

# Care Quality Commission

## Inspection Evidence Table

### Bramley Village Health and Wellbeing Centre (1-641213793)

Inspection date: 13 June 2019

Date of data download: 10 June 2019

## Overall rating: Good

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

## Safe

## Rating: Good

At the last inspection in May 2018 we rated the practice as requires improvement for providing safe services because:

- There had been no fire drills carried out by the provider to ensure all staff were aware of evacuation routes.
- The provider had not offered staff vaccinations and immunisations in line with Department of Health Guidelines.

At this inspection, we found that the provider had taken steps to address these areas.

### 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

<b>Safeguarding</b>	<b>Y/N/Partial</b>
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
<p>Explanation of any answers and additional evidence:</p> <p>At the time of our inspection, GPs were trained to safeguarding level three for both children and adults. However; nursing and administrative staff had not yet undertaken training at the appropriate level in line with new intercollegiate guidance issued by the Royal College of Nursing.</p>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had worked with staff to ensure vaccinations were maintained in line with current Public Health England (PHE) guidance and requested that information be submitted regarding the date of last immunisations. At the time of our inspection, some staff had not yet submitted this information and the practice planned to refer these staff members to the Occupational Health Department for further support and guidance.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test:</p> <p>Bramley Village Health and Wellbeing Centre – June 2019</p> <p>Middleton Park Surgery – September 2018</p> <p>Cottingley GP Surgery – September 2018</p>	Y
<p>There was a record of equipment calibration.</p> <p>Date of last calibration:</p> <p>Bramley Village Health and Wellbeing Centre – October 18</p> <p>Middleton Park Surgery – May 2019</p> <p>Cottingley GP Surgery – October 2018</p>	Y
<p>There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.</p>	Y
<p>There was a fire procedure.</p>	Y
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check:</p> <p>Bramley Village Health and Wellbeing Centre – May 2019</p> <p>Middleton Park Surgery – August 2018</p> <p>Cottingley GP Surgery – March 2019</p>	Y
<p>There was a log of fire drills.</p> <p>Date of last drill:</p> <p>Bramley Village Health and Wellbeing Centre – January 2019</p> <p>Middleton Park Surgery – May 2019</p> <p>Cottingley GP Surgery – May 2019</p>	Y
<p>There was a record of fire alarm checks (these were carried out weekly at all three sites).</p> <p>Date of last check: 7 June 2019</p>	Y
<p>There was a record of fire training for staff.</p> <p>Date of last training: Ongoing across all three sites, system in place to monitor and ensure training undertaken within required timescales.</p>	Y
<p>There were fire marshals.</p>	Y
<p>A fire risk assessment had been completed.</p> <p>Date of completion:</p> <p>Bramley Village Health and Wellbeing Centre – March 2019</p> <p>Middleton Park Surgery – January 2019</p> <p>Cottingley GP Surgery – May 2019</p>	Y
<p>Actions from fire risk assessment were identified and completed.</p>	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Bramley Village Health and Wellbeing Centre – May 2019 Middleton Park Surgery – July 2019 Cottingley GP Surgery – May 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Bramley Village Health and Wellbeing Centre – May 2019 Middleton Park Surgery – July 2019 Cottingley GP Surgery – May 2019	Partial
Explanation of any answers and additional evidence: Actions had been identified at Cottingley Surgery which the landlord had agreed to complete.	

## 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: December 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Partial
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:  During our inspection we noted that the practice nurse scheduled to provide a clinic at Middleton Park Surgery had called in absent. Some of the patients who were booked to attend the practice for an appointment were contacted and the appointments cancelled. However; some of the patients who were scheduled to attend the practice for an afternoon appointment were not contacted in time due to incoming telephone pressures and we saw that they started to arrive at the practice. We noted that this resulted in a reduction in appointment availability with only one GP working at the practice that day,	

providing 12 appointments in the morning surgery and 12 appointments in the afternoon surgery.

## 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.	Partial
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
Explanation of any answers and additional evidence:  On the day of inspection; we identified an issue regarding a delay in a referral to Hepatology due to a breakdown in communication between clinical and administrative staff. This was actioned immediately during our inspection.	

## 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) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.91	0.89	0.88	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2018 to 31/03/2019) (NHSBSA)	4.8%	6.2%	8.7%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)	4.46	5.47	5.61	Variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	1.99	2.04	2.07	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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 data-bbox="57 1151 1541 1202">Explanation of any answers and additional evidence:</p> <p data-bbox="57 1202 1541 1344">On the day of our inspection we noted that the vaccination refrigerator at Middleton Park Surgery appeared to be overstocked with not enough space between the refrigerator wall and the vaccinations to ensure adequate airflow. We received photographic evidence following our inspection that this had been rectified.</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: (April 2018 – March 2019)	38
Number of events that required action:	38
<p>Explanation of any answers and additional evidence:</p> <p>The practice had undertaken a thorough analysis of incidents to identify themes and taken steps to address issues identified. The practice could demonstrate that lessons learned were shared with staff and we saw evidence of this through minutes of meetings and a newsletter which analysed themes and trends across a 12-month period.</p>	

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

Event	Specific action taken
The practice had identified a number of medicines management related incidents and identified the need for additional medicines management support.	In order to address this, the practice had employed a full-time clinical pharmacist to support the development of safe and effective prescribing.
The practice had reported a number of incidents relating to health and safety. This included potential misuse of the grounds and lone working.	In response to the incidents the practice had refurbished the grounds of the premises, including the high-risk areas, and worked with councillors to light up and resurface the street leading on to the back-yard area.

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

### 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

The practice offered 15-minute appointments to ensure adequate time to understand patients' needs, discuss all of their problems and ensure that appropriate information was captured in the clinical notes. In addition; the practice had implemented clinical templates which incorporated a clinical decision support tool. This enabled clinicians to access evidence-based resources and guidance.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.90	0.61	0.77	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 provided services for a local care in the community (CIC) bed service. They had implemented a full pathway to support this service. This included weekly visits by a dedicated practice matron, a new online process for medication requests and dedicated templates to support care planning.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

## People with long-term conditions

## Population group rating: Good

### Findings

- 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.
- The practice had recruited a Nurse Practitioner with specialism in chronic disease management and a clinical pharmacist to support management of this group of patients. This had resulted in an increase in newly identified patients with a long-term condition.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice offered specialist clinics on a weekly basis and had funded a 'Breathe Easy' Group to support patients with asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	75.0%	78.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	2.3% (7)	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) (QOF)	73.9%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.7% (27)	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>	77.6%	78.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.4% (48)	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>	69.2%	76.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.0% (7)	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>	64.8%	89.2%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	4.4% (5)	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) (QOF)	82.8%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.9% (33)	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) (QOF)	87.1%	90.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	18.4% (7)	9.8%	6.7%	N/A

#### Any additional evidence or comments

The negative variation identified regarding the management of patients with COPD related to Quality and Outcomes Framework (QOF) performance during 2017/18.

During our inspection we were able to review the practices achievement during 2018/19 and saw that the number of patients with COPD, who had received a review within the previous 12 months, had increased from 64.8% to 94.5%. However; at the time of our inspection this data had not been verified or published.

## Families, children and young people

## Population group rating: Good

### Findings

- The practice had recruited a nurse practitioner with specific expertise in family planning, contraception and sexual health.
- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice hosted onsite ultrasound services to provide easier access for patients, including pregnant mothers.
- 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)	68	72	94.4%	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)	55	58	94.8%	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)	54	58	93.1%	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)	54	58	93.1%	Met 90% minimum (no variation)

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

Population group rating: Good

### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had developed a smartphone app to provide a wide range of functions including ordering repeat medication, self-help reading materials, self-help health and wellbeing videos and appointment booking. At the time of our inspection 443 patients were actively using this service.



Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	68.4%	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) (PHE)	66.8%	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) (PHE)	50.4%	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) (PHE)	31.6%	63.8%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	38.1%	50.8%	51.9%	No statistical variation

#### Any additional evidence or comments

During the inspection we were able to review the practices 2018/19 performance related to the percentage of patients with cancer who had a review recorded within six months of the date of diagnosis and saw that this had increased from 31.6% to 91.6%. However; at the time of our inspection this data had not been verified or published.

#### People whose circumstances make them vulnerable

#### Population group rating: Good

#### Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had increased the number of patients on the learning disability register from 11 in 2017/18 to 29 in 2018/19.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice registered patients who resided in short stay community intermediate care beds and

provided a dedicated service to these patients.

**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 increased the skill mix of clinical staff which had resulted in an increase in identification for patients experiencing poor mental health. For example; the number of patients diagnosed with dementia on the register in 2017/18 was 18 and this had increased to 27 during 2018/19. The number of patients on the mental health register had increased from 76 in 2017/18 to 124 in 2018/19.
- 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.

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)	10.8%	88.3%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	5.1% (2)	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)	53.8%	89.0%	90.0%	Significant Variation (negative)
Exception rate (number of exceptions).	0 (0)	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)	72.2%	84.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.1%	6.6%	N/A

#### Any additional evidence or comments

The negative variations identified regarding the management of patients with mental health issues related to Quality and Outcomes Framework (QOF) performance during 2017/18.

During this inspection we were able to review the practices achievement during 2018/19 and saw that this had significantly improved across all areas. For example;

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan had increased from 10.8% to 93%.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months had increased from 53.8% to 95.9%.

However; at the time of our inspection the QOF 2018/19 data had not been verified or published.

## 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)	469.0	534.4	537.5
Overall QOF exception reporting (all domains)	3.6%	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

<p>The Practice had made numerous improvements within the previous two years including; implementation of an electronic governance programme to address issues and breaches previously identified. A full refurbishment to the Bramley Village Health and Wellbeing Centre to address infection, prevention and control issues identified and improve patient experience.</p> <p>The practice had significantly improved performance against all of the Quality and Outcomes Framework indicators and improved identification of patients with a long-term condition or other health issue. For example; the practices total achievement during 2018/19 QOF period was 99.7%. However; at the time of our inspection this data had not been verified or published.</p>
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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.	Partial
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>On the day of inspection; we observed a member of the reception team booking a patient an appointment with a pharmacist. When discussing the reason for this patient being signposted for an appointment with the pharmacist, we were advised by the staff member that they were not aware of the triage protocols. We discussed this with the provider who advised us that reception and administrative staff training was a priority and additional training would be provided over the coming months.</p>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or	Y

organisations were involved.	
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

## 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: The practice was working in collaboration with Barca-Leeds to provide additional services to patients including; a mental health support group for people with low to moderate needs, an onsite Patient Empowerment Project social prescribing worker and a male suicide prevention group.</p> <p>In addition, patients had access to online self-help materials such as videos, leaflets and symptom checker, via the practices' website.</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>	92.9%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (7)	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



## 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

CQC comments cards	
Total comments cards received.	2
Number of CQC comments received which were positive about the service.	1
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
NHS Choices	This surgery has improved so much under the new management. The staff from reception/admin, nurses & GPs are all very knowledgeable & professional but also respectful & approachable.
NHS Choices	Doctors and nurses are friendly and helpful. Receptionists are helpful. Telephones are a bit slow to be answered but like that appointments are available to book on the website.
Comment Card	Now diagnosed, my GP is caring, knowledgeable and supportive. Staff on reception can be unhelpful.

## 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
12815	419	131	31.3%	1.02%

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)	84.9%	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)	79.3%	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)	95.2%	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)	69.9%	84.9%	83.8%	No statistical variation

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

#### 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
Comment Card	I feel I have been listened to and the treatment has not only been what I needed but has also been explained to me (i.e. why a decision has been made).

#### 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)	93.2%	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

Carers	Narrative
Percentage and number of carers identified.	467 (3.6%) are carers 437 (3.4%) have a carer
How the practice supported carers.	The practice ran a monthly carers support group which enabled patients to meet other carers and talk with a carers support worker.
How the practice supported recently bereaved patients.	The practice would contact the family of bereaved patients and offer an appointment at a time that was convenient to them. They would also signpost to bereavement services and counselling.

## Privacy and dignity

### The practice respected respect 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

## 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

Practice Opening Times	
Day	Time
Opening times for all three sites:	
Monday	8am until 6.30pm
Tuesday	8am until 6.30pm
Wednesday	8am until 6.30pm
Thursday	8am until 6.30pm
Friday	8am until 6.30pm
Appointments available: A range of appointments were available between these hours.	
The practice also offered extended hours from 8am and 1pm on Saturday. During this session, patients could also access consultations with a physiotherapist and phlebotomist.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12815	419	131	31.3%	1.02%

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)	93.8%	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 had responded to patient feedback requesting additional support around chronic disease management and had recruited a nurse practitioner who was trained
- 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.
- The practice had implemented new clinical templates which incorporated a clinical decision support tool. This enabled clinicians to access evidence-based resources and guidance.

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

**Population group rating: Good**

### **Findings**

- The practice offered childhood immunisation clinics outside of school hours.
- Patients could access information via the practice smartphone application which included symptom checkers, self-help videos and reading materials for parents and small 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.
- The practice had recruited a nurse practitioner with expertise in family planning, contraception and sexual health.
- The practice was working with Barca Leeds to establish a breast-feeding support group and parental support group to support this group of patients.
- The practice had responded to patient feedback and included a children's play area and dedicated pram area as part of the refurbishment works to the Bramley site.

## **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 from 8am until 1pm on Saturdays. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a Primary Care Network. Appointments were available Saturday and Sunday from 8am until 1pm.
- The practice had responded to patient feedback and offered an onsite ultrasound diagnostic service and physiotherapy service.

**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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice utilised social prescribing to support adults and children in emergency food situations and signposted them to local foodbanks.

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

**Population group rating: Good**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- In addition; the practice was working with Barca Leeds to offer additional service for this group of patients. For example; a male suicide prevention group and a mental health support group.



## 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.	Partial
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw that there were some systems in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. However; a lack of clinical capacity at Middleton Park Surgery on the day of our inspection meant that patients could not access immediate telephone triage for this site.</p>	

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)	70.2%	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)	69.0%	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)	60.9%	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)	75.3%	73.7%	74.4%	No statistical variation

Source	Feedback
NHS Choices	Telephones are a bit slow to be answered but like that appointments are available to book on the website.

Comment Card	It is difficult to get an appointment at this service.
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## 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.	19
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 of learning from complaints.

Complaint	Specific action taken
The practice had received a number of complaints regarding accessing appointments.	Following investigation of the complaints it had been identified that further administrative training was required to ensure appointments were allocated appropriately. The practice advised us that this was a priority and additional training would be provided over the next few months.

## 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:  At the time of our inspection the practice had recently recruited a new practice nurse and was in the process of recruiting an additional GP, a clinical paramedic and GP Medical Associate to support the smooth running of the service.	

### 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 a clear vision to offer the highest quality primary healthcare to patients. This was supported by the mission statement; 'to enable our patients to live longer and healthier lives that are full, active and meaningful'.  At the time of our inspection the practice was in the process of working with local councillors, the Football Foundation and Leeds City Council to relocate the Cottingley GP Surgery to new purpose-built premises in order to increase capacity and the services available. The original Cottingley site would then be transformed into a wellbeing hub offering additional services.	

## 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 interview	Very supportive of training needs, they listen to staff ideas.
Staff interview	Communication could be better particularly now have three practices.

## 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.	Y
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

### 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

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.