

# Care Quality Commission

## Inspection Evidence Table

### St Johns Medical Centre (1-566724429)

Inspection date: 04 February 2019

Date of data download:

## Overall rating: GOOD

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

## Safe

## Rating: Requires Improvement

### Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse. However, some of those required improvement.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Partial
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>All members of staff at the practice had a role in safeguarding and we saw evidence of concerns that had been dealt with appropriately.</li> <li>There was a safeguarding register and patients' notes were flagged. A safeguarding folder was kept in each room.</li> <li>One of the GPs had done extended safeguarding training because of their role as a governor at a children's school.</li> </ul>	
<ul style="list-style-type: none"> <li>We were told by other staff that the practice highlighted vulnerable patients with an alert on their clinical record and also held a folder with the names of those vulnerable patients.</li> <li>We saw that not all the patients in the folder had a vulnerable alert on their electronic clinical record.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The inspection team reviewed five personnel files and found that all the required documentation was held in those files.</li> <li>New staff were inducted appropriately and there was evidence of completed inductions held on file.</li> <li>Staff vaccinations were monitored by the practice manager as were indemnity insurances for the clinical staff and professional registration checks.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 11 January 2018 and annually	Yes
There was a record of equipment calibration. Date of last calibration:	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 5 September 2018	Yes
There was a log of fire drills. Date of last drill: 20 July 2018	Yes
There was a record of fire alarm checks. Date of last check: 1 February 2019 and weekly	Yes
There was a record of fire training for staff. Date of last training: Annual and blue stream	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 5 September 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• Three monthly fire safety audits had been completed and we saw evidence of those. However, the inspection team highlighted concerns about fire safety within the outside record storage room. After the inspection we were provided with evidence, to confirm this had been fully addressed.</li> <li>• Health risk assessments were undertaken for staff when necessary such as during pregnancy.</li> <li>•</li> </ul>	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 1 May 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1 May 2018	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The last health and safety risk assessment highlighted that • Display Screen Equipment(DSE) assessments had not been undertaken as a result of which they were introduced.</li> </ul>	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Additional Information:	
<ul style="list-style-type: none"> <li>The practice nurse was responsible and lead for infection control, however, they had not undergone specific training for that lead role.</li> </ul>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Partial
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>Not all vulnerable patients were highlighted as such within their clinical record.</li> </ul>	

## 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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
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 and additional evidence:</p> <ul style="list-style-type: none"> <li>• A robust system to manage referrals had been introduced and ensured consistency across all clinicians within the practice including locum staff.</li> <li>• The practice had participated in the development of Information Governance and General Data Protection Regulation (GDPR) policies within the Clinical Commissioning Group.</li> </ul>	

## Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation but some of those required improvement.

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) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	1.11	1.01	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	17.6%	13.0%	8.7%	Significant Variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.46	5.45	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.71	2.42	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	No
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice was unaware of higher than average levels of antibiotic prescribing but was unable to explain the reasons for it at the time of inspection.</li> <li>• Exception reporting was higher than average and the practice discussed the reasons for this at a recent practice meeting. There were plans to review the reasons for that.</li> <li>• Emergency medicines kept on an emergency trolley, were checked regularly. However, the practice did not have dexamethasone (steroid), anti-emetic (anti-sickness) or diclofenac (anti-inflammatory) in the emergency medicines and there was no risk assessment in place to explain why. (It is not necessary to hold all emergency medicines in the practice, but it is necessary to explain the absence of them).</li> <li>• The inspection team reviewed a number of clinical records to ensure that drug monitoring and appropriate medicine reviews were taking place. Anomalies were found in a number of records and those were highlighted to the practice on the day of the inspection. In some cases the required blood tests had not been recorded before high risk prescriptions had been issued. In other cases records had been coded that a medicine review had taken place but no notes of the review had been documented.</li> </ul>	

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

## The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes*
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes*
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	20
Number of events that required action:	17
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice kept a log of significant incidents and dates when they were discussed with staff and the severity, high medium or low. There had been one high incident in the previous twelve months relating to a prescribing error.</li> <li>Significant incidents were discussed at specific significant event analysis (SEA) meetings involving the SEA lead (a GP partner) and senior administration staff.</li> <li>Although policies and procedures were in place and working well the inspection team found that it related mainly to senior members of staff. Reception, administration and some health care staff were not as familiar with the process, incidents that had occurred or what to do in the event of their own involvement in an incident.</li> </ul>	

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

Event	Specific action taken
Referral Incident – Discussed, reviewed and audited to ensure appropriate action had been taken and risk of reoccurrence was reduced.	The group agreed that the practice had made the appropriate referral and that the practice referral was missed by the provider. <b>Action</b> Referring clinicians to be informed to generate a separate consultation if more than one referral is required.
Referral Incident/Locum GP - Discussed, reviewed and audited to ensure appropriate action had been taken and risk of reoccurrence was reduced.	The group discussed that any issues/feedback regarding locum GP's could be fed back to the locum agency. The practice had an established relationship with the agency and a named account manager for any such issues to be feedback.
Delay in checking results - Discussed, reviewed and audited to ensure appropriate action had been taken and risk of reoccurrence was reduced.	The group decided an action from this should be that all smear results were sent to Practice Nurses, as currently smear results were sent to the person who undertook the smear. <b>Action</b> Results protocol was amended.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes



Staff understood how to deal with alerts.	Yes*
Explanation of any answers and additional evidence: <ul data-bbox="108 286 1513 367" style="list-style-type: none"><li data-bbox="108 286 1513 367">• The inspection team found clinical records where action as a result of safety alerts, should have been taken but had not.</li></ul>	

## 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice used Trafford One Template to ensure that clinical pathways were consistent within the practice.</li> <li>The practice used "F12" a referral pathway to ensure that referral letters were consistent within the practice.</li> </ul>	

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) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.03	0.90	0.81	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li> <li>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.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> </ul>

- Health checks were offered to patients over 75 years of age.
- The practice was affiliated to eleven local Care Homes with a named GP to allow continuity of care.
- Acute and chronic home visits were provided to those too ill to attend the practice by GPs and nursing staff.
- Patients were involved in advanced care planning.

## People with long-term conditions

Population group rating: Good

### Findings

- 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.
- All cancer reviews were undertaken within two weeks of diagnosis.
- One of the GPs had a specialist interest in palliative care and musculoskeletal (MSK).

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) <small>(QOF)</small>	83.1%	83.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	8.0% (54)	10.8%	13.2%	N/A
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) <small>(QOF)</small>	62.1%	77.5%	77.7%	Variation (negative)
Exception rate (number of exceptions).	6.5% (44)	8.6%	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>	78.5%	81.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	16.7% (113)	13.1%	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>	71.3%	77.0%	76.0%	No statistical variation
Exception rate (number of exceptions).	18.8% (181)	5.9%	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>	83.7%	92.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	20.9% (47)	11.7%	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) (QOF)	78.8%	84.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.1% (88)	3.5%	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)	82.3%	89.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.1% (15)	6.0%	6.7%	N/A

### Any additional evidence or comments

The inspection team discussed the above variation in results with the practice team as well as higher than average exception rates. The leaders at the practice had been alerted to the data the previous week and were considering ways in which to challenge the issue, such as a session of GP time to ring patients and discuss the care of those who were not attending their reviews.

## 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.
- The practice held weekly child health surveillance and maternal post-natal clinics, weekly child immunisation clinics, and a "hot clinic" each weekday for unwell children.
- "When should I worry" advice leaflets were used by the practice to reduce concerns by parents. Prescribing in young children had been reduced as a direct result of this.

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)	161	166	97.0%	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)	200	215	93.0%	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)	200	215	93.0%	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)	201	215	93.5%	Met 90% minimum (no variation)

## 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 was able perform cryotherapy and wart removal.
- Travel health and advice was offered including travel vaccines.

Cancer Indicators	Practice	CCG	England	England
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		average	average	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)	76.6%	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)	69.5%	69.9%	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)	60.4%	56.5%	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)	85.3%	77.3%	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)	51.9%	47.0%	51.9%	No statistical variation

## 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. However, this required review to ensure it remained effective.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice were recognised as Autism Aware? and had undertaken training and awareness in this area to ensure effective care and treatment for patients with autism.

**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. However, this required review to ensure it remained effective.
- 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 and there were lead nominated GPs for dementia and mental health.

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) <small>(QOF)</small>	93.7%	91.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	13.6% (15)	8.8%	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) <small>(QOF)</small>	64.6%	91.6%	90.0%	Variation (negative)
Exception rate (number of exceptions).	10.0% (11)	8.0%	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) <small>(QOF)</small>	71.5%	81.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.8% (8)	6.0%	6.6%	N/A

**Any additional evidence or comments**

The inspection team discussed the above variation in results with the practice team as well as higher than



average exception rates. The leaders at the practice had been alerted to the data the previous week and were considering ways in which to challenge the issue, such as a session of GP time to ring patients and discuss the care of those who were not attending their reviews.

## 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)	531.5	551.1	537.5
Overall QOF exception reporting (all domains)	4.9%	5.0%	5.8%

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

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

The practice demonstrated evidence of 11 audits completed including two full cycle audits. In addition, there was an extensive plan for future audits based on the specific needs of the patient population.

**Audit** - HBA1c >48 but not coded as Diabetic

Standard – to identify diabetics not being managed as diabetics. Twelve patients identified.

**Change and outcome:**

10 patients now being managed as diabetics. One patient did not attend for review. One patient had improved and was not considered at risk.

## Any additional evidence or comments

A new practice website was being piloted throughout Trafford providing patient information regarding services. This practice was involved in the pilot which would link to local and national NHS Services and voluntary organisations.

The practice team worked in partnership with a wide range of organisations, acute Trusts, Trafford Borough Council, Public Health England, NHS England, and other private providers in order to provide effective care to patients.

The practice had been involved in the Salford Lung Study and were currently engaged in a national antibiotic prescribing study.

## 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

### 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)	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• We found that the carers list required review as carers and those cared for were not separated.</li> <li>• The practice had in-house support from a pharmacist and technician. They carried out regular medicine reviews.</li> <li>• There was additional annual provision of flu clinics including a Saturday clinic.</li> <li>• Vaccinations to include shingles and MMR catch up clinics were available.</li> </ul>	

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>	93.5%	95.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (24)	0.6%	0.8%	N/A

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice undertook minor surgery and joint injections. Appropriate audit and monitoring of those services was completed including the review of consent.</li></ul>	

# 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.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Staff treated patients with kindness, respect and compassion and we saw numerous initiatives where staff worked with patients and within the local community and could demonstrate a strong, visible, person-centred culture.	

CQC comments cards	
Total comments cards received.	18
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
	<ul style="list-style-type: none"> <li>All CQC comment cards provided positive feedback. Patients commented that they found the service at the practice to be very good and all staff were caring, friendly and helpful. Patients said that they felt involved in their care and treatment. Patients also commented that they were treated with respect, dignity and kindness.</li> <li>Feedback from the Friends and Family test (FFT) were positive and the majority of patients would recommend the practice.</li> <li>Patients said they were dealt with kindness, respect and compassion.</li> </ul>

## 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
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16926	264	111	42%	0.66%
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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)	96.7%	90.2%	89.0%	Variation (positive)
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)	98.0%	88.3%	87.4%	Significant Variation (positive)
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)	100.0%	96.2%	95.6%	Significant Variation (positive)
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)	94.8%	85.6%	83.8%	No statistical variation

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

Any additional evidence
<p>The practice operated a virtual Patient Participation Group and communicated with the group via letter and email. Feedback on specific clinics or providing updates on future plans for the practice were the main areas of improvement.</p> <p>The group provided feedback via short surveys and patient input had resulted in positive practice developments including improved appointment attendance through text message reminders.</p> <p>Recent virtual patient group activity had included feedback on Flu Clinics.</p>

### 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,	Yes

treatment and condition, and any advice given.	
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

### 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)	98.4%	94.1%	93.5%	No statistical variation

### Any additional evidence or comments

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. However, we noted that identifiable information was left out at night.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<ul style="list-style-type: none"> <li>• The practice was aware of the responses to the national GP survey and had plans in place to address the negative response about patients seeing or speaking to their preferred GP.</li> <li>• Individual patient feedback had been requested when GPs were due to be appraised as evidence that they were performing according to need.</li> <li>• Suggestions from patients via the suggestion box and also via the Friends and Family test were collated and acted on.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	252 Carers had been identified. This was approximately 1.5% of the patient population. In February 2019 Trafford discussed carers at their practice managers meeting with a view to increasing the number of patients identified and ensure they are on the GP register so that they received a core offer for early help and support. The practice was also prompted within One Template to ask all patients during consultation if they were a carer.
How the practice supported carers.	There was a section within One Template to refer the patient to Trafford Carers Centre for support. Staff were proactive in assisting carers with signposting to other services, offering knowledge, actively identifying, checking vulnerable registers and reminding them about services and support offered by the practice such as flu injections and health checks.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, the GP best known to the family contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

## 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.	Yes
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
There were arrangements to ensure confidentiality at the reception desk.	Yes
<ul style="list-style-type: none"> <li>• During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.</li> <li>• Patients could be treated by a clinician of the same sex.</li> <li>• Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.</li> <li>• Comments highlighted that staff responded compassionately when they needed help and provided support when required.</li> <li>• Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect.</li> </ul>	



# 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.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice offered extended hours through Trafford GP Federation.</li> <li>There were longer appointments available for patients with a learning disability.</li> <li>Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.</li> <li>The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with those patients about their end of life care as part of their wider treatment and care planning.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
<p><b>Appointments available:</b></p> <ul style="list-style-type: none"> <li>Routine appointments were available daily in the mornings and afternoons. As St Johns was a group practice, patients would be seen by any of the GP partners. If patients wished to see a specific GP, they would have to arrange an appointment further in advance.</li> <li>Urgent appointments and same day appointments were available with the duty doctor, or nurse practitioner who was able to diagnose and prescribe. Appointment requests may be triaged for priority and assessment of appropriate treatment.</li> <li>Evening appointments were available each day from Monday to Thursday. In addition, one evening each week the surgery offered late appointments until 8pm. The day varied each week.</li> </ul>	

- Extended evening and weekend appointments were available as part of Trafford Primary Health GPs Federation. St Johns practice was used as a "hub" offering Trafford patients an appointment with a Trafford GP or nurse. Appointments were available each weekday evening from 6.30pm to 8pm and on Saturday and Sunday from 9am to 1pm.
- Phlebotomy appointments were available.
- Nurse appointments were available and pre-bookable up to eight weeks in advance.
- Home visits were bookable on the day for patients who were housebound or too unwell to attend the surgery for an appointment. Those needed to be requested before 11:30 and were triaged by a GP.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16926	264	111	42%	0.66%

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)	98.5%	95.9%	94.8%	No statistical variation

## Any additional evidence or comments

## 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.
- The practice had a very high prevalence of older patients and was affiliated to eleven local care homes with a named GP to provide continuity of care. They were continually working with the CCG to increase funding so that this service could continue.
- Acute and chronic home visits were offered when required.

## People with long-term conditions

## Population group rating: add rating

### Findings

- Patients with multiple conditions could have 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. Proactive advanced care planning and end of life care was demonstrated.
- Patients with cancer diagnoses were reviewed within two weeks of diagnosis.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- There were systems to identify and follow up children living in disadvantaged circumstances and those at risk such as children and young people with a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary and there were “hot clinics” for ill children.
- The practice held weekly child health surveillance and post-natal and immunisation clinics.
- Sexual health advice and chlamydia screening was offered.
- There was a dedicated weekly gynaecology clinic with pessary and coil fitting service.

## **Working age people (including those recently retired and students)**

**Population group rating: Good**

### **Findings**

- The practice sent text message reminders of appointments and test results.
- Patients could access appointments and request repeat prescriptions on line.
- The practice used and encouraged electronic prescription services making it easier for patients to have their medicines sent directly to the pharmacy of their choice.
- Patients could receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- 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 with extended hours each week (varying) with early morning (from 7.30am) and late-night appointments (until 7pm).
- A minor surgery service was available.
- GPs with specific interest offered MSK care and joint injections treatment.
- Weight management and lifestyle advice was offered.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances.
- 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.
- Patients with a learning disability were invited for face to face health and care reviews.
- The practice had undergone autism awareness in order to respond appropriately to the needs of those patients such as offering appointments when the surgery was quiet and providing private waiting areas.

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

**Population group rating: Good**

**Findings**

- The practice had nominated mental health and dementia leads.
- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff we 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.

**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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

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)	78.6%	N/A	70.3%	No statistical variation
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)	71.7%	70.7%	68.6%	No statistical 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)	69.9%	67.0%	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)	83.3%	75.1%	74.4%	No statistical variation

#### Any additional evidence or comments

The reception and administration staff continually worked on increasing access. Telephone calls were monitored and telephone and face to face appointments were changed according to accommodate the demands of the patients.  
Because of this, survey results were consistently higher than average.

Source	Feedback
CQC comment cards	Patients comments suggested they were very satisfied with the access.

#### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	19
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

Y/N/Partial

Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Explanation of any answers and additional evidence:

- The practice had received 19 complaints, details of which were provided by the practice.
- None of those complaints was about harm caused to patients.
- All patients were contacted and apologies were offered.
- Complaints were reviewed and discussed at staff meetings.
- GPs were aware of the duty of candour and there was a “no blame” culture within the practice.

Example(s) of learning from complaints.

Complaint	Specific action taken
Staff attitude	Skills course booked for staff to attend.

## 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>Partners at the practice held clinical and managerial lead roles which they rotated on an annual basis. This improved knowledge and understanding of the challenges within the practice.</li><li>Recently the practice manager had left and the partners distributed practice manager roles between themselves further improving knowledge and understanding of the day to day running of the practice.</li></ul>	

### 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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>In the upcoming twelve months the practice planned to continue to learn and update core services, care and treatment.</li><li>Audits plans were to be based on the suggestions of the whole team and not just clinical.</li><li>Networking and planning was continuing with a view to moving to new premises in the near future.</li></ul>	

## Culture

### The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes

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

Source	Feedback
	<ul style="list-style-type: none"> <li>All staff we spoke with were proud to work at the practice and felt there was an open and transparent approach to team working.</li> <li>The administration and reception staff told the inspection team that they felt able to approach anyone in the practice for help or assistance, regardless of their role or level.</li> </ul>

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>There were a number of lead roles held by staff within the practice such as palliative care, mental health, infection control, minor surgery, safeguarding, incident reporting and complaints. All staff we spoke with were aware who held the lead roles and how to report concerns to them when necessary with the exception of incident reporting which appeared to be considered more of a clinical role rather than one that all staff should share.</li> </ul>	



## Managing risks, issues and performance

**The practice had clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes*
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice was able to demonstrate how processes were put in place to manage performance due to a current incident.</li> <li>The current business continuity plan required updating to ensure all details were correct.</li> </ul>	

## 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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<ul style="list-style-type: none"> <li>The practice was involved in various initiatives and pilots within Trafford CCG to improve data available clinically and also information available to patients.</li> <li>The practice had an ongoing programme of peer review based against national scorecards to benchmark performance.</li> <li>There was an ongoing programme of clinical audit to monitor quality and systems in place and to identify where action should be taken to make improvement.</li> <li>The practice continued to hold monthly governance meetings where performance, quality and risk were discussed.</li> <li>The practice continued to hold daily informal meetings where patients were discussed on a case by case basis and clinicians offered informal support and advice to each other. Nurses and administration staff were included in those meetings as when they wished to attend.</li> </ul>	

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Feedback from Patient Participation Group.

Feedback
We did not speak to members of the patient participation group during this inspection.

Any additional evidence
The practice collated patient feedback on a monthly basis and reported this to NHS England. Patients intermittently received a text message asking whether or not they would recommend the practice. Feedback cards were also available within reception. Monthly results were displayed on the practice website and via the TV screen in reception.
The Practice operated a virtual Patient Participation Group and communicated with the group via letter and/or E-mail regarding feedback on specific clinics and providing updates on future plans for the practice.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement
The Inspection team highlighted some areas of concern at this inspection. Immediately following the inspection, the practice provided evidence that they had reviewed those concerns. The partners discussed the identified issues and had either resolved them or put in place a plan to address them in the very near future. Evidence included a new clear desk policy, a new DMARD protocol and an action plan.
Concerns over fire safety in the outside records room was also addressed and evidence sent to the inspection team demonstrating that this will be reviewed on an annual basis.

Regarding QOF exceptions the practice had a plan going forward that they will only exception report patients on QOF registers that are terminally ill or who have directly expressed that they do not wish to attend for their chronic disease review. This was due to be initiated in protocol form at the next QOF team meeting.

The practice was part of many developments and pilots within Trafford CCG such as the use of F12 referral letters and the development of Information Governance and GDPR policies Trafford-wide.

St Johns was a training practice that benefitted from the services of general practice registrars. They had received gold standard feedback from the Deanery.

They were also a teaching practice for student doctors.

#### 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 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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.
- 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.
-