

# Care Quality Commission

## Inspection Evidence Table

### Leeds City Medical Practice (1-545710147)

Inspection date: 19 April 2018

Date of data download: 16 April 2018

## Safe

### Safety systems and processes

Source	
There were lead members of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required Not all receptionists are DBS checked as they may not act in capacity of chaperone	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Additional comments:  It had been identified at the previous inspection that not all staff who acted in the capacity of a chaperone had received appropriate training. As a result the practice had introduced a system to ensure that all chaperones were up to date with their training. When staff had completed their training and their DBS check they were issued with a 'chaperone badge'. If their training became out of date, the badge was removed and they were not able to act as a chaperone until they were updated.	

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes

Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Additional information: The practice pay the registration fees for GMC and NMC registrations and medical indemnity insurance of all clinical staff – this enables the practice to be reassured the registrations/insurance are up to date.	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 11.7.17	Yes
There was a record of equipment calibration Date of last calibration: 11.7.17	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals Sharps assessment – 11.1.18	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs Fire drill/evacuation as a whole building.	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessments Date of completion: September 2015 review date September 2017	Yes
Actions were identified and completed.	Yes
Additional observations: NHS Properties undertake all fire drills/evacuations, fire alarm checks and fire risk assessments of the Leeds City Medical Practice and Parkside Health Centre locations. The practice has sight of the records. Crossland Surgery checks are undertaken by the practice.	
<b>Health and safety</b> Premises/security risk assessment Date of last assessment: 15.2.18	Yes
Health and safety risk assessment and actions NHS property services complete	Yes

[illegible]

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	0.82	1.11	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	6.2%	6.6%	8.9%	Comparable to other practices

Medicine Management	
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
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Additional comments: At the time of our inspection there was no risk assessment in place to determine the range of emergency medicines held. However, a comprehensive risk assessment was provided to CQC within two days post-inspection.	

We saw there were records kept of the regular checks of equipment and medicines for the locations Leeds City Medical Practice and Parkside Health Centre. However, these were not always kept up to date at the Crossland Surgery location. Two days post-inspection, the practice provided evidence of the system they have now introduced to ensure regular checks of equipment and medicines are maintained and recorded. This system now needs to become embedded.

## Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to 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. (The CCG encourages practices to report incidents and sets a target based on the practice population. For example, three recorded incidents per 1000 patients.)	104
Number of events that required action	All actioned

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

Event	Specific action taken
Letter from secondary care recommending commencement of medication. Patient record had not been altered accordingly.	Patient informed and was seen by GP. Medication prescribed and patient record amended. There was a review of the computer coding process on patients' records to avoid recurrence. There was no harm to patient.
IT issue	Utilised business continuity plan and revised response times.
Delay in patient referral by trainee GP	A new process in place to instruct all GP trainee supervisors to double check investigation requests as part of debrief. There was no harm to patient.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on the systems in place:</p> <p>Alerts were cascaded to staff and discussed in clinical meetings as appropriate. It was clearly documented where action had been taken in response to alerts. We saw the practice had taken action in response to the most recent MHRA drug safety alert (April 2018) regarding the regulatory measures of the prescribing sodium valproate in women or girls of child bearing age. We also saw a recent audit that had been undertaken in response to a drug safety alert (March 2018 MHRA Drug Safety Update: <i>Esmya (ulipristal acetate) for uterine fibroids</i>. This was due to an EU review investigating the link between cases of serious liver injury, including 4 cases requiring liver transplantation, and <i>Esmya for uterine fibroids</i>). A search of patients had been undertaken and those patients contacted and reviewed in line with recommendations. A re-audit was planned.</p>	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.47	0.73	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	68%	76%	80%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19% (178)	14%	12%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	76%	75%	78%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6% (57)	10%	9%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	71%	77%	80%	Comparable to other practices
QOF Exceptions				
	12% (114)	13%	13%	

## Other long term conditions

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	71%	76%	76%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5% (41)	6%	8%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	74% <i>(unverified/unpublished data for 2017/18 shows 90%)</i>	88%	90%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4% (16)	8%	11%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	80%	82%	83%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2% (38)	4%	4%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	74% <i>(unverified/unpublished data for 2017/18 shows 82%)</i>	89%	88%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5% (8)	10%	8%	



Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	216	234	92%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	243	269	90%	Met 90% Minimum (no variation)
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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	242	269	90%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	241	269	90%	Met 90% Minimum (no variation)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	62.1% <i>(unverified/unpublished data for 2017/18 shows 65%)</i>	74%	72%	N/A
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	61%	69%	70%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	46%	54%	55%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	68%	68%	71%	N/A

Mental Health Indicators				
Indicator	Practice	CCG	England	England



		average	average	comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	94%	88%	90%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4% (5)	9%	13%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	96%	93%	91%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4% (5)	9%	10%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	87%	87%	84%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15% (12)	7%	7%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	522	531	539
Overall QOF exception reporting	6%	5%	6%

(unverified/unpublished data for 2017/18 shows an overall QOF score of 538)

### Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific	Yes

training for nurses on immunisation and on sample taking for the cervical screening programme.	
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Healthcare Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, 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
<p>Additional comments:</p> <p>The practice had reviewed the skills needed to provide the care and service delivery for patients. Consequently, there was a range of roles which included advanced nurse practitioner, a practice matron, a nurse manager and a senior reception supervisor.</p> <p>The practice had appointed a newly qualified nurse to train as a practice nurse under the 'GP Nurse Ready Scheme'. This individual had also been nominated for the Yorkshire and Humber Primary Care Practice Nurse Rising Star award; of which they had been a finalist.</p> <p>The nurse manager provided ongoing support, training and development for the nursing team. They had recently introduced peer reviews to be undertaken throughout the year and to be used alongside the appraisal process.</p>	

### Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed <b>(01/04/2016 to 31/03/2017) (QOF)</b>	Yes

### Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months <b>(01/04/2016 to 31/03/2017) (QOF)</b>	96%	95%	95%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1% (18)	1%	1%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	30%	46%	52%	Variation (negative)

#### Additional comments:

A bespoke urinary tract infection/catheter management protocol and a 'suspected urinary tract infection' form had been introduced at the nursing homes. This supported patients to be identified and treated quickly, appropriately and effectively. Training had been given to the nursing home staff by the practice staff.

The practice matron supported those patients who required palliative care. There was a discussion with the patient regarding their wishes for end of life care. Arrangements were put in place for any anticipatory medications (such as pain relief) to prevent any unnecessary discomfort or distress to the patient and their family.

The advanced nurse practitioner (ANP) supported patients who had mental health needs. They used a range of therapeutic resources to initiate low level interventions prior to, and in conjunction with, medication prescribing. The practice also had access to collaborative primary care mental health services, through which mental health workers supported patients who were not appropriate to be referred onto wider mental health services. The senior primary care mental health practitioner of that service provided regular guidance and support to the ANP. The practice had received positive feedback from patients, who welcomed being seen within the primary care setting.

We were informed that the practice were aware of the lower than national average number of new cancer cases treated, which resulted from a two week wait, and were actively working towards improvements. They referred the patient during the consultation with them and advised them accordingly. There was a clear process in place for following up patients who did not attend. In addition, all records of new cancer diagnosis are reviewed to assess if there were any 'missed opportunities'. We were also informed of the migratory nature of some of the population which may have had an impact on the figure.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	7
Number of CQC comments received which were positive about the service	7
Number of comments cards received which were mixed about the service	none
Number of CQC comments received which were negative about the service	none

### Examples of feedback received:

Source	Feedback
NHS Choices	Since April 2017 there had been one positive response citing how caring and understanding the doctors were. They said the doctors “will always go the little bit extra”.
Patients	We spoke with 10 patients on the day of inspection, nine of whom felt the staff treated them with kindness, respect and compassion. One patient commented that they thought reception staff at Parkside Health Centre “could be more pleasant”.
CQC patient comment cards	“treated courteously”; “very good, not patronising”

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	Equals % of practice population
16,800	390	103	26%	0.61%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	83%	76%	79%	Comparable to other practices

The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91%	89%	89%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	97%	95%	96%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	88%	86%	86%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	97%	91%	91%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93%	90%	91%	Comparable to other practices

The practice carries out its own patient feedback exercises		Yes
Date of exercise	Summary of results	
March 2017 to March 2018	Each month, the practice collated and analysed results from the Friends and Family Test responses. These were added to a yearly graph to enable the practice to identify any downward trends, in both the response rate and comments, and act upon them accordingly. The graph incorporated data from March 2017 to March 2018 and showed the practice was consistently high for patients who would recommend the practice to others.	

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Eight out of the ten patients we spoke with told us they were involved in decisions about their care and treatment. Seven patients told us they had been referred to a hospital of their choice for further treatment. Five patients had a long-term condition, where they had regular reviews and a self-car management plan.

Patient Participation Group	The member we spoke with informed us they felt the practice involved patients in decisions about their care and treatment.
NHS Choices	Since April 2017 there had been one comment relating to issues in obtaining their prescribed medication which they said had been changed by staff. The practice had responded accordingly.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	88%	87%	86%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	86%	83%	82%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92%	89%	90%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	89%	86%	85%	Comparable to other practices

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 easy read format	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	334 of patients had been identified as a carer, this equated to approximately 2% of the registered patient population of the practice.

How the practice supports carers	The practice currently had a vacant carers' champion position, which was in the process of being filled. Carers are encouraged to register with the Leeds yellow card scheme. Patients were referred to carers' groups/voluntary organisations.
How the practice supports recently bereaved patients	Support was offered to bereaved patients as needed/requested.

### Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
--	-----

	Narrative
Arrangements to ensure confidentiality at the reception desk	Conversations were not generally heard clearly. There was a barrier to encourage patients to wait away from the reception desk to support privacy and confidentiality in conversations.

Consultation and treatment room doors were closed during consultations	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
CQC patient comment cards and patients we spoke with on the day of inspection	Patients told us their privacy and dignity was respected.



# Responsive

## Responding to and meeting people's needs

Practice Opening Times – Leeds City Medical Practice location	
Day	Time
Monday	08:00-20:30
Tuesday	08:00-18:00
Wednesday	08:00-18:00
Thursday	08:00-18:00
Friday	08:00-18:00

Practice Opening Times – Parkside Health Centre branch location	
Day	Time
Monday	08:00-18:00
Tuesday	08:00-18:00
Wednesday	08:00-18:00
Thursday	07:30-18:00
Friday	08:00-18:00

Practice Opening Times – Crossland Surgery branch location	
Day	Time
Monday	closed
Tuesday	08:00-10:45 and 14:00-16:45
Wednesday	08:00-10:45 and 14:00-16:45
Thursday	08:00-10:45
Friday	08:00-10:45 and 14:30-17:15

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Requests for a home visit would be triaged by the GP and a visit made if necessary.	
Telephone triage was available each day with emergency appointments available.	

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours.	86%	80%	80%	Comparable to other practices

(01/01/2017 to 31/03/2017)				
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	77%	66%	71%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	71%	71%	76 %	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	78%	70%	73%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Since April 2017 there had been two negative comments regarding access to appointments. The practice had responded accordingly.
Patients we spoke with on the day of inspection	Out of ten patients we spoke with, four of them said that although they found it easy to get through to the practice on the telephone, they had found it difficult to get an appointment for when they wanted. However, all patients said they were able to get an urgent appointment when needed.

### Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i> )	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	
Number of complaints received in the last year.	18
Number of complaints we examined	18
Number of complaints we examined that were satisfactorily handled in a timely way	All
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None
Additional comments:	
We discussed complaints in detail with the GP and found the practice responded in a timely and	

appropriate manner. We saw examples of letters which were sent to patients. We saw where processes had been reviewed and staff updated, as a result of an incident relating to a Vitamin B12 injection

Calls were recorded and if any issues related to receptionists they would review the call and discuss with the member of staff, to assess whether they could have handled it any better. Training was offered as appropriate.

#### **Any additional evidence**

We saw that information on how to complain was available for patients. All complaints and comments recorded via NHS Choices were discussed at practice meetings and an overview was discussed yearly to identify any areas requiring further actions.

We saw that non-specific negative comments about reception staff were discussed at learning events with that group of staff.

The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

# Well-led

## Leadership capacity and capability

### Vision and strategy

Practice Vision and values
The practice informed us that their aim was “to provide the highest quality care to the patients. To improve well-being and provide services that improved health outcomes, prevent ill health and deliver services that are responsive to the needs of the local community.”

### Culture

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

Source	Feedback
Staff	Open culture, no blame – cohesive and supportive team Everybody is really supportive of one another

Examples of changes made by the practice as a result of feedback from staff

Source	Example
PM	Staff stated they had ‘issues’ with appointments. Consequently a ‘free slot search’ had been introduced, whereby a search could be completed easily and quickly.  PM had recommended to partners that management staff work condensed hours over 4 days to partners. This had ensured that all days were covered by a manager 8am to 6pm, in response to staff stating there had often been no manager available after 4pm.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
PM	The GP and staff members were aware of the duty of candour. We saw apologies were made to patients where necessary by telephone or letter.

The practice’s speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes
---	-----

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff	Panic alarms were available on all the computers which enabled the staff to call for help if required.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Policies and procedures	We saw evidence that a recruitment policy and an equality and diversity policy was in place.

#### Examples of actions to improve quality in past 2 years

Area	Impact
Audit	We saw several audits where quality improvements had been made. For example, Esmya audit (in response to an MHRA alert), an audit on the uptake of cervical screening in HIV positive women and an audit relating to patients being prescribed specific medications for hypertension.

#### Examples of service developments implemented in past 2 years

Development area	Impact
Care of older people	A practice matron had been employed to work with the two local nursing homes where the practice had patients registered, to ensure coordinated care was delivered between the practice and the nursing home staff. This also ensured that there was a structured and patient centred approach to patients requiring end of life care. They also carried out acute visits for elderly housebound patients.
Health of the patient population	The practice participated in the New Models of Care, which is a proactive multidisciplinary team approach to provide patient centred care within the community to promote health and wellbeing.

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
--	-----

#### Engagement with patients, the public, staff and external partners

##### Examples of methods of engagement

	Method	Impact
Patients	Website/notice boards/patient participation group (PPG)	Patients participated in the PPG. The practice engaged and discussed patient feedback regarding what improvements could be made to the practice.
Public	Websites	Information was available on the practice website and members of the public could access NHS Choices, CQC inspection reports and CCG websites.
Staff		There were regular staff meetings and learning events where staff were encouraged to input into improvements relating to service delivery.
External partners		The practice engaged with the CCG and was part of the GP federation of local practices. The practice manager had been a representative on the federation board. The practice manager and nurse manager acted as locality leads for Beeston, Middleton and Hunslet areas, covering 11 GP practice. The nurse manager had provided training to those federation employed staff who provided a domiciliary phlebotomy service across Leeds

		South and East.
--	--	-----------------

## Feedback from Patient Participation Group;

### Feedback

The PPG felt they could make comments/suggestions to the practice.

The practice had discussed how improvements to the appointment system could be made, and the number of patients who do not attend could be addressed.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Working with the local Federation of GP practices to provide extended weekend access.	Weekend appointments were available through the GP 'hub'. Evaluation not yet been undertaken.
The practice participated in the New Models of Care, which is a proactive multidisciplinary team approach to provide patient centred care within the community to promote health and wellbeing.	Evaluation was not yet available.

### Any additional evidence

We were informed that all the GPs were a very cohesive and democratic group who ensured the smooth running of the practice. We were told that everyone felt listened to and there was good governance and leadership of the practice.

#### 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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

#### Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>