1 puff a week' so it was unclear why they had needed so many inhalers. Another patient appeared not to have had any recent reviews, but the practice had contacted the patient who had an appointment booked. The practice had recently changed recall systems to birthday month, which may have affected the recall in this instance.</li> <li>• We sampled 5 out of the 965 completed medicine reviews. The 5 we sampled were completed via the online service with no conversation noted. The practice informed the CQC that they had outsourced their repeat prescribing service with a contract in place until April 2023. Where issues were identified these were feed back to the contractor for improvement.</li> <li>• The pharmacy team advised they would audit the prescribing of Pregabalin or Gabapentin medicines which are used to manage either just peripheral or both central and peripheral neuropathic pain with Pregabalin also used for epilepsy and anxiety management.</li> </ul>	

### 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:	9
Number of events that required action:	9
<p>Explanation of any answers and additional evidence:</p> <p>Staff spoken with demonstrated a clear understanding of the procedure for reporting concerns and safety incidents and had access to a significant event policy to support them in the process. They were able to recall and share examples of significant events raised since the last inspection, the outcomes and learning.</p> <p>The practice maintained an electronic log of significant events and incidents. These were categorised and discussed at clinical meetings to allow for reflection and learning and help improve patient care.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A patient was in receipt of a different patients information.	<p>The patient brought the issue to the practices attention. Apologies were provided to both the patient who received the wrong information and to the patient whose information had been shared.</p> <p>The practice investigated the cause. It was found that when printing the letter? the incorrect patient was selected. The incorrect patient information was then addressed to the correct patient.</p> <p>Resultant actions to mitigate the risk of reoccurrence included, additional training in information governance which staff attended. The practice reported the error to the Information Commissioners Office for information and guidance.</p>
A patient contacted the practice with symptoms that suggested a more urgent or emergency response was required and became more unwell whilst on the call.	<p>This was a positive significant event.</p> <p>The newly appointed reception staff member, acted promptly, identified the need for an urgent response, escalated to a senior reception member and they were supported by a clinical lead. An ambulance was contacted. The patient was appropriately supported to be treated and managed in the appropriate setting.</p> <p>The practice discussed the event. They found there had been clear and appropriate care navigation, with the staff member using their training and understanding of a deteriorating patient with 'red flag symptoms.'</p> <p>The practice considered if anything could have been done differently, and they found the process for safety netting had been effective. The staff had appropriately supported the patient and each other with a time critical approach.</p>



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
<p>Explanation of any answers and additional evidence:</p> <p>Processes to act on historic Medicines and Healthcare products Regulatory Agency (MHRA) alerts were incorporated into clinical practice. There were no patients on a teratogenic medicine, a medicine able to disturb the growth and development of an embryo or foetus. There were 143 patients on a type of oral medicine used to treat type 2 diabetes in adults. Of the 5 records we sampled all patients who were still taking the medicine had been sent information in respect of potential side effects. Three patients had stopped the medicine, 2 of these due to nausea and 1 made a decision to stop.</p>	

## Effective

## Rating: Good

- Cervical screening was slightly below the 80% target.
- The clinical searches found some potential for missed diagnoses of diabetes which was fed back to the practiced for action.
- Salaried GPs had not been subject to an 'in house' appraisal.

*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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes

There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes

## Effective care for the practice population

### Findings

- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Temporary resident access was used for patients in extreme short-term accommodation, for example those newly released from prison, if the person remained local their status was changed to a permanent.
- As part of the facilitation of admission avoidance scheme, patients who were assessed as being at greater risk of admission due to their health and frailty score (calculated based on age and co-morbidities) had received an annual review. The practice provided a health checkup which included the offer of bloods tests, either at the practice or a home visit. The patient received a phone call from the care co-ordinator for a holistic needs assessment. This was to ask about their lifestyle, mobility, how they coped at home, whether they had feelings of social isolation and loneliness and about any risks or concerns. For example, domestic abuse or their home safety (smoke alarm, carbon monoxide alarm). The care co-ordinator could refer where appropriate to the social prescriber, if they considered they may benefit from additional help and advice. In addition, if any safeguarding concerns were identified they could escalate these to safeguarding leads.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. Patients aged over 65 who attended for their flu vaccination also had a pulse check to screen for atrial fibrillation (an irregular pulse) those with irregularities were invited for an electrocardiogram (ECG) which is a test that can be used to check the heart's rhythm and electrical activity. To date 2022-2023, 8 patients had been diagnosed with atrial fibrillation as a direct result of their attendance at these clinics.
- 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. The practice had completed 245 health checks. The practice made a decision to offer specific blood test monitoring during these health checks and as a direct result had identified a pre diabetic patient, 17 patients requiring a medicine to lower cholesterol and 7 patients with type 2 diabetes, and improved health and wellbeing outcomes for these registered patients.
- All patients with a learning disability were offered an annual health check. The practice had 66 patients on the learning disability register. Of those, 24 (36%) patients had received an annual health check with the remaining 42 planned for this annum.
- The practice provided a weekly face to face ward round to their patients living in a care home setting.
- 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 demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. The local primary network (PCN) pharmacist had two appointment slots set aside per day for patients needing an anxiety and depression telephone appointment to discuss their medication, bookable by the reception team. If more were needed, then the regular medicines review appointment slots were converted.

- Patients with poor mental health, including dementia, were referred to appropriate services, the PCN mental health practitioner also provided face to face appointments for patients at the practice. One stop dedicated clinics were provided for patients with mental health, dementia or a learning disability which included completion of any required blood tests or investigations.
- Patients newly diagnosed with cancer were sent a letter offering advice and support, including how to contact practice online, and the contact details for Macmillan cancer support. All were invited to have a cancer care review during the first 12 months.
- The childhood immunisations clinics were run with two nurses to each child, to provide a holistic view, advice on immunisation information given and provide minor illness booklets. With the child's mother in attendance and to prevent families having to attend the practice multiple times, postnatal checks were booked following or immediately prior to these appointment with a GP.

## Management of people with long term conditions

### Findings

- Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the clinical team worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The clinical team followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Our clinical searches undertaken on 13 November 2023 showed that 83 patients had been in receipt of 2 or more courses of rescue steroids out of 846 with asthma. We sampled 5 of the 83. Those sampled had all been reviewed during their exacerbation and prescribed an inhaled corticosteroid. All had been in receipt of a recent full asthma reviews with the exception of 1 patient. This patient had been invited but not attended.
- The clinical team followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Clinical searches identified 43 patients with chronic kidney disease (CKD) stages 4 or 5. Of these 2 patients were potentially overdue their monitoring. We found that one patient had been recalled and the other was seen weekly during a care home ward round.
- The practice had 519 patients with an underactive thyroid. Our clinical searches identified the potential that 3 patients had not been in receipt of the required monitoring checks in the last 18 months. We found patients had been reminded several times.
- The practice had 1001 patients with a diagnosis of diabetes. Of these 119 patients were identified as having poor HbA1c -blood sugar/glucose control, and a diabetes complication that affects the eyes. We reviewed 5 of the 119 patient records and saw that all 5 patients had received an annual review in the previous 12 months and several recalls.
- Our clinical searches identified 25 patients as having the potential for a missed diagnosis of diabetes. We sampled 5 out of the 25 records. We saw that 2 patients had diabetes and had a follow up and 3 patients had a planned follow up following their last blood test result.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
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The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e., three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	155	160	96.9%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e., received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	137	145	94.5%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e., received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	136	145	93.8%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	137	145	94.5%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	167	171	97.7%	Met 95% WHO based target

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

Any additional evidence or comments
<p>The practice had met 2 of the 5 World Health Organisation (WHO) targets for childhood immunisations and 3 of the minimum targets. The practice nursing team managed the lists provided by the child health team to ensure children registered at the practice received their appropriate childhood vaccinations at the required intervals. Those who did not attend were followed up and offered appointments. In the event that after 3 recall attempts, they did not attend this was escalated and health visitors informed. Children could receive their immunisations outside of these clinics to accommodate patients' needs. Arrangements were in place to follow up children not brought for their immunisations.</p> <p>The childhood immunisations clinics were run with two nurses to each child, to provide a holistic view, advice on immunisation information and be provided with minor illness booklets.</p>

Cancer Indicators	Practice	SICBL average	England	England comparison
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Persons, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	73.1%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	70.9%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (3/31/2023 to 3/31/2023) (UKHSA)	77.6%	N/A	80.0%	Below 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	50.0%	53.2%	54.9%	No statistical variation

### Any additional evidence or comments

Cervical screening uptake was encouraged by the practice, such as providing information in waiting rooms, the practice website and during consultations. Information about this screening was available in various formats such as easy read and different languages. Patients who failed to attend were offered recall appointments, these could also be booked during the enhanced hours service provided, as well staff using, when able, the ad hoc opportunity to inform patients during consultations for other health conditions.

To facilitate additional appointments for their patients, a staff member had extended their role and completed cervical screening training supported by the practice nurse in competence reviews. This ensured female samplers were available throughout the week and at different times including early morning, lunchtimes, and afternoons.

### Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:  The practice had carried out a number of one cycle clinical and non-clinical audits. These included: <ul style="list-style-type: none"> <li>• Pre-diabetes and diabetes blood test monitoring in July 2023</li> <li>• A medicine used for heart rhythm disorders such as atrial fibrillation in April 2023</li> <li>• An audit on patients who did not attend (DNA) in April 2023</li> <li>• Cervical screening inadequate smear audits took place per qualified clinician</li> </ul>	

- Infection prevention and control audit
- Sore throat audit
- Minor surgery audit

The practice acknowledged the need to develop more of a programme of targeted quality improvement audits going forward and take time to reflect on the improvements they had made to patient outcomes care and treatment. For example, the work they had completed with 245 NHS Health checks where the practice decided to offer specific blood test monitoring, which had had identified as a direct result, a pre diabetic patient, 17 patients requiring a medicine to lower cholesterol and 7 patients with type 2 diabetes, and potentially had improved health and wellbeing outcomes for these registered patients.

### Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had reviewed its skillset and recruited advanced clinical practitioners (ACPs) to form an acute care team to ensure a more resilient workforce. The practice team had considered its workforce skill mix, which had diversified over the years.</p> <p>Staff at the practice included, a lead GP partner, salaried GPs, business manager/partner, practice manager, healthcare assistant, nurse associate, practice nurse, nurse practitioner, advanced nurse practitioner, reception manager, senior receptionist, senior administrator, GP assistant, reception/admin, clinical governance assistant and medical secretarial staff.</p> <p>Staff were provided with protected learning time (PLT) for staff training. An electronic tool was used to record on-line staff training modules. This showed staff had completed essential training. Time had been set aside for staff returning from leave to complete any outstanding training.</p> <p>The practice had an induction workbook for new staff in addition to a staff handbook that detailed what was expected from every employee.</p>	



Arrangements to support staff working in advanced roles continued to have GP mentorship for support and support provided by the advanced nurse practitioners in clinical lead roles. Their competence was assessed through sampling a number of patient consultations, prescribing competence and feedback on clinical decision making. The competency documentation identified whether there were additional learning and development needs as well as via appraisal and self-assessment.

Salaried GPs were subject to appraisal via their professional body responsible officers. The practice did not currently provide a separate in-house appraisal. There had been no performance management concerns. The practice advised they would consider carrying out in house appraisals following consultation with their salaried GPs.

Clinical competence included clinical staff employed by and/or working within the local primary care network (PCN) and its individual constituent GP Practices which had been developed.

**Coordinating care and treatment**

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

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

**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:  Health promotion boards were displayed in the waiting areas and provided patients with a range of information. This included information on diabetes, cancer screening and stroke awareness.</p> <p>Patients with prediabetes were monitored and reviewed. The practice told us they ran regular searches on the clinical system to identify patients with potential prediabetes and they were offered referral to the National Diabetes Prevention Programme (NDPP programme). Patients were also offered an annual review with a practice nurse.</p>	

A number of health promotion services were available including health checks, travel and childhood immunisation and advice, family planning services, chronic disease management clinics, lifestyle advice and support such as weight management and support services.

Patients had access to a mental health practitioner, a social prescriber, dieticians, pharmacist and pharmacy technician, a paramedic, GP assistants, care co-ordinators, nurse associates and a trainee nurse associate, and first contact physiotherapist via the primary care network (PCN).

**Consent to care and treatment**

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient’s mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff had access to a consent policy. Clinicians we spoke with demonstrated a clear understanding of consent and shared examples of gaining informed or written consent prior to minor surgical procedures.</p> <p>The practice had a DNACPR policy that stated staff were to be aware of the requirement to consider a DNACPR decision that respects, where possible, the wishes of the individual whilst reflecting their best interests, and is person centred.</p> <p>The practice had a lead staff member coordinator for DNACPR who ensured that oversight of any decisions made with advance care planning, end of life care and DNACPR and that they are discussed during palliative care multi-disciplinary meetings. This was particularly important when patients moved across different care settings (hospital, ambulance, care home) and during any out-of-hours period as failure to communicate some or all relevant information can lead to inappropriate treatment.</p> <p>From our review of 3 patient records where a DNACPR decision had been recorded, we found that patients’ views had been sought and respected and the forms had been left with the patient in their home setting.</p> <p>It was acknowledged that it was not easy to find the DNACPR consultation narratives within the records. It relied on the clinician going through the consultation notes. When DNACPR discussions and decisions had been made in settings, other than the patients home or the practice, the practice sought information regarding the content if not provided. The patients records were coded with a pop-up electronic alert.</p>	

**Caring**

**Rating: Good**

**Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

	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

Patient feedback	
Source	Feedback
Practice compliments	The practice had received compliments in relation to patients' positive experiences about the care and treatment. This included feedback through thank you cards, social media, letters from families.
Complaints	The practice actioned and investigated complaints received and used these to improve practice as well as their systems and processes.
NHS website	There were 10 reviews posted on the NHS UK website in the last 12 months. The majority (7 out of 10) were 5-star reviews. There were 3 less positive reviews and a negative review. Those that were less positive focused on areas such as, access and repeat medicines access.
Healthwatch	We asked for feedback from the local Healthwatch team. They advised that patients had reported there were areas for improvement such as, communication with other services to which they refer patients. An example was of a patient who shared that they had been left "in limbo" and without treatment for around 6-months due to communication between services. They were signposted to raise a complaint.
Local care home/supported services feedback	<p>We spoke with the representatives of 3 care providers who had residents registered with the practice. All without exception spoke positively about Brook Medical Centre and the services provided.</p> <p>Feedback was extremely positive regarding the practice providing a caring service with all 3 representatives singling out praise for 4 particular staff members.</p> <p>One representative told us the lead GP was excellent and the clinical team were extremely attentive, kind and provided excellent care and support. They said certain individuals really made a difference and felt supported by the practice. The other representative described a practice staff member as 'amazing' 'kind' 'knowledgeable' and 'professional.'</p> <p>The third representative informed us that the practice as whole were very approachable. They described a member of the practice team as being lovely and supportive and said they called them if they were delayed or needed to</p>

	<p>reschedule. They said another member of the team always escalated any concerns they had; was always helpful and supportive. They told us that the Lead GP listened to their patients and was a very good doctor.</p> <p>They advised that the Lead GP 'listens to our patients and is a very good doctor.'</p>
Integrated Care System	Feedback we gained from the ICB was positive in general, with discussions having taken place with the practice manager on the suggested lower than expected face to face appointments regarding GP access.
CQC Give feedback on care	<p>The CQC were in receipt of 6 complaints about the practice in the last 12-month period, which were mainly, in relation to access and staff approach/attitude.</p> <p>However, feedback in relation to the practice providing caring services included the lack of care 1 patient had received from doctors, as they felt they had not listened to them, and they lacked compassion.</p>
CQC on site observation	During the inspection we carried out observations in the waiting areas and front offices where patients attended in person or telephoned the practice. We observed staff to be courteous and helpful during patient interactions. They maintained a calm approach and we saw that support was readily available to reception staff with a reception manager and clinical lead.

### National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	90.5%	85.3%	85.0%	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 (01/01/2023 to 30/04/2023)	88.8%	83.3%	83.8%	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 (01/01/2023 to 30/04/2023)	93.9%	92.9%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	65.6%	72.7%	71.3%	No statistical variation

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

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:  Easy read and pictorial materials were available. Staff were alert to the local average reading age as cited by the local council and ensured that their letters, documents and leaflets took this into account, with plain English and or links to information for patients in their first language.  The Primary Care Network provided support for patients such as signposting which included the support of local advocacy services, as well as care co-ordinator support.</p>	

### National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	95.2%	90.4%	90.3%	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
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Percentage and number of carers identified.	The practice had a practice list size of 14,480. They maintained a carer register and had 365 carers on their register. This represented approximately 2.5% of the registered practice population.
How the practice supported carers (including young carers).	The practice provided information on the practice website that provided links to a range of information for carers as well as literature in the waiting room areas.  Staff signposted carers to the social prescriber via the primary care network (PCN), whose role included assisting patients, including those registered as carers, in need of help, support and advice.
How the practice supported recently bereaved patients.	The practice website contained information for those recently bereaved. The mental health practitioner was able to offer appointments to bereaved people in need of support and signpost them to relevant support services. Staff also signposted carers to the social prescriber via the PCN.

### Privacy and dignity

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

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:  Staff we spoke with were able to share examples of how they promoted and respected confidentiality, privacy, and dignity in their work. Staff received training in privacy and dignity and equality and diversity and signed confidentiality agreements.</p> <p>During our site visit we saw consultation and treatment room doors were closed during patient consultations. Incoming calls were taken away from main reception desks to promote privacy wherever possible.</p>	

## Responsive

**Rating: Good**

- The National GP patient survey data had improved slightly in a number of areas.
- The practice conducted a number of patient feedback surveys including access and their findings from a significantly larger cohort of patients demonstrated access improvement following the implementation and evaluation of their action plans.

We recognise the pressure that practices are currently working under, and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care.

### Responding to and meeting people's needs

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



	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Services were provided from two sites, both in health centre-built premises with car parking. Automatic doors provided easy access to the premises.</p> <p>Patients with any specific communication support needs relating to a disability, impairment or sensory loss were advised to inform the practice staff so they were able to include these on the patient record to ensure staff were familiar with any requirements. For example, if patients required any correspondence in particular formats such as large print, easy read, braille, text messages to enable individuals to make decisions about their health and wellbeing and about their care and treatment.</p> <p>The practice website offered a facility to make the information more accessible for everyone. For example, enlarging the text size, changing the contrast, alignment of text and the option of bringing into the practice the correspondence received for those with illiteracy. In addition, the website was available in different languages to assist people whom English is not their first language.</p> <p>The practice had wheelchairs available in the reception area to assist patients access care and treatment easier if they required it.</p>	

Practice Opening Times	
Day	Time
Opening times: <b>Brook Medical Centre</b>	
Monday	8am – 6.30pm
Tuesday	8am -6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm Phone lines were switched to the out of hours provider at 1pm
Friday	8am -6.30pm

Opening times: <b>Smallthorne</b>	
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 6pm
Thursday	8am - 1pm Phone lines were switched to the out of hours provider at 1pm
Friday	8am - 6pm
<p><b>Enhanced hours</b></p> <p>The 7am to 8am clinic was GP only- and the reception area did not open until 8am</p> <p>Enhanced hours were provided Monday to Friday between 7am and 7:50am Saturday- once per calendar month between 7am to 2pm</p> <p>The practice phone lines were switched to the out of hours provider at 1pm on Thursdays, this was for staff training. Whilst the phone lines were transferred, pre bookable appointments continued.</p>	

#### 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.
- Clinicians “Meet and Greet” all patients in the waiting room to accompany them to the consultation room.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Child immunisations were offered outside of normal practice opening times to accommodate patients’ needs.
- Requests for urgent same day appointments were triaged and assessed by a clinician. These appointments were made available from 8am each morning.
- Patients were able to attend the practice at quieter times should they prefer.
- The practice offered enhanced access hours Monday to Friday with appointments bookable between 7am and 7.50am. Appointments were available on a Saturday at the practice once a month between 7am and 2pm.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, with double appointments, and all annual reviews for people with a learning disability were completed within their home environment.
- The practice staff attended patients in a care home each week face to face as a ward round and met with staff to discuss the health needs of registered patients, as well as supporting them with any urgent acute symptoms.

- Where appropriate the practice staff encouraged the use of local pharmacy schemes, such as the NHS community pharmacist minor illness service (CPCS). This is a national advanced service to refer patients requiring low acuity advice, treatment and urgent repeat prescriptions to community pharmacies as well as for blood pressure checks and pharmacy related contraception.
- Minor surgical procedures were offered such as joint injections and skin excisions.
- ravel health advice and education and most but not all travel vaccinations for example they did not provide yellow fever vaccinations.

## Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Yes
The practice offered a range of appointment types to suit different needs (e.g., face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Appointments included a mixture of telephone, face-to-face and video consultations.</p> <p>Patients had access to appointments provided by a range of a multi-skillset of clinicians including GPs, advanced clinical practitioners (ACPs), nurse practitioners, practice nurses, health care assistants and nurse associates.</p> <p>The practice team were enhanced by staff provided through their primary care network (PCN) including a social prescriber, pharmacist, pharmacy technician, dietician, nurse associates and care co-ordinators and a first point of contact physiotherapist. Patients requesting an appointment were asked to provide a brief description of their presenting symptoms to ensure they were booked to see the most appropriate clinician for their condition.</p> <p>During the inspection we discussed appointment availability for each staff role and reviewed the appointment system. At 11.45am, there was a range of available appointments for urgent, routine and home visits. For example, there were face to face appointments available with 2 GPs from 1.30pm, there were 2 nurse practitioner appointments remaining; the advanced nurse practitioner appointment slots were full.</p> <p>Reception staff had access to a reception matrix as well as care navigation and reception administration training. The reception matrix enabled staff to identify who was the most appropriately qualified member of staff to book the patient into for consultation. It included those staff employed by the primary care network such as dietitians and pharmacists.</p> <p>The practice had an electronic call system, which was monitored and used to improve services. They system detailed the number of staff taking calls, number of calls received, average and longest waiting time and</p>	

abandoned calls. We saw examples such as 14 November 2023 when the practice had dealt with over 1,300 calls. Whilst onsite the longest call wait time was under 5 minutes. During our observations, a patient called the practice later in the afternoon and although no appointments were then available their request was escalated, and the patient provided with an appointment the same day.

Patients' communication needs had been considered. Where specific communication support had been identified details had been included in the patient record to ensure staff were familiar with any requirements. The practice website offered a facility to make the information more accessible for everyone. The practice offered a texting service which allowed patients to receive confirmation and reminders about their appointments. Patients who choose to be registered for this service completed a consent form.

### National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	32.8%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	56.2%	57.9%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	44.3%	58.7%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	75.0%	76.9%	72.0%	No statistical variation

### Any additional evidence or comments

The National GP Patient survey results showed ongoing improvement in how patients found getting through to the practice by phone. Patients overall experience of making an appointment from March 2021 had slightly improved from 55.47% to 56.16%. The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered had increased between March 2021 and 2023. There was a decline in the percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times from March 2021, 57.7% to 44.3% in 2023. There had been an overall decline in people's satisfaction rates for accessing appointments locally and nationally.

The practice was undertaking a patient satisfaction survey, this was ongoing and had been in place since September 2022. The practice took this approach to ensure they had feedback from patients in real time and allowed an earlier, proactive response to areas for improvement rather than wait for the end of a survey period.

By the date of our inspection, 5,349 patients had responded. Patient feedback was an agenda item at team meetings. Feedback and results were analysed regularly, and trends identified to support discussions on further improvement. From the notes of the team meetings, we saw a responsive approach to action planning and responding to feedback.

Feedback from the patients had prompted the practice to ensure there was availability of a balanced service at both sites with a full clinical team of multiple disciplines, allowing patients who could not travel to the other site, full access to services.

The survey covered for example: How easy it was to get through to someone at the GP practice on the phone. At the time of the inspection the practice had received 2,680 responses to this question: 45% patients found it easy/fairly easy, 10% patients finding it difficult or fairly difficult, 45% responded neutral or other. The survey identified dissatisfaction with waiting times on telephones between 8am and 10am. In response the action taken had been to increase the number of desks and call handlers in reception and increase in the number of reception phone lines from 7 to 9. Additional staff were added to the rota in the mornings with additional support, from the reception manager and care co-ordinator at busier periods if required.

The overall experience of making an appointment had received 4,722 responses to date: 94% responders found their experience very good/good, 4% had responded poor/very poor, 2% were neutral or did not know.

Whether patients were satisfied or fairly satisfied with the appointment (or appointments) times available had so far had 1,503 responses: 85% were satisfied or fairly satisfied, 8% dissatisfied and 6% patients were neutral.

As part of the survey patients were asked whether they would like a call back feature/function which enabled them to be called back once they reached the top of the queue to avoid them waiting, 67% said they would like the call back system, this had therefore been introduced.

Other in-house surveys included feedback on medicines and community pharmacy services. The aim of the survey was to ensure patients medicine needs were being met and to understand the services patients accessed and to make or suggest improvements based on patient feedback. In response to this survey, we saw that a patient had reported confusion with their medicines, we saw that the medicines team had contacted the patient directly to offer further support.

Additional pharmacy technician appointments were made available for patients who had issues accessing their medicines in a timely or accurate manner.

The practice was proactive in obtaining feedback in relation to other services for example, the flu clinic and NHS Health checks. An example of changes made was, Flu vaccination clinics also offered at Smallthorne Community Centre at a weekend. NHS health checks had been prioritised as there had been no commissioned service since COVID 19 for patients.

We saw, in response to patient feedback the practice had implemented a number of other changes which had included:

- An increase in minor surgery clinics offered due to demand.
- Early morning nurse practitioner appointments slots made available for children outside of school hours.
- Out of hours dietitian appointments for people unable to attend in working hours.
- Added afternoon blood test appointments for patients unable to attend in the morning.
- GP standard appointments increased from 10 to 12-15 minutes. This allowed GP's more time to consult effectively and additional time for patients to discuss more complex problems without reducing the total number of appointments.

The practice data showed that the practice had also increased the total percentage of clinical consultation capacity by 13.2% for all clinicians when compared to the same period last year. This had included. For example, the introduction of a full-time advanced nurse practitioner, healthcare assistant and pharmacist. In addition, a further GP, mental health practitioner, dietitian and first contact physiotherapist had all joined the practice on a part time basis.

The practice had also compared GP appointments between April 2021 and April 2022 and April 2022 and April 2023. The data showed that the number of available appointments had increased by 500 (4%). The practice considered that with their current full team, for April 2024-25 they were forecast to increase by 27% year on year. The practice ensured their appointment capacity was spread out evenly across the week.

To meet patient demand in minor surgical joint injections, the practice had increased their minor surgery capacity by 30% with additional specialist training completed by a clinical staff member. The wait time for an appointment dropped for the longest wait time of 12 weeks at its maximum, to 4 weeks, with 45 people on the joint injection waiting list.

The practice was continuing to review, consider, and take action on results of the surveys and patient feedback.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 10 reviews posted on the NHS UK website in the last 12 months. The majority (7 out of 10) were 5-star reviews. There were 3 less positive reviews and a negative review. Those that were less positive focused on areas such as, access and repeat medicines access.

### 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.	68
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example of learning from complaints.

Complaint	Specific action taken
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<p>A patient complained in respect of access to a repeat medicine that secondary care had prescribed, that the practice appeared unaware of a dosage change following a secondary care review and of the tone of the staff member when the complainant reported this. The patient had sourced an urgent prescription for an emergency medicine supply from the hospital.</p>	<p>The practice acknowledged the complaint and investigated it.</p> <p>The investigation findings were timely. The practice provided the complaint outcome in a letter to the complainant, which included a breakdown of the elements of the complaint.</p> <p>The secondary care review letter to the practice, with the dosage change in the medicine, had not been received by the practice until 13 days after the patients appointment.</p> <p>An apology was provided for the staff members tone with recognition that on reviewing the call recording, the staff member had been trying to assist with the query raised. On review of the call, it was noted that the staff member was under pressure from the patient to prescribe despite not having sight of the consultants letter.</p> <p>The practice suggested the patient could also raise concerns regarding delays in secondary care correspondence to the practice.</p> <p>The practice discussed the complaint and mitigation was put in place to reduce the risk of reoccurrence. This included reminders to staff in respect of maintaining an empathetic approach and attitude when responding to patients who may be anxious.</p>
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## Well-led

**Rating: Good**

### 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
<p>Explanation of any answers and additional evidence:  Staff reported positively on the support they received from the practice leadership. Staff found them to be visible, accessible and available by different means including in person, by phone, email, text messaging and during through a range of meetings held.</p>	

Workforce planning had been conducted to ensure the practice employed a staff skill mix to meet patients care and treatment needs.

The practice had a succession plan, and this was regularly considered and would be reviewed in line with any staff changes arising within the practice.

**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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a business development plan in place. The practice strategy was not well known to all staff, but all understood the practice vision and values and understood their specific roles and responsibilities in achieving the practice ambitions.</p> <p>Staff were able to state the challenges and risks they thought were present. The practice ensured there was a collaborative approach to the development of their team and environment.</p> <p>Staff said they were kept informed of changes affecting the practice and considered effective communication was key, and they all tried to improve upon. Staff reported they were valued and their suggestions or ideas for improvements were considered and acted upon.</p> <p>The practice had completed a piece of work to understand where there was a risk of a 'single point of failure' and this activity had assisted them to identify risk and put mitigating activities in place.</p>	

**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>Staff described the culture of the service as open, inclusive, supportive, responsive and pro-active.</p> <p>The practice management and clinical leads told us the welfare of their staff was paramount and fully acknowledged how highly they valued their teams. Staff said they worked well as a team and the practice had developed and considered their well-being. For example, the practice had listened to clinical, reception and patient feedback on appointments had completed a series of in-house surveys and as a team devised a series of changes which they implemented to improve patient experiences. Time to undertake administrative tasks in-between patients had also been considered. The practice acknowledged the loyalty of their long-standing staff and considered staff morale.</p>	

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

Source	Feedback
Staff feedback	Staff told us they felt supported and that their views were listened to and acted upon. They felt they worked well as a team. Staff told us they enjoyed working at this practice. Staff informed us of their career progression at the practice and of how they were supported with education, training and competency reviews to meet the needs of their patients.

### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had clear governance structures and systems and had implemented a number of changes to manage the challenges experienced in the previous 12 months.</p> <p>A range of meetings was held to disseminate information. These included, weekly lunchtime management meetings, monthly GP/clinical meetings, monthly nursing team meetings, monthly reception meetings and</p>	

monthly primary care network (PCN) board meetings. External stakeholders were invited to attend palliative and frailty meetings and safeguarding meetings. Meetings included standing agenda items. The practice also offered protected learning time. Staff also had a secure text messaging group to facilitate and share updates.

Staff understood their specific roles and responsibilities.

At the time of the inspection there was no backlog of activity, but arrangements were in place. For example, during leave a buddy system was in place to ensure that all test results for that clinician were reviewed.

**Managing risks, issues and performance**

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice maintained a risk register and assessed the severity of risks taking into aspects such as impact and likelihood. Examples of the areas the practice had considered included: any staff vacancy, the shortage of clinical room availability for staff, car parking and health and safety risk assessment actions as well as availability of patient services such as spirometry.</p> <p>There were very few gaps identified during the course of the inspection in the management of risks, issues and performance. For example:</p> <ul style="list-style-type: none"> <li>• Fire log documentation at the Smallthorne site, which was reported and actioned by the building owners, Midlands Partnership University NHS Foundation Trust (MPFT).</li> <li>• Infection prevention and control measures such as curtains/sharps boxes and mop heads were all reported, actioned and dealt with during the site visit.</li> <li>• Cervical screening was noted as below target.</li> <li>• Consideration of salaried GPs being offered an ‘in house’ appraisal.</li> </ul>	

**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
Staff are supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: The practice staff completed a range of information governance and data security training to ensure staff practised good data security and that personal information was handled correctly.	

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	No
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	

Staff were able to provide examples of how feedback was sought from people who used the service. For example, through compliments, complaints, direct verbal feedback, the national GP patient survey, friends and family test, and reviews left on social platforms including the practice Facebook page.

The practice participation group (PPG) was disbanded before the pandemic due to dysfunctionality between some of the members. The practice had identified on their risk register the lack of a current PPG and were working towards recruiting and restarting a PPG. The practice in the interim had for example:

- Created a practice Facebook page.
- Created a patient email address.
- Policies and terms of reference were being put in place for a PPG.
- 10 participants had been identified and contacted.
- Some patients considered it may be useful to have a primary care network wide PPG.

To minimise the impact from a lack of PPG, the practice had conducted regular patient questionnaires on new services such as the implementation of flu clinics at their Smallthorne site and the potential of a phone call back function.

The practice was a member of the primary care network (PCN) and worked in collaboration with them resulting in member practices building stronger working relationships together with external partners, including the newly formed local integrated care system (ICS) and other local PCNs. The PCN manager and staff team had a base at the practice. The team worked seamlessly alongside staff at the practice. They networked with each other. For example, the pharmacist and pharmacy technician, social prescribers, nurse associates, care co-ordinators and dietitian as well as the mental health practitioner and others. This helped staff understand each other's roles and how they could be of mutual support.

The practice worked with its community and staff at the practice had provided support in a number of ways for example:

- Coffee mornings, where information and signposting to additional services were discussed.
- Christmas toy drive.
- World Book Day (donated books).
- Coats for the homeless.
- Shoebox appeal.
- Poppy appeal.
- Cancer awareness days (most recent was Breast cancer).
- A foodbank collection point in practice reception.

**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:	

**Examples of continuous learning and improvement**



The practice continued to support staff with education and opportunities for career progression. The practice had completed a number of single cycle audits. Second cycle audits were planned to ensure that the learning and recommendations made were embedded.

The practice supported the primary care network (PCN) team at the Brook Medical Centre site by providing clinical and operational space.

**Notes: CQC GP Insight**

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

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

#### **Glossary of terms used in the data.**

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