

Care Quality Commission

Inspection Evidence Table

Clarendon Medical Centre (1-1794569054)

Inspection date: 20 August 2019

Date of data download: 13 August 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: The practice had developed an additional safeguarding policy which specifically detailed support and issues which may be encountered whilst supporting looked after children. A caseload register was held which detailed all safeguarding concerns. We saw that alerts were visible and included input from members of the multidisciplinary team and that clear notes were also made in	

Safeguarding	Y/N/Partial
the records of family members.	
An up-to-date interactive spreadsheet of policies and procedures was held in the practice and disseminated to staff. This clearly showed a review date and staff were able to access the spreadsheet by clicking on a link on the computer system, which took them straight to the relevant policy.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 14/11/17	Yes
There was a record of equipment calibration. Date of last calibration: 09/08/2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure. Date: 20/02/2019	Yes
There was a record of fire extinguisher checks. Date of last check: Clarendon 19/06/2019. Manningham branch 01/07/2019	Yes
There was a log of fire drills. Date of last drill: 17/07/2019	Yes
There was a record of fire alarm checks. Date of last check: 02/2019 and weekly checks undertaken both sites	Yes
There was a record of fire training for staff. Date of last training: ongoing programme	Yes
There were fire marshals	Yes
A fire risk assessment had been completed. Date of completion: Clarendon 06/09/2018. Manningham branch 30/05/2020	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: We saw that in addition to fire safety training all staff had undertaken fire warden training. We saw that issues identified by the fire risk assessment were managed. For example, signage to alert	

individuals to hazardous substances stored at the practice were purchased and displayed.
 Additional safety checks for legionella, five-year electrical hard wiring tests and an asbestos risk assessment had been undertaken as required.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 06/09/2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 06/09/2018	Yes
Explanation of any answers and additional evidence: A disability discrimination assessment had also been undertaken to ensure that suitable access was available for all patients. The provider had liaised with the landlord of the branch surgery and made changes to the structure of the building and internal lighting to improve staff and patient comfort.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: We saw that the processes in place to manage infection prevention and control at the practice were comprehensive and kept people safe. Audits had been completed and actions taken. Where the provider was unable to take direct action due to the tenancy of the building they ensured that concerns were highlighted and managed. Regular 'spot checks' and audits were undertaken by nursing staff to ensure that best practice guidance was followed and embedded into the team. The nurse lead had liaised with cleaning staff to ensure high standards were maintained.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw that following training, the GP provider held a sepsis meeting with the staff team to raise awareness and discuss signs and symptoms of the condition. We were told that further meetings were planned.</p> <p>In addition to this information giving session, staff had completed online sepsis training.</p> <p>Administration staff had completed care navigation training to ensure that patients were directed to the person best placed to meet their needs.</p> <p>The practice offered short placements to college students with an interest in healthcare. We saw this was managed appropriately and the privacy and confidentiality of patients was maintained.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes

There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had been involved in the development and pilot of an advanced computer programme called 'GP assist' which gave access to best practice guidelines and support. This system was also used to make referrals to other agencies, which were monitored by staff to ensure they were received. All fast track referrals were added to a spreadsheet and monitored for response, clinic dates and outcomes. This spreadsheet was then reviewed at clinical meetings to review and discuss attendance and ongoing care needs.</p> <p>The practice was currently piloting version two of the programme.</p> <p>The provider had employed additional support to ensure that all patients' records from the previous provider were reviewed for appropriate summarising. The staff member reviewed the quality of patient records and ensured that all records had been summarised correctly, coding applied and relevant information was available to clinicians.</p>	

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)	0.87	0.95	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)	2.0%	4.3%	8.7%	Significant 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)	4.78	5.30	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit	2.85	2.81	2.07	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)				

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence: The practice was participating in a Lowering antimicrobial prescribing (LAMP) project which was led by a local university and supported by the CCG. Data showed that between June 2016 and June 2019	

Medicines management	Y/N/Partial
antimicrobial prescribing at the practice had reduced by 19%. Regular meetings were held with the CCG medicines management team.	
On the day of inspection, we saw that three patients who were prescribed a high-risk drug (lithium) had been issued repeat prescriptions despite being overdue a review of their medicines monitoring needs. Following the inspection, we were sent evidence of comprehensive changes that had been made. We saw that a multidisciplinary meeting had been held where patients had been reviewed. Staff were provided with additional information and tasks established on the computer system to ensure that monitoring was undertaken in a timely manner. Further audits and reviews were planned.	
The practice was conducting a thorough review of all the patients who had received medicines on a repeat prescription and had previously being registered with another provider (approx. 4,000 patients). Medicines were being reviewed and patients recalled as necessary. Some patients had been found to no longer require the medication or had moved away.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	19
Number of events that required action:	19
Explanation of any answers and additional evidence: The practice also recorded 'near misses' as significant events to ensure a forum for discussion and feedback to the staff team.	

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

Event	Specific action taken
Vaccine given in error	Incident recorded and discussed with individual and team. Escalated to screening team to assure no harm to patient and appropriate relative informed alongside staff mentor.
Death of a patient in another setting	The team reviewed their own pathways and discussed actions they would take.

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

Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: We saw examples of actions taken on recent alerts for example, regarding sodium valproate. The practice had implemented a new system for the management of alerts and safety information. This was reviewed to ensure actions were completed.	

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence:	
The practice had recently introduced e-consultation services for patients. Patients could email the practice via the website with their queries. The patient was given a clear date when their query would be answered. Any words of concern used in the query would cause the system to display a message for the patient to seek immediate help.	
Due to identified concerns with the diabetic population at the practice, the provider had introduced quarterly diabetic review meetings to review patient needs. Public Health England data from December 2018 showed that the incidence of diabetes at the practice was 12.1% compared to the national average 6.8%, with higher than average number of patients aged under 40.	

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>	0.42	0.67	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. A register of these patients was held and regularly reviewed. Support was available from the community matron.
- The practice followed up on older patients discharged from hospital. Hospital discharge summaries were reviewed the same day and care plans and prescriptions were updated to reflect any additional needs.
- The practice carried out structured annual medication reviews for older patients. These could be undertaken in the patient's own home if necessary.
- Older people were allocated a designated clinician and same day access was available. Health checks, flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Family members were included and social circumstances reviewed and acknowledged where appropriate. Referrals were made to specific culturally sensitive organisations when necessary.

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. These appointments could be arranged to last up to an hour dependant on a patient's needs.
- For patients with the most complex needs, the GP worked with other healthcare professionals and specialists to deliver a coordinated package of care. The psychological needs of these patients were also increasingly reviewed and patients were referred to local wellbeing support, exercise and lifestyle programmes.
- The practice had reviewed their diabetes caseload and updated all information. Quarterly diabetic review meetings were held to review complex patient needs. The practice continued to offer a level 2 diabetes services which reduced the need for patients to travel further to access more complex care.
- Staff who were responsible for the review of patients with long-term conditions had received specific training. A dedicated team member had responsibility for recalls and arranging reviews and there was a lead clinician in place.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	70.2%	72.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	7.7% (56)	10.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	67.4%	76.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	10.6% (77)	7.4%	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>	71.2%	76.1%	80.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	7.8% (57)	7.8%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.0%	80.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	9.9% (50)	3.2%	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>	95.0%	89.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	16.7% (8)	10.4%	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	79.0%	83.1%	82.6%	No statistical variation

measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	7.0% (51)	5.0%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.3%	88.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.7% (2)	11.6%	6.7%	N/A

Any additional evidence or comments

Overall exception reporting for patients with diabetes was 9.4%, which was below the CCG average of 10.1% and the national average of 12.2%. (Lower values are positive.)

We saw that the practice had a diabetes improvement strategy and were working with the federation to audit and improve outcomes. The diabetes clinical pathway had been re-designed to ensure that patients were receiving the right treatment and medication.

Clinicians ensured that patients were not exception reported until the end of the year, to give patients every opportunity to attend and enable clinicians to offer screening and support when patients attended for other issues. Staff ran regular reports and encouraged non-attenders to contact the surgery.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets with the exception of the percentage of children under two who had received the MMR. The practice was working with the local community and encouraging parents to present their children for screening. Clinical and non-clinical immunisation leads were in place to review attendance and contact the parents or guardians of children due to have childhood immunisations.
- For families arriving in the UK without a documented vaccination history, the practice would offer a full schedule of vaccinations. However, we were told this was often refused.
- Children were given priority access and we saw evidence that appointments were left available to ensure they would be seen even after school hours.
- The practice had arrangements for following up failed attendance of children, 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.
- Young people could access a range of services for sexual health and contraception.

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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	109	114	95.6%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	120	127	94.5%	Met 90% minimum
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) (01/04/2018 to 31/03/2019) (NHS England)	122	127	96.1%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	108	127	85.0%	Below 90% minimum

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>

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. A walk-in clinic was held daily and telephone triage appointments were available at a time to suit the patient.
- E-consultations were available to all patients alongside out of hours/extended access appointments. Patients could see a range of professionals on evenings and weekends including a podiatrist, a mental health worker, physiotherapist and nurses. Welfare and benefits advice were also available.

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)	57.7%	N/A	N/A	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	50.4%	55.7%	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)	32.9%	36.1%	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)	85.7%	74.5%	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)	100.0%	51.5%	51.9%	No statistical variation

Any additional evidence or comments

The practice had trained an additional practice nurse to undertake cervical screening and appointments were available to suit the patient and during extended access appointments until 9.30pm.

The practice ran monthly reports to review who had attended for screening. Three staff who spoke a variety of relevant languages were tasked with sending letters to patients and calling non-responders to encourage them to attend. Patients could book sessions with the practice nurse to discuss screening or to familiarise themselves with the process and the equipment used.

Unverified figures at August 2019 showed that in the last five years 67.8% of patients had attended for cervical screening.

The provider was working with a national cancer charity to encourage screening and a staff member had commenced a course to become a cancer champion.

In addition, annual screening and cancer events were held at the practice to highlight the issue of screening to patients. A screening co-ordinator from NHS England had also been working with the practice and had attended a staff meeting, where promotional materials and strategies were discussed.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- Patients could access a confidential counselling service offered at the practice. Administration staff also supported patients with referrals and correspondence.

- The practice was involved with a Primary Care Wellbeing pilot. This was a multidisciplinary approach to care which included occupational therapy, dietetics, psychologists, physiotherapists, social prescribers and clinical leads at the practice. Complex patient cases were discussed.
- All patients with a learning disability were offered an annual health check, this was monitored by a staff member and patients encouraged to attend.
- 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.

**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, alerts were placed on the clinical system so staff were aware these may be 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.
- An audit of patients with dementia had been conducted to ensure that carers were documented if appropriate. Patients with poor mental health, including dementia, were referred to appropriate services, this included psychological therapies, community support and culturally 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, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.7%	92.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	8.5% (7)	7.1%	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)	93.6%	96.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.9% (4)	4.3%	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)	80.0%	86.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	13.0% (3)	9.2%	6.6%	N/A

Any additional evidence or comments

The practice had very few patients who were diagnosed with dementia which impacted negatively on their exception reporting when small numbers were excepted. We observed that patients were being exception reported appropriately.

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)	539.4	530.7	537.5
Overall QOF score (as a percentage of maximum)	96.5%	94.9%	96.2%
Overall QOF exception reporting (all domains)	7.1%	6.9%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

- An audit into the use of inhalers at the practice was undertaken. Reviews of patients where high usage was noted, which would indicate poor control, were being undertaken.
- Additional audits were also undertaken alongside the federation which included atrial fibrillation and medication prescribing. We saw that changes were made as result of audits.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Healthcare Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: The practice manager had recently completed an NHS course in senior healthcare leadership. Alongside appraisals staff were also offered and attended regular clinical supervision sessions.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between	Yes

services.	
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.7%	96.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (12)	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Policies for any online services offered were in line with national guidance.	Yes
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Responsive

Rating: Good

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: Staff at the practice had attended a Bengali youth event in the local community to highlight the services offered. The practice had identified this specific group of young people were less likely to respond to communications or feedback requests from the practice. The practice was involved in a local university genes and health research project which involved patients from a mainly south Asian background. In addition to the use of interpreters, staff at the practice could speak a number of languages relevant to the practice population. This included Bengali, Pushto, Urdu, English, eastern European languages and Hindi. Clinic room doors were colour coded to orientate patients whose first language was not English around the building. The practice promoted self-care messages in three local mosques. Patients were able to access specialist dermatology services hosted by the practice as part of federation working and could also be referred for fertility support locally.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 8pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8am to 8pm
Tuesday	8am to 5.30pm
Wednesday	8am to 5.30pm
Thursday	8am to 5.30pm
Friday	8am to 5.30pm

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Any additional evidence or comments

The reception desk at the Clarendon@Manningham branch was open between 8am and 5pm with appointments available between 9am and 4pm on a Tuesday and Wednesday.

The practice offered extended hours appointments on a Monday until 8pm.

Additional extended access appointments were available between 6.30pm and 9.30pm Monday to Friday and between 10am and 1pm on Saturday and Sunday at three hub sites within the city. Patients could see a range of health professionals including a GP, nurse, physiotherapist and healthcare assistants.

Appointments were also available with a podiatrist, a mental health worker and with benefits support workers.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8807	467	68	14.6%	0.77%

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 (01/01/2019 to 31/03/2019)	98.6%	91.7%	94.5%	Tending towards variation (positive)

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. We saw that individual arrangements were made for elderly patients to keep them safe.
- 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. Local funeral directors would contact the GP directly if necessary.
- Close relationships were maintained with individuals requiring end of life care and regular home visits were made to support them and their families.
- Older patients identified as being at risk of requiring a hospital admission were provided with an easy access number for the practice so that staff could respond to their concerns.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with multiple conditions had their needs reviewed in one appointment and recalls were sent around the time of the patient's birthday. An additional nurse had been trained to offer diabetes care to patients.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. Additional services were offered at the practice, for example atrial fibrillation screening, spirometry and specialist diabetes input.
- 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.
- Patients could be referred to a physiotherapist who worked two days a week at the practice.

Families, children and young people

Population group rating: **Good**

Findings

- We found there were systems to identify and follow up and review children living in disadvantaged circumstances and who were at risk.
- Parents of children and young people who had a high number of accident and emergency (A&E) attendances and also adults were contacted by the practice and offered support. The practice would also text patients and remind them that support was available from their GP in an attempt to reduce A&E admissions. Regular audits were undertaken.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary, regardless of the time of day they called.

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. This included the introduction of e-consultations, of which the practice was a pilot site and triage calls at a time to suit the patient.
- The practice was open until 8pm on a Monday. 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 Monday to Friday between 6.30pm and 9.30pm, Saturday

and Sunday 10am until 1pm.

- Following a response to patient feedback a walk-in clinic was now available five days per week.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- The provider had identified that a significant number of their registered patients were vulnerable and had responded with a number of innovative approaches to providing person-centred care.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice had developed a specific safeguarding policy for looked-after children. Regular reviews were held of these patients and family members were identified on the patient records.
- 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 team had identified a homeless patient at a self-care event and encouraged the person to register with the practice and access healthcare.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services. This included verbal and visual health information messages, procured from a variety of different sources, delivered via screens at the practice in languages relevant to the practice population.
- Clinic room doors at the practice were colour coded to assist patients whose first language was not English to be directed to the correct clinician.
- Staff assisted with patients with referrals, correspondence and other written communications, regardless of whether it was health related, where necessary.
- Staff at the practice attended events for hard to reach groups such as young Bengali patients to ensure that they were aware of the services offered and encourage them to attend for appointments and screening.
- The practice had specifically recruited a Bengali speaking GP and a member of staff to enable this patient group to communicate more effectively with the practice. This also enabled the practice to respond to patient feedback and capture suggestions and complaints.
- A staff member at the practice was trained to offer foodbank vouchers. We were told the staff team also provided food, bedding and clothing to individuals in need. Members of the team also worked as volunteers at a local community food kitchen to support homeless patients. Patients could be directed to this service.
- Regular events and fun days were held in the community with other local practices to offer patients the opportunity to meet staff, undertaken opportunistic screening, receive healthy living and eating tips and ensure patients knew what could be provided by local GP services. Free fruit was provided

at these events.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority/and/or double 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. Where appropriate the contact details of the person's support worker would be documented.
- Patients requiring medicines to support their wellbeing were reviewed monthly by the pharmacist to ensure compliance with their regime.
- The practice referred individuals as necessary to support groups within the area. Patients could also contact specific patients' services staff for support and attend level 2 or 3 counselling services at the practice.
- The practice would offer a safe place for those in crisis and staff or patients could directly refer via a single point of access to the local mental health teams.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	49.5%	57%	68.3%	No statistical variation
The percentage of respondents to the GP	52.5%	56.9%	67.4%	No statistical

Indicator	Practice	CCG average	England average	England comparison
patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)				variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	57.7%	58.9%	64.7%	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 (01/01/2019 to 31/03/2019)	58.9%	63.9%	73.6%	No statistical variation

Any additional evidence or comments

The practice used a number of methods to improve and review patient satisfaction. The practice had appointed a patient engagement lead and held patient engagement events to support self-care and patient education at regular intervals.

Source	Feedback
Monthly patient questionnaire	<p>The practice had developed a real-time, ongoing patient voice feedback mechanism whereby, patients were requested to feedback each month regarding their experience following their appointment. This could be done via SMS text message, the website or on paper.</p> <p>In July 2019 outcomes from the survey found that 87.3% of patients would be likely or extremely likely to recommend the practice.</p> <p>Patients commented positively on the range of services and responsive care. Some patients reported it was hard to get an appointment.</p> <p>Following feedback from patients, the practice appointed a Bengali speaking GP and a member of the administration staff to increase effective communication with patients and respond to concerns, complaints and compliments.</p>
External Survey	<p>The practice commissioned an external survey for 2019/2020 and the following feedback was given by 143 patients. (Values are approximate.)</p> <ul style="list-style-type: none"> • 61% of patients were satisfied with their appointment. • 70% of patients were satisfied with the opening times of the practice. • 72% of patients expressed overall satisfaction with their visit.
Practice annual survey April 2019	<p>The practice's in-house survey in April 2019 reviewed responses from 34 patients. From those who commented on each question the following results were noted.</p> <ul style="list-style-type: none"> • 92% of patients said the speed at which the telephone was answered was good, very good or excellent. • 93% of patient said the length of time they had to wait for a pre-booked

	<p>appointment was good, very good or excellent.</p> <ul style="list-style-type: none"> 97% of patients said that overall their satisfaction with the practice was fair, good, very good or excellent.
For example, NHS website.	The practice had a rating of 4/5 stars on the NHS website from 26 responses. The practice responded to any negative feedback and offered the patient the opportunity to contact them and join the patient participation group.
Comment cards	<p>We received 21 patient comment cards. 20 were wholly positive and one was mixed.</p> <p>Patients consistently noted that staff were helpful, caring, respectful and included them in conversations regarding their own health.</p> <p>One patient who commented positively about how helpful all staff were, also noted that sometimes the phone lines were busy.</p>
Patient Participation Group (PPG)	<p>The PPG undertook a short survey of eight patients using the branch site in April 2019. Patients commented positively about significant improvements in the service since the practice had taken over the site. They noted that clinicians and nurses were very friendly.</p> <p>Comments were also made regarding access to appointments and signposting appropriately.</p>

Listening and learning from concerns, complaints and compliments.

Complaints and compliments were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received between April 2018 and August 2019	15 written 48 verbal
Number of complaints we examined.	7
Number of complaints we examined that were satisfactorily handled in a timely way.	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice captured all verbal feedback due to identified practice population literacy issues. We saw that action was taken and learning shared from verbal and written complaints.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Potential breach of confidentiality	Feedback to patient, specific staff investigated, staff reminded regarding the confidentiality policy and discussed at meeting.
Complaint regarding access	The practice reviewed its communications regarding access

	and improved the messages sent to patients and the information given on the website.
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Any additional evidence

The practice also collated compliments from patients and ensured these were visible within the practice and reviewed and discussed with the staff team.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice manager had recently completed an NHS course in senior healthcare leadership.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice commitment was to strive for excellence and aim to provide the best possible healthcare for their patients. This ethos was reflected in staff communications and discussions.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and wellbeing of staff.	Yes

There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Alongside appraisals, staff were also offered and attended regular clinical supervision sessions with a mentor. A human resources lead was appointed to manage appraisals.</p> <p>The provider told us that he was accountable to every member of his team and this was reflected in the positive comments we received from staff. We observed a positive and supportive culture throughout the team.</p> <p>An annual staff quiz was undertaken to assess staff knowledge and remind staff of where they could find information, what their roles and responsibilities were and what actions they should take in an emergency.</p>	

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

Source	Feedback
Staff member	Staff told us they "felt lucky" to work for the organisation and were supported by all members of staff including nurses and GPs
Staff member	A member of staff who also worked at another practice told us that communication and support at the practice was particularly good. We were told they felt very included in the team and everyone was available to offer support.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff were involved in the management and smooth running of the practice. They were allocated roles and responsibilities and felt involved in how the practice was run. Staff were also multiskilled which enabled them to cover for each other during periods of sickness or leave.</p>	

Managing risks, issues and performance

There were have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: An appointed data quality lead ensured that the practice was able to access reliable and up to date information to enhance the quality of care.	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>A regular practice newsletter made patients aware of changes and new services which were available to them. It also encouraged patients to attend for cancer screening.</p> <p>Following feedback from patients and results from a survey, the practice appointed a Bengali speaking GP and a member of the administration staff to increase effective communication with patients and respond to concerns, complaints and compliments.</p> <p>Patient surveys were regularly undertaken and this included monthly 'real time' patient feedback. These were published on the practice website and results fed back to the team.</p> <p>The practice continued to offer a daily walk-in clinic after patient feedback.</p>	

Feedback from Patient Participation Group (PPG).

Feedback
<p>The PPG described the lead GP and provider in very positive terms. They discussed in detail the close partnership between staff and the PPG and the work that was undertaken in the community. The PPG described the relationship as a partnership which was working to reduce barriers, including promoting English language classes and increasing access to healthcare.</p> <p>The PPG told us that access had improved and those patients who had transferred with the Manningham location reported positive changes to their care, support and treatment.</p>

Any additional evidence

The practice worked with a neighbour to improve a small green space to reduce the possibility of this being abused and used as a site to dispose of used needles and debris.

Continuous improvement and innovation

There were systems and processes to support learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Leaders at the practice ensured that they were at the forefront of innovations including IT projects and</p>	

research.

The practice had links with the National Institute of Health research and had also taken part in a genes and health project with a local university teaching hospital.

The practice was a training practice and offered placements to medical students.

Examples of continuous learning and improvement

Leaders at the practice had been involved in the pilot and implementation of a computer programme called GP assist. This programme led the user to links with best practice information and guidelines and enabled timely and clear referrals to be made using the computer system.

The provider was also the clinical director of a local Primary Care Network (a group of 10 practices working together, to enhance service choice and provision.

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.