

Care Quality Commission

Inspection Evidence Table

Littleborough Group Practice (1-566529439)

Inspection date: 28 June 2019

Date of data download: 27 June 2019

Overall rating: Good

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

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were 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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Policies and procedures were regularly reviewed and updated as appropriate.• The practice used a medicines optimisation tool which embedded up to date guidelines into the clinical system. This ensured that all clinicians were prescribing in line with local and national guidelines• The practice had used an efficiency tool called "Quick Start" which all the GPs and staff members	

took part in. They looked at the end to end process of their Docman system to ensure that they were using the electronic documentation system as efficiently as possible.

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>	0.48	0.72	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 followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- All patients who lived in a care home were reviewed every six months to reduce polypharmacy.
- 100% of patients living in a care or residential home had a personal care plan in place which was accessible to all healthcare workers involved in their care.
- Each residential and care home had a GP allocated to it which, the practice told us improved care especially at the end of life.
- All patients that needed one had a Statement of Intent in place.
- All patients had a named GP and early discussions were held about the preferred place of care.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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.
- Patients with COPD were offered rescue packs.
- Some patients with COPD, who scored MRC3 or above on the breathlessness scale, were piloting a self-help app with the practice. The app helped patients manage their COPD independently and reduced their reliance on GP and hospital appointments.
- Patients with asthma were offered an asthma management plan.
- All patients had a named GP.

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)	85.2%	77.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	6.0% (33)	10.2%	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)	81.5%	81.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	4.0% (22)	5.5%	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) (QOF)	86.5%	80.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	12.1% (66)	11.0%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
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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) (QOF)	74.7%	75.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.5% (23)	3.4%	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) (QOF)	93.2%	91.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.9% (14)	7.3%	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 150/90 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	82.3%	83.3%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.6% (25)	2.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	90.8%	86.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.6% (5)	6.8%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Young people could access services from an outside provider for sexual health and contraception.
- In addition to the outside provider and due to demand, the practice ran their own sexual health and contraception clinic. This was not a commissioned service and was held once a week. The practice told us that since the beginning of January 2019, 276 patients had attended this service.
- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- 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.

- 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.
- All children under the age of 14 were offered a same day appointment with a prescribing clinician if required.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
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)	119	120	99.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	89	105	84.8%	Below 90% minimum (variation negative)
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)	93	105	88.6%	Below 90% minimum (variation negative)
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)	96	105	91.4%	Met 90% minimum (no variation)

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

- The practice provided us with data from their clinical system which showed that they had since reached the 90% World Health Organisation target, although this data had not yet been verified by CQC.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- A weekly acupuncture clinic was funded by the practice and run by one of the GPs for patients who

needed pain relief. Since April 2018 only two patients had been referred to the pain clinic from the 109 patients seen. Some of the patients we spoke to on the day of the inspection gave very positive feedback about the service.

- 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.
- Patients could request an on-line consultation with a clinician where they could send messages asking for advice. Within 24 hours the surgery would take appropriate action including replying on-line or calling the patient, with advice, arranging an appointment or prescribing as necessary.
- The practice offered extended hours appointments on Monday evenings and early Wednesday mornings for patients who were unable to attend the surgery during normal working hours.

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)	75.7%	73.1%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	70.4%	64.5%	69.9%	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)	64.5%	53.1%	54.4%	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)	72.0%	77.5%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	54.4%	54.6%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- 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 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.
- Same day appointments and double appointments were offered where required.
- All patients with a learning disability were offered an annual health check.
- All patients with a learning disability were offered an annual health check.

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.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months and were dementia friends.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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,	93.1%	92.1%	89.5%	No statistical variation

agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	4.7% (5)	11.0%	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)	92.2%	91.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.7% (4)	8.1%	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)	82.4%	82.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.5% (4)	6.7%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559.0	546.9	537.5
Overall QOF score (as a percentage of maximum)	100.0%	97.8%	96.2%
Overall QOF exception reporting (all domains)	4.2%	4.9%	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
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

<p>The practice had a programme of clinical audits which they carried out on a regular basis over a whole range of medicines. For example:</p> <ul style="list-style-type: none"> • Patients on a dual anti platelet medication were audited regularly. Patients were called in to the practice for a medication review and their medication was altered as appropriate improving patient safety. • Patients on oral anticoagulation were reviewed against a set of criteria such as age and weight.
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<p>The audit was as an assurance of patient safety by a better dosing of medication and better prevention of strokes.</p> <ul style="list-style-type: none"> • The practice made a 40% reduction in the prescribing of Benzodiazepines between 2017/2018 and 2018/2019. CCG data presented to us showed a reduction from 250 prescriptions issued in 17/18 to 165 prescriptions issued in 18/19. • The practice carried out a search every three months for patients prescribed a type of antibiotic. Since August 2017 the number of prescriptions issued was 343, this had been reduced to 28 in March 2019. This was due to better prescribing leading to fewer side effects and better care for patients. • The CCG had provided a CRP machine to the practice which can measure for infections and aid the appropriate prescribing of antibiotics. Since September 2018 the practice had tested 172 patients for infection and avoided prescribing antibiotics in 125 patients.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice was a training practice for different health care professionals. During 2018/2019 the practice told us that they had trained 64 medical students, three foundation year students (FY2), three speciality trainee doctors (ST3), one assistant practitioner, one paramedic student, one associate physician and five nursing students. • The assistant practitioner had been upskilled from a health care assistant within the practice. 	

- One of the receptionists had been promoted to office manager and was currently training to be a practice manager.
- Some of the administration/reception staff were trained phlebotomists.
- The practice manager and office manager held the Medical Assistant qualification and were able to help with patients when required.

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

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
Patients had access to appropriate health assessments and checks.	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 and tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had a programme of educational events where patients were invited to learn about long term conditions and how to self-manage them. • Other events were held to encourage patients to attend for the different national screening programmes. 	

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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>	95.4%	96.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (12)	0.5%	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
Policies for any online services offered were in line with national guidance.	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
Staff displayed understanding and a non-judgemental attitude towards 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.	16
Number of CQC comments received which were positive about the service.	15
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
CQC comment cards	<ul style="list-style-type: none"> • The additional treatments are good. • Fantastic team all round. • Excellent service. • Staff are very caring and professional and go above and beyond.
NHS website	<ul style="list-style-type: none"> • Patient care is taken very seriously at this practice. • It is sometimes difficult to get an appointment. • The GPs and staff are helpful and polite.
Patients we spoke with on the day	<ul style="list-style-type: none"> • Staff are always polite and helpful. • They are very supportive with after care. • They genuinely listen to patients. • The acupuncture clinic works well.

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
8915	295	111	37.6%	1.25%

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)	90.8%	88.2%	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)	88.1%	87.1%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.3%	95.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	89.9%	82.2%	83.8%	No statistical variation

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

Any additional evidence

- The PPG assisted with the practice in deciding the questions to ask patients. They then sit in the waiting area helping people to complete the questionnaire.
- The practice constantly reviewed its appointment system in response to patient feedback and made changes as appropriate.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Easy read and visual materials were available for patients that needed them. 	

Source	Feedback
Interviews with patients.	<ul style="list-style-type: none"> • Patients said that they felt that they were involved in decisions about their care. We were told by a patient that they would ask questions if they were unsure.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	96.9%	93.5%	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff were trained in basic British Sign Language. • The practice leaflet was also available in braille. 	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> 3.5% = 315 patients were registered as carers.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Carers were identified when registering with the practice. The practice had held a carers event where 3 new carers had been identified on the day and 46 new carers identified following the event Their medical records were updated to show this. Information had been given to carers about support services available to them One member of staff was the care co-ordinator and made sure that relevant information was offered and carers were signposted to services available. There was a carers' notice board in the waiting area with information of local support services. Young carers were signposted to the young carers hub.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The GPs carried out bereavement visits and offered support services appropriate to the family.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff were aware of not disclosing information whilst working at the reception desk. 	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y

The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The online consultations were carried out using the EMIS clinical system. 	

Responsive

Rating: Outstanding

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
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
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice identified a need for sexual health clinic due to patients having to join a long waiting list. The acupuncture clinic was started as a way of preventing referrals into another service and bringing the service closer to home making it more convenient for the patients. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00am to 8.30pm
Tuesday	8:00am to 6.30pm
Wednesday	7:00am to 6.30pm
Thursday	8:00am to 6.30pm
Friday	8:00am to 6.30pm
Appointments are available throughout the day Monday to Friday:	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8915	295	111	37.6%	1.25%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	97.4%	94.9%	94.8%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)				

Older people

Population group rating: Good

Findings

- All male patients between the ages of 40 and 80 were invited to a Prostate Cancer awareness day held by the practice. The PPG assisted in organising the day by advertising in local supermarkets and in the surgery. The event was attended by a male prostate cancer nurse, GPs and a nurse so that patients could be tested on the day. 65 men attended and 12 were tested on the day. 1 patient hadn't been to the surgery for a number of years and told the staff that he had attended because of the event.
- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

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

Families, children and young people

Population group rating: **Outstanding**

Findings

- The practice had its own foodbank which was provided by the GPs and staff. Since the introduction of the foodbank, the practice told us that they had helped 10 families with each having up to three packages of food. At Christmas they had also included presents for families where they were needed.
- The practice had secured funding to carry out a pilot in which patients between the ages of 14 and 40 with a BMI of over 27 were offered a fitness regime and dietary advice to promote weight loss over a period of 10 weeks. This included hiring fitness instructors and a chef to give ideas and tips of meals to cook and how to cook them. During the pilot 78 patients had used the service which had received excellent feedback. The practice was able to give us examples of the challenges and results of some of the patients such as:
 - One patient was unable to leave the house without another family member and after joining the scheme needed one to one sessions. After a short time the patient was attending sessions on their own due to increased confidence.
 - One patient wanted surgery and after seeing weight loss results started regular exercise sessions without surgery.
 - One patient who found it difficult to socialise started to hold dinner parties using ideas learnt from the chef on the scheme.

Average weight loss over the 10 weeks was 5 pounds each and a total weight loss of 4.5 stones. Patients reduced their waist circumference by an average of three inches.

- The nurses were due to start a New Mums clinic to offer advice on subjects such as breastfeeding and immunisations.
- Additional nurse appointments were available until 8.30pm on a Monday and from 7am on a Wednesday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 14 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- Patients could request an on-line consultation with a clinician where they could send messages asking for advice. Within 24 hours the surgery would take appropriate action including replying on-line or calling the patient, with advice, arranging an appointment or prescribing as necessary
- The needs of this population group had been identified and the practice had adjusted the services

it offered to ensure these were accessible, flexible and offered continuity of care.

- The practice was open until 8.30pm on a Monday and from 7am on a Wednesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available until 9.30 on week day evenings, weekends and bank holidays.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- All patients over the age of 16 were contacted by the practice and asked if they had served in the military. As a result, 208 patients were now on the practice military veterans register. The practice then organised a Veterans in the Community event where information including a website and a newsletter was prepared and offered to all the veterans. Some patients had carried on meeting with some of the other veterans reducing the isolation that some of them felt. The practice manager is a military veteran and offers an informal chat with support for anyone that wants it. The practice had signed up to the RCGP as a veteran friendly practice.
- The practice with another local practice took it in turn to host regular coffee mornings which were run by the practice staff. Refreshments were provided and games such as bingo and dominoes available. Patients who were struggling with loneliness and isolation were invited and attended.
- Some of the GPs and staff volunteer their time and engage with the local Homeless Alliance Response Team (HART). The practice donated flu vaccines and some medical supplies to the service.
- All staff had completed basic sign language training.
- The practice leaflet was available in braille.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice had been awarded Gold standard in the Pride of Practice awards.

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.
- Children with mental health problems or those who had suffered bereavement were signposted to #Thrive
- Staff had received training in dementia awareness and had all become dementia friends.

Any additional evidence or comments

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	65.3%	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)	69.3%	65.4%	68.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	68.5%	65.9%	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%	70.6%	74.4%	No statistical variation

Any additional evidence or comments

- The practice staff are care navigators with two members of staff enhanced care navigators. This means that staff are able to signpost patients to the most appropriate service.

Source	Feedback
National survey NHS Choices Patients we spoke to on the day Comment cards	Results were similar to the CCG average and the England averages Patients say they wouldn't go anywhere else. The telephone is always answered promptly and courteously Very satisfied with the service received.

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.	6
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6 1 upheld
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> A leaflet was made available in the reception area. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient was given incorrect information	A staff training session was carried out as a reminder to staff

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: <ul style="list-style-type: none"> The practice was heavily involved in staff training, training all types of healthcare professionals in order that the practice and others were “future proofed”. 	

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: <p>The aims and objectives of the team were:</p> <ul style="list-style-type: none"> Provide a high standard of Medical Care to patients. Be committed to our patient needs Act with integrity and complete confidentiality (When appropriate) Be courteous, approachable, friendly and accommodating Ensure safe and effective services and environment To improve communication through decision making and communication To maintain our motivated and skilled work teams Treat all patients and staff with dignity, respect and honesty <p>The practice Statement of Purpose was:</p> <ul style="list-style-type: none"> Our purpose is to provide registered patients second to none health care, continuing with our high quality yet looking to seek continuous improvements. We aim to achieve this through our Patient group and long-standing staff. We are a listening practice who listens to the needs and expectation. 	

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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice carried out patient surveys and worked with the patient participation group to look at ways to improve services for patients. • The practice carried out a wide range of audits to ensure patients were being prescribed medication safely and patient monitoring was being carried out. • The practice actively engaged with the Clinical Commissioning Group and had signed up to the Heywood, Middleton and Rochdale Core Plus 2 quality contract. • The practice routinely engaged in new ways of working welcoming other professionals such as a clinical pharmacist and focused care worker. 	

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

Source	Feedback
Staff comments	<ul style="list-style-type: none"> • Everybody takes responsibility and does their own job and pulls each other up. • Everyone helps each other out if they need it. • The GPs and management are really supportive both professionally and personally. • "We are like a family" we have each others backs.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Policies and procedures were in place and accessible to staff on the computer system. The practice manager regularly reviewed and updated the policies as required. • There was a system in place for investigating, reviewing and learning from complaints and significant events. They were then formally documented centrally and discussed during staff and clinical meetings. • There were several health and safety systems in place and equipment was maintained in line with guidance. • Some of the community team were based at the surgery which enabled the practice GPs and staff to have face to face contact each day. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had undertaken several risk assessments including infection control and premises risk assessments. Recommendations from risk assessments had been actioned. 	

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

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	N/A
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Access to online consultations is monitored regularly. • The practice has a guidance policy and all staff have been trained. 	

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
The practice had an active Patient Participation Group.	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

Feedback from Patient Participation Group.

Feedback

- Members of the group told us that they felt listened to by the practice and that they responded positively to issues and ideas discussed.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had a business plan which GPs and management regularly discussed and reviewed.• The practice held learning time initiative sessions with all staff where complaints and significant events were discussed.	

Examples of continuous learning and improvement

- A pharmacist worked in the practice to ensure that local and national guidelines were being followed.
- The practice had introduced new roles to the practice adding to the skill mix with a view to the future.
- Continue the education events for patients which the next event planned was a “Menopause day”
- One of the GPs was an IT lead in the CCG.
- One of the GPs was a Director at Rochdale Federation.
- The practice manager is a mentor to other practice managers in HMR CCG and other surrounding CCG areas.
- The practice were due to start piloting video consultations.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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