

Care Quality Commission

Inspection Evidence Table

Altrincham Medical Practice (1-562876820)

Inspection date: 21 November 2022

Date of data download: 29 November 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">All staff we spoke with demonstrated appropriate understanding of safeguarding and how it would be used within their roles.Staff had access to safeguarding e-learning modules and all clinical staff members had completed safeguarding training to the appropriate level for their role.There were safeguarding policies and procedures in place for both children and adults and protocols were in place for patients who did not attend appointments.The safeguarding lead attended meetings with health visitors when they were available, where safeguarding registers were discussed and updated. They also attended quarterly regional meetings where sharing and learning occurred.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice manager had been in post less than twelve months. We discussed recruitment checks with them and reviewed some recruitment files. Not all personnel files held consistent information, but the necessary documentation such as identification checks and Disclosure and Barring Service (DBS) checks were in place. This was something that was on the practice manager's list of things to do when transferring information on to the practice's new document management system. Most staff had been at the practice for many years. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: November 2021	Yes
There was a fire procedure. Date of fire risk assessment: 18/08/2022	Yes
Actions from fire risk assessment were identified and completed.	Yes

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:	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"> The practice nurse had been in post for eighteen months and was joint lead for the infection prevention and control. They completed the required infection control e-learning in June 2022 and followed government guidelines for Covid-19. Other staff who completed questionnaires confirmed they had also completed required learning. 	

- Masks and hand gel were available for patients and staff and screens at reception were in place with a one way system in use at busy times.
- Specimens were labelled and collected from reception in plastic cups along with a completed form providing reasons for specimens and any symptoms. Specimens were transferred to the sluice for analysis when required and disposed of appropriately.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Staffing levels were planned for both clinical and non-clinical annual leave and sickness when the practice was notified of such. Practice nurses did not book leave at the same time and covered each other's roles during planned and unplanned leave. • Administration and reception staff also covered each other as much as possible during planned or unplanned leave. • Staff we spoke with were able to demonstrate how they would deal with emergencies over the telephone and we discussed how training in this area by one of the GPs may be something the practice looked into in the near future. • Staff we spoke with or those who completed questionnaires felt there were enough appointments when all the GPs were working. They told us that more face to face appointments were being introduced for patients that wanted them. The nursing staff mostly saw patients face to face. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. ¹	Yes

There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Review of patient records in relation to the clinical searches identified that care records were managed in line with current guidance. There were no significant concerns from the searches and overall the results were very positive. We saw that history, examination, management plans, safety netting and follow up were adequately documented. • The practice had identified a backlog of records that required summarising and had an action plan in place to work through those, with prioritisation placed on those records of patients with multiple co-morbidities. • We reviewed the document management system and noted no outstanding tasks in any of the GPs or administration staff inboxes. This demonstrated that referrals, test results, discharge letters and changes of medicine were managed in a timely way. • The practice held weekly meetings with open discussions to raise awareness on patient/staff concerns, safeguarding issues and infection control as examples. Minutes of each meeting were produced and feedback to relevant staff via tasks and/or emails. 	

Appropriate and safe use of medicines

The practice had 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)	0.75	0.94	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	7.6%	11.6%	8.5%	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
antibacterial drugs (BNF 5.1 sub-set). (01/10/2021 to 30/09/2022) (NHSBSA)				
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2022 to 30/09/2022) (NHSBSA)	5.21	5.14	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	99.9‰	172.0‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	1.08	0.63	0.58	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	4.9‰	5.3‰	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. ¹	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. ²	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes

Medicines management	Y/N/Partial
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
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p data-bbox="57 831 1273 864">Explanation of any answers and additional evidence, including from clinical searches.</p> <p data-bbox="57 913 1501 1021">As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor without visiting the practice. The GP SpA reported no significant concerns from the searches and overall, the results were positive.</p> <ul data-bbox="108 1081 1501 1888" style="list-style-type: none"> • Patients taking high risk medicines, such as methotrexate, (a type of medicine that helps reduce inflammation) were being appropriately monitored. • Patients on combination medicines were reviewed and dealt with appropriately. • Medicine reviews were appropriately managed and carried out on a regular basis. • We reviewed patients taking immunosuppressant medicines which help to control the body's immune system. Of those patients reviewed, all bar two patients had recent blood tests at the surgery or the hospital. Although blood tests were overdue for those two patients the practice was aware of them and they had been contacted to book appointments before medicines were prescribed. • We reviewed patients taking Leflunomide which is a disease-modifying anti-rheumatic drug (DMARD) used for rheumatoid arthritis and which carries risks and side effects that need to be monitored. DMARDs were historically monitored using a diary system but the practice recognised that the system was not working well. The clinical pharmacist brought with them a suite of searches and those searches were run quarterly picking up patients that slipped through the net. On review of this we found that patients on DMARDs were being monitored appropriately. • The practice continually reviewed their systems and processes for the administration and supply of medicines, and regular reviews for repeat prescribing for the benefit of the patient population. • There were medicine management and prescribing policies and procedures in place including a home visit policy. 	

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:	18
Number of events that required action:	18
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was a lead member of staff for significant incidents and all staff contributed and were involved with incident reporting. The practice demonstrated how all staff were encouraged to raise anything whether it be clinical, staff or personal related. We saw how information was collected, documented, discussed and reviewed on the practice records management system. • Staff we spoke with and those who completed questionnaires told us they felt reassured and able to raise and discuss concerns in an open environment. Each department had individual leaders and all came together formally and informally to discuss concerns. Staff spoke of a good and open culture where people talked. • Events were collected by the practice manager and deputy manager and reviewed and discussed at meetings. Events included administration errors, clinical concerns, and compliments if they were received. Each event was managed and reviewed with the individuals concerned and any learning was disseminated throughout the whole practice or where applicable. 	

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

Event	Specific action taken
The practice received discharge information about a patient who had been discharged from hospital but subsequently found out the patient was RIP and had not been discharged.	The practice contacted the hospital and were awaiting information to find out the reasons.
A patient had on the safeguarding register had given birth to a child.	The practice took positive steps to consult with the patient, offer advice and ensure baby and mother attended appropriate appointments for immunisation and well checks.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We discussed safety alerts with the GP partners, the practice nurse, the health care practitioner and the practice manager. All were able to demonstrate the process for alerts received into the practice, how they were dealt with and where action was taken when required. • We saw examples of action taken on recent alerts, for example regarding patients on gabapentionoids. (Gabapentin is used to treat epilepsy and is also taken for nerve pain which can be caused by different conditions including diabetes and shingles). We found them to be managed appropriately. • We found a record of a patient of child bearing age who had not been advised of the potential risk of medicines with pregnancy. We discussed this with the GP partners and asked them to review this patient. We were told that these patients were on the radar of the Primary Care Network and if not yet reviewed would be addressed by the clinical pharmacist. 	

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. ¹	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated. ³	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• We discussed registers for people with learning disabilities, mental health conditions, long term conditions and palliative care with the GP partners. We also discussed these with the practice nurse and the health care practitioner. Registers were used to ensure patients with those conditions were called for annual review in a structured manner.• We saw that discussions about patients' needs, wishes and preferences were recorded and there was evidence that they were fulfilled.	

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.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor without visiting the practice. In general, the results from the searches undertaken at Altrincham Medical Practice were satisfactory.

- Review of the records demonstrated that chronic disease was well managed. We saw from the records reviewed that they had been well summarised and well coded which enabled the practice to identify the correct patients when doing searches for chronic diseases. This was down to a member of reception staff who was well versed in the searches and coding within the clinical system. Their passion for managing patient records had been developed into a lead area and they attended the integrated care board (formerly the clinical commissioning group) bringing knowledge back to the practice.
- Patients were offered treatment and rescue steroids when diagnosed with asthma and we had no concerns about the treatment of patients with asthma or COPD.
- Patients with chronic kidney disease were monitored appropriately.
- Patients with diabetes at risk of developing or having developed retinopathy received appropriate treatment.
- DNACPR care plans were in place for patients on end of life treatment and contained information specific to the wishes of the individuals involved.

In addition:

- Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	91	93	97.8%	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) (UKHSA COVER team)	84	88	95.5%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	83	88	94.3%	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) (UKHSA COVER team)	84	88	95.5%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	106	110	96.4%	Met 95% WHO based target

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

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/06/2022) (UK Health and Security Agency)	74.1%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	63.9%	60.3%	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)	72.4%	66.8%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	39.3%	52.3%	55.4%	No statistical variation

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

Any additional evidence or comments
<ul style="list-style-type: none"> We spoke with the practice nurse and health care practitioner about any campaigns they had to encourage patients in the uptake of cervical screening. Screening was done opportunistically as well as through appointments. Texts were sent to all eligible patients and patients were encouraged to book appointments. We were told that posters had been removed because of the pandemic but this was something the practice nurses may now consider re-introducing. Patients who may struggle to access core opening hours due to work or other commitments, could access appointments through extended hours on week-day evenings and weekends and appointments. Available appointments were not limited to acute illnesses and included cancer screening and immunisation.

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

- An audit of compliance with the quality outcomes framework (QOF) for hyperglycemia in patients with diabetes was undertaken. The practice looked at the percentage of eligible patients with diabetes on the registers without moderate or severe frailty as not yet meeting the required criteria. 115 patients were identified and it was agreed to review 30. Some patients on the list were very elderly and it was decided to focus the audit on a sample size of the 30 eldest patients. A total of 9 of 13 patients applicable were identified as needing additional input and in total of those requiring further intervention 6 of 9 patients were identified as able to receive interventions from a clinical pharmacist. The audit applied to 30 patients but 115 were identified in total. The practice planned to review further cohorts of patients using the methodology identified in the audit to improve performance across all those patients who met the criteria.
- The practice also used quality care searches to identify patient records that had been coded incorrectly, patients missing blood results and any clinical information that required updating. They also worked together with the primary care network in order to identify and improve structured medicine reviews, also using QOF searches to determine improvements for patient healthcare and safe working.

Any additional evidence or comments

- During the pandemic a report and search for vulnerable patients was completed at Altrincham Medical Practice. This identified all patients in this category and procedures were put in place for them to have a good level of access to care and treatments. Appointments were adapted to meet the needs of patients including text messaging, phone calls for those who were digitally excluded, home visits for those who were housebound and the introduction of clinicians from the primary care network such as clinical pharmacists, social prescribers and first contact practitioners who could manage physiotherapy and mental health.
- There had been a lot of changes around services offered to patients of Altrincham Medical practice since the pandemic and appointments were now being made more accessible to deal with the backlog which had been caused. The practice offered inhouse phlebotomy services due to the demand on secondary care which created better quality care for their patients. A new phlebotomy clinic had been introduced for patients on high-risk medicines who required regular monitoring to keep them well managed and those were identified using searches.
- The practice nurse and health care practitioner introduced “Florey’s” to patients on the chronic disease register (also identified through searches). These were questionnaires which were sent to the patients prior to their appointments to help ascertain how well they were managing their conditions and to make their appointments more structured.
- The secretaries kept spreadsheets and diaries to check all two-week-wait referrals and if appointments were not offered they would chase secondary care.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • From ten questionnaires completed by staff, the practice was able to demonstrate that training was completed appropriately. • Training needs were identified through the appraisal system and staff were encouraged to develop. • All staff were encouraged to indicate their training needs and aspirations to learn new skills to help the business perform better and to provide better care for patients. • Protected time was given to all staff to complete 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

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"> • The practice had access to First Contact Physiotherapists who held clinics on the premises and were able to deal with a wide range of physiotherapy problems. • Through the primary care network the practice there was a drive to improve cancer diagnoses in patients. A new salaried GP had recently taken the lead for cancer and was reviewing all prostate cancer diagnosed patients, looking at their family history, background and risks, in order to identify required treatments and hopefully improve outcomes. • Health inequalities were being reviewed also through the primary care network but few patients of Altrincham Medical Practice qualified in this area. • The introduction of pharmacists within the practice was proving positives as these were staff who were passionate about their role and were able to spend time speaking and listening to patients to identify whether their medicines were achieving optimum improvements. Where they were not, they had time to review and make changes and provide better patient outcomes. • Patients requiring clinical discussion were highlighted using alerts within the clinical system and discussed during the weekly peer discussions which were minuted or ad-hoc. Medical records were updated before, during and after discussions when required. • A review of records showed that personalised care and support planning was active at each stage of a patient's treatment and care. Clinicians liaised regularly with Macmillan nurses, cardiac and respiratory nurses and community nurses to ensure that patient centred care was delivered. We saw multiorganisational discussions were recorded on the clinical system and were audited and tracked via tasks and patient clinical notes. • There was an established primary care network (PCN), and through that the practice had a social prescribing team who provided support to many of their vulnerable patients, signposting them to services such as debt, loneliness and general guidance and advice. 	

Consent to care and treatment

The able to demonstrate that it obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes

Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Yes
<ul style="list-style-type: none"> Review of patient records in relation to the clinical searches identified that DNACPR care plans were in place for patients on end of life treatment and contained information specific to the wishes of the individuals involved. 	

Responsive

Rating: Good

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• Patients could telephone and email for appointments and email for repeat prescription requests as well as using the online facilities within the practice web pages.• Patients who were not good at using technology could call the practice for repeat prescriptions and could also request repeat prescriptions from their local pharmacies.• A telephone appointment reminder system was available for patients who required it.• There was a robust cervical screening system in place and a person from the practice was identified to call patients to explain the importance of these appointments and encourage attendance.• A Florey questionnaire system was in place for patients with chronic diseases which was sent out to them before their appointments and which identified patients that could be managed without having to attend a face to face appointment.• Enhanced hours in the evenings and at weekends were available within the primary care network.• All patients had access to community pharmacists, social prescribers and first contact practitioners.• GPs were slowly reintroducing face to face appointments for those patients who requested/required them.	

Well-led

Rating: Good

The practice was previously rated Outstanding for the well led key question. At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practice, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated good for providing **well led** services.

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">• Since the previous inspection there had been changes in leadership and governance which had proved positive for the practice. Succession had been discussed and considered and a new partner had recently been recruited. The previous practice manager had left and an experienced member of staff had moved into the role. All staff spoke positively about this change.• Since the retirement of the lead nurse a new nursing team had been developed and a new practice nurse had been recruited.• The practice made use of other disciplines within their team such as advanced nurse practitioners and pharmacy technicians.• All the staff we spoke with or those who completed questionnaires spoke of a very inclusive and supportive management structure.	

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:	

- Discussion with one of the GP partners demonstrated that both the main partners would be due to retire around similar times so their succession plan involved getting a new partner in now, who could be taught the values of the practice, rather than wait until retirement to begin looking. They discussed being ahead of the game, implementing fresh ideas and planning continuing of care by bringing new staff on board before key staff left. A new practice nurse had also been recently employed.
- Not all staff who completed questionnaires confirmed their collaboration of the vision and values of the practice. However, they were all passionate about the care provided to patients, and said they would support each other in that role and would do what was required of them.
- All staff were aware of new staff that had been introduced and the roles they were providing.
- The practice had plans to become a training practice and a trainee was due to begin trained employment in February 2023.

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"> • There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. • Plans were consistently implemented, and had a positive impact on quality and sustainability of services. Staff at all levels were involved in developing these. This was demonstrated by the continuity of care provided throughout the pandemic. • Staff spoke of an open culture with good communication. They said they would raise concerns if they had any. There was a system in place to raise concerns formally and informally. • There was clinical and management oversight of the service quality and performance. Quality improvement initiatives were evident. 	

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Governance arrangements reflected best practice and a systematic approach was taken to working with other organisations to improve care outcomes. • The practice had a computer-based document system which the practice manager was beginning to use more effectively to manage documentation and training. • The practice had established policies, procedures and activities to ensure safety. The practice manager demonstrated a system to monitor and review policies according to guidance, legislation and practice need. • Staff understood their duty to raise concerns and report incidents and near misses and they spoke of a supportive environment in which to do this. Staff confirmed, and we saw evidence, that findings from significant events were discussed at meetings (or sooner if required). • We saw evidence of learning and sharing from external safety events as well as patient and medicine safety alerts. 	

Managing risks, issues and performance

There were effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • We saw that risks and issues were well managed throughout. For example the practice manager and a member of staff assigned to the role, confirmed there was a backlog of records that required summarising. That member of staff demonstrated how they were going to reduce 	

the backlog. They also demonstrated that prioritisation was being given to records required by clinicians when patients attended appointments.

- There were processes in place to discuss and review significant incidents and the practice was able to demonstrate where improvements had been made following incidents.
- There was a major incident plan. Copies were kept both at the practice and outside the practice where it could be accessed. Relevant staff knew where it was kept and how to access it. Staff also had access to all major telephone numbers.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Staff worked collaboratively to monitor quality outcomes and ensure that patients were called and recalled to appointments. They were passionate about their roles and data was used to improve performance. • The information used in reporting, performance management and delivering quality care was found to be accurate, valid, reliable, timely and relevant. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. 	

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:	
<ul style="list-style-type: none"> Staff commented about how differently services were delivered in comparison to before pandemic times. They felt they had reached a point where patients were more satisfied with the ways in which appointments could be managed and how their data was handled. They were currently working in a hybrid manner and were beginning to see more patients face to face when this was requested. The practice had embedded a number of technologies to improve practice efficiencies and patient access such as online application, Email, SMS, Electronic consultation but also provided help for those people who found technology more challenging. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We were told that patient feedback was integral to the workings of the practice and there were many platforms to collect it including NHS choices, the practice website, text messaging and feedback to the PCN patient participation group where the practice had five representatives. The practice manager and another member of staff responded to all feedback left on those platforms. Information was passed back to the management team and discussed within the practice meetings. They looked at information that could be investigated, for example lack of GP face to face appointments and tried to accommodate change where possible. However, they did not currently respond to or maintain this information and agreed that an action plan going forward would improve outcomes for patients. There was a Primary Care Network PCN and two meetings had taken place. Patient engagement to gauge interest in participation and recruit members was highlighted via five practice websites, Altrincham Medical Practice, the PCN website and via text, as well as through face to face discussions at reception. This elicited more than 1300 interested patients. Five patients were practice were chosen covering age, ethnicity and gender diversities. 	

- Meetings so far have outlined the work of the PCN explaining the difference between that and a practice. Social prescribers and link workers were highlighted and their services outlined with a view to how all patients could better be informed of these services.
- There was a third meeting scheduled for end of January 2023 with a plan to discuss the work of clinical pharmacists and how patients can best access inoculations and immunisations.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Clinical meetings were held weekly where peers could discuss and review the management of patients or anything they were unsure about. These meetings were minuted and if something was applicable to all staff it was communicated throughout. • The practice had a defined management structure and staff were able to demonstrate their understanding of each person's role within that structure. • There was a robust recruitment and induction policy and training records were kept up to date. Staff attended Trafford locality Integrated Care Board education events via electronic means until face to face events were being held. • They were about to become a training practice with a trainee registrar due to start in February 2023. 	

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.