

Care Quality Commission

Inspection Evidence Table

Hollyns Health and Wellbeing (1-540404119)

Inspection date: 24 and 25 April 2023

Date of data download: 18 April 2023

Overall rating: Requires Improvement

Following a comprehensive inspection in June 2022 we rated the provider as requires improvement overall. We rated safe as inadequate, effective, responsive and well-led as requires improvement and good for caring. At this inspection on 24 and 25 April 2023 we saw that the provider had taken concerted action to rectify the majority of issues highlighted during the previous inspection. However, we also identified some additional concerns in respect of medicines management, supporting patients with specific health conditions, child immunisation and cervical screening rates, and poor patient satisfaction with access to services.

Safe

Rating: Requires Improvement

At the previous inspection in June 2022 we rated the provider as inadequate for providing safe services due to concerns identified in relation to medicines management, and the safe management of premises and work environment. At this inspection we saw that the concerns previously raised had largely been addressed. However, we identified some additional issues in respect of medicines management including medicines reviews, high-risk drugs monitoring, and the actioning of medicines and patient safety alerts.

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:	

Safeguarding	Y/N/Partial
<p>We saw that staff had received safeguarding training appropriate to their roles, and that staff were aware who the safeguarding lead and deputy was for the practice. At the previous inspection staff had not all been trained to the appropriate level.</p> <p>At this inspection we saw that policies and procedures were in place to support and safeguard both vulnerable children and adults.</p> <p>We saw that staff had been trained in Prevent, a national programme to raise awareness around the risks of radicalisation.</p> <p>Staff from the practice met and worked with other partners to protect vulnerable children and adults, and we saw that multidisciplinary meetings were held on a regular basis. A report published by the Bradford Safeguarding Adults Board in August 2022 recognised positively the work carried out by the practice in supporting a vulnerable patient.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw that since the last inspection in June 2022, processes which assessed staff immunity and vaccination status in line with national guidance had been implemented.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 13/04/2023	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 17/05/2022 and 02/12/2022 Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Issues highlighted in the latest health and safety inspections undertaken at both sites had been actioned and rectified. For example, the practice had developed a lone worker risk assessment and a managing violence risk assessment following the health and safety inspection.</p> <p>We saw that issues identified in the fire risk assessments had been reviewed and undertaken by the practice. For example, a missing staff toilet roof/ceiling tile had been replaced. Staff had been trained how to action fire based emergencies and that fire management processes had been embedded in the practice. This included undertaking evacuation drills and undertaking weekly fire alarm tests.</p> <p>Risks associated with the Legionella pneumophila bacteria were managed across both sites. For example, we saw that flushing was undertaken and that hot and cold temperature monitoring was in place. It was though noted that some target hot water temperatures at the Allerton site were slightly below the required temperature. However, we were assured that the practice was working with the water monitoring service to resolve this.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were partially met.

	Y/N/Partial
Staff had received effective training on infection prevention and control (IPC).	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 26/09/2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: During our visit to both sites we saw that issues in relation to cleaning and training highlighted at the last inspection had been tackled and resolved. We saw that IPC audits had been undertaken, and both sites had high levels of compliance, the Clayton site achieved a compliance score of 93.8% and the Allerton site 97.2%. However, we saw that a number of concerns in relation to the fabric and structure of the buildings were reliant on refurbishments planned for both sites. These refurbishments had still not been undertaken, however we saw evidence that this planned improvement was in progress. For example, costings had been formulated and communication had been undertaken with the building proprietors. Notwithstanding this delay, we saw that interim works such as redecoration and flooring improvements had taken place pending the full refurbishments.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: Induction processes were in place and we saw records for newly appointed staff and locum staff. Staff were aware how to identify and treat deteriorating or acutely unwell patients. We saw staff had received sepsis awareness training. Equipment used to support such patients was appropriately stored, and was regularly calibrated and checked. Staff told us that on occasion absences had stretched the practice. However, this was covered by managing planned absences across staff rotas, and covering unplanned absences via staff being offered additional working hours, and through the use of locum staff. Longer term resilience was being addressed through ongoing recruitment.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. ¹	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Records summarising and correspondence was up to date during the the inspection. For example, only 4 patient records were awaiting summarising.</p> <p>Previous issues concerning unactioned tasks and test results on the clinical records system had been tackled and were now dealt with in a timely manner and closed when completed.</p>	

Appropriate and safe use of medicines

The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation

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

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHS Business Service Authority - NHSBSA)	0.87	0.90	0.82	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2021 to 30/09/2022) (NHSBSA)	4.9%	5.4%	8.5%	Tending towards variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r	4.85	4.66	5.28	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2022 to 30/09/2022) (NHSBSA)				
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	174.1‰	121.8‰	129.6‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	0.36	0.42	0.58	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	9.3‰	7.1‰	6.7‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. ²	No
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes

Medicines management	Y/N/Partial
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>As part of our inspection a CQC GP specialist advisor (SpA) undertook a number of searches of patient records on the practice's clinical records system. Findings from these searches included:</p> <p>Medicine reviews – The provider was not able to demonstrate that medicines reviews were comprehensive or included full details. In 2 of 5 records we examined in detail we saw no evidence that the reviewer had checked that required monitoring was up to date. For example, 1 of these patients had not had necessary checks since mid 2021. For this same patient the details of the review were limited, and only a code had been used to record that a review had been undertaken. The provider informed us that previously they had used the services of 2 external pharmacist support organisations to deliver a proportion of their medicines reviews. Following a recent internal review of the services provided they had moved to a single pharmacist support provider as they felt that this delivered a better and more comprehensive level of service.</p> <p>High Risk Medicines – Arrangements to monitor patients prescribed high-risk medicines were not always effective. For example, our searches indicated that 11 of 77 patients in receipt of spironolactone (used to treat patients with hyperaldosteronism a condition which results in the body producing too much aldosterone, a naturally occurring hormone); low potassium levels; heart failure; and in patients with oedema (fluid retention) had potentially not received the required level of monitoring. We examined 5 of these patient's records in detail and found that in 4 out of 5 patients records, monitoring was overdue and that these patients were therefore exposed to risk. In the 5th case monitoring had only just recently recommenced after a period of over a year when monitoring was required. Since the inspection the provider has informed us that patient recalls will be changed from annual to 6-monthly, and this change will be communicated to all staff and the supporting pharmacy team.</p> <p>We noted that the provider had taken action with regard to concerns raised in clinical records searches undertaken during the previous inspection in June 2022. In addition, during this latest inspection in April 2023 we saw that monitoring in relation to methotrexate (a high risk medicine used to treat cancer, autoimmune diseases and other conditions) was managed in a satisfactory manner.</p> <p>The provider had taken action to improve processes for the management, storage and distribution of prescriptions forms following the previous inspection in June 2022.</p> <p>We saw that emergency medicines were generally well managed within the practice, although risk assessments had not been conducted regarding stocking decisions that had been made. Following the latest inspection we were sent details of the rationale concerning these stocking decisions.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	11
Number of events that required action:	11
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a significant event policy in place, and all staff we spoke with were aware of it, and knew how to raise a concern. Staff told us that they felt free to raise such concerns.</p> <p>We heard that events were discussed with individuals, at meetings and were also stored on a shared IT document system. However a small number of staff told us that events and any learning had not been shared with them. Following the inspection the provider told us that they would standardise meeting agendas to make event/incident reporting a standing item to ensure staff were aware of all such incidents and any learning.</p>	

Example of significant event recorded and actions by the practice.

Event	Specific action taken
Non-adherence to the data security arrangements, and loss of personal data.	The provider reviewed the incident and reiterated guidance to staff regarding the handling of personal data.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The provider was not able to demonstrate that medicine and drug safety alerts had been handled appropriately and that the necessary actions had been taken. We saw that 9 patients had been co-prescribed clopidogrel (used for the prevention of heart attacks and strokes) and omeprazole/esomeprazole (used to treat the effects of heartburn and the release of stomach acid). This had been subject of an alert in 2010 which informed providers that use of both these medicines together should be discouraged unless considered essential. Furthermore clinicians were asked to check whether patients in receipt of clopidogrel were also buying over-the-counter omeprazole/esomeprazole and assess if other gastrointestinal therapies were more suitable. Of 5 patient records we assessed in detail we saw that in all 5 cases the risks associated with the usage of these medicines together had not been undertaken, and that prescribing had continued. There was no indication that this co-prescribing had been assessed as being essential to continue.</p>	

Since the inspection the provider has informed us that all of these patients have been moved from omeprazole/esomeprazole to another medicine. The provider also informed us the the original 2010 alert had been actioned at the time of issue, however the identified patients had been issued the combination of medications since this time, in 1 instance by secondary care. After the CQC inspection in June 2022 which had raised concerns with the actioning of medicines alerts the provider had begun to use a software package which highlighted prescribing risks. The issues we identified at this inspection in April 2023 involved patients who had started the combination medicines after the original alert, but prior to the introduction of this software.

We saw that the provider had taken action on previous concerns regarding medicines alerts in respect of gabapentinoid prescribing, and that all patients had been reviewed.

Effective

Rating: Requires Improvement

At the previous inspection in June 2022 we rated the provider as requires improvement for providing effective services, because care and treatment was not consistently delivered in line with evidence based guidance, and the practice could not demonstrate how they assured themselves of the competence of staff employed in advanced clinical practice. At this inspection we saw that the specific concerns previously had been addressed. However, we identified some further issues related to patients with pre-existing conditions which showed that they had not been managed in line with evidence based guidance. In addition the practice performance in relation to cervical screening and child immunisations for children aged 5 for measles, mumps and rubella was below national targets.

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 assessed, and care and treatment not 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.	No
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	No
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated. ³	No
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence: Changes to guidance was discussed at clinical meetings, in addition we saw that learning sessions and audits were also discussed at these meetings. As part of our inspection, CQC's GP specialist advisor (SpA) undertook a number of in-depth searches of the practice's clinical system. The clinical searches found that the immediate clinical needs of patients were not consistently reviewed or addressed, and patients were not always followed up in a timely manner.	

Effective care for the practice population

Findings

The clinical searches found that patients ongoing needs were not fully assessed and that guidance had not been followed fully in relation to their care and treatment:

- We identified 24 asthma patients who had been prescribed 2 or more rescue steroids. We looked at 5 of these in detail and found that in all 5 cases the patient had not been followed up to check a response to treatment within a week of an acute exacerbation of asthma, in 3 cases the patient had not received an adequate annual asthma review in the past 12 months, and in 4 cases the patient had not been issued with a steroid card. The provider informed us that they had recently begun to issue steroid cards to patients, and that they would ensure that the identified patients would be provided with a steroid card if still required.

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.

Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. The provider told us that there were appropriate and timely follow-ups on the outcome of health assessments and checks where abnormalities or risk factors were identified. We saw that in the last 12 months the practice had undertaken 168 health checks.

All patients with a learning disability were offered an annual health check. The practice had 101 patients registered with a learning disability, and all these patients had been offered a health check in the last 12 months. Of these 101 patients 74 had received a 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. Multidisciplinary meetings were held to review palliative care patients.

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 hosted additional services for patients such as physiotherapy.

Lung health checks were available to those aged over 50 years old who were once or are currently smokers.

Exercise referral was available to patients which was delivered by the local authority.

Management of people with long term conditions

Findings

The clinical searches found that patients ongoing needs were not fully assessed and that guidance had not been followed fully in relation to their care and treatment:

- We identified 8 patients with chronic kidney disease stages who had not potentially been monitored correctly. Of 5 patient records we examined in detail we saw that in 3 cases there were valid explanations for this, such as they were being monitored elsewhere, and 1 case was attributed to a coding error in the record. However, in the final case we saw that the patient was at risk as whilst recalled they had not received recent tests for blood pressure and operation of their renal function.
- We identified 16 patients with hypothyroidism (those with an underactive thyroid gland) who had potentially not undergone thyroid function test monitoring within the last 18 months. Of 5 patient records we examined in detail we saw that in 3 cases patients had not received the monitoring required, although they had been recalled by the practice for monitoring, but had declined to engage with the practice. The practice told us that they took a balanced view with regard to continuing to prescribe for such patients weighing the risks of continued prescribing against the risks of not doing so. This was supported in part by their prescribing and repeat prescribing policies. However, we saw no evidence within the patient records that the rationale for these decisions had been noted.

We saw from our clinical searches that patients with diabetic retinopathy (a complication of diabetes, caused by high blood sugar levels damaging the back of the eye) had been managed in a satisfactory manner.

Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, clinical staff had received additional training in diabetes, asthma and cervical screening. This training enabled higher level services to be provided to patients such as enhanced diabetes services.

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/24 hour blood pressure monitoring.

The provider had signed up to be able to register patients with Chronic Obstructive Pulmonary Disease (COPD) to a digital support service app. As part of the service patients received support in setting up access to the service, and once set up were able to enter their oxygen saturation and heart rate results from from pulse oximeter readings so helping them to understand their condition more and which helped them to identify when they may need additional support.

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)	114	123	92.7%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	133	144	92.4%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	131	144	91.0%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	131	144	91.0%	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)	149	178	83.7%	Below 90% minimum

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

Any additional evidence or comments
<p>The provider was aware of the under performance in relation to children aged 5 who had not received an immunisation for measles, mumps and rubella. They told us that they notified parents of required appointments, and had mechanisms in place to contact parents when they failed to bring in children for immunisations, and to escalate concerns to stakeholders such as health visitors. Since the inspection the provider has informed us that they plan to:</p> <ul style="list-style-type: none"> • Add a section onto the practice website to highlight the importance of pre-school immunisations. • Send monthly text reminders to parents whose children were overdue their immunisation.

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who	69.2%	N/A	80% Target	Below 70% uptake

were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/06/2022) (UK Health and Security Agency)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	54.2%	51.7%	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)	64.0%	58.4%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	58.1%	59.4%	54.9%	No statistical variation

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

Any additional evidence or comments
<p>The provider was aware of their underperformance in respect of cervical screening. They had put in place measures to increase screening rates which included:</p> <ul style="list-style-type: none"> • Training 2 additional members of the nursing team to deliver screening. • Delivering messages regarding the importance of screening in waiting rooms. • Enabling patients to attend cervical screening appointments at other locations outside usual operating hours. <p>In addition, since the inspection the provider has told us that they planned to:</p> <ul style="list-style-type: none"> • Add a section onto the practice website to highlight the importance of attending cervical screening appointments. • Send monthly text reminders to patients who were overdue screening. • Remind staff when they identify a patient who has been overdue screening to opportunistically book such patients in for a screening appointment.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

The provider had a programme of clinical audits which it undertook to drive improvement within the practice. For example, following issues highlighted at the last inspection in June 2022 an audit was undertaken into the missed diagnosis of chronic kidney disease. The inspection had identified 182 patients as possibly having chronic kidney disease, but who had not been coded as such and therefore were not supported for the condition. The provider put in place measures to improve identification, coding and support for these patients. Follow-up searches showed that performance in relation to the identification of at risk patients had improved. In addition to these improvements the practice implemented changes to the IT system to make both coding and recall of these patients much easier for clinicians.

We saw that some clinical audits were full 2-cycle audits where past actions were tracked and assessed for continued effectiveness.

The provider participated in the Lowering AntiMicrobial Prescribing (LAMP) project. The project aimed to inform practices of their antibiotic prescribing performance, and through this to promote a reduction in prescribing. We saw that antibiotic prescribing had reduced at the practice by 3% over the previous 4 years.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the previous inspection in June 2022 the provider was unable to demonstrate how they assured themselves of the competence of staff engaged in advanced clinical practice, such as non-medical prescribers. Since the June 2022 inspection we saw that the provider had introduced quarterly assessments of consultations and prescribing practice for such staff. Staff confirmed that these assessments had been undertaken and that they received feedback on their performance following these. We also saw that reviews of competence had been undertaken for GP registrars.</p> <p>Induction processes were in place for all new staff and locum staff.</p>	

We saw evidence which showed that the majority of staff were up to date with mandatory training.

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
<p>Explanation of any answers and additional evidence:</p> <p>The clinical records searches undertaken by the CQC GP specialist advisor showed that tasks, scans and clinical correspondence were handled in a timely manner. We were informed by the provider that the summarising of patient records was dealt with promptly. At the time of inspection only 4 records required summarising.</p> <p>Other medical professionals were able to view the patient record via access to a shared clinical system.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff had been trained in care navigation and were able to signpost patients to other services and support when this was appropriate.</p> <p>The practice offered in-house wellbeing advice and support. This included smoking session services offered at the Clayton site.</p> <p>Patient information and wellbeing information was displayed on noticeboards and on electronic screens in waiting rooms.</p> <p>We heard from the provider, and saw evidence to support this, that they planned with other stakeholders in the locality to develop awareness raising and health improvement community roadshows. This was planned to have input from GP providers, the voluntary and community sector and the local authority.</p>	

The provider opted into a service for older people run by a national charity which was designed to improve self-management skills, and help older people with frailty to improve their wellbeing and thrive with the support of their community.

The practice supplied a local café with weighing scales and blood pressure monitoring machines to encourage patients to monitor their own health.

Any additional evidence or comments

The provider worked closely with community and voluntary sector partners. For example, they were able to signpost and refer patients to HALE (Health Action Local Engagement – a local community and voluntary sector provider who worked in Bradford) for a number of specific support services. This included advice and support regarding cost of living pressures and wider health and wellbeing concerns.

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> <p>As part of our inspection, we reviewed a sample of DNACPR decisions made within the last 12 months. We saw that detailed and comprehensive records of these had been maintained.</p> <p>Relevant staff had been trained in relation to the Mental Capacity Act 2005.</p> <p>Staff we spoke with had a good knowledge of patient consent, and when necessary had processes in place to formally record this.</p>	

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
People's Voice online feedback	Positive feedback regarding both sites, and the care and treatment received from staff at the practice.
People's Voice online feedback	Positive feedback regarding sympathetic and understanding staff, and the ability of the practice to prioritise care.
On-site observation	On the day of inspection we saw that staff treated patients with compassion and care.
NHS Friends and Family Test	The practice had some generally positive responses to the NHS Friends and Family Test. For example, the results for December 2022 (which included views from patients who had attended flu and COVID-19 vaccination walk-in clinics) showed that from 223 responses: <ul style="list-style-type: none">• 204 rated the practice as good or very good.• 12 rated the practice neither good nor bad.• 6 rated the practice as poor or very poor.• 1 didn't know.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	77.3%	80.1%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the	74.5%	78.4%	83.5%	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)				
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	87.0%	89.7%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	50.3%	65.7%	72.4%	Tending towards variation (negative)

Any additional evidence or comments
<p>We saw that the provider had reviewed the 2022 National GP Patient Survey and taken steps to improve patient satisfaction for both patient perception of the services received and for those in relation to access and the range of services provided. In relation to patient perceptions the provider had looked to update the website to become more user friendly, and to provide more self-help information. They had also recruited more clinical staff to meet additional demand.</p> <p>Staff had received active listening training.</p> <p>Staff we interviewed and spoke with mentioned the importance of prioritising compassionate care to patients.</p> <p>New patient questionnaires sought to identify patients who may be at need of additional support such as carers or veterans and their families. We were told that veterans would be prioritised for an appointment if one was required even when appointment slots were full.</p>

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

Any additional evidence
The provider has undertaken their own patient surveys, although these have not taken place since 2019/20.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes

Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Easy read, translated, and pictorial materials were available for patients to support their health and care needs.</p> <p>We saw that information was displayed on practice noticeboards for health related issues and subjects such as information for carers.</p>	

Source	Feedback
Interview with patient.	The patient we spoke with told us that they felt that clinical staff involved them in discussions about their care and treatment options, and that they listened to their concerns and views.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	84.9%	86.4%	89.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the website and practice information leaflet was detailed and carried important information.</p>	

Carers	Narrative
Percentage and number of carers identified.	2% (261 patients).
How the practice supported carers (including young carers).	Carers information was displayed on noticeboards and on the practice website. Staff were able to signpost and refer carers on to local support organisations.

How the practice supported recently bereaved patients.	Staff signposted those recently bereaved to appropriate support organisations. If required, the practice provided individual health and care support to bereaved patients.
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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
Reception desks were accessible to people who used wheelchairs.	
Conversations could not be overheard in corridors, and the provider had put in place measures to reduce the risk of patients being overheard whilst at the reception desks.	

Responsive

Rating: Requires Improvement

At the previous inspection in June 2022 we rated the provider as requires improvement for providing responsive services due to mixed patient and stakeholder feedback, and concerns regarding the management of, and response to, issues relating to the premises and its environment. At the latest inspection we saw that patient feedback and satisfaction regarding access to services had declined, and that whilst progress had been made to refurbish the premises used by the practice this had still not been completed. The provider had recognised access and capacity issues and had put in place measures to improve these, however these needed to be embedded and shown to fully deliver the desired outcomes.

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.	Partial
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: It was noted that a number of issues raised at the last IPC audits undertaken at both sites still awaited action. However, we saw that planning and costings for the refurbishment work had been undertaken. In the interim the provider had undertaken some upgrading works which included changes to seating, flooring and redecoration.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm
NB The Allerton Health Centre branch surgery is open between 8am to 6pm Monday to Thursday and 8am to 1pm on Friday.	
Appointments available:	
Monday	8am to 12pm and 1pm to 6pm
Tuesday	8am to 12pm and 1pm to 6pm
Wednesday	8am to 12pm and 1pm to 6pm

Thursday	8am to 12pm and 1pm to 6pm
Friday	8am to 12pm and 1pm to 6pm
Further information about how the practice is responding to the needs of their population	
<p>Extended hours services were available at other practices in the locality which were open to patients from Hollyns Health and Wellbeing. These operated 6.30pm to 9.30pm on weekdays, and from 10am to 2pm at weekends. Services included general appointments and more specialist appointments such as cervical screening.</p> <p>Patients had a named GP who supported them in whatever setting they lived.</p> <p>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 addition, the practice provided support to patients in 9 residential care and nursing home settings.</p> <p>In recognition of the religious and cultural observances of some patients, the GP would respond quickly, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.</p> <p>There was a medicines delivery service for housebound patients which was provided by local pharmacies.</p> <p>The practice liaised regularly with community services to discuss and manage the needs of patients with complex medical issues.</p> <p>The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.</p> <p>People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.</p> <p>The provider supported registered patients at a local women's refuge. In addition, we heard how the practice had supported a patient who had experience domestic violence.</p> <p>The provider adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, we were told that such patients could be offered longer appointments, or attend when the practice was less busy.</p>	

Access to the service

People had mixed views on their ability to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes

Patients were able to make appointments in a way which met their needs	Partial
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Patient satisfaction with regard to accessing care and treatment was mixed and had shown some deterioration. For example:</p> <ul style="list-style-type: none"> • 21.4% of patients responded positively to how easy it was to get through to someone at the practice on the phone in the 2022 National GP Survey. This was a fall from 43.5% in the 2021 survey. • 32.6% of patients were very satisfied or fairly satisfied with their GP practice appointment times in the 2022 National GP Survey. This was a fall from 48.9% in the 2021 survey. <p>The provider had reviewed the 2022 National GP Survey and had implemented a number of changes which they felt would improve patient satisfaction. These included:</p> <ul style="list-style-type: none"> • Introduction of a telephone callback feature which if utilised by patients would save them waiting in the telephone queue. • Increasing the number of calls entering the telephone queuing system from 30 to 50. • Increasing the opening times at the Allerton site. • Offering minor ailment and acute clinics. In addition, more services had been made available to patients via the extended hours service delivered by Bradford Care Alliance. • Continued recruitment of additional staff to increase capacity. • Increasing the number of pre-bookable and face to face appointments. <p>However, these changes needed to be fully embedded and show an impact on patient experience.</p> <p>We examined data sent to us by the provider regarding the increase in appointment availability. Over a week period in June 2022 the practice had availability for:</p> <ul style="list-style-type: none"> • 194 telephone appointments/consultations which included results appointments. • 120 on call telephone appointments. • 60 appointments for NHS 111 to book for telephone appointments. • 156 face to face appointments for clinicians to book. <p>Over a week period in April 2023 availability had increased to:</p> <ul style="list-style-type: none"> • 358 telephone appointments/consultations which included results appointments. • 120 on call telephone appointments. • 60 appointments for NHS 111 to book for telephone appointments. • 259 face to face appointments which the administration team could book into. • 127 face to face appointments that clinicians and those on call can book into. <p>In addition, the nursing team had 653 10 minute appointments available (appointments times may vary depending on the procedure).</p> <p>The provider also used online consultations which were available to patients between 9am and 11am.</p>	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England 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 (01/01/2022 to 30/04/2022)	21.4%	N/A	52.7%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	27.5%	49.7%	56.2%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	32.6%	50.1%	55.2%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	60.5%	69.2%	71.9%	No statistical variation

Source	Feedback
NHS online feedback.	Of 3 reviews posted in the last 2 years we saw that 2 patients had rated the practice poorly in respect of care and treatment, and information on the website. The third review had rated the practice highly for their responsiveness and care.
Feedback from care homes supported by the practice.	We spoke with staff from 4 of the 9 care homes supported by the practice. All those we spoke with were generally satisfied with the responsiveness of the service and the care provided.
Patient interview	We spoke with a patient who told us that they were usually able to access a clinician of choice and that any appointments usually ran to time. In addition, the patient told us that they had offered good support to a close relative in the past.

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.	46
Number of complaints we examined.	3
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
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	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: We saw that a complaints policy was in place and that this was regularly reviewed. The provider used complaints to identify areas for improvement.	

Example of learning from complaints.

Complaint	Specific action taken
Of 46 overall complaints received 15 related to access.	We saw that the provider had implemented a number of actions to improve patient accessibility, this included the introduction of patient telephone callback, and an increase in face to face appointments.
Complaint regarding data loss.	We saw that the provider had dealt with this appropriately and put in place measures which reduced the likelihood of a recurrence. This included raising staff awareness of adherence to data protection guidelines and policies.

Well-led

Rating: Good

At the previous inspection in June 2022 we rated the provider as requires improvement for providing well-led services as the provider had not consistently maintained oversight of systems and processes. At this inspection we saw that the provider had responded well to the previous concerns raised and had improved oversight and governance processes.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The provider had a good understanding of the challenges they faced and had put forward measures to tackle these. For example, the provider had recognised issues in relation to demand management linked to recruitment and staffing needs. In response to this the provider had: <ul style="list-style-type: none">• Gained sponsorship status as a practice which allowed them to expand recruitment options when trying to recruit GPs.• Put in place support to train one of the practice nurses to become an advanced care practitioner.• Trained new practice nurses in long-term conditions.• Recruited more clinical staff. This included GPs, a nurse prescriber and a paramedic.• Increased numbers of GP trainers at the practice to 3, this allowed them to increase the number of GP registrars supported at the practice. It was hoped that this may result in future applications from these individuals for roles in the practice. We saw that the provider had responded to the previous issues raised during the inspection of the practice in June 2022. They had developed a detailed action plan to drive improvement, and we saw that this had been monitored to track progress. The majority of concerns raised during this inspection had been addressed. We also saw that throughout our most recent inspection in April 2023, the provider had responded positively to concerns and areas of non-compliance we raised with them. For example, actions had been taken to recall patients overdue monitoring of high-risk medicines. We heard from staff that leaders and senior managers were visible and supported them.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The provider had an annual business planning meeting which involved all staff. This meeting covered issues such as performance, and also planned developments and enhancements. The current provider had come together from the merging of two previous providers in 2018. We saw that a practice vision and a set of values had been developed. Staff told us that they felt the practice was there to deliver the best quality care to patients.	

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: Staff we either interviewed or received completed questionnaires from told us that the practice operated a no blame culture, and that they felt safe to raise issues or concerns. Leaders and managers demonstrated a commitment to staff welfare and wellbeing. For example, we saw that staff had been bought Easter eggs, and that bonus payments had been made recently. Staff we also able to attend externally delivered wellbeing sessions.	

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

Source	Feedback
Feedback from a GP registrar	Described the support received from their supervisor and other colleagues as immeasurable.
Staff interview feedback	Relationships between managers and staff were described as good and very supportive.
Staff feedback by returned questionnaire	Described the atmosphere in the practice as friendly and busy.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the provider held a number of meetings which updated staff and ensured that good governance processes were in place. These included:</p> <ul style="list-style-type: none"> • A Business Planning Meeting held annually and open to all staff. • Partner Business Meetings held every month with all Partners and Business Development, Enterprise and Finance Manager. • Clinical Meeting/Multi-disciplinary team meetings held on a monthly basis. • Administration Meetings held monthly/bi monthly. • Nurse Meetings held monthly/bi monthly. • Short weekly meetings with the clinical team/registrars. <p>The majority of these meetings were minuted. However, we noted that content differed, and meant that some key areas such as significant events and complaints were not standing agenda items and therefore opportunities for sharing learning could be missed. We were informed by the provider that they would look at standardising agenda content for meetings in the future.</p>	

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes

Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw that staff had been trained in emergency procedures and how to deal with major incidents. For example, all staff had received fire training, and some staff had additional roles such as fire marshals.</p> <p>We saw that the provider had responded to the concerns and risks identified during the inspection undertaken in June 2022, and had also quickly responded to issues which we raised with them at the latest inspection undertaken in April 2023. We noted that some issues such as the planned refurbishments continued and had still not been completed, but we saw evidence that these were being progressed.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>We saw that following the previous inspection in June 2022, the provider now ensured that actions highlighted in audits were actively progressed.</p>	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

Staff are supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: We saw that most staff were up to date with mandatory training. This included training in respect of information governance and data security.	

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: The provider met regularly with the pharmacy team who co-delivered services. These meetings were minuted. We saw that following the 2022 National Patient Survey results had been published, the provider had implemented actions to improve patient satisfaction. The practice had a Patient Participation Group which included patient members from the 2 previous practices which had merged together in 2018. The PPG maintained 2 co-chairs, 1 from each of the previous provider locations. This they felt allowed an equal sharing of views regarding both sites.	

Feedback from Patient Participation Group.

Feedback
One of the co-chairs told us that they felt that they worked well with the provider, and felt that the practice listened to their concerns. For example, they had raised issues with the previous website which had been actioned, and the website had been improved. We were also informed that the provider discussed key issues with the PPG and shares with them concerns such as complaints and learning from these.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice had a programme of clinical audits and other quality improvement activity. The practice had a strong commitment to education and training. This included: <ul style="list-style-type: none"> Operating as a GP training practice. 	

- Supporting the development of staff into new career roles, or by supporting them to gain further professional qualifications.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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