

Inspection Evidence Table

Longton Medical Centre

(1-570669955)

Inspection Date: 6 December 2023

Date of data download: 24/11/2023

Overall rating: Good

Context

The practice is situated within Cheshire and Merseyside Integrated Care Board and delivers General Medical Services (GMS) to a patient population of approximately 5,748 patients. Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fifth lowest decile (5 of 10). The lower the decile, the more deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 96.4% White, 2.3% Asian, 0.9% Mixed, 0.2% Black and 0.2% Other. The age distribution of the practice population closely mirrors the local and national averages. There are approximately 2,943 female patients and 2,805 male patients registered at the practice. Life expectancy for females is 82.3 years and 78.6 years for males.

The practice had faced significant workforce challenges over the last 12 months due to unforeseen staffing shortfalls in the clinical and reception staff team. Plans were also in place for the provider to take over the adjoining practice and to merge the patient lists. The GP partners were of the view that the amalgamation of staff with their different skill sets and experiences, together with the acquisition of more space would have a positive impact on the delivery of the service moving forward, enable the practice to be more sustainable and further improve resilience.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had systems in place to safeguard children and vulnerable adults from abuse.• The practice had developed safeguarding policies for children and adults that were accessible to all staff. The policies outlined clearly who staff should go to for further guidance. They also followed flow charts and other relevant guidance.• Patients' records were 'flagged' with an alert which popped up when the record was accessed to highlight any concerns around safeguarding.• The practice carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were also undertaken. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).	

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

Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> A sample of three staff files were viewed and found to hold the required information to demonstrate the practice had complied with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which describes checks needed for persons employed for the purposes of regulated activity. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: 4 February 2023	Yes
There was a fire procedure:	Yes
Date of fire risk assessment: 20 January 2023	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had health and safety risk assessments with control measures and/or supporting comments in place. The risk assessments were kept under review. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: 7 December 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: <ul style="list-style-type: none"> Areas viewed within the practice during the inspection appeared clean, free from clutter and well maintained. 	

- Appropriate arrangements were in place for the disposal, storage and collection of clinical waste.
- Cleaning schedules were also in place which were reviewed on an ongoing basis.

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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff were trained as care navigators and had access to a duty GP each day. They had also received training in areas such as basic life support and sepsis awareness. • Staff had been provided with emergency advice posters to help them to recognise those patients in need of urgent medical attention and when a 999 response was required. For example, stroke, heart attack, sepsis and meningitis. • Staff covered shifts if a colleague was absent. • At the time of the inspection the practice had a vacancy for a practice nurse. A locum nurse was helping to cover clinics with the support of the GP partners where necessary. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes

Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Systems were in place to monitor referrals made to secondary care services. • During our site visit we spoke with staff and reviewed the arrangements for workflow, urgent referrals, two week waits and the management of appointments. Staff demonstrated a good awareness of their roles and responsibilities regarding this work activity. • Additional information and evidence regarding the call and recall system was sent to us following our inspection, as some of the records could not be located during our site visit in the absence of an employee. 	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, although we found an example where they hadn't worked fully as intended.

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)	0.95	1.00	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2022 to 30/09/2023) (NHSBSA)	5.2%	5.6%	7.8%	Tending towards 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 (01/04/2023 to 30/09/2023) (NHSBSA)	4.94	5.30	5.19	No statistical variation

Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	173.4‰	269.0‰	130.7‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)	0.99	1.05	0.53	Tending towards variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	5.5‰	8.8‰	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 medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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
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> <ul style="list-style-type: none"> • Clinical searches identified 461 patients as having had a medication review in last 3 months. We sampled 5 patient records and found that for 1 patient there was insufficient information. Following our remote clinical searches, the provider submitted a comprehensive response via email on 11/12/2023 to update us on actions taken to mitigate risk and address the above finding. • Clinical searches identified 28 patients prescribed Methotrexate who may not have had the required monitoring. We found no issues with the management of patients prescribed Methotrexate or evidence of potential patient harm. • The practice did not hold some of the emergency medicines on the CQC suggested list of emergency drugs for GP practices. A risk assessment was in place which included reasons why a particular medicine on the suggested list was not stocked. • We found that vaccine stock was appropriately stored and rotated. At the time of our inspection, the practice did not maintain records of vaccine stock although informal arrangements were in place. Following our inspection, the practice manager provided evidence that tracking logs had been developed and implemented into practice to track key areas such as the date vaccines were received, type, brand and product, batch numbers, quantity received and expiry dates. • Additionally, the practice manager provided evidence that the practice had updated their monitoring systems for emergency equipment and medicines to ensure a clearer audit trail. • Fridge temperatures were monitored and recorded on a daily basis. Data loggers had also been purchased by the practice. Data was downloaded on a weekly basis. 	

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: 7	Yes
Number of events that required action: 7	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice manager sent us a log of significant events that had occurred in the last 12 months. The log outlined key information that practice leaders used to track and maintain an overview of significant events. This included actions taken and learning points. 	

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

Event	Specific action taken
Problem with 24-hour blood pressure monitor.	The blood pressure machine was found to have a faulty part which was repaired and replaced.
A prescription was sent to a chemist 20 minutes before the pharmacy closed.	The matter was discussed in a clinical meeting and trainees and clinicians were reminded to consider the pharmacy opening times when sending out prescriptions.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Partial
Explanation of any answers and additional evidence:	

- The practice had developed a 'safety alerts and central alerting system policy' to provide guidance to staff. The policy detailed that significant events and incidents were discussed at GP meetings to ensure shared learning, continuous improvement and effective oversight.
- The practice maintained an electronic record of safety alerts which outlined the title, response status, published date, outstanding actions and completed actions. Tracking systems were also in place to confirm information had been shared with relevant clinicians and this included the date that the information had been read and acknowledged.
- We undertook a remote clinical search of a drug safety alert for patients prescribed SGLT-2 inhibitors (a medicine used to treat diabetes). Clinical searches identified 39 patients. We sampled 5 patient records and found that there was no evidence that diabetic ketoacidosis and Fournier's gangrene (complications associated with taking this medicine) advice had been given to 1 out of the 5 patients sampled.
- Following our remote clinical searches, the provider submitted a comprehensive response via email on 11/12/2023 to update us on actions taken to mitigate risk and address the above finding.

Effective

Rating: Requires Improvement

We rated the provider as requires improvement for providing effective services. This was because some patients were overdue recall for monitoring checks and patients prescribed medicines that required monitoring were not always receiving this on time. Furthermore, the practice was not meeting the target for cervical cancer screening and one childhood immunisation indicator. Although we saw the practice was making efforts to improve outcomes for patients, there was not yet sufficient evidence to demonstrate whether these actions had been successful. Ratings must reflect outcomes that people were receiving at the time of inspection.

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 not always assessed, and care and treatment was not always 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 had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence:	

- Staff were trained as care navigators and had access to a duty GP each day. They had been provided with emergency advice posters to help them to recognise those patients in need of urgent medical attention and to advise when a 999 response was required.

Effective care for the practice population

Findings

- Clinical searches identified that 8 patients out of 759 patients prescribed Angiotensin-converting enzyme (ACE) inhibitors and Angiotensin receptor blockers (ARBs) (medicines that are used to lower blood pressure) may not have had the required monitoring. We sampled 5 patient records and found that all 5 were overdue monitoring. Invites had been sent to all patients. No other actions had been taken.
- Clinical searches identified that 9 patients may have a potential missed diagnosis of diabetes. We sampled 5 patient records and found that in 2 cases there were issues with monitoring.
- Clinical searches identified that 14 out of 148 patients prescribed Gabapentinoids (medicines used to treat epilepsy and pain) may not have had a review in the last 12 months. We sampled 5 patient records and found that 2 patients were overdue their dose review.
- Following our remote clinical searches, the provider submitted a comprehensive response via email on 11/12/2023 to update us on actions taken to mitigate risk and address the above findings.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice 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

- The practice had a recall system in place for patients with long-term conditions who were invited annually to the practice for a long-term conditions (LTC) review to check their health and medicines needs were being met. Our search of the clinical records system showed that some but not all patients with long term conditions were being reviewed on a regular basis to ensure their treatment was optimised in line with national guidance. For example:
- Patients requiring steroid treatment for severe asthma episodes were not always followed up in line with national guidance to ensure they received appropriate care. Clinical searches identified a total of 17 out of 412 patients with Asthma who had 2 or more courses of rescue steroids in the last 12 months. We sampled 5 patient records and found that 1 patient was overdue their annual asthma review. We also noted that all 5 patients had not been consistently followed up consistently followed up within 1 week of the steroids being issued.
- Clinical searches identified a total of 1 out of 16 patients with Chronic Kidney Disease (CKD) Stages 4 or 5 who may not have had their urea and electrolytes (U&Es) monitored to measure their kidney functioning in the last 9 months. We sampled the 1 patient record and found that the patient was overdue monitoring and that the clinical record indicated CKD 3 and had not been updated to CKD 4.
- Clinical searches identified a total of 3 out of 226 patients with hypothyroidism may not have had thyroid function test monitoring within the last 18 months. We sampled the 3 patient records and found that all 3 patients were overdue thyroid-stimulating hormone (TSH) monitoring of which 2 patients had also not had a medication review coded in the last 12 months. Invites had been sent out to all three patients. No further actions had been taken.
- Clinical searches identified a total of 49 out of 327 patients with diabetic retinopathy who's latest HbA1c (a measurement of average blood sugar levels) was >74mmol/l. We sampled 5 patient records and found no issues with the management of patients with diabetic retinopathy or evidence of potential patient harm.
- Following our remote clinical searches, the provider submitted a comprehensive response via email on 11/12/2023 to update us on actions taken to mitigate risk and address the above findings.
- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	40	46	87.0%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	53	55	96.4%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	52	55	94.5%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	53	55	96.4%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	61	67	91.0%	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>

Any additional evidence or comments

- The practice had achieved the minimum target for childhood vaccination except for one of the 5 indicators above.
- Practice leaders told us that invitations were sent out centrally and also from the practice. The practice team followed up parents that failed to attend appointments with their children for scheduled vaccinations and continued to try and promote uptake levels opportunistically.
- We were informed that the practice had not had a practice nurse in post since May 2023. Cover had been provided via an agency nurse and enhanced access to try and minimise gaps in provision. Practice leaders reported that they were continuing to try and recruit to this vacant post and recognised the present situation was not sustainable.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	70.4%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	74.4%	N/A	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	68.2%	51.8%	54.9%	No statistical variation
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). (6/30/2023 to 6/30/2023) (UKHSA)	73.4%	N/A	80.0%	Below 80% target

Any additional evidence or comments

- The practice was below the 80% uptake target for cervical cancer screening.
- The practice had not had a practice nurse in post since May 2023. We were informed that the previous postholder had required training in various areas including sample taking and then left employment at the practice.
- Two of the female GP partners had provided cervical smear appointments as and when necessary and cover had been provided via an agency nurse and enhanced

access to try and minimise gaps in provision. The practice continued to try and recruit to the vacant practice nurse post.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <ul style="list-style-type: none"> • Prior to our inspection, the practice manager sent us two examples of clinical audits that had been undertaken by the practice team, together with the details of other quality improvement activity undertaken. The clinical audit examples provided were: • A two-cycle audit focusing on the clinical care and support needs of palliative care patients, to ascertain whether the end of life care provided for patients in the practice was in accordance with recommended standards. • A two-cycle audit to review patients prescribed controlled drugs, to ascertain whether best practice standards were followed. • The audits highlighted that actions were initiated by clinicians in response to findings and any recommendations made and this had improved outcomes for patients. 	
Any additional evidence or comments	
<ul style="list-style-type: none"> • The practice maintained an audit programme which comprised of both clinical and non-clinical audits / quality improvement activity. 	

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes

Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff were appropriately qualified for their role and responsibilities. The practice manager maintained an electronic record of staff training and development completed which also highlighted when training/refresher training was required or overdue. • A duty doctor was available for staff to seek help, support and direction when necessary. • Systems were in place to ensure staff were appropriately supervised and appraised. 	

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice team worked with other health and social care professionals to ensure effective care was provided from primary, secondary and third sector services. 	

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> <ul style="list-style-type: none"> Clinicians were trained and experienced in long term conditions and their management. They offered regular reviews to patients where they were able to offer advice on living healthier lives. Wellbeing and support information was displayed in the practice reception area on notice boards and a digital display screen. The practice website also contained helpful information for patients and their representatives to view. The local primary care network had developed a poster on social prescribing support and services for the local population. Clinicians referred patients to the St Helens Wellbeing service subject to individual need. The service was able to assist patients with matters such as healthy eating, getting active, weight management, smoking cessation and social and mental wellbeing. Reception staff were also able to advise patients on how to self-refer to the service when required. 	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<p>Explanation of any answers and additional evidence</p> <ul style="list-style-type: none"> We reviewed a sample of 3 clinical notes where a DNACPR decision had been recorded and found no issues with the records. 	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff working at the practice were offered training in customer care and equality and diversity to help them understand the importance of anti-discriminatory and anti-oppressive practice. Staff interactions with patients were observed to be positive during our site visit. The practice routinely monitored patient satisfaction and feedback via the Friends and Family Test. We reviewed feedback from June 2023 to November 2023 and noted that overall patients provided positive feedback. 	

Patient feedback	
Source	Feedback
Friends and Family Test – June to November 2023.	Patients were asked how likely they were to recommend Dr Tree and Dr Jacobs to friends and family if they needed similar care or treatment. We saw that 422 patients responded during June to November 2023. Of the 422 responses, 302 patients rated the practice very good, 74 good; 22 not good nor poor; 10 poor; 8 very poor and 6 indicated they did not know. We saw evidence that practice leaders monitored and reviewed the feedback received from patients via the friends and family test and had developed action plans to ensure continuous improvement.
Feedback from three patients.	We spoke with one patient via telephone and two patients on-site during our inspection. The patients spoken with had been registered at the practice for many years and all provided positive feedback on their experience as patients.
Share your experience forms and complaints	No share your experience forms or complaints had been received by CQC at the point of our inspection.
NHS.uk website (formerly NHS Choices)	Three 5-star reviews from patients between September 2022 and April 2023.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	86.4%	85.3%	85.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	87.3%	84.8%	83.8%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	95.5%	92.7%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	72.7%	69.1%	71.3%	No statistical variation

Any additional evidence or comments

- The practice achieved higher than local and national average figures for the above indicators.
- Practice leaders had analysed their performance and developed a GP Patient Survey Action Plan following the publication of the 2023 National GP Patient Survey, to ensure continuous improvement.

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

Any additional evidence

- The practice routinely sought feedback from patients via the friends and family test.
- The practice had placed a comments and complaints feedback box in the reception area to enable patients to provide feedback on their experience.
- Practice leaders informed us that they were planning to develop a patient survey in consultation with their patient participation group during 2024.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice was able to source and/or produce easy read materials to support patients in understanding their care and treatment when required. • Self-help, wellbeing and other health information was displayed in the reception area and was also available on the practice website for patients to access. • Patients were referred to the St Helens Wellbeing service subject to individual need, to access various programmes of health, wellbeing and lifestyle support. • There was a hearing loop located in the reception area to enable patients with hearing aids to hear sounds more clearly. A poster was also located at the reception desk advising patients to inform the receptionists if they had any specific communication needs. 	

National GP Patient Survey results

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

Indicator		Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	95.8%	92.1%	90.3%	No statistical variation	
Any additional evidence or comments					

- The practice achieved higher than local and national average figures for this indicator.
- Practice leaders had analysed their performance and developed a GP Patient Survey Action Plan following the publication of the 2023 National GP Patient Survey, to ensure continuous improvement.

	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: <ul style="list-style-type: none"> • Staff we spoke with recognised that their patients may need additional support to help them understand or be involved in their care and treatment. • Practice leaders informed us they would provide language interpreters and/or endeavour to access or produce patient information in different languages or formats subject to individual need. • The practice used an electronic display screen to present health information to patients and displayed health and support information on notice boards. There was also a range of patient information leaflets in the waiting room for patients to access. • We saw examples of how the practice team had recorded information on patient's communication needs and preferences on the clinical system. 	

Carers	Narrative
Percentage and number of carers identified.	There were 270 patients recorded in the practice carers register and this equated to approximately 4% of the practice population.
How the practice supported carers (including young carers).	Carers were identified as part of their registration with the practice and opportunistically. Carers were supported with making appointments and flexibility was offered to meet their needs and improve access to services. Information on the St Helens Carers Centre was available in the practice and on the practice website. Carers were offered flu vaccinations and signposted to other support services by clinicians subject to their individual needs.
How the practice supported recently bereaved patients.	Bereaved patients were sent a bereavement card from the practice and contacted by clinicians to offer their condolences

	and support. Clinicians referred patients for bereavement support when required.
--	--

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: <ul style="list-style-type: none"> • Staff spoken with were aware that patient information must remain confidential at the reception area. • We were informed that staff would support patients to a more private area, should a patient wish to speak about a sensitive matter in privacy and there was a poster in the reception area advising patients of this offer. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice was part of a wider network of 13 GP practices called the St Helens South Primary Care Network. The practice worked as part of the PCN and with other system partners to deliver primary care services that were responsive to the needs of the patient population. The practice was based within a single-storey purpose-built health centre that was located close to public transport links. The practice was accessible to patients who used wheelchairs. The entrance did not have automatic door entry and exit however an intercom system was located in the entrance hallway, which patients could use to request any help or support when entering the building. Patients had access to a disabled access toilet that was equipped with a baby changer and a hearing loop was installed at the reception desk. The waiting area for patients was located opposite the reception office and could seat approximately 11 people. The waiting area was fitted with an electronic display screen that was used to present health information for patients, in addition to a comprehensive range of patient information leaflets and notice boards. The practice had developed an 'Accessible Information Standards Policy' to support staff to understand and implement the principles of the NHS Accessible Information Standard. The policy outlined the practice's approach to help identify, record, flag, share and meet the information and communication needs of patients with a disability, impairment, or sensory loss. The practice adjusted and recorded their approach when communicating with patients with different needs. For example, we saw notes on the clinical system that highlighted a patient with hearing loss required face to face appointments and preferred for practice staff to communicate with them using text messages, as they could not hear telephone calls clearly. 	

--

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm
Appointments available:	
Monday	9am to 12:15pm and 2pm to 6pm
Tuesday	9am to 12:15pm and 2pm to 6pm
Wednesday	9am to 11:10 and 2pm to 5pm
Thursday	8:30am to 12:00 noon and 12:30pm to 6:15pm
Friday	8:30am to 12:00 noon and 1pm to 17:45pm
<ul style="list-style-type: none"> Extended access services were provided by the St Helens south primary care network. Appointments were available Monday to Friday from 6:30pm to 9pm, Tuesday from 7am to 11pm and at the weekend from 9am to 5pm. Out of hours services were provided locally by St Helens Rota. 	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> 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. 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. There was a medicines delivery service for housebound patients offered by a local pharmacy. The practice liaised regularly with the community services to discuss and manage the needs of patients. For example, the practice coordinated monthly multi-disciplinary

team meetings to discuss and review the wellbeing of patients with complex medical issues.

- 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 those with a learning disability.
- People in vulnerable circumstances were 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.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice offered a range of appointment types including same day, pre-bookable, telephone consultations, face to face, video and online. • Appointments were released from 8am for morning appointments and 12 noon for afternoon appointments. A doctor was on duty each day who triaged requests for any home visits. • Practice leaders monitored access and the number of calls presented, handled and abandoned including average and maximum queue times. We noted that between June 2023 and November 2023 (the six months prior to the inspection) the average number of calls handled per month was 3220. The longest average call queue time in the same period was 4 minutes and 15 seconds in October 2023 and the shortest was 3 minutes and 17 seconds in August 2023. • Practice leaders informed us that the practice had experienced a significant turnover of staff over the past 12 months. Furthermore, since May 2023, they had not had an employed practice nurse in post. They had attempted to recruit to the vacant post but had not been successful. As a contingency measure, a practice nurse from the adjoining practice had helped to provide cover during this period. Two of the female 	

GP partners had also assisted in the provision of sample taking when required and GPs had overseen chronic disease reviews opportunistically. Several of the more recently employed reception staff had also left.

- Plans were in place to take over the adjoining practice and merge the patient lists. Practice leaders reported that they believed the amalgamation of staff with their different skill sets and experiences, together with the acquisition of more space would eventually have a positive impact, enable the practice to be more sustainable and further improve resilience.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	56.8%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	62.3%	49.9%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	55.0%	47.0%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	80.1%	68.9%	72.0%	No statistical variation

Any additional evidence or comments

- The practice achieved higher than local and national average figures for this indicator.
- Practice leaders had analysed their performance and developed a GP Patient Survey Action Plan following the publication of the 2023 National GP Patient Survey, to ensure continuous improvement.

Source	Feedback
NHS.uk website (formerly NHS Choices)	Three 5 star reviews from patients between September 2022 and April 2023.

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.	6
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

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint regarding a previous member of the practice team	A letter was sent to the complainant by a senior clinician offering an apology, the incident was discussed and reflected upon and the contact details for the parliamentary and health service ombudsman were provided to the complainant.
Complaint regarding a delay in issuing a prescription.	The complaint was acted upon and a letter was sent to the complainant from a clinician offering an apology. The incident was discussed and reflected upon and the contact details for the parliamentary and health service ombudsman were provided.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could not 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: <ul style="list-style-type: none">• The provider had produced a 5 year business development plan for the period 2021 - 2026 which provided an overview of its strategic intent for service delivery and business improvement. The plan outlined key priorities for the practice. For example, premises, clinical services, information technology, staffing, teaching and training, leadership and communication within the practice.• Practice leaders were able to articulate their intentions for the ongoing development and leadership of the service. This included plans to merge the practice and patient list with the adjoining GP practice to ensure continuity of care, combine staffing resources and improve resilience.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Practice leaders had developed a vision statement in conjunction with the whole of the staff team. The vision was "To work in partnership with our patients and staff to provide	

the best primary care services possible that we can". This was underpinned by clear aims and objectives.

- The vision was also supported by a value statement for the practice. This was "We value high quality patient care and we strive to achieve a high level of medical care for our patient's, we ensure we take responsibility for our actions and are open and transparent to the people who use are service".

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We spoke with staff during the inspection and received 8 CQC staff questionnaires. All respondents reported a professional, supportive and positive culture in the workplace. 	

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

Source	Feedback
Eight staff questionnaires	<ul style="list-style-type: none"> • Staff provided positive feedback and confirmed they were supported by practice leaders and colleagues; received training, supervision and appraisals and were involved in contributing to the development of the service.

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: <ul style="list-style-type: none">• Structures, processes and systems to support governance and management had been established and were subject to regular review and ongoing improvement. For example, practice leaders had developed an organisational staffing structure and agreed clinical and lead responsibilities for GP partners and staff covering key areas of operational activity. This had been documented on a speciality leads and a staff governance document which included the contact details of staff.• A schedule of meetings was in place for the practice. Prior to our inspection we requested copies of recent meeting minutes for the practice. The practice manager sent us examples of minutes for the primary care network, multi-disciplinary team, practice and the patient participation group. Minutes received provided evidence that practice leaders and staff had the opportunity to engage with each other, share key information and ensure oversight of areas relevant to the operation of the service.• Weekly 'huddle' meetings were also coordinated to enable staff to share and receive information and to obtain help and support when needed.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The provider had established policies and procedures that included managing performance. An employee handbook had also been developed which included key policies and procedures for staff to reference.• A business continuity plan had been produced for staff to follow in the event of a significant or major emergency.	

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: <ul style="list-style-type: none">• The practice maintained data in accordance with data protection legislation and had developed a range of policies and procedures to ensure safe working practices.	

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
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice used a variety of electronic mediums to store data, communicate with patients and access clinical information which all met industry standards. • The practice maintained data in accordance with data protection legislation and had developed a range of policies and procedures to ensure safe working practices. • Information on how patient's records were used and stored could be requested from the practice directly and was also available on the practice website. 	

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: <ul style="list-style-type: none"> • The practice had an active patient participation group and continued to seek patient feedback via the friends and family test. • Practice leaders informed us that they were planning to develop a patient survey in the new year in consultation with the patient participation group. 	

- Practice leaders engaged with the newly established Cheshire and Merseyside Integrated Care Board (ICB); their local primary care network and other system partners when required to achieve local and regional objectives and targets.
- The practice had conducted a staff survey during July 2023. The results of the survey were analysed and action taken in response to feedback.

Feedback from Patient Participation Group.

Feedback

- We spoke with a representative of the patient participation group (PPG) who provided positive feedback on the PPG and the level of engagement from practice leaders. The representative informed us that the PPG had a core membership of approximately 14 patients and that the PPG met on a quarterly basis. We were informed that practice leaders shared key information, listened and acted on the views of patients.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The provider had produced a business development plan and identified quality improvement initiatives to drive continuous improvement. • The service monitored and reviewed incidents and complaints to identify themes and trends. Learning was shared and used to make improvements. • Staff were provided with protected learning time and supported to access training courses in addition to any specialised training relevant to their individual roles and responsibilities. Automated systems were in place to monitor progress in this area. • The practice was an approved training practice for general practice registrars and two of the partners were accredited trainers, offering ongoing support to trainees requiring different levels of support. 	

Examples of continuous learning and improvement

- The practice team was involved in other work streams to improve services for patients and the local population. For example, one of the partners had started to provide 1 session per week working for the St Helens Place Partnership Board, to assist in

providing strategic oversight and management of the St Helens place-based partnership model of delivery. Furthermore, the practice was participating in the national GP improvement programme to drive improvement and change within the practice.

- Other innovative projects were delivered via the primary care network (PCN). For example, social prescribers were organising events for local patients experiencing fuel poverty, the frailty team provided covid vaccines and frailty checks in the community for the housebound and vulnerable patients and the practice also worked in collaboration with the PCN to offer extended access for patients.
- The practice had been awarded the 'pride in practice' bronze award for excellence in lesbian, gay, bisexual and trans healthcare.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands. The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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