

Care Quality Commission

Inspection Evidence Table

The Street Lane Practice (1-538794778)

Inspection date: 8 March 2019

Date of data download: 04 March 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
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 for GPs, including locum GPs).	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice carried out Disclosure and Barring Service (DBS) for all clinical staff as part of the recruitment process. However; DBS checks were not carried out for non-clinical staff as they did not work alone with patients and were not required to act in the role of chaperone.</p> <p>GPs had completed level three safeguarding training and at the time of our inspection the practice was in the process of sourcing level three safeguarding training for nursing staff within the team. This was in response to the recently updated and published intercollegiate guidance.</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.	Y
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

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: November 2018	Y
There was a record of equipment calibration. Date of last calibration: October 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: August 2018	Y
There was a log of fire drills. Date of last drill:	Y
There was a record of fire alarm checks. Date of last check: August 2018	Y
There was a record of fire training for staff. Date of last training: October 2018	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	N
Actions from fire risk assessment were identified and completed.	N/A
Explanation of any answers and additional evidence: The practice had a fire protocol in place which contained identified fire risks and provided guidance for staff to minimise these risks. For example; instructions for staff such as clear desk policy.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: August 2014	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2019	Partial
Explanation of any answers and additional evidence: At the time of our inspection we saw evidence to confirm that a premises and security risk assessment had been carried out by a private organisation in August 2014. However; we were unable to see any up to date risk assessments. Following our inspection; the provider carried out a risk assessment of the premises which included elements of fire and infection, prevention and control. We found the risk assessment to be lacking in scope. During the inspection we noted that the cleaning cupboard, containing hazardous chemicals, was not locked and staff on site did not have a key. We raised this with the provider during our inspection and	

received photographic evidence following our inspection to show that new locks had been fitted.

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:	February 2019
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had completed a full infection prevention and control (IPC) audit in June 2017 and we saw that some actions had been completed. For example:</p> <ul style="list-style-type: none"> - An E-learning training programme for infection control had been implemented for all staff. - The public toilets had been modernised to provide two public toilets, one for disabled users and new baby changing facilities. - Spillage packs had been purchased for clinical rooms in addition to reception to ensure the prompt management of bodily fluid spillages. <p>In addition; the practice had been in contact with the cleaning company to improve cleaning standards throughout the building. This included weekly supervision of the on-site cleaner, monthly cleaning audits and cleaning schedules. We reviewed two monthly cleaning audits that had been carried out by the cleaning company and saw that these noted areas for improvement. However; we did not see any action plans to address this. In addition, during our inspection, we noted that cleaning schedules were in place but there was no documentation to confirm that cleaning was being carried out. We noted that the premises were visibly clean during our inspection</p> <p>We noted there were some infection control issues during our inspection. For example; we saw the mop heads in the cleaning cupboard were dirty. We discussed this with the provider on the day of our inspection and were advised this would be discussed with the cleaning company.</p>	

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

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.	Y
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

Appropriate and safe use of medicines

The practice had 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) (01/10/2017 to 30/09/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	0.72	0.92	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) <small>(NHSBSA)</small>	5.2%	6.1%	8.7%	No statistical variation
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) <small>(NHSBSA)</small>	6.29	5.56	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) <small>(NHSBSA)</small>	1.11	2.16	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.	Partial
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.	Partial
The practice had a process and clear audit trail for the management of information about	Y

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.	Y
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
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.	N/A
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>At the time of our inspection we saw that the vaccination fridge was located in a corridor area accessible to patients, and was not locked due to a fault with the lock. We discussed this with the provider and received photographic evidence following our inspection that a new lock had been fitted.</p> <p>The practice had identified an incident when a prescription for an acute medicine had been issued by a member of the reception team. We discussed this with the provider on the day of our inspection and received confirmation following our inspection that prescribing rights for reception staff had been amended to prevent any future reoccurrence.</p>	

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:	17
Number of events that required action:	17

Example of significant events recorded and actions by the practice.

Event	Specific action taken
The practice had recorded an incident when the professional registration for a practice nurse had expired and not been renewed within appropriate timescales.	<p>As a result of the incident the practice had liaised with the Nursing Medical Council (NMC) to establish what steps needed to be taken to ensure the staff member could be put back on the register.</p> <p>The practice worked with the staff member and NMC to carry out a full investigation including an audit of all patients who had been seen by the nurse during the period when registration had lapsed and concluded that patient care had not been compromised during that period.</p> <p>The practice had implemented an electronic software system since then to support human resources functions within the practice. This included storage of all professional registration renewal dates and a prompt was sent to management and individual staff member when renewal was due.</p>

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

Effective

Rating: Good

At the previous inspection in July 2015 the practice was rated as outstanding for providing effective services. Having now inspected all GP practices we have a better understanding of the baseline, so what we assessed as being outstanding previously, may now not be rated as outstanding. This is because initiatives that were previously regarded as innovative or unusual may no longer be so because things have moved on in primary care. At this inspection, we have rated this key question as 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

Any additional evidence or comments

In addition to general practices services, the practice provided additional specialist NHS community clinics, funded by Leeds North Clinical Commissioning Group under the Street Lane Services arm. These clinics could be accessed, via GP referral, by patients registered with the practice; along with the local patient population.

The specialist clinics brought hospital consultants and nurse specialists into the practice. These specialists worked in partnership with lead GP partners to offer dermatology, cardiology and minor surgery services. These services helped to reduce the burden on hospital services.

The practice provided us with data on the day of our inspection which demonstrated that 1,745 patients had been referred to the Dermatology Clinic during 2017/18. This enabled them to receive care closer to home.

The practice had worked with other practices in the locality to implement an advice and guidance system prior to referrals being made. The practice provided data to demonstrate that this had reduced the number of onward referrals required.

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>	0.54	0.65	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> • 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. • The practice provided services for a number of care homes. Each care home had a designated GP lead and set days when the GP or Advanced Nurse Practitioner (ANP) would visit for routine patient reviews. • The practice pharmacist visited the homes to carry out regular medication reviews and linked with the GPs to advise on safe and appropriate prescribing and reduction in medicines waste. • 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. • The practice had quarterly meetings with specialist nurses from a local hospice to discuss care plans for patient with palliative and end of life problems. • 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
<ul style="list-style-type: none"> • The practice had reviewed and improved the process for management of patients with a long-term condition by utilising text messaging recall systems to streamline the process so that patients required fewer visits to surgery. Patients were invited to one annual medication review encompassing all long-term conditions in the month of their birthday. • The practice had also incorporated a more proactive approach to annual reviews and sent digital questionnaires to patients to gather information and carry out goal setting before the appointment. This enabled a shorter appointment because of the communication prior to the annual review and some patients were able to have their review done without a need for a face to face appointment. • Staff who were responsible for reviews of patients with long-term conditions had received specific training. Nurse prescribers at the practice had been trained to manage long-term conditions, using protocols, with support and oversight from the GPs. The GPs and pharmacists were then able to review the medicines on repeat prescriptions. • 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 atrial fibrillation were assessed for stroke risk and treated appropriately.

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>	84.2%	78.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	23.8% (139)	14.1%	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>	80.8%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	14.4% (84)	10.6%	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>	81.3%	78.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	19.2% (112)	15.1%	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>	80.5%	76.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	5.0% (41)	7.5%	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>	86.6%	89.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	11.8% (23)	9.7%	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) <small>(QOF)</small>	85.4%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	7.3% (123)	4.7%	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) <small>(QOF)</small>	89.4%	90.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.4% (13)	9.8%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were consistently above 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.
- Patients could access a full range of contraceptive services including the fitting of coils and contraceptive implants.
- Young people could access services for sexual health.
- One of the partners at the practice was a GP with a special interest in dermatology. The practice provided a Community Dermatology service under a separate contract with NHS Leeds Clinical Commissioning Group. This could be accessed by patients registered with the practice; along with the local patient population.

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)	194	200	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)	194	194	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	194	194	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles,	192	194	99.0%	Met 95% WHO based target (significant

mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>				variation positive)
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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.
- The practice was committed to providing digital options for patient to access services and had created a system called 'eReception' which allowed patients to contact the practice via a link on the website. This service was available 24 hours a day and the practice responded to any patient requests via this method within 30 minutes during working hours. We were able to review data which confirmed approximately 30% of patient contacts with the practice during 2018 were through the 'eReception' system.
- The practice utilised text messages and emails to inform patients about test results and at the time of our inspection the practice had moved over 50% of patient contacts to telephone consultations to ensure patients were not losing time during the working day when trying to contact the practice.
- The practice actively encouraged patients to register for online access to book appointments; order medicines and review their actioned blood tests.

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) <small>(Public Health England)</small>	78.1%	73.2%	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) <small>(PHE)</small>	69.6%	68.1%	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) <small>(PHE)</small>	67.4%	55.6%	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) <small>(PHE)</small>	88.1%	63.8%	70.2%	N/A
Number of new cancer cases treated	57.9%	50.8%	51.9%	No statistical variation

(Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)				
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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 safeguarding lead for the practice attended regional meetings and reported on recent developments and updates to the wider practice team.
- The practice held a register of patients living in vulnerable circumstances this included vulnerable children and adults; including pregnant ladies. Each patient on the register had a dedicated GP to oversee their care.
- The practice had implemented an 'outcomes' computer template on the clinical system for clinicians to complete following patient consultation. This clearly outlined the management plan and what the next steps for the individual patient were. The template was stored in the patient record and allowed the practice team to carry out the plan by booking the appropriate type of appointment with the appropriate clinician.
- The practice hosted quarterly multidisciplinary safeguarding meetings which was attended by GPs, nurses and managers from the practice. The practice also encouraged health visitors and the midwife to attend these meetings.

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.
- The practice had been involved in developing the 'Healthy Minds Service' which provided virtual support for patients with low level mental health issues; signposting to other services and a range of techniques and tools to improve resilience. This service had then been rolled out to other practices across Leeds. The practice provided us with data on the day of our inspection which stated that approximately 500 new patients accessed the service per year, with an average of three contacts per patient. By the time of discharge from the service each patients PHQ9 score had improved by five points or more. The PHQ9 is a patient health questionnaire which can be used to screen, diagnose, monitor and measure the severity of depression. Scoring ranges from 0 to 27 points with a score of 0 to 4 indicating minimal or no depression up to a score of 20 to 27 which indicates severe depression.
- 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.

- The practice hosted a psychiatrist clinic for patients to access.

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)	94.7%	88.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	11.3% (12)	10.9%	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)	94.7%	89.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	11.3% (12)	10.0%	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) (QOF)	93.5%	84.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	11.0% (19)	6.1%	6.6%	N/A

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)	548.0	534.4	537.5
Overall QOF exception reporting (all domains)	6.0%	5.5%	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

The practice had carried an audit in October 2018 to determine whether patients taking azathioprine (a drug prescribed to treat inflammatory conditions) were being monitored appropriately in line with recommended guidelines. The audit demonstrated that only 30% of patients had been monitored appropriately. The audit was carried out again in February 2019 and this demonstrated that 79% of patients had received appropriate monitoring. The practice had taken steps to aim to achieve 100% compliance in this area.

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

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
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.	N/A

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 an in-house patient liaison service which provided support to all patients for both clinical and non-clinical needs. This included:</p> <ul style="list-style-type: none"> • Advice and support for carers and patients requiring support with social aspects. • Signposting patients with chronic physical and mental ill health to help access support groups. • Support for pre-diabetic patients on lifestyle interventions to prevent progression to diabetes. • Responsible for managing the smoking cessation service. <p>The practice provided us with data on the day of our inspection to show that 542 patients had accessed this service during the period of September 2018 until February 2019.</p>	

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>	96.0%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.9% (25)	0.8%	0.8%	N/A

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: The practice had processes in place to obtain consent including consent for students and registrars to be observing in the room during a consultation.	

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: The practice used care navigation to signpost patients to the most appropriate staff member for their appointment. However, they told us that if a patient did not want to disclose the reason for requesting an appointment then their decision would be respected.	

CQC comments cards	
Total comments cards received.	28
Number of CQC comments received which were positive about the service.	23
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment Card	'Excellent very informative, friendly and caring. Good advice given and good understanding of health problems.'
CQC Comment Card	'Staff have always been warm and welcoming, the practice always hygienic and I have always felt that staff are open to questions. Very good timing for appointments.'
CQC Comment Card	'Good. Caring towards my pain. Treated me well, no problems.'

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
13723	287	118	41.09%	0.86%

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)	96.2%	89.4%	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)	95.0%	88.0%	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)	98.7%	95.4%	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)	89.1%	84.9%	83.8%	No statistical variation

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

Any additional evidence
The practice obtained patient feedback via a number of methods including the patient forum, complaints and compliments, the NHS Friends and Family Test and there was a dedicated lead to respond to reviews received via NHS Choices.

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

Source	Feedback
NHS Choices	I always find the doctors really pleasant and helpful here. I recently had a really good consultation with the doctor. This was only booked as a medication review; however, he was really thorough, kind and gave me a lot of time. I felt very listened to, treated with respect and valued. Thank you

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)	96.6%	94.0%	93.5%	No statistical variation

	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice employed multi-lingual staff to support patients who did not speak English as a first language. Telephone translation services were also available.</p> <p>At the time of our inspection the practice was considering how the eReception service could be translated and used in other languages.</p> <p>The practice informed us that information leaflets could be provided if required and that easy read materials were sent out for patients with a learning disability in preparation for their health check.</p>	

Carers	Narrative
Percentage and number of carers identified.	270 (2%)
How the practice supported carers.	The practice actively promoted the Carers Leeds association. Carers were offered flexible appointments at a time that suited them and had access to flu vaccinations.
How the practice supported recently bereaved patients.	In the event of bereavement, the named GP would contact the family to offer support.

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>The practice reception desk was located away from the waiting area to ensure conversations could not be overheard.</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:	
<p>The Practice had trained reception staff to become care navigators which enabled them to support the patient to make an appointment with the most appropriate person or service.</p> <p>The practice supported patients to use the extended hours service where they could access virtual appointments with a pharmacist or physiotherapist. We saw that the practice had utilised 3001 appointments over the previous 10 months.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 8.30pm
Thursday	8am – 9pm
Friday	8am – 6pm
Appointments: A range of appointments were available between these hours.	
In addition, patients could access the extended access service from 9am until 12pm on Saturday and from 11am until 1pm on Sunday.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13723	287	118	41.09%	0.86%

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)	98.7%	95.3%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- The practice provided services for a number of care homes and their patient population also included a large number of older patients living in their own homes.
- 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.
- All patients had a named GP who supported them in whatever setting they lived.

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

- Patients could access in-house appointments with the midwife.
- The practice offered postnatal mother and baby checks and all childhood immunisations.
- The practice offered a duty clinician system which meant that any patient, with an acute medical problem, could call the surgery from 8am until 6pm and be guaranteed a same day appointment. The practice ensured that this system was flexible so that appointments could be scheduled around school times for acutely ill school age children.
- The practice website had a health advice section which included links to local services for young children.
- 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.

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 8.30pm on Wednesday and 9pm on Thursday evenings. Appointments were also available to all patients at additional locations within the area, via the extended access scheme, from 9am until 12pm on Saturday and 11am until 1pm on Sunday.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice provided an in-house patient liaison service which offered support to all patients for both clinical and non-clinical needs including advice and support for carers and patients requiring support with social aspects.

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.
- 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.	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

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)	77.1%	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)	81.7%	68.9%	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)	74.7%	67.3%	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)	78.4%	73.7%	74.4%	No statistical variation

Source	Feedback
NHS Choices	I recently used e reception for the first time. My experience was first class and it will be my first choice of contact from now on. No waiting on the phone, response within an hour offering consultation same morning. I have no hesitation in recommending this to my friends. Thank you.

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.	23
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	2
	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
The practice had identified a trend in complaints relating to accessing the practice by telephone.	In response to complaints a new telephone system installed in July 2018. Further complaints were received following the installation of the new telephone system. The practice listened to feedback from patients and redesigned the flow of calls to avoid patients being placed on hold.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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: The partners and chief executive officer held quarterly meetings to set the direction and priorities for the practice. Staff were involved in shaping the direction and priorities for the practice during formal weekly meetings. Staff within the practice had lead roles to support locality working. For example; the chief executive officer was the extended access service delivery lead and digital strategy lead. One of the GP partners was the urgent care lead.	

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 them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had taken a collaborative approach when developing services over the previous two years. The patient forum had been consulted and supported the implementation of new services and the development of the Patient and Public Involvement Strategy.	

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

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

Source	Feedback
Staff Feedback	Fab team work, good target sessions, listen to everyone.

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

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:	
At the time of our inspection there had not been a premises and security risk assessment carried out since August 2014. The provider carried out a risk assessment following our inspection and sent this to us for review. However; we found that this was lacking in scope.	

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

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

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

Examples of continuous learning and improvement

The practice had worked with patients to improve access through the development of the eReception system. This enabled patients to contact the practice via a link on the website and reduce the need to contact the practice by telephone. Patients could submit any enquiry via eReception and received a response from the practice advising how they will respond to the query and/or give them an appointment.

At the time of our inspection the system was under evaluation by York University but as this was research had not been completed there were no results available for us to view on the day.

The practice had conducted an in-house evaluation which suggested that, through utilisation of the system, the practice could release five hours of reception time per week, five GP face to face appointments per week.

The practice had obtained funding from the Yorkshire and Humber Academic Science Network to test eReception and had shared the system with 25 practices across Leeds.

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 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.