

Care Quality Commission

Inspection Evidence Table

Lofthouse Surgery (1-583612603)

Inspection date: 7 November 2018

Date of data download: 05 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member 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.	Yes
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers: N/A	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (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
Explanation of any answers: <ul style="list-style-type: none"> • Personnel files were detailed and well laid out and maintained. 	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 06/ 2018
There was a record of equipment calibration Date of last calibration:	Yes 22/11/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 27/09/18
Actions were identified and completed. <ul style="list-style-type: none"> For example, we saw that the practice had planned their fire evacuation drill for 13/11/2018 in light of previous feedback that these needed to be held regularly. 	Yes
Additional observations: <ul style="list-style-type: none"> Overall safety was being well managed within the practice. Staff we spoke with were aware of the roles they played with regard to safety. 	
Health and safety Premises/security risk assessment? Date of last assessment: Monthly check included those in relation to security. Last check was made in November 2018.	Yes
Health and safety risk assessment and actions Date of last assessment:	Partial December 2017
Additional comments: <ul style="list-style-type: none"> Health and Safety Policy had been developed and was due for review in September 2019. Whilst there was a generic health and safety risk assessment in place which covered most activities 	

it did not include:

- Lone working
- Violence and aggression (there was though a policy which dealt with violent and aggressive patients).

Since the inspection these issues had been rectified by the practice.

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: <ul style="list-style-type: none"> ● The audit had identified minor cleaning and disinfection issues. We saw evidence that these had been actioned by the practice. 	Yes 25/04/18 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: <ul style="list-style-type: none"> ● The practice held a service level agreement with an established clinical waste disposal service which covered both sites. Waste storage bins were locked and kept secure. Waste records were being maintained. ● In addition: <ul style="list-style-type: none"> ○ There was a procedure in place to safely handle patient specimens both on receipt at the surgeries and at dispatch. ○ Spillage kits were available and staff were confident in their usage. 	

Any additional evidence

- Infection Control:
 - The 2018 external infection control audit found generally high levels of compliance. These ranged from 82% to 100% for specific areas and activities.
 - The external audit was supported by an annual self-audit.
 - Both sites were seen to be visibly clean and there was effective monitoring of the cleaning contractors in place.

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes

Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> • Rotas were in place to effectively manage staff capacity and availability. • Staff awareness of sepsis was high in the practice, and sepsis awareness posters were displayed in waiting rooms and consultation rooms. • Staff had received awareness training for sepsis. 	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	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
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> • Clinical correspondence within the practice was being well managed, and we were informed that there were no backlogs in summarising or scanning. 	

Appropriate and safe use of medicines

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.10	0.94	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	7.3%	6.2%	8.7%	Comparable with other practices

Medicines Management	Y/N
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 Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Partial
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 Controlled Drugs Accountable Officer.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	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.	Yes
The practice had a defibrillator.	Yes – Both sites
Both were checked regularly and this was recorded.	Partial
Medicines that required refrigeration were appropriately stored, monitored and	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> We were told by the practice that whilst a weekly check was made on the practice defibrillators these checks were not being recorded. Since the inspection the practice had begun to record defibrillator checks as evidence of compliance. Information was not directly given to clinicians regarding prescriptions that had not been collected, although a record was kept of this. There was therefore a potential risk that patients who should have been in receipt of important medication had not picked this up, and that clinicians would not be immediately aware of this. Since the inspection the practice had introduced a new procedure for a clinician to regularly assess the impact on the patient of uncollected prescriptions. 	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
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.	25
Number of events that required action	25 – all analysed and action taken.

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

Event	Specific action taken
Letter sent in error to patient informing them of inadequate cervical smear result and that a repeat smear was required in three months. When the patient contacted the practice, the result was checked and actually found to be normal.	Staff were reminded to check that all details of result letters were correct prior to sending them.
Failure of telephone system at Lofthouse Surgery.	The fault was reported to the telephone provider and calls were diverted to the Manse Surgery.
Complaint received of patient address which had been mixed up with another patient who had the same name.	The original online patient details had been scanned and placed onto the incorrect patient record. Staff involved in these duties were informed to check details thoroughly to ensure such issues do not recur.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: Alerts were received by the practice and emailed to clinicians. These were assessed and when necessary actioned. We saw evidence that past alerts had been dealt with and that these were regularly discussed at clinical meetings.	

Any additional evidence
<p>We saw that the practice made extensive use of the clinical IT system and used this to deliver safe services. For example:</p> <ul style="list-style-type: none"> • Vulnerable patients were coded and identifiable on the system. This allowed effective monitoring. • Key information was available on the system which enabled timely recalls. <p>Other key information which included policies, protocols and procedures were available on the practice shared IT drive and in hard copy format.</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) (01/07/2017 to 30/06/2018) (NHSBSA)	1.08	0.67	0.83	Comparable with other practices

People with long-term conditions

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 (01/04/2017 to 31/03/2018) (QOF)	65.3%	78.6%	78.8%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (38)	14.1%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	59.4%	76.6%	77.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (35)	10.6%	9.8%	

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 (01/04/2017 to 31/03/2018) (QOF)	59.0%	78.1%	80.1%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.9% (57)	15.1%	13.5%	

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, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	79.6%	76.6%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (13)	7.5%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	86.4%	89.1%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.3% (18)	9.7%	11.5%	

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 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	75.1%	83.0%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (19)	4.7%	4.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	85.5%	90.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.6% (12)	9.8%	6.7%	

Any additional evidence or comments:

- The practice had appointed clinicians to lead and monitor specific areas of performance activity.
- We discussed the lower than average performance in relation to diabetes. The practice told us that they had looked into this and had identified some key issues:
 - The practice had recorded activity of the wrong template which did not pick up all activities.
 - Over this period there was some absence of key personnel.
- In response to this the practice had:
 - Developed an action plan to improve performance which included use of the correct template.
 - Performance was now regularly monitored and discussed at clinical meetings.
 - Staff had received additional training in diabetes.
- We were sent additional unverified data in relation to long-term conditions which showed improved performance since April 2018 compared to 2017/18. For example:
 - 69% of patients with diabetes, on the register, had a last IFCC-HbA1c reading of 64 mmol/mol or less in the preceding 12 months compared to 65% in 2017/18.
 - 64% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less compared to 59% in 2017/18.
 - 61% of patients with diabetes, on the register, had a last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less compared to 59% in 2017/18.
 - 79% of patients with hypertension had a last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less compared to 75% in 2017/18.

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	126	129	97.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	128	132	97.0%	Met 95% WHO based target (significant variation positive)
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) (01/04/2017 to 31/03/2018) (NHS England)	128	132	97.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	128	132	97.0%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments:

We discussed the high level of performance in relation to child immunisations. They told us that they had achieved this through.

- Actively engaging with parents at every opportunity.
- When necessary repeatedly contacted parents, who had failed to have their child immunised, to persuade them to bring in their child.
- Arrangement of additional immunisation clinics.

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
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) (01/04/2016 to 31/03/2017) (Public Health England)	79.4%	74.1%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.4%	68.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.9%	56.4%	54.6%	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)	60.0%	67.3%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	32.8%	48.7%	51.6%	Comparable with other practices
<p>Any additional evidence or comments:</p> <p>The practice had achieved good performance in relation to cancer screening programmes. They told us that they actively engaged with patients to improve take-up. For example, for bowel cancer the practice had:</p> <ul style="list-style-type: none"> • Appointed a bowel cancer champion to promote participation. • Sent patients a letter promoting the screening programme with the name of their GP. • Discussed with patients' non-participation, and encouraged them to take part. <p>We were sent additional unverified data in relation to cancer indicators which showed improved performance since April 2018. For example:</p> <ul style="list-style-type: none"> • 100% of patients with cancer, diagnosed within the preceding 15 months, had received a patient review recorded as occurring within 6 months of the date of diagnosis compared to 60% in the previous reporting cycle. • Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) was 50% compared to 33% in 2016/17. 				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England 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 (01/04/2017 to 31/03/2018) (QoF)	90.7%	88.3%	89.5%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (2)	10.9%	12.7%	
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 (01/04/2017 to 31/03/2018) (QoF)	97.7%	89.0%	90.0%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (2)	10.0%	10.5%	
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 (01/04/2017 to 31/03/2018) (QoF)	89.4%	84.3%	83.0%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (7)	6.1%	6.6%	
Any additional evidence or comments:				
<ul style="list-style-type: none"> • The practice hosted a mental health practitioner for half a day per week. The practitioner was able to: <ul style="list-style-type: none"> ○ Advise clinicians on complex cases. ○ Directly support patients. ○ Refer patients for additional community mental health service support. ○ Access and refer on to crisis support. 				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	513	534	537
Overall QOF exception reporting (all domains)	3.8%	5.5%	5.8%

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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.5%	95.0%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (11)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Whilst most consent was seen within the practice as being implied, activities which were more intimate or invasive such as coil fitting had consent noted in the patient record.

Any additional evidence

<p>The practice supported a wide range of health and lifestyle interventions, these included:</p> <ul style="list-style-type: none"> • Hosting a twice monthly social prescribing focussed clinic. These promote a range of activities linked to physical, mental and social wellbeing and included postural stability classes, life after cancer classes, armchair aerobics, park walks and other social activities. • Working in partnership with other stakeholders to establish a “Lindsay Leg Club” (Leg Clubs provide community-based treatment, health promotion, education and ongoing care for people who are experiencing leg-related problems. The emphasis of the Leg Club is to empower members to participate in their care, in a social environment that eases loneliness).
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- Engagement with local schools, and the provision of health fairs and advice regarding mental health support and care pathways.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	17
Number of CQC comments received which were positive about the service	15
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	Many comment cards we received noted the caring and friendly nature of staff.
Patient interviews	Patients we spoke with on the day told us that staff were welcoming and sought whenever possible to meet their needs.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10915	260	121	46.5%	1.11%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	86.3%	89.4%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the	92.3%	88.0%	87.4%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.5%	95.4%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	88.5%	84.9%	83.8%	Comparable with other practices
Any additional evidence or comments: <ul style="list-style-type: none"> We saw that the GP patient survey data, as well as other feedback sources such as the NHS Friends and Family Test were analysed and discussed within the practice. In addition, this was shared with the patient participation group. Results from the NHS Friends and Family Test showed that in October 2018, 97% of 263 patients responded that they would be either be extremely likely or likely to recommend the practice to others. Both patient interviews and comment card responses said that patients felt that all staff listened to them and discussed their concerns. They told us that the services were flexible to their needs and that they showed understanding and care. 				

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

Date of exercise	Summary of results
Over a three-week period in January 2018	<p>Over 400 survey forms were returned. Areas covered by the survey included:</p> <ul style="list-style-type: none"> Clinical care Appointments Opening times Patient involvement The physical state of the practice, and the helpfulness of practice staff <p>There was also the opportunity to leave free text comments.</p> <p>Results from the survey showed significant patient satisfaction. For example, 344 either strongly agreed or agreed that they were happy with the current appointment system, compared to 32 who disagreed or strongly disagreed and 59 who neither agreed or disagreed.</p>

Any additional evidence

- The practice showed a positive attitude to actioning patient suggestions. For example, clocks had been installed in patient waiting rooms after requested had been made to fit them.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke to on the day told us that clinicians discussed their care and options for treatment with them and considered their views and preferences.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	95.2%	94.0%	93.5%	Comparable with other practices

Any additional evidence or comments:

- Many comment cards we received on the day noted that staff were understanding. One stated that they felt that the practice was “always willing to do a bit more to help them.”
- The practice told us how it involved patients, and when required their carers, and took the time to fully explain treatment options. If required patients with more complex needs could access extended appointments.

Question	Y/N
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	The practice had identified 219 patients as carers, this was approximately 2% of the patient population.

How the practice supports carers	<p>The practice worked closely with others to support carers, and we saw literature was available to signpost carers to support organisations. In addition, the practice:</p> <ul style="list-style-type: none"> • Had appointed a Carers Champion to lead on carers health and care issues. They referred patients for additional support and liaised with carers organisations. • Offered carers an annual health check and flu vaccination. • Developed carers noticeboards. • Sought to identify carers using their revised new patient form.
How the practice supports recently bereaved patients	<p>The practice signposted those who had suffered a bereavement to sources of support. In addition, patients were able to access appointments to support their ongoing needs.</p>

Any additional evidence	
<ul style="list-style-type: none"> • The practice had developed or adopted a range of easy read materials to support the needs of patients such as those with a learning disability. • Patients with a hearing impairment were supported via the provision of hearing loops and access to British Sign Language interpretation. 	

Privacy and dignity

Question	Y/N
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	Confidentiality at the reception desks at both sites was adequate. Staff had been trained and were experienced in maintaining and maximising confidentiality.

Question	Y/N
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
Interviews with patients	Patients told us that they felt their privacy and confidentiality was respected, and that they were aware that they could request to speak with a receptionist privately should this be required.
Practice patient survey January 2018	408 respondents either strongly agreed or agreed that clinical staff treated them with dignity and respect compared to 2 who disagreed.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	Lofthouse Surgery 8am to 6pm The Manse Surgery 8am to 6pm
Tuesday	Lofthouse Surgery 8am to 6pm The Manse Surgery 7am to 6pm
Wednesday	Lofthouse Surgery 7am to 6pm The Manse Surgery 8am to 6pm
Thursday	Lofthouse Surgery 7am to 6pm The Manse Surgery 8am to 6pm
Friday	Lofthouse Surgery 8am to 6pm The Manse Surgery 8am to 6pm

Appointments available	
	7:10am/8:20am (depending on opening hours) to 5:30pm. With duty doctor available up to 6:30pm for urgent appointments and emergencies
Extended hours opening	
	Working as part of a local GP Federation practice patients could access appointments at another location: Monday to Friday 6pm to 8pm Saturday 8am to 6pm Sunday 8am to 1pm

Home visits	Y/N
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	
<ul style="list-style-type: none"> It was the general approach of the practice was to meet all requests for home visits. If for whatever reason this was not possible then requests would be assessed on clinical needs. 	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10915	260	121	46.5%	1.11%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.8%	95.3%	94.8%	Comparable with other practices
Any additional evidence or comments: N/A				

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 responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	75.9%	74.4%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	64.6%	68.9%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	66.7%	67.3%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	60.2%	73.7%	74.4%	Comparable with other practices
Any additional evidence or comments:				
<ul style="list-style-type: none"> Practice reception staff had received care navigation training and used these skills and experience to direct and signpost patients to more appropriate care providers when this was required. 				

Examples of feedback received from patients:

Source	Feedback
Interviews with patients	Patients we spoke with on the day of inspection told us that in general access was good.
Comment cards	Feedback from comment cards were mixed with some respondents stating that appointment access was good, and some stating their only concern was that it was on occasion difficult to access an appointment.
NHS Choices	Of three reviews posted on the website in the past 12 months one had raised concerns regarding the difficulty is contacting the practice.
Practice patient survey January 2018	<ul style="list-style-type: none"> • 370 respondents either strongly agreed or agreed that is they needed an urgent appointment they were usually seen on the same day compared to 23 who either strongly disagreed or disagreed. • 375 respondents either strongly agreed or agreed that they were happy with the current opening times compared to 13 who either strongly disagreed or disagreed.

Listening and learning from complaints received

Complaints	
Number of complaints received in the last year.	7
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<ul style="list-style-type: none"> • The practice told us that it was their general approach to deal with concerns raised by patients immediately and attempt to have these resolved promptly whenever possible. • We saw that complaint files were detailed, showed evidence of analysis and that responses had been candid and open. There were details within responses of how the patient could escalate their concerns if they remained unhappy with the practice response. • We saw within practice meeting minutes that patient concerns and complaints were openly discussed, and that learning was shared to prevent recurrence. 	

Example of how quality has improved in response to complaints

- A patient complained regarding the wording of a letter sent to them which they felt was confusing. The practice investigated the complaint, and identified that the wrong letter had been sent. As a

result of this the staff member concerned with sending out the letter was informed of the issue and their work monitored.

Any additional evidence

N/A

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

The practice could evidence how they had developed and delivered leadership, capacity and capability.

Examples included:

- Two partners from the practice delivered key roles within the local CCG, one as a Board member and the other as the lead for learning disabilities.
- The practice manager acted in a lead role within the locality (which covered nine practices in total). Via locality working a number of projects and resources had been developed, these included the development of a new patient form and supporting documents. The practice manager also acted as the locality practice manager for NHS Leeds CCG.
- Staff within the practice had received additional training to extend their competency and increase capacity. For example, staff members had received additional diabetes training.
- The practice supported the development of student nurses during their training.

Any additional evidence

- New staff received a full induction and the practice had developed a new starter information pack to further support them.

Vision and strategy

Practice Vision and values

The practice had developed a set of core values which was contained in their five-year development plan (2014-2019). These values included:

- Respect and involvement of service users
- Safety is paramount
- Compassion and dignity preservation
- Effectiveness and responsiveness
- Good management and accountability

The five-year plan identified key objectives for the practice. These included:

- Premises improvement
- Information technology including telephony and IT system improvement
- Service developments
- Management

We saw that the plan was being effectively monitored and that improvement could be tracked. The practice had begun to develop objectives for 2019-2024.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

- The practice told us that they sought to develop a culture of transparency and openness. This was supported by the adoption of effective governance procedures and operating policies and protocols.
- Effective performance management was seen by the practice as vital to achieving good patient

outcomes. This was evidence as examples via monitoring and action planning against QOF, and through quality improvement activities such as clinical audit.

- The practice ensured that mandatory training was carried out, and that staff were aware via training of developing areas of concern such as modern-day slavery and human trafficking. Staff also received additional training which enabled them to deliver higher levels of service.
- Engagement and communication with patients was seen as a priority. We heard evidence of this from the patient participation group, and the priority it was given in the five-year development plan.

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

Source	Feedback
Staff interview - clinical	A staff member told us that they felt that the practice management team listened to their views and suggestions and had implemented actions because of these. For example, the practice had introduced 24-hour blood pressure monitoring as the result of a nursing team suggestion.
Staff questionnaires – non-clinical	Staff recorded that they generally felt well supported, and the majority of staff said that they worked well together as a team.

Any additional evidence

- The practice told us that their culture and ethos was driven by the understanding that “A patient’s worst day is far worse than a doctor’s worst day”.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	<ul style="list-style-type: none"> • Safeguarding Policy • Complaint Policy • Significant Event Policy
Other examples	<ul style="list-style-type: none"> • Operational protocols had been developed to support the daily operation of the practice such as those in relation to prescribing. • Recruitment processes met best practice guidelines.

	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

- We saw that practice meetings were being held on a regular basis.

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Significant events or incidents	A significant event policy had been developed and we saw evidence that these had been fully investigated and when appropriate actions taken to prevent recurrence.
Poor clinical performance	Development of effective monitoring, leadership and quality improvement activities such as clinical audits and performance improvement action plans.
Lack of strategic direction	Development of a five-year development plan which contained clear objectives.

Any additional evidence
<ul style="list-style-type: none"> Risk assessments had been carried out which covered the majority of hazards and risks of occurrence to staff and patients. We saw that controls had been put in place which reduced the impact of these hazards or the opportunity for occurrence.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Any additional evidence
<ul style="list-style-type: none"> Audits carried out by the practice into coding supported assurance with regard to the quality and accuracy of information held within the practice. For example, the practice audited the accuracy of patients being diagnosed with hypertension. The audit highlighted the need for improved coding, and as a result laminated reminder sheets were produced for consultation rooms to ensure staff were coding in a consistent manner.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The practice had an active PPG which meet regularly. They told us that they felt that they worked well with the practice, and felt that the practice respected the views and valued their input. They told us how they continued to work closely with the practice. For example, they had supported:</p> <ul style="list-style-type: none"> Delivery of the practice patient survey.

- Planned delivery of the leg dressing and social isolation project.

Any additional evidence

- Practice senior management worked extensively at CCG, Federation and Local Care Partnership level.
- We saw that regular multi-disciplinary meetings were held with other stakeholders and health professionals.
- The practice had worked closely with schools both in the field of mental health and in the organisation and provision of health fairs.
- We saw evidence that the practice analysed patient feedback and acted in respect to concerns or suggestions.
- The practice had developed a range of engagement and feedback methods, these included:
 - An extensive patient survey.
 - Suggestion boxes.
 - Noticeboards at both sites promoting key messages.
 - A detailed website.
 - An active and supported patient participation group.
 - Promotion of the NHS Friends and Family Test.
 - Delivery of a practice newsletter.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Screening of patients with Type 1 diabetes for Coeliac Disease	The initial audit showed that only 31% of such patients had been screened. Patients were invited in for screening and on re-audit screening rates were raised to 74% (26% of patients chose not to participate in the screening).
Medication reviews of patients in three residential care homes	An initial audit based on 2017 data identified that reviews had been carried out on only 36% of patients in these three homes by the CCG medicines optimisation team. The practice had since taken over these reviews and results in the 2018 re-audit showed that 855 of patients in one home and 100% of patients in two homes had received a review.

Any additional evidence

- Staff had been designated to lead on key activities such as specific long-term condition performance and infection prevention and control.
- Performance was regularly discussed at practice meetings and actions developed to improved performance.
- Performance and improvement was supported by a regime of induction, training and mentoring for staff. For example, an experienced GP mentored newly appointed GPs within the practice, and a practice nurse mentored a health care assistant.
- The adoption of new working methods such as care navigation and social prescribing.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to

the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, 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 comparable 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ([See NHS Choices for more details](#)).