

Care Quality Commission

Inspection Evidence Table

Lupset Health Centre (1-584714639)

Inspection date: 21 and 22 July 2022

Date of data download: 19 July 2022

Overall rating: Good

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">Clinical and non-clinical staff we spoke with knew who the safeguarding leads at the practice were, how to access safeguarding policies and details relating to local safeguarding team contacts. Staff also told us that they were aware how to raise a safeguarding concern in the practice.Safeguarding leads from the practice regularly attended multidisciplinary meetings with other stakeholders to discuss safeguarding concerns.Staff who acted as chaperones had received appropriate DBS checks and training to allow them to fulfill the role. The practice had developed a chaperone policy which was in place and up to date at the time of our inspection.	

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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice confirmed that immunity status checks had not been fully undertaken with staff. However, since the inspection the practice submitted evidence which showed it had begun to assess staff vaccination status in line with national guidance. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Due for review on 28/03/2023	Yes
There was a fire procedure. Date of fire risk assessment: 20/07/2021	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff we spoke with informed us that they had received health and safety and fire safety training, and that they were aware of the fire safety procedures in place within the practice. They confirmed with us that fire alarm checks and evacuation drills had been undertaken. We saw that following the last fire risk assessment, necessary actions such as clearing away extraneous debris and rubbish had been completed. Necessary safety testing had been undertaken in relation to portable electrical appliances, and the fixed gas and fixed electrical systems. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: July 2021	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"> We saw that actions had been undertaken following the latest infection prevention and control (IPC) audit. The practice had attained an overall IPC compliance score of 95% at the last audit. The practice had a clinical waste contract in place with a local provider. The practice had developed a protocol for the safe handling of clinical specimens. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none">• The practice had developed a protocol regarding the management of patients who were acutely unwell.• The practice acknowledged, and this was supported by comments by staff, that staffing had been stretched at times due to the impact of COVID-19 absences and increases in patient demand.• 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:<ul style="list-style-type: none">○ Rotas were planned up to six months in advance and focused on times of anticipated peak demand.○ The practice used locum staff when required. The practice told us that they tended to source locum staff who had worked at the practice previously. These staff were well acquainted with the operating procedures in place and had received induction support in the past, and were briefed on any changes prior to working at the practice again. New temporary staff received an induction, and had checks made on their registration and indemnity prior to starting work at the practice.○ Offering additional working hours to current staff.○ Developing and training staff to cover other roles.	

Information to deliver safe care and treatment

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

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

Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> As part of our inspection, the Care Quality Commission (CQC) GP specialist advisor reviewed a selection of patient records remotely without visiting the practice. These searches were visible to the practice. We saw that patient consultations contained appropriate information and demonstrated that care and treatment was being delivered in a safe way. We saw that the practice had failsafe systems in place for safety-netting cervical screening undertaken at the service to ensure that a result was received for each cervical screening sample taken. All incoming test results were assessed and reviewed by clinicians. The practice had established procedures and policies for incoming medical correspondence and summarising. The practice reported that there were no summarising or correspondence backlogs at the time of inspection. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.86	0.93	0.79	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). (01/04/2021 to 31/03/2022) (NHSBSA)	5.5%	6.5%	8.8%	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	5.38	5.31	5.29	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
infection (01/10/2021 to 31/03/2022) (NHSBSA)				
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	195.5‰	164.9‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.78	0.67	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	8.7‰	6.9‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	

Medicines management	Y/N/Partial
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had developed procedures and protocols for the management of medicines. This included a prescribing policy, an action plan to reduce opioid prescribing and a cold chain policy. The practice demonstrated how they supported non-medical prescribers and supervised their work in an effective manner. We heard that post sessional de-briefing meetings were held with staff who were employed by the Primary Care Network (PCN) such as pharmacists and pharmacy technicians. A staff member from the PCN who worked at the practice told us that they felt well supported, and were able to access advice when required. As part of our inspection, we conducted a series of searches to assess the practice's procedures around medicines management and prescribing. We ran a search of patients prescribed disease-modifying antirheumatic drugs (DMARDs) and found patients had received monitoring in line with guidance. We also ran searches of patients prescribed high-risk medicines and to monitor long-term conditions. We found that although systems and processes were in place to recall and monitor patients in line with guidance there were a number of patients who had not attended the practice for blood tests at intervals in line with guidance. We identified 39 patients who had hypothyroidism (an underactive thyroid gland) and had not had a thyroid function blood test in the last 18 months. After we discussed this with the practice they informed us that all identified patients had been contacted, and had either received tests or had been contacted and been booked in for phlebotomy appointments in the coming weeks. 	

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: 54	
Number of events that required action: 54	
Explanation of any answers and additional evidence:	

- Staff we interviewed or received other feedback from told us that they were aware of the significant event processes and knew how to raise a concern or significant event. We were informed by several staff that the practice operated a no-blame culture with regard to incidents.
- The practice told us it operated to a low threshold on reporting and encouraged staff to report even minor incidents to drive quality improvement. Reports could also be raised by members of staff employed by the PCN such as pharmacists who worked within the practice.
- We were informed by the management team that significant events were discussed regularly at team meetings. This was corroborated by staff members on interview and examination of minutes.

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Bulk text messages were sent out and delivered to the incorrect patients.	Staff were reminded of the correct procedure to be followed when sending out bulk text messages. The incident was also reported to the Information Commissioners Office as a possible data breach.
Limited response to panic alarm from practice staff.	Demonstration to all staff of the panic alarm process, and reiteration of processes to be followed.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • As part of our inspection, we conducted a series of searches to assess the practice's procedures for acting on safety alerts and updates. Our searches included a number of single drug safety alerts and combination drug safety alerts. • One search related to patients prescribed pregabalin (used to treat treat epilepsy, anxiety and some nerve pain). This medicine was the subject of a safety update issued in April 2022, which highlighted an increased risk of congenital malformations if used in the first trimester of a pregnancy. As a result, female patients of child bearing age in receipt of pregabalin should be given the opportunity to discuss the risks associated with pregabalin including discussions around contraception. • The search of patients in receipt of pregabalin highlighted the records of four female patients who showed no evidence that necessary actions or discussions regarding risks had been undertaken. We raised this with the practice who immediately reviewed the clinical search and informed us that all women of childbearing age who were in receipt of pregabalin would be contacted to highlight the risks. • The practice investigated why actions had not been taken when the update had first been received, and found that it had initially been incorrectly assessed as not requiring action due to an error in applying the search criteria. 	

- The practice had also shared their findings with their PCN to ensure other local providers were made aware of this. We did see evidence that the practice in May 2022 had cascaded information to all clinicians regarding pregabalin, but that this was not noted for action at that time.

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Clinical staff worked to national guidelines and utilised a decision-making resource tool which was incorporated into their clinical system. This contained guidance and current evidence-based best practice. Changes to guidance were also cascaded to clinicians and stored on the practice's shared computer drive. In addition, changes were also discussed at monthly clinical education meetings and recorded in meeting minutes. During the pandemic the practice compiled a register of clinically vulnerable patients and had contacted them to ensure their needs were being met. 	

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- 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. We saw in the previous 12 months that 79 NHS Health Checks had been undertaken from a cohort of 2,786. Numbers of health checks carried out were seen to have increased since the easing of the COVID-19 pandemic.
- All patients with a learning disability were offered an annual health check. In 2021/22 we saw that of 106 patients with a learning disability 91 (86%) had received 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.
- The practice offered a 'Safe Haven' service for patients who have been deemed unsuitable for mainstream GP services. At the time of inspection, the practice supported 33 patients associated with this service.
- The practice had increased its capacity to deliver services by hosting staff from their PCN. These included pharmacists and pharmacy technicians, a mental health nurses, physiotherapists and a health and wellbeing worker.

Management of people with long term conditions

Findings

- As part of our inspection, we conducted a series of searches to assess the practice's procedures for the management of patients with long-term conditions. Overall, the management of patients with long-term conditions was found to be generally satisfactory.
- We highlighted to the practice a number of patients who had not been followed-up in line with guidance. For example, we found 39 patients with hypothyroidism had not had the appropriate

blood tests within the previous 18 months. Immediately after the inspection the practice sent evidence of their plan to address our findings and facilitate appointments for the patients.

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. The practice had recently introduced new processes for the recall of patients for reviews. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. Whenever possible if a patient had more than one long-term condition, they were offered a combined review, where all their conditions were examined at one review. The practice informed us that this approach had been well received by patients.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, members of the nursing team had received additional training in asthma and diabetes and were therefore able to deliver a wider range of services, such as being able to initiate injectable treatments for diabetes mellitus.
- 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 asthma were offered an asthma management plan and steroid cards.
- The practice supported four residential care/nursing homes, many of whose patients had long-term conditions. Services to these locations included weekly contact and visits by GPs and ANPs if required, and access to telephone direct dial numbers for contact with the practice.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	136	141	96.5%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	141	152	92.8%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received	139	152	91.4%	Met 90% minimum

Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	139	152	91.4%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	150	163	92.0%	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 promoted uptake with parents, and actively contacted them to remind them that immunisation appointments were due for their children. If children continued to fail to attend for immunisations these cases would be discussed with health visitors and others to seek to encourage uptake in the future.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	75.4%	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)	59.8%	62.0%	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)	65.2%	68.7%	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)	63.6%	55.8%	55.4%	No statistical variation

Any additional evidence or comments

- The practice told us that they had recognised cervical screening performance required improvement and had been working on this for some time to improve uptake. Actions had included:

- Changing the invitation approach, so that patients received cervical screening invitations on pink paper (this had been shown elsewhere to improve uptake).
- Patients were also contacted via text message and were given verbal reminders opportunistically.
- Patients were able to access screening at early morning appointments at the practice, and at later appointments at other locations via the extended hours service.

The practice told us that they planned to organise an educational event, increasing information for staff and displaying more information in the waiting room about the importance of screening and how patients can access these appointments at convenient times for them. They also planned to invite patients using the booking links via SMS messages to allow patients to book those appointments directly without having to contact the practice. The management team told us that they would review these measures after six months in order to test their effectiveness.

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

Example of improvement demonstrated because of clinical audit or other improvement activity in past two years

- The practice had conducted improvement activity concerning safety-netting of cancer two week wait referrals. In December 2020, of 39 two week wait referrals completed, 89.7% had safety netting letters recorded as being completed. After awareness raising this rose to 97.4% of 39 new referrals in January 2022, and 100% of 46 new referrals in February 2021.

Any additional evidence or comments

- The practice had a strong emphasis on quality improvement activity, and we saw evidence of a number of presentations and audits prepared by practice staff which covered best practice improvements and awareness raising in relation to subjects such as:
 - Chronic pain and reducing opioid prescribing risks.
 - Prescribing in chronic kidney disease stages four and five.
 - Menopause.
 - Diabetes – targets and treatments.
- We saw that the practice organised regular monthly clinical education meetings which discussed improving clinical outcomes and safety. These were well attended by a range of clinical staff from across the practice.

- The practice had either participated in or had signed up to participate in a number of quality and outcome improvement programmes and projects. These included:
 - LAMP (Lowering Anti-Microbial Prescribing) - A project which aimed to reduce prescribing through audit and feedback. Using data from May 2022, over the previous three years the practice had reduced prescribing of these medicines by 2%.
 - Current participation in the 'PinPoint Test' programme - a new type of blood test designed to optimise NHS urgent cancer referral pathways.
 - Signing up to start participation in August 2022 in the ALABAMA (ALlergy AntiBiotics And Microbial resistance) trial. This is a randomised controlled trial to evaluate whether the penicillin allergy assessment pathway intervention is clinically effective in improving patient health outcomes.

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, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Induction and staff appraisal records were detailed and covered all necessary areas. • We saw that the practice had a mandatory training and frequency schedule in place for clinical and non-clinical staff. Training included safeguarding children and adults, mental capacity act (MCA), infection prevention and control, basic life support, information governance, fire safety awareness, sepsis awareness, health and safety and equality and diversity training. There were systems in place to monitor when mandatory training updates were due. However, it was noted that in a small number of cases mandatory training was not recorded as being completed. We raised this with the practice who later informed us that relevant staff had been contacted and asked to confirm that such training had been undertaken or been asked to retake the training again. • Clinical supervision and support processes were in place for all clinical staff. This included PCN employed staff who delivered services within the practice. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Staff from the practice attended monthly multidisciplinary team meetings with other stakeholders to discuss vulnerable patients or those with complex needs.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">A social prescriber worked at the practice one day a week. They listened to patients and worked with them to identify the support they required to improve their health and wellbeing. The social prescriber was able to refer patients to a number of local services which included debt counselling, and mental health and wellbeing support.The practice was able to refer patients to external partners for additional support. This included smoking cessation, and weight management.We saw that end of life support was managed, and that senior members of the practice worked closely with other health professionals on a multidisciplinary basis.NHS health checks were available to patients as was access to wellbeing support and advice.	

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.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none">• We reviewed a sample of DNACPR coded patients. We found that coding had been applied appropriately. However, of the records we checked we found that documentation supporting the decision was not always available. One of the reasons highlighted for this was that if forms were completed at home visits there were no facilities to copy these without taking them away from the person subject to the DNACPR. After we raised this with the practice they told us that they proposed to alter their processes around the completion of DNACPR forms, and that in the future these would be completed and stored directly at the surgery in future, using a standardised template. The practice would then arrange collection of the form by family members or care-coordinators where this was not possible. This revised process was discussed at a meeting held on 27/07/2022 and notifications sent to staff to ensure they were aware of the changes. The practice informed us that they planned to audit this change within three months.• Staff demonstrated an understanding of capacity and parental responsibility issues when obtaining consent for procedures such as immunisation or cervical screening.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was generally 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
Patient Interviews	<ul style="list-style-type: none"> Patients we spoke with told us that care was delivered in a compassionate way and that clinicians took their time to listen to the needs of patients and involved them in their care and treatment.
NHS Friends and Family Test Feedback	Words used included <ul style="list-style-type: none"> Friendly staff. Feel really looked after. Listened to what I said.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	94.4%	88.8%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	92.4%	87.9%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and	97.9%	94.5%	95.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	88.9%	82.9%	83.0%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
<ul style="list-style-type: none"> The practice was aware of key patient feedback which it received from a number of sources. These included the NHS Friends and Family Test, GP patient survey results, NHS Choices, Patient Participation Group (PPG) comments, patient suggestions and via complaints monitoring. Whilst the practice had not undertaken a recent patient survey, this had been identified as a potential workstream to progress with the recently re-launched PPG. The NHS Friends and Family Test had been relaunched by the practice in 2022 following a break due to COVID-19. Data from the practice for 2022 indicated that of 109 responses received 101 were either rated as excellent/very good or good.

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.	Patients told us that clinicians took time to speak with them about their concerns and issues.
NHS Friends and Family Test Feedback	One patient reported that they felt listened to and able to discuss their health concerns.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	97.4%	92.8%	92.9%	Tending towards variation (positive)

	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"> Telephone, face to face or British Sign Language (BSL) interpreter services were available if required. The practice participated in the 'Wakefield Safer Places Scheme'. 'Safer Places' operates as a voluntary scheme that aims to assist vulnerable people with learning disabilities, autism and dementia to feel safer when travelling independently. If a vulnerable person arrived at the practice feeling unwell, confused, lost, or having been a victim of crime staff within a designated 'Safer Place' are asked to assist by contacting a key named person for the individual, or to call the emergency services and allow the vulnerable person to wait on the premises until the named person or police/ambulance arrive. 	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> 3.9% of the practice population; 543 patients.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Carers were offered support by a range of practice staff. This included access to well-being coaches. Flexible access to the practice. Signposting and referral to local support services and resourced. Key information for carers promoted on noticeboards and via direct SMS messages.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> Access to appointments and signposting to support services.

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">On the day of the inspection we observed confidentiality was maintained at the reception desk. We saw the computer on the reception desk was positioned so patients could not view the screen. Background music played in the waiting room also masked conversations.The practice had recognised the needs of patients who had a larger build and had fitted some chairs in the waiting area which were roomier, and which could accept a heavier weight.	

Responsive

Rating: Good

The practice had previously been rated as outstanding for providing responsive services during the inspection undertaken in 2017. This was due to the provision of support for patients with mental health conditions and services for patients who had been assessed as being potentially violent, and had therefore been excluded from accessing services provided by their own GP practice. At this inspection, we found that those areas previously regarded as outstanding practice were now either more mainstreamed in GP practices or now did not meet the threshold to achieve an outstanding rating. The practice is therefore now rated as good for providing responsive services.

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: <ul style="list-style-type: none"> Patients from the practice were able to access extended hours services on late afternoon, evenings, weekends and bank holidays at other local locations across the Wakefield area. These services were delivered by Conexus Healthcare Limited (a confederation of Wakefield GP practices) and operated as GP Care Wakefield. Vulnerable patients or those with complex needs were able to access longer appointments. When possible and appropriate patients with multiple long-term conditions were reviewed at a single appointment. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7:30am – 6:30pm
Tuesday	7:30am – 6:30pm
Wednesday	7:30am – 6:30pm
Thursday	8am – 8:30pm
Friday	7:30am – 6:30pm

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

- Patients had a named GP who supported them.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice told us that in recognition of the religious and cultural observances of some patients, staff would respond quickly 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.
- The practice offered dedicated annual review clinics for patients with dementia.
- Early clinical appointments were available from 7:30am on Monday, Tuesday, Wednesday and Friday. The practice also offered extended hours access until 8:30pm on a Thursday.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP confederation.
- The practice held a register of patients living in vulnerable circumstances; this included those with a learning disability, and older frail patients.
- 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. The practice had a dedicated learning disability nurse who delivered services one day per week.
- The practice had 'Veteran Friendly' accreditation.
- In addition to general appointments the practice offered:
 - Mental health clinics.
 - Contraceptive implant clinics.
 - Minor surgery
 - Palliative care support as a minimum every two weeks.
 - Care home support as a minimum on a weekly basis.

Access to the service

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

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to 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	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had operated fully during the pandemic and continued to deliver face to face appointments. • Over the pandemic the practice had introduced access to telephone consultations and support. The practice told us that they felt this approach, combined with their traditional face to face consultations, offered greater flexibility to patients. • Reception staff had experience in care navigation and operated to a pathway which ensured safety and the appropriateness of signposting. • The practice website carried information regarding services delivered at the surgery. 	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	56.9%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	60.9%	70.5%	70.6%	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 (01/01/2021 to 31/03/2021)	65.7%	65.5%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	90.1%	81.6%	81.7%	No statistical variation

Any additional evidence or comments

- The practice submitted data to us which showed that for a practice list of around 14,000 patients, they were able to offer a maximum of 970 appointments a week. However, this was based on full staff availability. Numbers would also be reduced if specialised clinics such as those for contraceptive implants were operated during that period.
- The appointment system offered both pre-bookable telephone or face to face appointments that patients were able to access either by telephoning the practice, or via online access. These appointments were available up to 14 days in advance. The only time these appointments would not be available to patients were if the practice had foreseen a shortage of book on the day appointment availability. At the time of inspection, the practice had approximately 40 pre-bookable appointments per week.
- The practice had book on the day appointments, in the morning these were telephone appointments (there was a facility to convert these to face to face appointments if required), with one appointment allocated to each clinician for a medication review.
- Home visits were delivered in the morning by an advanced nurse practitioner. Additional assistance was available for home visiting by GP registrars who were each allocated up to two visits each day if required.
- Afternoon clinics were delivered as face to face appointments (these appointments were able to be converted to a telephone appointment if required by the patient, but only for conditions that do not require face to face assessment).
- The practice withheld two appointments back in the afternoon to be released from 2pm to assist with any urgent care requests. In the afternoon the practice had an acute on-call team which consisted of a GP/ANP/GP registrar who worked together and dealt with urgent patients, tasks, prescriptions, and home visits.
- Four appointments per day were available for NHS 111 direct booking into the practice.
- The practice also offered up to five online consultations per day which were accessed via the website.
- The practice sent out SMS messages with links to patients who required an appointment for blood tests, cervical screening and NHS health checks. This enabled them to book directly into the appointment system without ringing in via the telephone system.
- A small number of appointments could also be booked via the local extended hours service GP 'Care Wakefield' from 3.30pm. If these were not used by 4.30pm then these were opened up to other practices within the PCN.
- If clinics were cancelled, the practice offered patients a new appointment at the time of cancellation.
- The practice recognised patient concerns regarding telephone and access issues. They outlined a number of actions they had either taken or were in the process of implementing to seek to alleviate these areas of concern. These included:
 - Increasing the number of telephone lines.
 - Allocating additional staff to answer the telephone line during busy periods.
 - Working with the patient participation group to streamline telephone menu options to make the process simpler and easier to understand.
 - Providing additional appointments.
 - Further developing care navigation to allocate and refer patients to more appropriate services.
 - Over a longer period working with patients to help them to understand booking and appointment options.

Source	Feedback
Patient Interviews	<ul style="list-style-type: none"> Patients we spoke with on the day raised issues regarding accessing appointments and in particular with contacting the practice via telephone.
NHS Friends and Family Test	<ul style="list-style-type: none"> Feedback was mixed in respect of patient satisfaction with appointments.
NHS Choices	<ul style="list-style-type: none"> Of nine reviews left from July 2021 to July 2022 all mentioned issues either contacting the practice or obtaining an appointment.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	43
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 of learning from complaints.

Complaint	Specific action taken
Several complaints regarding the telephony system and call queues.	The practice increased the number of telephone lines and additional staff were allocated to answering telephones at peak periods. A message was also added to the appointment line to inform patients when all appointments for the day were full.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had an experienced leadership team in place who understood both the local and national challenges to delivery of healthcare services.• The management team were open and transparent about the challenges this included those in relation to appointment access. They shared with us their plans to manage this issue.• The practice was responsive and proactive to feedback during the inspection process and acted immediately upon findings. For example, patients identified as part of our clinical search for further care management were contacted and actions taken to organise required reviews and blood tests.• The practice recognised that key members of the practice team would be retiring in the near future and had put in place measures to succession plan for their replacement. This included the appointment of new GP partners to the practice.• Many of the GPs working in the practice had previously been GP trainees at the practice.• Staff told us that the management team were approachable.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes

Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff we received feedback from told us that they knew how to raise concerns and felt that the practice management team took their concerns seriously. However, not all staff knew who the 'Freedom to Speak Up Guardian' was. The practice told us that they ensured staff issues were listened to and discussed. Staff who raised concerns were given feedback and information on any actions taken. The practice told us that it was planned that all managers will be trained to be a 'Freedom to Speak Up Guardian'. The practice demonstrated a strong training and development culture. This included operating as a GP training practice, with two partners being accredited trainers. We also saw that staff development was a priority and staff had been supported to gain additional skills and qualifications. The practice held annual team bonding sessions and social functions. 	

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

Source	Feedback
Staff words used in interview feedback included:	Feel we are a good team who work hard.
Staff words used in interview feedback included:	Think we work well together and are well supported by others.
Staff words used in interview feedback included:	Joy to work at the practice. Well integrated into the team and supported.

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
Explanation of any answers and additional evidence:	

- We saw that the management team facilitated communication within the practice through an internal meeting structure which included management meetings, full staff meetings, clinical education meetings and multidisciplinary team (MDT) meetings. Minutes of meetings were available for staff to reference.
- The practice had nominated clinical leads for key areas, such as the safeguarding of adults and children and infection control. Staff were able to contact these persons for specialist advice and support. Staff were aware of these leads.
- Staff we spoke with understood their individual roles and responsibilities and understood governance and management structures.
- We saw new staff had received a role specific induction when they had commenced, and existing staff had undertaken an appraisal. We also saw staff employed by the PCN, but who worked at the practice had received induction, and were given ongoing support.
- Partners' held away day strategic planning sessions on a regular basis.

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

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes

The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> During the pandemic the practice had introduced telephone triage, and access to telephone consultations and support. The practice told us that they felt this approach, combined with their traditional face to face consultations, offered greater flexibility to patients. In light of patient feedback and concerns regarding telephone access the practice had introduced a number of measures to improve performance and through this patient satisfaction. This included increasing telephone lines and numbers of staff answering calls at busy periods. 	

Appropriate and accurate information

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

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

Governance and oversight of remote services

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

The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group (PPG).	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 recently relaunched their PPG. They met approximately every two months, and actively engaged with the practice. They had raised with the practice concerns regarding the need to improve patient accessibility. Staff told us they could provide feedback through meetings, ad hoc one to one feedback, and via annual appraisals. Staff we spoke with felt they the partnership and management team were approachable. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> Members of the PPG told us that they felt that the practice listened to their views. The members were positive about their role within the PPG and showed a clear desire to make a real impact and improve outcomes for patients. In particular they felt it would be important to develop a detailed forward work programme for the PPG.

Continuous improvement and innovation

There were 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:	

- The practice made use of reviews of incidents and complaints. Learning was shared and used to make improvements.
- 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 nurse training.
 - Supporting staff to gain additional qualifications and skills to develop their careers and deliver enhanced services.
- The practice held monthly clinical education meetings. This included the discussion of new guidance and learning from cases.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.

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