

Care Quality Commission

Inspection Evidence Table

Shipley Medical Centre (1-7807948193)

Inspection date: 1 December and 7 December 2022

Date of data download: 23 November 2022

Overall rating: Requires Improvement

Safe

Rating: Requires Improvement

The provider is rated as requires improvement for the provision of Safe services due to concerns regarding:

- The review and monitoring of patients prescribed medicines including high-risk drugs.
- The effective actioning of safety alerts.
- Some clinical tasks had not been actioned.
- The failure to establish the vaccination status of staff working in the practice in line with current guidance.

Safety systems and processes

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

Safeguarding	Y/N/Partial
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: Clinical and non-clinical staff we spoke with knew who the safeguarding leads and deputy leads at the practice were, and how to access the safeguarding policy and details relating to local safeguarding team contacts.	

Safeguarding	Y/N/Partial
<p>We heard from the practice how in the past they had raised safeguarding concerns with the appropriate authorities.</p> <p>Safeguarding leads from the practice regularly attended multidisciplinary meetings with other stakeholders to discuss safeguarding concerns.</p> <p>Staff who acted as chaperones had received DBS checks and had received appropriate training.</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.	No
<p>Explanation of any answers and additional evidence:</p> <p>The provider did not have effective processes in place to fully establish that the vaccination and immunisation status of staff had been assessed in line with current guidance. We saw that only some limited checks had been undertaken.</p>	

Safety systems and records June	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 28/07/2022	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 16/05/2022 Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with told us that they had received health and safety and fire safety training, and that they were aware of the fire safety and evacuation procedures in place. We saw records which evidenced this training, we also saw records which confirmed that necessary fire safety checks had been undertaken.</p> <p>We saw that the provider had maintained appropriate records and logs in relation to fire safety, and general health and safety.</p> <p>We saw that in 2021 a staff health and safety survey had been undertaken which overall showed high staff satisfaction with the management of health and safety concerns across the provider's locations. For example, 92% of staff surveyed responded that managers acted on concerns, and that they felt supported.</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 (IPC).	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: May 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
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the last IPC audit in respect of Shipley Medical showed an overall compliance score of 92% with only minor areas to action. The IPC audit for the branch at Westcliffe Medical Centre showed a compliance score of 94%. We saw that action plans had been developed to tackle any areas of concern highlighted by the audits such as cleaning and repairing damage to plasterwork.</p> <p>When we inspected the main site and branch surgery, we found that these were clean and were maintained in a good condition.</p> <p>Staff we spoke with were aware of the IPC lead for the practice, and confirmed that they had received annual IPC training.</p>	

Risks to patients

There were 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 had trained staff, and developed procedures regarding the management of patients who were acutely unwell. Staff we spoke with told us how they would prioritise the needs of such patients. The practice had in place a duty doctor who was available to respond to such patients. We heard from the provider how staff from the practice had recently identified a baby who needed priority support.</p> <p>Non-clinical and clinical capacity was monitored, and the practice had implemented a number of measures to ensure that staffing was managed effectively and safely. These included, forward planning staff rotas, the use when required of locum and agency staff, and developing and training staff to deliver additional roles within their own competencies. Staff told us of occasional pressures on reception. This point had been recognised as a challenge by the management team and measures put in place to tackle this.</p>	

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.	Partial
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>As part of our inspection, the Care Quality Commission (CQC) GP specialist advisor reviewed a sample of patient records. Overall, we saw that patient consultations contained appropriate information.</p> <p>The practice had failsafe systems in place for safety-netting cervical screening to ensure that results had been received for all samples submitted.</p> <p>Much of the sharing of information and action planning of patient care was undertaken via tasks (a task takes the form of a message sent to one or more users of the clinical system operating in the practice, and records work to be done). At the time of inspection, it was noted that 1,352 tasks were recorded as pending and had not been actioned, the oldest of which went back to 08/02/2021. These included both clinical and non-clinical tasks.</p> <p>When this was highlighted to the management team, they advised us that some of these related to staff who had left the provider and had thus remained open and unactioned. Notwithstanding this the provider took some immediate actions which included reminding staff of the need to clear all tasks, and undertaking a review of all outstanding tasks. By 7 December 2022 we were informed that the backlog of open tasks had been cleared up to August 2022. The provider also planned to introduce a process to check that all tasks had been actioned and/or closed after a period of 4 months.</p>	

Appropriate and safe use of medicines

The practice did not have 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 average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHS Business Service Authority - NHSBSA)	1.01	0.91	0.82	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and	4.2%	5.4%	8.5%	Variation (positive)

Indicator	Practice	SICBL average	England average	England comparison
quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2021 to 30/09/2022) (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 (01/04/2022 to 30/09/2022) (NHSBSA)	4.96	4.66	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	205.4‰	121.2‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	0.66	0.41	0.58	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	9.9‰	7.2‰	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.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	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	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes

Medicines management	Y/N/Partial
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>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>The practice was supported by a dedicated Pharmacy Team which operated over all Affinity Care locations. This specialist team covered 2 main areas of activity:</p> <ul style="list-style-type: none"> • Prescribing management - delivered by practice medicines coordinators, practice medicines technicians, and practice pharmacists. Duties included handling repeat prescription requests, and the identification and organisation of medicines reviews. Processes were in place for necessary oversight of this work. • Clinical Pharmacist services – delivered by clinical pharmacists who undertook reviews of patients with long-term conditions. Patients were booked into reviews by in-house care coordinators who identified patients and who organised monitoring such as blood samples and blood pressure readings prior to booking in the patients for a review with a clinical pharmacist. <p>This service was led by a chief pharmacist who sat as a member of the Affinity Care Board of Directors.</p> <p>Electronic prescription service – 75% of patients at the Shipley Medical Centre and Westcliffe Medical Centre branch surgery had registered for the service which made the prescribing and dispensing process more efficient and convenient for the practice, and for patients.</p> <p>Medicine reviews - We reviewed 5 recent medication reviews undertaken for patients at the practice. We found that the reviews lacked detail, and had been simply coded to record a review had been undertaken. In 3 of the 5 records we checked we found that either:</p> <ul style="list-style-type: none"> • Patients had not been informed of risks associated with the medicine. • Not all the medication had been reviewed. • There was no evidence that checks had been made on monitoring required for the continued use of the medicine. <p>In response to these findings the provider informed us that patients who required more detailed reviews were to be identified via searches and offered appropriate reviews and monitoring. They also told us that documented recording of reviews undertaken would be improved.</p>	

Medicines management	Y/N/Partial
<p>High Risk Medicines and Disease-modifying anti-rheumatic drugs (DMARDs) – The provider showed mixed performance in respect of high-risk medicines management. We found that DMARD patient monitoring was in place. However, 85 out of a total of 406 patients in receipt of direct oral anticoagulants (DOACs - used to treat certain blood vessel and heart and lung conditions, such as atrial fibrillation) had potentially not received the required monitoring. In 5 records we checked in detail, we found that none of these patients had received a renal function test in the previous 3 months. We found no evidence in the records that the overdue monitoring had caused harm to the patients concerned.</p> <p>In response to these findings the provider informed us that new DOAC patients would be identified for necessary monitoring, and that the all patients overdue monitoring were to be reviewed as a priority. We were informed by the provider that as of 22/12/2022 only 27 patients of the 85 patients still required monitoring to be undertaken.</p> <p>Medicines usage – searches indicated that 106 patients identified as having been prescribed gabapentinoids (used to treat epilepsy and also certain types of nerve pain) had potentially not received a review in the previous 12 months. We reviewed 5 records in detail, these showed that in 3 cases reviews had not been undertaken, and in 4 cases that there was no evidence that advice regarding risks to women of childbearing age taking this medication had been carried out.</p> <p>In response to these findings we were informed that a review and monitoring programme was to be developed. We were also told that the provider intended to examine deprescribing such medication, and linking patients to alternate support.</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:	177
Number of events that required action:	177
<p>Explanation of any answers and additional evidence:</p> <p>The provider had renamed significant incident reports as learning events. They felt that this promoted a service improvement and learning ethos across the organisation. Staff we spoke with told us that they were aware of reporting procedures and had confidence that raised issues would be investigated and dealt with. They felt incidents were handled within a blame-free culture.</p> <p>Some incidents resulted in organisational wide learning, and we saw evidence how this had changed provider practices. For example, the practice had implemented new procedures in relation to the monitoring of vaccine storage across all locations following an isolated incident at one site.</p>	

We saw that there were dissemination routes for learning to be shared with staff members such as via meetings. Staff told us that incidents were also discussed with the individuals concerned in them.

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Several recorded learning events regarding either the misidentification of a patient, or patient correspondence being sent to incorrect addresses.	The provider told us that learning from this was to reiterate to staff the importance of taking and recording accurate information, and also to check with patients key details such as name, address, date of birth and NHS number prior to communicating with the patient.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The provider was unable to demonstrate that all relevant safety alerts had been responded to. For example, the following issues were identified:</p> <ul style="list-style-type: none"> Teratogenic drugs (a substance that can interfere with normal fetal development and causes congenital malformations) - we reviewed the records of 5 patients. In 3 of these cases we found no evidence which showed that these patients had been given the necessary advice regarding the risks of the medication they had been prescribed. <p>The provider acknowledged this issue, and informed us that since this had been raised with them, they had begun to send letters to all at risk patients from within Affinity Care to inform them of the issue.</p>	

Effective

Rating: Requires Improvement

The provider is rated as requires improvement for the provision of Effective services due to concerns regarding:

- The review and management of patients with long-term conditions.
- Cervical cancer screening and child immunisation performance.
- Lapses in staff appraisals.

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.	Partial
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
Explanation of any answers and additional evidence: We saw that some patients with long-term conditions had not been monitored and reviewed in line with guidelines.	

Effective care for the practice population

Findings
The provider had developed a segmented model of care. This provided certain dedicated services to support specific needs in the local population. These included: <ul style="list-style-type: none">• Complex care health teams who supported housebound and/or otherwise vulnerable patients such as palliative care patients, those approaching end of life, or patients accommodated in

residential care settings. This service was also available to those who were temporarily housebound and required home visits. The service supported the delivery of both acute and planned care and included long-term condition reviews, ongoing monitoring, and wellbeing and health promotion. The service was delivered by a combination of staff who included advanced nurse practitioners, physician associates and GPs, supplemented by GP registrars and Foundation Year 2 doctors. The teams were supported by care coordinators who reviewed patient needs, organised monitoring, and who also contacted new housebound patients and those who had been recently discharged to offer proactive support. In addition, the in-house pharmacy team supported this work.

Of necessity the teams worked and liaised closely with partners who included local voluntary and community sector social prescribing providers, community matrons and the local palliative care team.

- Care coordinators who supported the needs of patients with long-term conditions. They worked and liaised with patients regarding their care needs and identified patients when monitoring and reviews were required,
- Each location had a duty doctor available to increase capacity when needed, and to act as a point of support and advice for other staff.

The practice identified 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.

The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

All patients with a learning disability were offered an annual health check. The practice had 123 patients on their learning disability register. Of these patients 122 (99%) had received a health check in the previous 12 months.

The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

The practice demonstrated that they had a system to identify people who misused substances.

The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.

Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

Our review of records showed that patients with long-term conditions had generally been managed appropriately, with recalls and reviews in place. However, our searches of patient records showed some areas of concern:

- Patients with diabetic retinopathy whose latest HbA1c was >74mmol/l (diabetic retinopathy is a potentially sight threatening complication of diabetes) – 105 of 1,448 patients had a last HbA1c

reading over this figure. Of the 5 records we examined in detail, 1 patient had been coded as care plan agreed, but had not attended an appointment or consultation, and 1 patient had a high HbA1c, but this had not been raised with them.

- Patients with hypothyroidism who had not had a thyroid function test in the previous 18 months - we identified 24 patients from 588 who had potentially not received a recent test. Of 5 records we examined 1 patient had not received a test since 2019 and was still in receipt of repeat medication.

For patients with diabetes and hypothyroidism, we were informed that these were to be contacted and monitoring arranged.

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. For example, the provider had an in-house respiratory specialist, and other staff had received training to deliver higher levels of care. For example, they operated an advanced level 2 diabetes services for patients from the practice.

GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example 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 asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	196	218	89.9%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	220	233	94.4%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for	220	233	94.4%	Met 90% minimum

Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (UKHSA COVER team)				
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) (UKHSA COVER team)	218	233	93.6%	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) (UKHSA COVER team)	211	262	80.5%	Below 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>

Any additional evidence or comments

The practice was aware of their child immunisation performance and we saw that it had been regularly assessed and reported. The practice had appointed a dedicated vaccines and immunisations coordinator, and proactively contacted parents or guardians whose child was identified as being due for an immunisation to organise an appointment. Parents or guardians of children identified were called on the telephone as well as being sent a letter and SMS message notification as reminders. If a child failed to attend the safeguarding lead was tasked to follow this up and engage with the family to encourage attendance at a future appointment. The practice also worked with health visitors to alert them to children that have not been brought for vaccination. This approach was supported by a protocol for missed or declined immunisation attendances.

The provider sent us updated (unverified) Quality Outcomes Framework (QOF) performance information for 2022/23 which showed some in year improvement, and that the percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) had increased to 87.7%. However, it should be noted that the data sourced for the CQC inspection was verified data from the UKHSA COVER team, rather than unverified QOF data from the practice, and so was not directly comparable.

To improve take up the practice had planned to promote childhood immunisations via their extended hours services at both the main site and branch surgery.

Cancer Indicators	Practice	SICBL 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: 30/06/2022) (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)	48.1%	52.0%	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)	62.2%	58.5%	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)	63.3%	62.7%	55.4%	No statistical variation

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.

Any additional evidence or comments

The practice told us that they had recognised cervical screening performance required improvement. In response to this the practice had put in place measures to improve uptake. Actions included:

- Members of the practice care coordination team contacted patients to proactively promote uptake, and rebooked patients into new cervical screening appointments if a previous appointment had been missed. Staff also discussed screening opportunistically if they recognised a patient was overdue their screening.
- Patients were able to access screening via an extended hours service delivered at the practice.

The practice provided some further unverified data covering the period up to September 2022. This showed improved performance in respect of cervical screening rates. However, the figure still remained below the national target of 80%.

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

SABA (short-acting beta agonists) inhalers prescribing audit – to assess possible overprescribing (6 or more inhalers per year). This audit had been undertaken over a number of years and showed levels of potential overprescribing to have fallen. 27/11/2018 – 285 patients 31/03/2019 – 222 patients 31/03/2020 – 199 patients 31/03/2022 – 118 patients

This showed an overall fall in prescribing between 2018 to 2022 of 240%. Actions to achieve this result included increasing the issue duration of inhalers on repeat prescription, and increasing patient reviews. Antidepressant prescribing audit for under 18s - an audit and review was carried out to review patients under 18 years of age in receipt of regular prescriptions for antidepressants (such prescribing should generally be undertaken by a specialist doctor to undertake reviews and assess prescribing needs). The practice identified this cohort of patients and when this was able to be done safely moved prescribing back to child and adolescent mental health services. Between December 2021 and October 2022 numbers of these young patients had reduced from 16 to 4 (a reduction of 75%). For these 4 remaining patients who were not able to be moved, the practice had put in place shared responsibility of care agreements.

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.	Partial
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>We saw that there was an induction programme for new staff. It was, however, initially difficult to assess if this had been implemented and undertaken as the necessary documentation had not been stored on the record of the individual staff member. Staff though informed us that when they joined the organisation that they had undertaken an induction.</p> <p>Staff told us that the practice had supported their training and development. The majority of training records we reviewed showed that staff training was up to date. Staff told us how they had been supported by the provider to gain additional qualifications and experience, and how this had allowed them to progress their career within Affinity Care.</p> <p>We were informed by the provider and staff that staff appraisals were undertaken. However, these had lapsed over the COVID-19 period and they were in the process of re-establishing these.</p>	

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff had been trained in care navigation and were able to signpost patients to other services and support when this was appropriate.</p> <p>The practice offered in-house wellbeing advice and support.</p> <p>NHS health checks were available to patients.</p>	

Any additional evidence or comments

<p>The provider worked closely with community and voluntary sector partners. Activities included:</p> <ul style="list-style-type: none"> Chronic obstructive pulmonary disease and pain management– facilitated group support work with patients, and in relation to pain management the production of patient support materials. Signposting and referral to HALE (Health Action Local Engagement – a local community and voluntary sector provider who worked in Bradford) for a number of specific support services. This included some in relation to cost of living and wider health and wellbeing. <p>Data from HALE showed that from April to June 2022 they had supported 39 patients from Shipley Medical Centre and the Westcliffe Medical Centre branch surgery.</p>

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	
<p>Explanation of any answers and additional evidence:</p> <p>Relevant staff had been trained in relation to the Mental Capacity Act 2005.</p> <p>Staff we spoke with had a good knowledge of patient consent, and when necessary had processes in place to formally record this.</p> <p>As part of our inspection, we reviewed a sample of DNACPR decisions made within the last 12 months. We saw that detailed and comprehensive records had been maintained.</p>	

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
Feedback from 2 residential care home managers.	Both managers told us that staff from the complex care health team who supported their residents treated them with care and concern.
Feedback from 2 patient interviews.	We spoke with two patients on the day of our site visit to the practice. Both patients told us that staff dealt with them in a caring and professional manner.
NHS Friends and Family Test	Results for August 2022 showed that from 207 responses that: <ul style="list-style-type: none"> • 184 patients (89%) would be extremely likely or likely to recommend the practice to others. • 16 patients would be neither likely nor unlikely to recommend the practice to others. • 7 patients would be unlikely or extremely unlikely to recommend the practice to others.

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 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)	85.5%	80.1%	84.7%	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	86.1%	78.5%	83.5%	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
good at treating them with care and concern (01/01/2022 to 30/04/2022)				
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)	90.4%	89.8%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	72.5%	65.5%	72.4%	No statistical variation

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

Any additional evidence
<p>The provider had undertaken a number of surveys to better understand their patient population. These included:</p> <ul style="list-style-type: none"> • Young people's survey (2021) which sought feedback on the in-house young people's service. Of 20 responses received 18 (90%) felt that the service was either really useful or quite useful. In addition, all 20 respondents would recommend the service to a friend. • A patient access preference survey, and a survey to inform developments of the musculoskeletal service. • In 2021 the provider undertook a survey of patients who recognised themselves as lesbian, gay, bisexual, transgender, questioning, or as people with gender expressions outside traditional norms (LGBT+). This survey was undertaken across all of the practices operated by Affinity Care. Results showed high levels of patient confidence in the practice for issues relating to sexual or gender identity. For example, only 12% of respondents avoided being open about identifying themselves or took steps to avoid identifying themselves as being a member of the LGBTQ+ community. 71% of respondents said they felt respected when they accessed services.

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

Source	Feedback
Interviews with patients.	Both patients we spoke with on the day of the site visit to Shipley Medical Centre told us that staff had listened to them, had discussed treatment options with them, and involved them in decisions about their care and treatment.

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 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)	88.7%	86.5%	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 provider had hearing loops available and some staff had received training in respect of basic British Sign Language.	

Carers	Narrative
Percentage and number of carers identified.	4.5% (903 patients identified and registered as carers).
How the practice supported carers (including young carers).	Carers had access to flu vaccinations and were signposted to local support services when this was identified.
How the practice supported recently bereaved patients.	Families of the recently bereaved could be signposted to local support organisations. Families were also sent sympathy cards.

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:</p> <p>Staff at the practice had received confidentiality training and had signed confidentiality agreements.</p> <p>When in corridors conversations in consultation rooms were not overheard.</p> <p>If patients had intimate examinations or treatment, we were told that consultation room doors could be locked. In addition, we saw that consultation rooms were also fitted with curtains, and that couch roll was available for patient use.</p> <p>Patients had access to chaperones should these be requested.</p>	

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: We were informed by the provider that services were adjusted in line with, and to support specific patient needs. For example, patients with a learning disability had longer appointments, and these were able to be organised at less busy periods. The provider had undertaken a survey of patients in respect to access, and used this to inform decisions about the delivery of patients care.	

Practice and Branch Opening Times	
Day	Time
Opening times:	
Monday	8am to 6pm with extended hours 6.30pm to 8pm
Tuesday	8am to 6pm with extended hours 6.30pm to 8pm
Wednesday	8am to 6pm with extended hours 6.30pm to 8pm
Thursday	8am to 6pm with extended hours 6.30pm to 8pm
Friday	8am to 6pm with extended hours 6.30pm to 8pm
Appointments available:	
Monday	8am to 6pm with extended hours appointments from 6.30pm to 8pm
Tuesday	8am to 6pm with extended hours appointments from 6.30pm to 8pm
Wednesday	8am to 6pm with extended hours appointments from 6.30pm to 8pm
Thursday	8am to 6pm with extended hours appointments from 6.30pm to 8pm
Friday	8am to 6pm with extended hours appointments from 6.30pm to 8pm

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

Patients had a named GP who supported them in whatever setting they lived.

The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. The provider had developed a segmented model of care which included 2 complex health care teams who undertook the management of care for some of the most vulnerable and/or housebound members of the practice population. Activities of these teams included home visits, and visits to residential care facilities, as well as coordinating care with other stakeholders. Teams were supported by dedicated care coordinators who worked closely with patients, families and partner organisations to deliver care appropriate to need.

The provider had developed a number of services to meet the specific needs of members of the local community. These included:

- Women's Health Service – this included general women's health advice, menopause advice including hormone replacement therapy, cervical screening, contraceptive implants and removals, and contraceptive pill reviews and prescribing (undertaken by the Pharmacy Team). The service used a mixture of pre-bookable appointments both telephone and face to face, and e-consultations. Services were delivered by clinicians who had a special interest in women's health issues.
- Young Person's Contact Service – used to support referred young patients aged 11 to 18 (up to 25 for those patients with a learning difficulty). It was delivered using a multi-disciplinary team approach and utilised the services of a specialist nurse, and youth worker, and had the additional support of counselling, drug and alcohol and sexual health workers. The service was offered across Affinity Care practices. It delivered care via face to face clinics and drop-in sessions. Conditions and issues supported included anger management, behavioural issues, anxiety and low self-esteem, as well as physical health. At the time of inspection, the north locality which included Shipley Medical Centre supported 27 young patients. The service was also able to refer young people for additional support to their voluntary and community sector partner Hale (Health Action Local Engagement). We saw feedback from young people who had used the service who stated how beneficial the support they had received had been.

The provider also delivered or hosted a number of clinics and services at the Shipley Medical Centre and/or branch. These included:

- Dementia clinics.
- Spirometry clinics.
- Diabetic foot check sessions.
- Minor surgery.
- Abdominal aortic aneurysm screening (a check which showed if there was a bulge or swelling in the aorta, the main blood vessel that runs from your heart).

Working with other local partner organisations the provider worked to raise community awareness of diabetes. At three events using this partnership approach they had undertaken 120 health checks and contacted over 200 individuals.

In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.

Additional extended service appointments were available at the practice from 6.30pm to 8pm Monday to Friday.

All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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. For example, longer appointments were available, and these could be delivered at quieter, less busy periods.

The practice supported patients in 10 residential and care home settings.

The provider was Veteran Friendly accredited. The provider had developed materials and processes to recognise and promote actions to better support military veterans and their families.

The provider in 2021 had been given the Pride in Practice Award in recognition for the work they had undertaken to deliver fully inclusive healthcare services to LGBTQ+ patients. Actions taken by the provider to qualify for the award included training staff and developing supportive policies such as a Trans Equality Policy. The provider had also taken other steps which included improved engagement with service LGBTQ+ patients, and the development of an online repository of resources.

The provider worked closely with established community partnerships in the Bradford area (community partnerships act to ensure that health, care and wellbeing services are focused on the needs of a community). The provider had also developed their own Affinity Care Community Partnership with other stakeholders. In 2021/22 activities included funding:

- A living well champion – work has included promoting the uptake of immunisations, smoking cessation and children's exercise.
- A volunteer coordinator – a role who supported local volunteer run groups and health interventions.
- A dementia worker – used to support wider dementia care including reviews, and the organisation of monthly clinics with an external partner which supported patients and families who had dementia and memory concerns.
- Other activities have included funding a garden project, and a project which provided public benches and through this sought to encourage people to take exercise.

Access to the service

People had mixed views on their ability 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	Partial
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>The provider recognised that capacity and demand was a significant challenge. To meet this they had developed a delivery and appointment model which they felt was flexible and met the needs of the majority of their patient population. They had recognised that some decisions made had changed the way patients had accessed services in the past, and in some cases, this had not been well received. However, they told us they continued to work with patients and listen to their views. The appointment and service delivery and access model included:</p> <ul style="list-style-type: none"> • Provision of a duty doctor who during operating hours offered additional capacity when required and who was available to deal with specific support requests in relation to patient care. • Urgent and on the day appointments for GPs. This was felt to improve capacity, meet urgent demand and reduced the impact of patients who did not attend for pre-bookable appointments. • Pre-bookable appointments were available with members of the nursing team. • Flexible access via face to face, telephone and remote/e-consultation. • The development of specialist services and clinics such as the complex health care teams, women's health service, and young people's service. • The practice had within the last 12 months installed a new telephony system. This offered additional services for patients such as call backs. The practice had also increased staffing levels at peak periods to receive incoming calls. The provider told us that they felt that this had improved accessibility. 	

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 average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at	24.2%	N/A	52.7%	Significant Variation (negative)

Indicator	Practice	SICBL average	England average	England comparison
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)	40.8%	49.7%	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)	49.9%	50.1%	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)	63.9%	69.2%	71.9%	No statistical variation

Any additional evidence or comments

The provider recognised the poor patient responses to the National GP Patient Survey. They had continued to develop their delivery model to better respond to patient needs and demand. In addition, they had undertaken engagement and survey work with patients to assess access and service needs. The survey undertaken in 2022 looking at access examined patient preferences for a number of subjects, these included types of appointments, times of appointments, and enhanced services patients may wish to see introduced by the practice. The provider told us this information was used for planning future developments.

Source	Feedback
NHS Friends and Family Test	Results for August 2022 showed that from 207 responses that 184 patients (89%) would be extremely likely or likely to recommend the practice to others. However, of the 7 that would be unlikely or extremely unlikely to recommend the practice to others 4 mentioned access issues.
Feedback from residential care home managers	Of 2 managers we spoke with, both said that the practice had been responsive to the needs of their residents
NHS Website Ratings and reviews	8 of the 10 most recent reviews posted (March 2022 to November 2022) all raised negative comments in relation to access to services.

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.	42

Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with were clear how complaints should be recorded and the processes for investigation and feedback. Some staff told us that the opportunity to discuss learning from complaints was limited.</p> <p>The practice had a complaint policy in place. In addition, details on dealing with complaints was contained in a complaints leaflet and other information was posted on the website.</p> <p>The provider had identified that complaints had not been handled in a consistent manner at the location. In response to this this had put in place additional support and training.</p>	

Example of learning from complaint.

Complaint	Specific action taken
Delays in diagnosis following the submission of images to the practice. Patients had been requested to submit images of their condition to facilitate effective diagnosis. However, it was found that some follow-up actions and reviews had not been planned.	Following investigations into these complaints the provider instituted a revised system. When an image was requested from a patient, they were automatically added to the rota for a consultation.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The provider had a good understanding of the challenges they faced. For example, they had recognised that recruitment and retention of staff was a particular issue in certain practices across Affinity Care. They had therefore planned a number of actions to tackle this. This included: <ul style="list-style-type: none">• Ongoing staff recruitment.• Examining reasons why people had left the organisation, and putting in place measures to reduce these. The provider had recognised that some staff had quickly left the organisation due to having unrealistic expectations as to what their role entailed. This included the receipt of abuse and aggression from patients.• Developing staff within the organisation to take on other roles.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The provider had a reporting structure in place to measure progress against key performance and outcome goals.	

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: The provider had a strong education and training culture. It was a training practice and hosted GP registrars, Foundation Year 2 doctors, medical students, nursing students, physicians assistant trainees and advanced care practitioner trainees. The provider also supported nursing associates and offered apprenticeships.	

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

Source	Feedback
Words used and/or comments made by staff during interviews.	A member of the non-clinical team mentioned how they had been supported by the provider to develop their career.
Words used and/or comments made by staff during interviews.	Supportive and a good working atmosphere.
Words used and/or comments made by staff during interviews.	Felt supported by the provider when they lost a close relative.
Words used and/or comments made by staff during interviews.	Some staff acknowledged the impact of staff turnover.

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 provider had developed a governance structure to lead the organisation. Affinity Care as a provider operated its constituent practices as a Primary Care Network (a group of practices who work together to deliver enhanced services to meet the needs of their population. The governance was built on a defined structure:</p> <ul style="list-style-type: none"> • Affinity Care Partnership Board (the governing body) – whose role was to define strategy, shape culture and ensure accountability across the organisation. It had oversight of, and held the Board of Director accountable for, delivery of key areas of work. • Board of Directors – these included amongst others a clinical director, a medical director, a director of performance, a chief operating officer, and 3 locality directors (for the 3 geographical localities which compromised the Affinity Care operational area). Their role as a Board was to implement delivery and report on performance. They also sought assurance from other designated sub-groups for key work areas such as finance and access. • In addition to working as individual practices within 1 of 3 localities, individual practices were supported by some specialist teams which worked across the Affinity Care area. As examples these included a central human resources function, a data and secretarial team, a dedicated nursing and care coordination team, and a pharmacy team. 	

Managing risks, issues and performance

There were 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>We saw that the provider had structures and processes in place to manage, report and review performance. For example, from a sample of Board minutes we saw that financial planning, performance, locality updates and issues in relation to safeguarding and access had been discussed.</p> <p>The provider had a risk register in place and used this to manage identified concerns and risks to the organisation.</p>	

When issues and concerns had been recognised we saw that the provider had developed action plans to deal with these. For example, we saw measures had been put in place to improve complaints management processes.

Due to the size of the Affinity Care organisation they had increased resilience and were better able to manage major incidents.

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: We saw that the provider had a dedicated director of performance in post and had established governance and performance oversight processes.	

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 provider had a background of patient and community engagement. Activities have included: <ul style="list-style-type: none">Engaging with and developing services for the LGBTQ+ community.Developing a social media presence for sharing information and receiving key messages.Establishing and working with the Affinity Care Patient Council. The council acted as a voice for Affinity Care's registered patients, and also acted as a central reference group for the constituent Affinity Care Patient Participation Groups (PPGs). The Patient Council comprised of a chairperson, and representatives from Affinity Care PPGs, an Affinity Care clinician, the Director of Operations for Affinity Care, and 2 members of a local voluntary and community sector organisation (HALE). The provider had undertaken a number of staff surveys to gauge staff feelings and opinions. These included: <ul style="list-style-type: none">Views on enhanced hours working.Health and safety.Patient communication – experiences and preferences of using different communication routes.	

Feedback from Patient Participation Group.

Feedback
Feedback from the Patient Council chairperson indicated that members of PPGs across Affinity Care, after some individual reticence, felt confident to raise concerns with the provider, and have started to build rapport with the developing Affinity Care structures.

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: We saw that the practice reviewed complaints and significant incidents/learning events, and used these to make improvements to services. The practice had a programme of clinical audits and other quality improvement activity.	

The practice had a strong commitment to education and training. This included:

- Operating as a GP training practice, and supporting other associated health trainees within the workplace.
- Supporting the development of staff into new career roles, or by supporting them to gain further professional qualifications.

Feedback from University of Leeds Quality Assurance for Primary Care Placements for 2021/22 showed that the provider fulfilled the criteria to host undergraduate medical students. We saw that student feedback was mainly positive regarding the support they had received from the provider.

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 SICBL 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 SICBL 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.