

Care Quality Commission

Inspection Evidence Table

Salford Health Matters Community Interest Company (1-501756586)

Inspection date: 1 May 2019

Overall rating: Outstanding

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.	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.	Yes
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

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
Safeguarding was a priority at the service and the practice ensured all safeguarding referrals were followed up by telephone to ensure the referral was received and contained all the necessary information. The practice kept a register of at-risk children which was easily accessible and regularly reviewed. Siblings and parents of at-risk children were also read-coded.	

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

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: May 2018	Yes
There was a record of equipment calibration. Date of last calibration: May 2018	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: May 2018	Yes
There was a log of fire drills. Date of last drill: March 2019	Yes
There was a record of fire alarm checks. Date of last check: Performed weekly	Yes
There was a record of fire training for staff. Date of last training: July 2017	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 10 October 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	
Staff kept up to date with fire safety by completing annual online training.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: May 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: May 2018	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were 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:	30/6/17
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
Explanation of any answers and additional evidence:	
Infection control audits were performed by Salford CCG every two years.	

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.	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.	Yes
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:	
The practice had implemented a locum GP handover sheet for any patients seen by a locum that might need further input, such as further review or any referrals that needed to be followed up. The practice	

had identified that this system worked particularly well with two week wait referrals. This system ensured that there was a reduced risk of referrals being missed or delayed.

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

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) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	0.91	1.04	0.91	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). (01/01/2018 to 31/12/2018) (NHSBSA)	9.7%	9.8%	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 (01/07/2018 to 31/12/2018) (NHSBSA)	4.84	5.03	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	2.61	1.85	2.13	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.	Yes
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
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	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.	Yes
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 data-bbox="57 1079 810 1120">Explanation of any answers and additional evidence:</p> <p data-bbox="57 1171 1513 1429">The practice had developed a tracker tool for monitoring high risk medicines and these were then discussed regularly at a separate clinical meeting. The practice pharmacist was involved in the management of patients with out of range results. The pharmacist would liaise with the GP and secondary care to instigate investigations and discuss monitoring frequency. The practice provided us with an example of a patient who was identified as having raised liver function tests and was referred for a liver scan. The practice had discussions with secondary care and increased monitoring of this patient was instated.</p> <p data-bbox="57 1480 1513 1552">The tracker tool was developed as part of the Haelo initiative, which was an NHS improvement science centre based in Salford. Similar tracker tools were then rolled out across other practices in Salford.</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.	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:	43
Number of events that required action:	43
Explanation of any answers and additional evidence: The practice had a quality dashboard in place which enabled the practice to trend significant events. It also highlighted completed actions and any actions that were still outstanding. The number of events reported in the last 12 months was representative of four SPCT locations that were recorded on one centralised system. The practice reported internal learning events into their significant event system.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Patient missed a referral appointment	Practice investigated incident and contacted department involved. Patient informed of outcome and a new referral was made.

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: A comprehensive tracker was in place for patient safety and drug alerts. The tracker contained all the information to ensure that alerts were dealt with and what action was taken. Repeat audits of Medicines and Healthcare products Regulatory Alerts (MHRA) alerts were also performed regularly, and we saw an example where a repeat audit had led to changes in three patient's medication.	

Effective

Rating: Outstanding

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. We found the population groups of People whose circumstances make them vulnerable and People experiencing poor mental health outstanding. We found all other population groups good.

	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 were 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice kept a log of National Institute for Clinical Excellence (NICE) guidance and updates. Any updates would then be discussed at team meetings. The practice was able to demonstrate that care was provided in line with best practice guidance. For example, sepsis and antimicrobial prescribing.</p> <p>The organisation used clinical templates to promote consistency of care for all patients. They regularly modified the templates to reflect NICE guidance.</p> <p>The practice had a clear policy in place to ensure two week wait referrals were read coded on the patient's clinical record and followed up with a weekly search. This would ensure that the patient had been seen in the appropriate clinic.</p>	

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) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.59	0.78	0.79	No statistical variation

Older people

Population group rating: Good

Findings

- 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 followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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.
- Patients with long term conditions were given a dementia screen during their review. This was carried out by the health care assistant who would go through the questions and take a blood sample.
- 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.

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>	82.5%	80.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.8% (79)	12.9%	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>	84.6%	83.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.3% (53)	8.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.2%	84.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	11.4% (83)	13.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	75.9%	78.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.9% (15)	11.4%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.6%	89.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	3.0% (11)	11.0%	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)	86.3%	85.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.5% (37)	4.2%	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)	92.4%	93.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.0% (5)	5.5%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> • 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 ANP compiled information booklets for parents for certain conditions such as constipation in babies. Pre-booked follow up appointments were given, and the practice told us this led to better outcomes for patients. • 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.

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)	238	255	93.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	257	276	93.1%	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)	253	276	91.7%	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)	254	276	92.0%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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.

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	59.5%	68.2%	71.7%	Variation (negative)

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)				
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	50.6%	63.7%	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)	42.1%	52.8%	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)	77.3%	71.3%	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)	49.1%	46.1%	51.9%	No statistical variation

Any additional evidence or comments

The practice was aware that the scores for cervical screening were below average and had made improvements to increase their scores. The practice now offered a Saturday clinic for cervical screening and sent out pink letters to remind patients to book an appointment. The practice's most recent unverified data for cervical screening was now at 73%.

The practice were aware of the lower cancer targets for breast and bowel cancer screening and had implemented initiatives to increase uptake in these areas. A cancer champion had been appointed and completed training from Cancer Research UK and MacMillan. The practice had signed up to their cancer champion program and an action plan was in place. The practice informed us that the breast cancer screening van was recently at the Eccles site and the practice was following up on any missed appointments.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- All staff had received IRIS domestic violence training.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The provider ran a dedicated homeless service which was registered separately. Salford Primary Care Together Little Hulton were able to refer homeless patients to this service for a more specialised level of care.

- The practice employed a full-time vulnerable patient coordinator (VPC) who acted as a single point of contact for patients in this population group and for patients placed on the Special Allocation Scheme (SAS). The role was to ensure continuity and a better standard of care. The VPC would support the practice's safeguarding team and assist with any safeguarding queries made to the team. The VPC was also responsible for maintaining practice registers and updating patient records with any alerts that came into the practice. We saw evidence of how the role of the VPC supported patients and we were provided with an example of the VPC providing emotional support to a patient on the SAS. The patient fed back to the practice that they felt happy with the emotional support that was provided and felt listened to by the practice. The patient said that their experience with SPCT had been a very positive experience.
- 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.
- Palliative care patients had an alert added to their clinical records on the computer system and staff knew to offer a same day appointment if requested.
- The practice was involved with various social prescribing schemes such as 'six degrees' that offered counselling services and 'being-well' that offered support to patients who had multiple health-related lifestyle issues.

People experiencing poor mental health (including people with dementia)

Population group rating: Outstanding

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.
- The practice reported an increase of children suffering from mental health problems. An increase in requests for CAMHS referrals had been made but many of these requests had not reached the threshold to access this service. The practice signposted and offered in house support to patients in this group to access other services.
- 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.
- We saw examples of patients being given a named contact at the practice who would make regular contact with the patient to ensure their needs were being met and any support or advice was given. The patient feedback around having a named contact was positive. Patients said they felt supported by the practice.
- The practice had built dementia assessment tool into their patient annual review template. Patients were asked if they had any concerns about their memory and if they did, the patient would complete a more detailed dementia screening test. Initial screening was performed on 1353 patients in the period of 2018-2019 and the practice had identified 30 patients needed to complete the detailed test. Ten of these patients were appropriately followed up further by the practice.
- The practice had developed their own dementia care plan. They identified that care plans contain the name of the patient and patients with dementia are more susceptible to losing their care plan

which could result in confidentiality issues. The care plan contained a patient cover letter and information that included: key practice contacts, a list of recent medications and allergies, and dementia resources available in Salford.

- All staff had received dementia training in the last 12 months and a member of staff had been appointed as a dementia champion.

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)	93.1%	91.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	7.4% (15)	9.0%	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)	90.3%	93.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	13.3% (27)	8.5%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	98.2%	94.2%	83.0%	Variation (positive)
Exception rate (number of exceptions).	1.8% (1)	3.1%	6.6%	N/A

Any additional evidence or comments

- The practice had effective processes in place for patients undergoing gender reassignment. The practice bridged prescriptions for patients that had initiated private treatment.
- Care was provided to patients that had transitioned and processes were in place to ensure that patients received appropriate health screens. For example, we saw evidence that smear tests were given to applicable patients. Patients in this group were regularly discussed at team meetings to ensure all their needs were being met.
- We saw that patients with complex needs had been assigned a named receptionist who made regular weekly phone calls to the patient to offer advice and support.

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)	554.8	526.5	537.5
Overall QOF exception reporting (all domains)	7.6%	5.3%	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

<p>Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. Learning from audits was presented to staff during team meetings to discuss and share learning. Audits completed included:</p> <ul style="list-style-type: none"> • A herpes two cycle audit demonstrated that improvements were made around giving patients advise for this condition and clinicians were treating the condition in line with gold standards. • A warfarin audit led to patients being changed to a different medication that was more suitable for them.
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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
Any additional evidence or comments	
The practice had a training review policy to identify the training needs for current staff and new starters, as part of their induction.	
Staff had annual appraisals and monthly one to ones with their line manager. Staff told us they were fully supported and training was accessible.	

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice used social media as a tool to communicate with patients. Information that was shared included campaigns to encourage women to attend cervical screening appointments. 	

The provider had also created a patient information video on care navigation and how it affects patients.

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>	96.9%	95.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	2.7% (74)	1.1%	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.	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

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
Explanation of any answers and additional evidence: Staff treated patients with kindness, respect and compassion and we saw numerous initiatives where staff worked with patients and within the local community. They were able to demonstrate a strong, visible, person-centred culture and the determination and creativity to overcome obstacles to delivering care, especially to vulnerable and older patients for example: <ul style="list-style-type: none">• Staff understood patients' personal, cultural, social and religious needs.• The practice's GP patient survey results were above local and national averages for questions relating to kindness, respect and compassion.• The practice had received the Pride in Practice Gold award from the Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation.	

CQC comments cards

Total comments cards received.	41
Number of CQC comments received which were positive about the service.	35
Number of comments cards received which were mixed about the service.	Six
Number of CQC comments received which were negative about the service.	None

Source	Feedback
Comment Cards	All 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. Some patients said they sometimes had to wait for an appointment.

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
17159	430	89	20.7%	0.52%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	86.2%	89.5%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	86.4%	87.8%	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)	95.2%	95.5%	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)	73.8%	84.3%	83.8%	No statistical variation

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

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.	Yes
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)	92.7%	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.	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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 495 carers (4% of the patient population)
How the practice supported carers.	<p>The practice had been working on increasing numbers of carers by having carer information available to patients, this included a dedicated carer leaflet with advice and information of support available. They had also implemented the following measures;</p> <ul style="list-style-type: none"> • They asked patients if they were carers when they registered. • They invited carers in for flu vaccinations. • There was an alert on the record of a patient registered as a carer for the reception and clinical team. • There was a carer champion to be a point of call for carers and those wishing to sign up as carers. • The practice promoted support for carers via the Salford Carers Centre. • Patients could self –refer to the service which offered financial, emotional and other support mechanisms. The carers champion could also help the patient self-refer online if they preferred.
How the practice supported recently bereaved patients.	Patients were signposted to support groups and were offered an appointment at an appropriate time to suit their needs.

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-8pm
Friday	8am-6.30pm
Appointments available:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-8pm
Friday	8am-6.30pm
The practice was open every third Saturday from 9am to 12pm. The practice could also offer appointments in the SWEAP extended hours service from 6pm to 9pm Monday to Friday.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17159	430	89	20.7%	0.52%

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)	95.8%	95.3%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

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

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team 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

- Additional nurse appointments were available to accommodate working people and school 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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 8pm on a Thursday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of the Salford Wide Extended Access Program. Appointments were available every third Saturday 9am – 12pm.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- 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.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had identified lots of local resources for dementia patients and this information was included on their personalised dementia care plan. This information was easily accessible to the patient and a description of what each service offered was given.

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)	45.5%	N/A	70.3%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
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)	68.7%	67.1%	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)	65.2%	66.1%	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)	71.3%	71.6%	74.4%	No statistical variation

Any additional evidence or comments

The practice acknowledged and was aware of the scores relating to getting through to someone by phone. The practice had made changes to the telephone system so when a patient phoned they were given different options, so their call could be diverted to the most appropriate person.

The practice had been in talks with the CCG to have a new phone system installed that would enable support of more physical telephone lines and greater capacity of incoming call queuing. The practice had also been keeping their PPG up to date of the telephone system development and gathering feedback on an ongoing basis.

The practice was monitoring their calls through regular audits to ensure that the phones were fully manned at the busiest times. The practice was able to demonstrate that call handling data from 2019 had improved compared to data from 2018. Calls were being answered in less time and there were less call being abandoned.

Patients that were particularly vulnerable were given a direct number to someone at the practice so that they were always guaranteed to get through to someone straight away.

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.	32
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

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

Examples of learning from complaints.

Complaint	Specific action taken
Conversation between two staff members overheard by a patient.	Apology offered, and staff reminded to be careful when discussions are taking place.
Issues in getting through on the phone.	Improvements made to the telephone system.

Well-led

Rating: Outstanding

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.	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:	
There was compassionate, inclusive and effective leadership at all levels.	
Leaders were knowledgeable about issues and priorities relating to the quality and future of services and participated in external groups to ensure they understood the local changes and challenges. The leadership team proactively planned for the future organisation of the practice and prioritised work patterns and systems to ensure patient safety was kept a priority.	
Leaders understood the challenges, had reported any concerns to external organisations and worked well with external stakeholders, charities and community groups. For example, the provider had set up an extended access service commissioned by Salford CCG for all practices in the neighbourhood known as SWEAP (Salford Wide Extended Access Program). This service offered evening and weekend appointments, and all practices could book directly into this service. Over 1500 appointments were booked in March 2019.	
Patient feedback was proactively sought through surveys and social media. Patient feedback was welcomed and acted upon. For example, the practice had made changes to the telephone so that a patient's call could be diverted when calling up to the most suitable member of staff.	
Staff said the leadership team all had an open-door culture where staff could discuss anything of concern at any time.	
Openness, honesty and transparency were demonstrated when responding to incidents and complaints and patients were supported to achieve a positive outcome wherever possible.	
There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.	
The practice had an embedded culture of supportive succession planning. For example:	
<ul style="list-style-type: none">The senior practice nurse had been encouraged to attend more leadership courses, and this was identified at their last appraisal.	

- The communications hub manager had been trained up to cover the role of front of house manager during maternity.

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
<p>Explanation of any answers and additional evidence:</p> <p>Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. For example, the practice nursing team had been involved with a local university to develop a course specifically for practice nurses.</p> <p>The vision and values were shared across all teams in the practice and staff were supported to implement any ideas they had. For example, the nursing team had introduced a practice nurse forum for nursing teams at other practices in the local area. The nurses would visit other practices to offer support and guidance to the nurses. A practice nurse newsletter was also developed and sent out to nurses in the local area and contained information such as clinical and immunisation updates. We noted that the newsletter also contained information about the recent implementation of crown indemnity cover for GP practices.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice focused on the needs of patients. We saw the staff, partners and PPG had a shared purpose, to deliver positive outcomes for patients and encourage collaborative working and self-care.</p> <p>There was a culture of quality improvement led by the quality improvement manager. We saw evidence of a wide range of audits being carried out and learning shared as well as evaluating new systems and processes, technologies and innovative ways of working. All quality improvement programmes had clearly defined aims and objectives, for example, the introduction of the high-risk drugs monitoring tracker tool. This tool was then rolled out to other practices in the CCG area.</p> <p>There were high levels of staff satisfaction. Staff told us they were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement and staff at all levels were actively encouraged to raise concerns.</p> <p>There was a strong collaboration, team-working and a common focus on improving the quality and sustainability of care and people's experiences.</p> <p>The practice employed a diverse mix of clinical staff to meet the changing needs of the patient population and embraced the development of staff in their role. Staff provided us with numerous examples of development opportunities since working at the practice and told us they felt supported in their role.</p>	

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

Source	Feedback
Staff interviews	Staff told us that leaders were approachable and supportive. One staff member gave us an example of the practice accommodating different work patterns to suit employee's needs.

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
<p>Explanation of any answers and additional evidence:</p> <p>Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.</p> <p>We saw many fully embedded governance systems which were managed effectively. For example:</p> <ul style="list-style-type: none"> • Clear lines of accountability and responsibilities. • Recruitment checklists and processes to demonstrate pre- employment checks had been completed. • Policies at the practice had been reviewed and updated. • The locum hand-over sheet which added an extra level of safety for patients that needed follow ups or referrals. • A formal recorded structure of meetings and minutes maintained of actions, discussions and learning completed. • Administration support and detailed checklists for medicines stocks, expiry dates and emergency equipment. • Infection control audit programme for the site. <p>The GPs and leadership team were aware of areas which required improvement. For example, the smear uptake scores. The practice had addressed this by offering Saturday clinics, and had reported an improvement in their unverified cervical smear scores.</p>	

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.	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

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
Explanation of any answers and additional evidence:	
A data tracker had been developed by the practice that checked the test results of patients that were on disease registers. If their results were out of range, this would automatically highlight any further tests or investigations that were needed.	
The practice had quality committee meetings held quarterly and a quality dashboard in place which monitored service delivery context such as:	
<ul style="list-style-type: none">• patient list size• patient experience (number of complaints, friends & family test data, PPG meetings)• safety (number of significant events, safeguarding incidents, staff sickness and staff turnover)	
outcomes & effectiveness (QOF scores and appointments available)	

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
Explanation of any answers and additional evidence:	
Feedback from patients had been listened to and improvements made. The practice also made changes in response to complaints and verbal complaints were documented and discussed.	
The practice was embedded in the local community and with Health and Social community teams. The practice was a participator in the 'safe haven' scheme which was for patients that had been previously removed from	

primary care due to an incident of violence. The scheme was designed to help rehabilitate patients back into primary care.

Feedback from Patient Participation Group.

Feedback

Feedback from the patient participation group was positive about the way in which the practice worked with them. The practice had held four meetings in the last quarter and issues such as the telephone system had been discussed.

Any additional evidence

The practice used social media as a tool to communicate with patients. Information that was shared included campaigns to encourage women to attend cervical screening appointments. The provider had also created a patient information video on care navigation and how it affects patients.

Continuous improvement and innovation

There were 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
Explanation of any answers and additional evidence:	
<p>The practice had a structured audit plan in place. The practice carried out searches that were regularly run, for example DMARD searches, but also carried out audits based on updated guidance and clinician raised themes.</p> <p>The practice was able to demonstrate improvements through two cycle audits. For example, a chaperone audit led to a review of the practice's policy and chaperone training being rolled out to all staff. The practice demonstrated an increase in the number of chaperones being used when the second cycle of the audit was performed.</p> <p>Audits were discussed at clinical meetings to decide on any actions that needed to be taken and these actions would be assigned to staff members to implement.</p>	

Examples of continuous learning and improvement

There was a strong commitment to boost practice resilience and to work more effectively at scale.

The practice demonstrated numerous examples of continuous learning and improvement. Examples included;

- Centralising systems such as the business support team and the central-point call centre team to improve efficiency and have standardised care across the whole group.
- Staff of all levels were encouraged to participate in continuous learning and development.

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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > 1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.