

Care Quality Commission

Inspection Evidence Table

Newton Surgery (1-552754314)

Inspection date: 29 & 30 September 2022

Date of data download: 15 September 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: The practice had policies and procedures in place to support staff to identify and respond to any safeguarding concerns. The policies clearly outlined the safeguarding lead for the practice, and provided contact details for external agencies such as social services safeguarding teams and the police child protection team.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial

Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During our site visit we reviewed two staff files. We saw that these contained documentation to confirm proof of address and identify, a record of training and disclosure and barring checks (DBS).</p> <p>However, one staff file contained information about an historic concern. We saw that the provider had assessed this information and taken steps to mitigate any risks. This included an individual risk assessment. The provider carried out DBS checks on an annual basis to ensure all staff members were of good character.</p> <p>One file only contained one reference. This was not in line with the providers recruitment policy which stated:</p> <p>‘two references from previous recent employment (see more specific requirements for health care professionals below)’.</p> <p>We discussed this with the practice and were advised that two references were not available at the time of recruitment. We were assured that two references were sought when available and saw evidence of this in the second staff file we reviewed as part of our inspection.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: August 2022	Yes
There was a fire procedure. Date of fire risk assessment: August 2022	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The provider carried out monthly checks of the fire alarm, and we saw records to confirm the fire extinguishers had been checked in December 2021. However, we saw no evidence that the provider had carried out a fire drill. We discussed this during our site visit and received assurance that this would be actioned.</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. Date of last infection prevention and control audit: January 2022	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
Explanation of any answers and additional evidence:	

During the site visit we found the premises to be clean and well maintained. The provider had made improvements to the premises since our previous inspection including new flooring to the corridor area, and redecoration throughout.

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
Explanation of any answers and additional evidence: Feedback we received from some staff members indicated that they did not feel they had enough time to complete all of the tasks required of them.	

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. ¹	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
Explanation of any answers and additional evidence: Review of patient records during our clinical searches identified that care records were managed in line with current guidance.	

However, there were some occasions where it appeared that clinical entries had been made onto records by non-clinical staff. For example, the records showed that a psychiatric consultation and prescription for antidepressant medication had been carried out by a healthcare assistant. We discussed this with the provider and were informed that on each occasion the call and consultation had been conducted by a GP from other staff desks with their login details. This had been reported as a significant event, and a full staff meeting had been held to remind staff that if they worked from different desks, they had to ensure they logged in using their own credentials.

We saw there was a process in place for monitoring urgent cancer referrals. Referrals were logged onto a spreadsheet by the office manager and continually monitored until an appointment was made and the patient had been seen. Patients were also asked to contact the practice if they had not received an appointment within 14 days.

Appropriate and safe use of medicines

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

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.74	0.86	0.82	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2021 to 30/06/2022) (NHSBSA)	2.6%	6.6%	8.5%	Significant Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) (NHSBSA)	8.24	4.73	5.31	Significant Variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	127.9‰	111.3‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.35	0.47	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	3.8‰	4.9‰	6.8‰	Tending towards variation (positive)

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

Any additional evidence or comments

The provider actively participated in the Lowering AntiMicrobial Prescribing (LAMP) audit and this could be demonstrated by the low prescribing rates for co-amoxiclav, cephalosporins and quinolones.

Clinicians at the practice were aware of the higher levels of prescribing 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. Prescribing processes had been changed to address this, and the practice now only prescribed if urine samples indicated the presence of an infection.

The practice used leaflets and handouts to support the change in process and educate patients regarding unnecessary antibiotic prescribing.

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. ¹	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 high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. ²	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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p data-bbox="57 1765 1541 1809">Explanation of any answers and additional evidence, including from clinical searches.</p> <p data-bbox="57 1832 1541 1944">We ran a number of searches of clinical records of patients who had been prescribed high risk medicines, to ensure the practice was carrying out appropriate monitoring and records were up to date and clear. We found that:</p>	

Medicines management	Y/N/Partial
<p>Ten patients were noted to be prescribed Azathioprine (an immunosuppressant which can be used to treat inflammatory conditions such as arthritis). We found that only one patient had not received appropriate blood tests as they were out of the country, and therefore could not attend the practice for monitoring.</p> <p>Forty-three patients were noted to be prescribed potassium sparing diuretics (a medicine used to treat conditions such as heart failure and high blood pressure). We found that seven patients had not received six monthly blood test monitoring. We saw evidence during our site visit that these patients had been contacted and advised to book an appointment.</p> <p>We reviewed the emergency drugs and equipment and found that these were fully stocked and in date. The practice had a system to check stock levels and expiry dates and we saw records of this.</p> <p>We looked at the vaccine refrigerators and saw that these were adequately stocked, and the practice held a record of daily temperature and data logger checks.</p> <p>We saw that blank prescriptions were locked in a secure cabinet and there was a signed record of blank prescriptions being allocated and returned if not used.</p>	

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:	Nine
Number of events that required action:	Nine
<p>Explanation of any answers and additional evidence:</p> <p>The practice used a dedicated form to capture details of all significant events within the practice. The practice also contributed to citywide learning using an electronic incident reporting system.</p> <p>We reviewed minutes from practice meetings and saw evidence of significant events being discussed with all staff and evidence of changes made as a result of significant events.</p>	

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

Event	Specific action taken
Vaccine refrigerator turned off during room redecoration over weekend period.	- Replacement of all vaccines in the refrigerator due to cold chain failure.

	- Installation of hardwired plug to ensure this cannot be removed at any time.
Risk of patients with chronic kidney disease (CKD) stage 2 going on to develop CKD 3.	- The practice developed a protocol to ensure patients with CKD 2 were recalled to have repeat renal function testing.

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>We spoke with one of the GP partners who told us they received safety alerts along with the office manager. Any alerts that required action were managed centrally by the primary care network (PCN) pharmacist.</p> <p>During our inspection we conducted a search of clinical records to assess the practice's procedure for acting on alerts.</p> <p>One of the searches looked at a safety alert relating to the use of medicines that were known or suspected to have the potential to increase the risk of birth defects and development disorders (teratogenic potential) when taking during pregnancy. We reviewed five patient records and saw these contained evidence of risks having been discussed. However, there was no record of risks being discussed as part of ongoing medication reviews.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	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. ¹	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated. ³	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 prioritised care for their most clinically vulnerable patients.	Yes

Effective care for the practice population

Findings
<ul style="list-style-type: none">• 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.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.• 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. At the time of our inspection the practice had carried out reviews for 96% of all patients with a learning disability.• End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.• The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.• The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder• Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

As part of our inspection we carried out searches of clinical records to review the practice's processes for the management of patients with a long-term condition. Overall, the management of patients with a long-term condition was good.

We looked at patients with asthma who had two or more courses of rescue steroids in the last 12 months. We found that of 497 patients on the register, only 21 had required rescue steroids. We reviewed five patient records in detail and found that some patients had been issued rescue steroids but this had not been properly documented in their clinical record? without. Two patients had been incorrectly coded as not having exacerbations during their asthma review. We discussed this with the provider during our site visit and were advised that the planning process for asthma reviews had been updated and staff had been made aware that a record search should be carried out in preparation for the review, rather than taking information from the patient summary.

We ran searches to identify patients with chronic kidney disease (CKD) stages 4 or 5 who had not had appropriate blood monitoring in the last nine months. Of the 207 patients diagnosed with CKD, we found six had not had appropriate monitoring.

We looked at patients with hypothyroidism to identify patients who had not had appropriate thyroid function test monitoring. We saw that the practice had managed to recall 174 of the 189 patients for thyroid function test monitoring and were taking steps to recall the remaining 15.

During our site visit we saw the practice were actively recalling all patients with a long-term condition who had outstanding monitoring requirements.

The practice had identified a high prevalence of diabetes within the registered population and had taken steps to improve outcomes for patients by funding a specialist diabetic consultant to work with patients. Clinics with the consultant were available on Saturday mornings.

We ran searches of patients with diabetic retinopathy with a high HbA1c (last average blood glucose) reading. We found that of 589 patients, 23 patients were recorded to have a high reading. We reviewed five of these patient records in detail and saw evidence of patients with a high reading being followed up with a repeat test. Two of these patients had very high readings; we saw evidence that, with support from the practice, both patients managed to reverse their diabetes with no medication.

Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

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.

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)	47	49	95.9%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	58	62	93.5%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	57	62	91.9%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	57	62	91.9%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	60	65	92.3%	Met 90% minimum

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

Cancer Indicators	Practice	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: 31/03/2022) (UK Health and Security Agency)	71.1%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	66.0%	64.0%	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)	54.5%	65.8%	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)	50.0%	52.2%	55.4%	No statistical variation

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Any additional evidence or comments
<p>The practice had dedicated cancer screening champions to work with patients and encourage uptake of breast, bowel and cervical screening.</p> <p>The practice had systems in place to encourage patients to attend for cervical screening. Patients were contacted repeatedly, by telephone and in writing, to book an appointment. In cases where patients did not attend the appointment, the patient would be entered back onto the list for recall.</p> <p>We saw documented evidence of patients being contacted by the practice in excess of ten times. In We saw that in some cases the patient had requested that the practice no longer contact them.</p> <p>If patients refused to engage, the practice requested that a disclaimer was signed to confirm this.</p>

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
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 continually monitored antibiotic prescribing. During the inspection we reviewed results from the Lowering AntiMicrobial Prescribing (LAMP) audit which demonstrated to a reduction of 22% in July 2022 compared to July 2019.
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Effective staffing

The practice was able 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 access to the Primary Care Network (PCN) advanced nurse practitioner one day per week. A debrief with one of the GP partners was held after each session to provide support and guidance if required.	

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: The practice had quarterly multidisciplinary meetings with the health visitor, district nurse, community matron, midwife and pharmacist.	

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
Explanation of any answers and additional evidence:	
Patients had access to a social prescriber who could support and signpost to other services for help and advice.	
The practice offered a drop in contraception service for young people.	
A smoking cessation advisor was available to patients at the practice.	

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. ¹	Partial
Explanation of any answers and additional evidence	
Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making.	
Recommended Summary Plan for Emergency Care and Treatment (RESPECT) forms were used to record discussions and decisions on the do not attempt cardiopulmonary resuscitation (DNACPR) forms. However, there was no system in place to ensure the decision was reviewed annually to ensure this was still accurate.	

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

Patient feedback	
Source	Feedback
CFEP patient and colleague multisource feedback survey report (June 2022)	Words included considerate, caring, helpful.
NHS Choices	Words included helpful and friendly.

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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 (01/01/2022 to 30/04/2022)	72.0%	86.2%	84.7%	Tending towards variation (negative)
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 (01/01/2022 to 30/04/2022)	69.9%	85.2%	83.5%	Tending towards variation (negative)
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 (01/01/2022 to 30/04/2022)	83.1%	93.7%	93.1%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	61.2%	74.1%	72.4%	No statistical variation

Any additional evidence or comments

During our inspection we reviewed findings from a CFEP360 patient and colleague multisource feedback survey which was undertaken by one of the GP partners in May 2022. The CFEP360 survey is a feedback tool for doctors which incorporates feedback from patients, colleagues and self assessment regarding performance.

We reviewed feedback from 45 patients regarding the service they had received:

- Warmth of greeting: 93% thought this was either very good or excellent.
- Ability to listen: 98% thought this was either very good or excellent.
- Reassurance: 98% thought this was either very good or excellent.
- Consideration: 96% thought this was either very good or excellent.

Results from the NHS Friends and Family Test, carried out from 1 August until 12 September 2022 demonstrated that 77% of respondents would recommend the practice.

Question	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

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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 (01/01/2022 to 30/04/2022)	80.4%	90.0%	89.9%	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
Explanation of any answers and additional evidence: The practice used a telephone interpreter service to support patients who did not have English as a first language. The practice had access to information in large font and easy read materials containing pictures to support patients with a learning disability.	

Carers	Narrative
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Percentage and number of carers identified.	56 (1%)
How the practice supported carers (including young carers).	All patients identified as a carer were referred to the yellow card scheme. In addition, patients who acted in the role of carer could also access support and information via the Primary Care Network (PCN) care co-ordination hub.
How the practice supported recently bereaved patients.	Patients who had suffered a bereavement were referred to the PCN care co-ordination hub where they could access support and bereavement counselling.

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
Explanation of any answers and additional evidence:	
The waiting room was located away from the reception desk. In addition, there was a privacy screen available at the reception desk to ensure discussions taking place in the reception area could not be overheard.	

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 identified a high prevalence of diabetes among the patient demographic and had arranged and funded a consultant-led diabetes clinic. Appointments were available to patients on Saturday mornings.	
Patients had access to in-house services such as a smoking cessation advisor, young persons contraception drop in service, a social prescriber and cancer screening champions.	
The practice had worked with other local practices to develop self care and social prescribing services.	
The practice offered open access for paediatric patients.	
Some of the staff members employed at the practice were bi-lingual and could speak languages such as Punjabi, Arabic and Urdu.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am until 6pm
Tuesday	8am until 6pm
Wednesday	8am until 6pm
Thursday	8am until 6pm
Friday	8am until 6pm
The practice also offered in-house extended hours from 7am until 8am Monday to Friday.	

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

- 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. In addition, patients had access to a dedicated paediatric clinic as part of the extended access service from 4pm until 6pm Monday to Friday, this was hosted at another local practice.
- People in vulnerable circumstances were easily able to register with the practice, for example the practice offered extra support for patients who were new to the UK. This included the use of language line and supporting them to understand the NHS system.
- Patients had access to a Department of Work and Pensions advisor and a benefits advisory service.
- Appointments were available with a female GP.
- The practice offered longer appointment times for patients with more complex needs.

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 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 (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
Explanation of any answers and additional evidence: The practice had installed a new telephone system to improve access to the service. The new system had an additional line and enabled the to practice to monitor the number of calls waiting.	

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to	56.5%	N/A	52.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	52.4%	57.9%	56.2%	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 (01/01/2022 to 30/04/2022)	52.0%	56.1%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	74.9%	73.6%	71.9%	No statistical variation

Source	Feedback
NHS Choices	One person reported receiving a call back straight away whenever contacting the practice for an appointment.

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.	Five
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient requested to attend practice for immunisation, but when attending for appointment found that all immunisations were up to date.	Process was changed to ensure complete immunisation records had been captured at the point of registration.

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
Explanation of any answers and additional evidence:	
At the time of our inspection one of the GP Partners was planning to retire. The practice was advertising for a replacement partner and in addition, an advertisement was out for a salaried GP to join the team. We discussed the impact this would have on registration with the Care Quality Commission (CQC) with the remaining partner during our inspection and asked that they take action to ensure registration was accurate.	
The practice had signed up to become a training practice and was supporting second year medical students from January 2023. There were also plans to support third and fourth year students later in 2023.	

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

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.	No
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
All of the staff we received feedback from felt able to raise concerns. However, feedback from some staff indicated that concerns were not always addressed in a timely manner.	
The practice had a whistleblowing policy in place, however there was no independent Freedom to Speak Up Guardian to support staff should they wish to raise their concerns outside of the practice.	

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

Source	Feedback
Staff questionnaires	Words used by staff included flexible, supportive and hardworking.

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
Explanation of any answers and additional evidence:	
The practice had well established governance arrangements in place including practice meetings and multidisciplinary meetings with other providers such as health visitors and the district nursing team.	
All of the staff we received feedback from were clear about their roles and responsibilities.	
The practice had policies in place to support staff within their roles and these contained clear information about the designated lead in areas such as infection, prevention and control and safeguarding.	

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

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
Explanation of any answers and additional evidence: The practice proactively monitored performance and had a clear understanding of areas for improvement via the Quality and Outcomes Framework (QoF) and the NHS Leeds Clinical Commissioning Group (CCG) dashboard. The CCG has now been absorbed into the West Yorkshire Integrated Care Board (ICB).	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes

Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The practice had considered the needs of the local population, and made the decision to join a new Primary Care Network (PCN), which better suited patients registered at the practice. A PCN is a group of GP practices working together, with other services including community, mental health, social care and pharmacy, in their local areas to provide services for patients.	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice demonstrated a focus on continuous learning and improvement. A GP partner at the practice had undertaken an audit to look at diabetes prevalence within the locality. The audit outlined how management of diabetes had improved at the practice by utilising a consultant-led diabetes clinic. As a result of this, the service was being expanded to offer the service to all practices within the Primary Care Network.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- COPD:** Chronic Obstructive Pulmonary Disease.
- 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.