

Care Quality Commission

Inspection Evidence Table

The Junction Surgery (1-4979059845)

Inspection date: Thursday 27 June 2019

Date of data download: 12 June 2019

Overall rating: Good

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

Safe

Rating: Requires Improvement

We have rated the practice as requires improvement for providing safe services because:

- The provider could not demonstrate a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, methotrexate) with appropriate monitoring and clinical review prior to prescribing.
- The provider could not demonstrate a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.
- The provider could not demonstrate a process for reviewing people on the safeguarding register.
- We noted a back entrance door had a large crack in the full length glass pane panel. The door was also located directly opposite the bottom of a flight of stairs. This presented an ongoing risk to the health and safety of staff who used this door on a daily basis.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three)	Y

Safeguarding	Y/N/Partial
for GPs, including locum GPs).	
There was active and appropriate engagement in local safeguarding processes.	Partial
There were systems to identify vulnerable patients on record.	Partial
There was a risk register of specific patients.	N
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
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.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The provider could not demonstrate a process for reviewing people on the safeguarding register. The safeguarding lead met with the health visitors bimonthly and would discuss people that they were currently concerned about. However, there was not a process in place for the safeguarding list to be reviewed to ensure the children on the register had been assessed at appropriate intervals.</p> <p>The safeguarding lead expressed to us that they did not know how to interrogate the computer system effectively in order to verify the list of children on the child protection register. This meant that the safeguarding list was not being reviewed to ensure that all patients were safe from abuse or harm.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice used a shared drive document management system that enabled all staff renewal information to be stored electronically. This enabled, for example, clear reminders to be sent prior to any renewal of staff insurances. The system also allowed for the effective management of staff employment data. For example, at the time of the inspection the practice could demonstrate that all staff were up-to-date with their vaccines or had signed a waiver not to have vaccines administered.</p> <p>Staff who have direct contact with patients, including reception staff, should be up to date with their routine immunisations, tetanus, polio, diphtheria, measles, mumps and rubella (MMR). This is</p>	

particularly important to avoid transmission to vulnerable groups. We saw evidence of forms signed by staff members who did not wish to be immunised on the day of inspection. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

This is stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff. (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK).

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: July 2018	Y
There was a record of equipment calibration. Date of last calibration: 8 August 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: Sept 2018	Y
There was a log of fire drills. Date of last drill: 18 June 2018	Y
There was a record of fire alarm checks. Date of last check: 26 June 2018	Y
There was a record of fire training for staff. Date of last training: 31 October 2018	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 9 April 2019	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Entry to the practice back office from the main waiting area was controlled by staff working on the front desk and staff had entry door codes. We noted that all doors in the practice, notably the store room and kitchen were kept locked. We also observed that all consulting rooms which were empty were locked between patients.</p> <p>There were security systems in place for the building these included:</p> <ul style="list-style-type: none"> • Security and signing in book were placed at reception. • There were panic buttons at the desks and computers in all the consulting rooms and the IT system had an urgent call and alarm message function. <p>We noted a back entrance door had a large crack in the full length glass pane panel. The door was also located directly opposite the bottom of a flight of stairs. This presented an ongoing risk to the health and</p>	

safety of staff who used this door on a daily basis. The practice manager reassured us that this would be replaced immediately. We were sent an email on the 8 July by the practice manager to confirm that this was replaced.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 3.08.2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 13.07.2018	Y
Explanation of any answers and additional evidence: The practice manager carried out staff risk assessment 'walk rounds' to ensure that staff had not been overloaded with work and that they were taking regular breaks in activity.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 21.08.2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: We saw that the practice had an effective IPC audit. We saw that the action plan had been completed. On the day of inspection, we saw the cleaning schedule was in place for all areas of the practice.	

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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y

Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	
The principle GP was a GP Trainer, a Governing Body member of the CCG and had recently undertaken the NHS Leadership program.	

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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Partial
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.	Y
Explanation of any answers and additional evidence:	
There were a number of outstanding pathology results that dated back several months which the senior partner advised they had looked at but not filed. We were unable to verify this, as they had not been coded or recorded in or by the system as having been viewed.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	1.11	1.00	0.88	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2018 to 31/03/2019) (NHSBSA)	3.3%	7.0%	8.7%	Significant Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)	4.96	5.79	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	4.46	2.72	2.07	Variation (negative)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	N

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
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.	N
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The recall and identification of medication review dates for patients was not effective. The practice was not adhering to the practices 'Repeat Prescribing Protocol' and recalling all these patients in a timely manner. Medication review dates were not present in all of the required clinical records. When we raised this with the provider, they told us the IT system the practice were using had not worked effectively in the past when they had included medication review dates in the records. The provider told us they would work to find a way to include medication review dates in the required records, moving forwards.</p> <p>We examined the clinical records of five patients currently being prescribed methotrexate (one of the most effective and widely used medications for treating rheumatoid arthritis) who had not had their blood monitoring tests done within the past three months, as recommended. One of these patients had their last bloods tested in November 2018. The system in place to ensure the timely monitoring and completion of blood tests was not operating effectively.</p> <p>The administrator who oversaw this process conducted a search monthly to find all patients on methotrexate who had not had their bloods reviewed and would contact these to book them in for blood tests. We were reassured that patients were contacted; however it was not clear if or when this was highlighted to the clinician if they did not attend for blood tests or cancelled their appointment.</p>	

Medicines management**Y/N/Partial**

We noted that the administrator would encourage patients to book in again if they had a reasonable excuse which lead to the one patient having no bloods reviewed for eight months. During this time we saw they had continued to be issued with methotrexate prescriptions. The same administrator carried out the same system for all DMARDs (Disease-modifying anti-rheumatic drugs) and methotrexate was the one that we reviewed.

The practice reassured us that the above areas would be improved immediately.

Action taken by staff in relation to uncollected prescriptions included checking the ready for collection prescription box weekly.

We noted that the contingency plan document needed to be updated to include information on where blank prescription pads should be stored for emergency use.

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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	4
Number of events that required action:	4
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence that the practice had a system for reviewing significant events and sharing outcomes and learning. For example, we reviewed the significant events from the last 12 months. The practice provided an audit trail of the investigation process for each event, along with minutes of practice meetings where the learning and outcomes were shared with staff.</p> <p>We found that a basic significant event (SE) policy was in place and the practice had reviewed the process for reporting and managing significant events. However, it was not clear from the policy if this was specific to the practice as it appeared to be a generic policy.</p>	

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

Event	Specific action taken
Two patients with same name. Patient 1 requested medication, consultation and prescription issued under Patient 2. Not identified until request for further medication.	Telephone monitoring as part of GDPR compliance to check that all criteria are being checked to avoid incident happening again. No patient harm was recorded with this event.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had signed up to the MRHA system so that updates were received directly from the organisation. Updates were discussed at team meetings and staff confirmed that they had reviewed the updated information.</p>	

Effective

Rating: Good

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	
We saw examples that patients had been referred to other services with appropriate information, we were assured that patients were referred in line with best practice guidelines and that referral systems and processes were safe and effective.	

Prescribing	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) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	1.07	0.75	0.77	No statistical variation

Older people

Population group rating: Good

Findings

- The practice was registered as a Dementia friendly practice with a Carers Champion in place who works closely with Carers Count and identifies and validates the carers register.
- The practice participated in 'Enhanced Services' for the local 'Care Homes Scheme.' Weekly walk rounds for End of Life patients to improve the efficiency of care were delivered by the practice.

- The practice demonstrated a close working relationship with the local care home, with quarterly meetings in place to discuss systems and improve the efficiency and provision of care.
- The practice promoted flu, shingles and pneumococcal vaccinations including to housebound patients. Appropriate voluntary groups were invited, such as Age UK to promote their services.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: **Good**

Findings

- The provider could not demonstrate a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.
- Patients with long-term conditions had a structured 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 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 atrial fibrillation were assessed for stroke risk and treated appropriately.
- In-house spirometry, 24hr BP monitoring, Pulse oximetry, ECG, Free blood glucose monitors were available to all patients.

Diabetes Indicators	Practice	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)	79.0%	79.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.8% (49)	10.6%	13.2%	N/A
The percentage of patients with diabetes, on	88.4%	76.7%	77.7%	Tending towards

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) <small>(QOF)</small>				variation (positive)
Exception rate (number of exceptions).	6.1% (19)	7.8%	9.8%	N/A

	Practice	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) <small>(QOF)</small>	80.6%	75.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	22.2% (69)	13.6%	13.5%	N/A

Other long-term conditions	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) <small>(QOF)</small>	75.0%	77.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.1% (7)	3.8%	7.7%	N/A
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) <small>(QOF)</small>	93.4%	90.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	6.9% (9)	9.5%	11.5%	N/A

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) <small>(QOF)</small>	87.6%	82.9%	82.6%	No statistical variation

Exception rate (number of exceptions).	2.8% (21)	3.4%	4.2%	N/A
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)	82.7%	88.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.8% (3)	7.7%	6.7%	N/A

Any additional evidence or comments

The practice provided an acceptable reason for each person 'excepted' and had in place processes to effectively recall patients for reviews and checks prior to any exception report being made.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- Contraception and pre-conception advice was available from the female GP and practice nurses including LARC (Long Acting Reversible Contraception). A newly trained nurse was providing implants.

Child Immunisation	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)	54	57	94.7%	Met 90% minimum (no variation)
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)	68	74	91.9%	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) (01/04/2017 to 31/03/2018) (NHS England)	68	74	91.9%	Met 90% minimum (no variation)
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)	69	74	93.2%	Met 90% minimum (no variation)

Any additional evidence or comments

We discussed the higher 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 contacting parents, who had failed to have their child immunised, to persuade them to bring in their child.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice offered varied extended hours to accommodate early morning and evening appointments via the 'hub'.

Cancer Indicators	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) (01/04/2017 to 31/03/2018) (Public Health England)	77.9%	76.6%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	70.9%	66.1%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	58.4%	58.6%	54.5%	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. (01/04/2017 to 31/03/2018) (PHE)	73.1%	66.5%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	38.7%	53.0%	51.9%	No statistical variation

Any additional evidence or comments

Patients could book cervical screening appointments on line. Patients received a text message to advise them of their appointment.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according

to the recommended schedule.

- The practice had a system to identify people who misused substances.
- The practice reviewed patients at local residential homes.
- Interpreting services and 20 minute appointments were available for patients with language barriers or hearing impairments’.
- The practice offered 30 minute appointments for patients with a learning disability.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to ‘stop smoking’ services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- The practice had a close relationship with Men’s shed (voluntary support group Kirklees). The group help and provide support with loneliness and addiction

Mental Health Indicators	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)	95.2%	92.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	8.8% (6)	9.4%	12.7%	N/A
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)	92.2%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.9% (4)	8.5%	10.5%	N/A
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)	87.2%	85.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.1% (1)	5.0%	6.6%	N/A

Any additional evidence or comments

The practice had trained staff in supporting patients living with mental health conditions. The staff were able to:

- Directly support patients.
- Refer patients for additional community mental health service support.
- GPs provided extended appointments, especially at first presentation.
- Triage appointments for patients in crisis.
- Depression monitoring (web based questionnaire) and close follow-up.

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.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555.4	539.1	537.5
Overall QOF exception reporting (all domains)	6.2%	5.7%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

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

NSTEMI (Heart Attack) Audit

It is nationally recommended that all patients who suffer an NSTEMI are commenced on dual anti-platelet therapy with aspirin and clopidogrel for 12 months and remain on lifelong aspirin thereafter. The audit was undertaken in June 2017 to ensure all such patients remained on 12 months of dual anti-platelet therapy only and lifelong aspirin.

21 patients were identified who had suffered an NSTEMI in the past 12-18 months. Of those 17 patients were on dual anti-platelet therapy. The remaining four were on dual anti-platelet therapy but no guidance had been written on patient's notes when to stop. Of these four, two had been on dual anti-platelet therapy for greater than recommended 12 months.

The audit was presented at the clinician's meeting and it was recommended that all clinicians when updating the initial discharge summaries with medication changes document on both the record and patient information section of the prescription the date of when the second anti-platelet therapy should be stopped.

A subsequent re-audit was undertaken in June 2018 that showed 23 patients were on the NSTEMI register for the past 12-18 months. Of these, 22 patients were receiving appropriate treatment on either dual or single anti-platelet therapy, all those patients on dual anti-platelet therapy had a clearly documented stop date for clopidogrel or ticagrelor on their records. The one patient who did not have the second anti-platelet agent stop date documented was due to their drug history being updated by the pharmacy hub, a new service introduced in the area.

The re-audit demonstrated that the practice had embedded learning and all clinicians were aware of the importance of documenting the stop date of the second anti-platelet agent on the patient's records. The next step was to disseminate this information to the pharmacy hub given their increased role in medication updates and queries.

Any additional evidence or comments

The GPs routinely reviewed the exceptions in each domain at QOF meetings and each GP also did this opportunistically. If a patient was identified as being on maximal treatment or not tolerating treatment, then the practice tasked the usual GP to confirm the patient was suitable to be excepted. The GPs explained this was in line with QOF guidelines. The practice ensured that clinicians agreed to the exception reporting. The GPs told us they aimed to avoid pursuing QOF targets to the point of over treatment.

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. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice demonstrated that all staff who were responsible for reviews of patients with long-term conditions, for example, asthma, diabetes and chronic obstructive pulmonary disease (COPD) had received appropriate and up-to-date training. We spoke with a practice nurse who told us she undertook diabetes and asthma reviews.</p> <p>The practice had a schedule of role-specific training and told us training and development was identified at induction and appraisal.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y

District nurses – part of the same conversations, work with aided court,	
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice’s digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence that 28% of patients were registered for on line services.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a number of ways in which they helped patients to live healthier lives.</p> <p>For example:</p> <ul style="list-style-type: none"> • Through the use of self-management leaflets for a number of conditions available in reception. • Through collaborative working with local pharmacists to encourage patients to self-manage their conditions. • Through promoting access to extended hours services for patients who may not be able to attend the surgery during the day. 	

Smoking 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>	96.2%	95.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	2.5% (33)	0.7%	0.8%	N/A

Any additional evidence or comments

The practice told us they systematically offered health checks for people aged 40 to 74. We saw evidence that carers had been identified and there were systems in place to signpost to relevant services.

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: Patients were made aware that their consent would be required to share their GP notes.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: Patient comment cards were complimentary about all aspects of care, especially the professional atmosphere. They felt the clinicians were generous with their time and they felt they were treated with respect and dignity by all staff. There were no reviews for the service on NHS Choices.	

CQC comments cards	
Total comments cards received.	40
Number of CQC comments received which were positive about the service.	35
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comment cards	Patient comment cards were complimentary about all aspects of care especially the professional atmosphere. They felt the clinicians were generous with their time and they were treated with respect and dignity by all staff.

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 changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5735	310	124	40%	2.16%

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)	88.7%	91.0%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	86.3%	89.4%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	94.9%	96.9%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	80.8%	86.9%	83.8%	No statistical variation

Any additional evidence or comments

In response to patient feedback and further discussions at the patient participation group (PPG), it was agreed that 50% of appointments would be pre-bookable and all these appointments would be bookable on line to help patients who work.

Question

Y/N

The practice carries out its own patient survey/patient feedback exercises.

N

Any additional evidence

The practice did not have a mechanism for receiving or recording real-time patient feedback. A patient survey had not been undertaken.

The practice manager told us they had been tasked with reviewing improvement following the GP patient survey. We were told that one area which was continually reviewed was patients' access to appointments.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: Carers and other vulnerable groups could be referred to the social prescriber who visited the practice.	

Source	Feedback
Interviews with patients.	We spoke with two patients who told us the GPs were very good and listened.

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)	90.5%	94.5%	93.5%	No statistical variation

Any additional evidence or comments

Feedback from the friends and family test has been generally positive with patients happy with the quality of care received.

The most recent Friends and Family Test Results showed 94% of patients would recommend the practice.

These results were electronic responses to the question being asked following an appointment with the GP. The four members of the PPG advised that they always managed to get through to the practice on the telephone and get an appointment. This was echoed by the CQC comment cards we received.

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

Carers	Narrative
Percentage and number of carers identified.	Just over 1% (57 carers)
How the practice supported carers.	There was a carers champion. Carers were invited in for health checks and immunisations. There was an icon on the clinical IT system for carers.

	There was a dedicated notice board in reception for carers.
How the practice supported recently bereaved patients.	Bereaved family members were given priority appointments. The bereaved next of kin was contacted by phone so that counselling could be offered and support provided.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All telephone calls were answered away from the reception window, to support confidentiality.</p> <p>A patient's privacy policy was available in the waiting room.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence:	
We were told by the practice that they offered a personalised service to its patients.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6:30pm
Tuesday	8am – 6:30pm
Wednesday	8am – 12:30pm
Thursday	8am – 6:30pm
Friday	8am – 6:30pm
Appointments available:	
Monday	8:30am – 5:40pm
Tuesday	8:30am – 5:40pm
Wednesday	8:30am – 12:20
Thursday	8:30am – 5:40pm
Friday	8:30am – 5:40pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5735	310	124	40%	2.16%

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)	98.1%	96.0%	94.8%	No statistical variation

Any additional evidence or comments

- The practice told us that it was their general approach to continually look at needs of patients immediately and attempt to have these resolved promptly whenever possible.
- We saw within practice meeting minutes that patient needs were openly discussed, and that learning was shared to improve the delivery of the service.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: **Good**

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend at any time.
- The service was a registered GP training practice, with a strong ethos of learning and engagement with local schools.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 6.30pm every day and provided an on call service on Wednesday afternoons. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 10am until 1pm.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Longer appointments were offered if required.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice maintained a close working relationship with community mental health team.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence:	
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.	
The practice respected cultural diversity.	

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)	59.2%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP	74.6%	69.6%	68.6%	No statistical

Indicator	Practice	CCG average	England average	England comparison
patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)				variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	62.4%	66.3%	65.9%	No statistical variation
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)	77.3%	77.3%	74.4%	No statistical variation

Any additional evidence or comments

Generally, the GP National Survey data was in line with the CCG and National averages for providing responsive services. There was some evidence presented that the practice had addressed the points raised in the national survey regarding telephone access. Patient feedback we received on the day suggested they were satisfied with their ability to access the practice by telephone.

Source	Feedback
CQC comment cards	This GP surgery did not block access to appointments which patients welcomed.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	2
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
In the event of any complaint, patients were advised to raise the issue first with the reception staff on	

duty or raise it directly with the practice manager either face to face, by telephone or in writing. Details of the complaints procedure were on the provider's website and we saw a sign in the waiting room.

The practice manager would review any complaints during the regular weekly meeting with the GPs. Complaints would be reviewed at a practice level. We noted that a complaint we looked at did not include information on how to contact the Ombudsman. The practice manager told us that they would update their standard response.

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy with GP during consultation whilst medical student present.	Clinicians to be mindful of patient's perspective.
Patient had changed surname following marriage but record was inadvertently reverted to previous name.	Ensure communications are robust and clear for all patients and to advise vulnerable patients individually of changes that may affect them.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<p>The practice manager (PM) had 20 years previous practice management experience. They were a 'Practice Manager Reference Group' member and the Education Lead for this group.</p> <p>The PM had recently become a member of the 'Bradford Improvement Academy' as a Gold member (train the trainer). The PM is also an associate member of My Health Huddersfield, the local GP federation working with hard to reach practices, a PM appraiser and PM management lead for the primary care network.</p> <p>The principle GP is a GP Trainer, a Governing Body member of the CCG and has recently undertaken the NHS Leadership program. He is also the sepsis lead for the CCG as well as the education lead for the practice.</p> <p>Staff told us of an open-door culture and leaders were available and approachable.</p>	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving	Y

them.	
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: We spoke with four members of the practice patient participation group (PPG) who told us that a more effective PPG was being developed.	

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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: Staff had undertaken on-line whistleblowing training and occupational health support was available.	

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

Source	Feedback
Staff interview	Staff said they felt able to raise concerns or ideas and added that they felt confident and explained that the leadership team listened and acted on their suggestions. Staff felt included in the day to day running of the practice.

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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
We saw that staff were allocated identified areas of responsibility within the team.	
The staff we spoke with on the day of inspection were clear regarding their roles and responsibilities. Staff told us they felt supported by leaders at the practice and could discuss issues or concerns.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
The provider could not demonstrate a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, methotrexate) with appropriate monitoring and clinical review prior to prescribing.	
The practice was in the process of refreshing the risk assessment program based on the clinical governance of the practice.	
The GP was also the sepsis lead for the CCG as well as the education lead for the practice.	

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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 adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: Leaders at the practice attended a number of local and divisional meetings to review the quality of the service and benchmark their performance against other practices. Quality was also reviewed with the CCG.	

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.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: Staff told us that they were involved in the delivery of services. Details on how to join the PPG were readily available. Patients were encouraged to attend local events such as lifestyle health support groups.	

The practice manager and nurse participated in the 'Race for Life' to raise funds for Cancer Research. The practice donated food and other items to the Welcome Centre at Christmas which supports the homeless and vulnerable.

A staff member volunteered at Kirkwood Hospice Shop.

Feedback from Patient Participation Group.

Feedback

The PPG met every three months. A member of the PPG told us that the practice was a great place to come and that they could always get an appointment when required.

The PPG described ongoing events to which the patients were invited and members of the wider community such as talks on Diabetes.

There was an action plan from the last PPG meeting.

Large print leaflets: advised these had now been produced and were available.

Opening times poster: advised they had received the poster for the community centre and this was displayed there.

Removal of posters in reception area: The group acknowledged the posters had been removed and commented that the waiting room was so much airier and lighter.

Any additional evidence

Quality improvement activities:

- We were told by the local care home manager that at the beginning of 2018 they were admitting service users to hospital more frequently with suspected infections and recurrent issues with ongoing medical problems.

There were no plans in place for out of hours services of advanced care planning for end of life Care at that time.

The care home manager met with the practice and discussed ways forward with advanced care planning involving families and best interest meetings. They all met with the community nurse practitioner who guided the care home with the GPs on the best way forward for ongoing medical diagnosis.

The care home had successfully reduced hospital admissions by having a plan in place.

This had been very effective and less distressing for the service users and families. The GPs also spoke with the families explaining to the residents loved ones the diagnoses. We were told the GPs were very sensitive to people's needs.

- The provider had identified an increase in neuropathic agent (nerve-related pain medication) prescribing. This was discussed at the clinicians meeting and alternative therapeutic agents that could be prescribed were recommended

- The provider had identified a higher than national average of antibiotic prescribing. This was discussed at both clinical governance and clinician meetings. NICE guidelines were revisited describing average duration of common viral infections and patient information leaflets placed in each consultation room to aid the consultation to reduce antibiotic prescribing.
- The provider had identified a higher than regional average of benzodiazepine (anxiety-reducing sedative) prescribing. This was historic in the practice. The practice had received additional funding to work with a local project support worker to reduce prevalence with support for patients.
- The provider had received some poor feedback from the national GP patient survey about telephone answering capabilities and response times. This was discussed at the clinical governance meeting and they agreed to reconfigure working roles with all members of administration staff.
This resulted in role changes to “patient advisors”, as well as additional capacity sourced for peak times of telephone traffic. The practice also invested in a new telephone system that provided additional telephone lines along with providing queues for up to 10 people. Patient feedback on telephone access and response times was positive on the day of the inspection.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<p>There was an active patient participation group for the practice with representatives from different cultures of the population. The leaders attended the meetings to listen to patient concerns and provided feedback of improvements made and had brought about positive and continuous change.</p> <p>A full and diverse range of patients’, staff and external partners’ views and concerns were encouraged, heard and acted on to shape services and culture.</p>	

Examples of continuous learning and improvement

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 in the organisation and provision of health fairs.

The practice had developed a range of engagement and feedback methods, these included:

- Suggestion boxes.
- Noticeboards promoting key messages.
- A detailed website.
- An active and supported patient participation group.
- Promotion of the NHS Friends and Family Test.

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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **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.