

# Care Quality Commission

## Inspection Evidence Table

### Leigh Sports Village Practice (1-5562852824)

Inspection date: 12 September 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: <ul style="list-style-type: none"><li>• Staff had access to safeguarding e-learning modules and all staff members had completed safeguarding training to the appropriate level for their role.</li><li>• All clinical, managerial and practice champions received face to face safeguarding training to level three.</li></ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 15 August 2019	Yes
There was a record of equipment calibration. Date of last calibration: 14 February 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.	Yes
There was a record of fire extinguisher checks. Date of last check: 20 February 2019	Yes
There was a log of fire drills. Date of last drill: 7 May 2019	Yes
There was a record of fire alarm checks. Date of last check: 11 September 2019	Yes
There was a record of fire training for staff. Date of last training: 19 July 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 19 September 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 19 September 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 19 September 2019	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Specific health and safety assessments concerning the building and facilities were held centrally by the building management team and regularly monitored and updated if required</li> </ul>	

## 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: May 2019	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: <ul style="list-style-type: none"> <li>All the staff we spoke with demonstrated an awareness of appropriate infection prevention and control (IPC) standards.</li> <li>There were cleaning schedules in place that were monitored by the practice.</li> </ul>	

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had reviewed guidance for the management of sepsis and its ability to appropriately</li> </ul>	

assess all patients, including children, with suspected sepsis.

- We saw evidence that non-clinical staff had received sepsis awareness training

## 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

## 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) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.73	0.96	0.87	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). (01/07/2018 to 30/06/2019) (NHSBSA)	5.6%	8.7%	8.6%	Tending towards variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules,	5.15	6.11	5.63	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) <small>(NHSBSA)</small>				
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) <small>(NHSBSA)</small>	2.31	3.33	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about 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
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
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

Medicines management	Y/N/Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice continually reviewed their systems and processes for the administration of medicines, and regular reviews for repeat prescribing, for the benefit of the patient population.</li> <li>When the new provider took over the contract in August 2018 medication review rates were at 50% for all patients. The provider allocated additional GP and pharmacist resources and now 85% of patients on any medicines had received a medication review.</li> <li>We saw evidence the practice had reduced the prescribing rate for oral antibiotics and opioids. This was done by working with the pharmacist who was proactively addressing this by running searches, carrying out face to face reviews and sending letters to patients inviting them to the surgery. We saw evidence that this had demonstrated a reduction in numbers of prescriptions issued.</li> </ul>	

### 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:	28
Number of events that required action:	28
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The significant events we reviewed demonstrated the practice was responsive to the patient population and acted in a timely manner in order to achieve the best outcomes for patients.</li> <li>The practice worked with patients to resolve these matters to maintain high quality patient care and treatment.</li> </ul>	

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:	
<ul style="list-style-type: none"> <li>The practice had a clear and timely process in place to ensure safety alerts were reviewed and a record was maintained of the action taken in response to alerts where appropriate. They ensured that any actions were cascaded to the appropriate staff member.</li> </ul>	

## Effective

## Rating: Good

The practice was rated as outstanding for providing effective services because:

### 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Practice staff were aware of the benefits of social prescribing and had links to community groups and support networks.</li> <li>The practice worked with the community link worker (CLW). The CLW took referrals for patients who need extra help, but not necessarily medical help. It varied from advice on benefits to social issues such as loneliness and not knowing which services were available and how they could be accessed. This service worked in co-operation with Age UK so that patients over 65 would be linked to the services available through them. We saw examples of how this had benefitted patients by signposting them to the appropriate service.</li> </ul>	

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) (01/07/2018 to 30/06/2019) (NHSBSA)	0.46	0.83	0.75	No statistical variation

## Older people

## Population group rating: Good



## Findings

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

## People with long-term conditions

## Population group rating: Good

## Findings

- The practice had a robust call and recall system in place, the QOF diary, for patients with long term conditions which enabled them to ensure that hard to reach groups received the care and treatment required.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

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>	67.4%	80.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	14.0% (15)	15.1%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.1%	81.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	16.8% (18)	8.5%	9.8%	N/A



Explanation of any answers and additional evidence:

- These figures were from the previous provider. We reviewed the practice submission for 2018/19 for 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. This was at 87%.

	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>	78.0%	79.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	18.0% (20)	13.8%	13.5%	N/A

Explanation of any answers and additional evidence:

- These figures were from the previous provider. We reviewed the most recent unverified data which indicated this indicator was 76% in line with the local and national averages.

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>	98.2%	76.8%	76.0%	Significant Variation (positive)
Exception rate (number of exceptions).	16.3% (22)	9.7%	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>	100.0%	91.8%	89.7%	Significant Variation (positive)
Exception rate (number of exceptions).	15.6% (7)	10.1%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	89.7%	84.7%	82.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	11.7% (32)	4.2%	4.2%	N/A

In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	86.7%	90.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.3% (1)	5.0%	6.7%	N/A
Explanation of any answers and additional evidence:				
<ul style="list-style-type: none"> <li>These figures were from the previous provider. 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 for 2018/19 was 97%.</li> </ul>				

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were above with the World Health Organisation (WHO) targets for the most recently published data.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access 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)	43	46	93.5%	Met 90% minimum
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)	55	58	94.8%	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	56	58	96.6%	Met 95% WHO based target

31/03/2019) (NHS England)				
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)	55	58	94.8%	Met 90% minimum
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The most recent unverified data indicated that all child immunisation rates were above 95%.</li> </ul>				

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 prescriptions without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified 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)	77.0%	N/A	N/A	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	73.0%	70.5%	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)	64.2%	57.7%	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)	100.0%	72.7%	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	63.6%	42.5%	51.9%	No statistical variation

**Any additional evidence or comments**

The practice had proactively improved their screening rates for cancer indicators as follows:

- We reviewed the current unverified cervical screening data which gave the practice position at 90%.
- We reviewed the current unverified breast screening data which gave the practice position at 80%. This was above the local and national averages.
- The evidence we reviewed indicated that the practice was proactive in following up those patients who did not attend for screening. The cancer champion contacted patients, and this contributed to the increased uptake for this.

**People whose circumstances make them vulnerable**
**Population group rating: Good**
**Findings**

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held an "Important patient" register which included vulnerable patients, asylum seekers, carers, drug monitoring, learning disabilities, military veterans, deprivation of liberty safeguards (DOLs), cancer, gold standard framework (GSF), childhood asthma and those patients who were housebound.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

**People experiencing poor mental health  
(including people with dementia)**
**Population group rating: Good**
**Findings**

- The practice held a mental health patient register and this was regularly reviewed within the practice and also with the local mental health team. This was to ensure that each patient had a mental health care plan agreed and reviewed.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

- The practice offered annual health checks to patients with a learning disability.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	91.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	33.3% (2)	15.7%	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)	100.0%	92.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	16.7% (1)	12.2%	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)	100.0%	84.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	8.1%	6.6%	N/A

### Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	541.8	544.9	537.5
Overall QOF score (as a percentage of maximum)	96.9%	97.5%	96.2%
Overall QOF exception reporting (all domains)	8.3%	5.9%	5.8%
Explanation of any answers and additional evidence:			
<ul style="list-style-type: none"> <li>• We reviewed the information the practice had submitted for QOF for 2018-19. Overall QOF score was 553, 98.9%. For the period from April 2019 high level exception reporting had been reduced to 0%. To achieve the 0% exception reporting the practice proactively encouraged people to engage with the assessment and monitoring of long term and other conditions by explaining the relevance and importance of such checks to patients thus promoting uptake.</li> </ul>			

	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

<ul style="list-style-type: none"> <li>• The practice routinely reviewed the effectiveness and appropriateness of the care provided. The practice used information about care and treatment to make improvements.</li> <li>• The practice had a programme of quality improvement which included audits and searches, both clinical and non-clinical. There was a member of the SSP medicine management team who supported the practice. They regularly attended the surgery and kept them up to date with any alerts or the monitoring of certain medicines if necessary.</li> <li>• Audits were regularly undertaken, benchmarked and learning shared to improve the care of the patient population. Any findings from audits were shared with the practice team to ensure any identified actions were completed in a timely manner. We saw that regular audits of systems, processes and care had supported improved health outcomes for the patient population.</li> <li>• The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. The practice worked within the Greater Manchester Primary Care Standards and we saw evidence their performance had demonstrated compliance with these standards. The practice regularly submitted a data return for the Wigan Borough quality and engagement scheme to support these standards.</li> </ul>
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## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes



The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.</li> <li>Practice champions who were members of the administrative team, for example palliative care and carers' champions, were trained to safeguarding vulnerable adults and children level three. This enabled champions to have a better understanding of the needs and vulnerabilities of some patients. They were familiar with these patients and trained to recognise any concerns. For example, the cancer champion contacted all newly diagnosed patients to ensure the patient had the systems, processes and support in place for their follow up treatment and medicines. The practice also had a sepsis champion</li> <li>The lead GP at the practice represented the practice at CCG, safeguarding and multidisciplinary meetings.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Staff were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who use services.</li> </ul>	

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff were consistent in supporting people to live healthier lives, including identifying those who needed extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they used every contact with people to do so.</li> </ul>	

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>	93.9%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (3)	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
Explanation of any answers and additional evidence:	

- Practices around consent and records were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment.
- We saw evidence that staff had undertaken Mental Capacity Act (MCA) and consent training.
- The practice did not undertake any surgical procedures that routinely required written consent.

## Caring

**Rating: Good**

### Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>During our inspection we observed that staff members displayed a kind and caring approach towards patients.</li><li>The practice takes part in the "Mission Xmas" initiative every year by donating unopened gifts to children on the poverty line across Greater Manchester, and this included Wigan Borough. They were a registered collection point for this.</li></ul>	

CQC comments cards	
Total comments cards received.	40
Number of CQC comments received which were positive about the service.	38
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	Nil

Source	Feedback
CQC Comment Cards and NHS Choices	Patients consistently commented that staff, both clinical and administrative, were always polite, friendly and welcoming.

### 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
3810	300	95	31.7%	2.49%

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 (01/01/2019 to 31/03/2019)	79.7%	90.4%	88.9%	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 (01/01/2019 to 31/03/2019)	75.8%	88.5%	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 (01/01/2019 to 31/03/2019)	84.8%	95.7%	95.5%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	73.8%	87.2%	82.9%	No statistical variation

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

#### Any additional evidence

We saw that the practice had reviewed the results of its national GP survey results and discussed these and the areas where improvement could be made with its staff. For example, more information was to be made available within patient areas regarding the option to speak to a member of the team in a private room.

#### 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,	Yes

treatment and condition, and any advice given.	
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice displayed information about local services and available support.</li> <li>Easy read and pictorial materials were available.</li> </ul>	

Source	Feedback
Interviews with patients, CQC comment cards and NHS Choices	Patients commented that they were always involved in decisions about their care and treatment.

### 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 (01/01/2019 to 31/03/2019)	91.5%	94.2%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	85 (about 3% of the patient population)
How the practice supported carers (including young carers).	The practice's computer system alerted staff if a patient was also a carer. The practice had carers information in the patient waiting area and a member of staff acted as a carers' champion. Staff worked with local organisations and provided information about services offering support to carers.

	<p>The practice held a carers afternoon tea which included inviting health professionals including the carers centre, community link worker, healthy routes, health first and breast cancer screening. They also offered patients an afternoon tea inspired lunch and the opportunity to undergo some relaxation techniques.</p> <p>The practice manager received the Wigan CCG General Practice Award for the delivery of a carer's information pack/project which was now rolled out across the Wigan CCG footprint.</p>
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement a GP contacted them and arranged a visit or discussed the services available to support them.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Staff we spoke with told us they followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private, for example, patient information was never on view.</li> </ul>	

## 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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	7am – 6.30pm
Thursday	7am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	7am – 6.30pm
Thursday	7am – 6.30pm
Friday	8am – 6.30pm
Patients requiring a GP outside of normal working hours were advised to contact the surgery and they would be directed to the local out of hours service which was provided through NHS 111. Additionally, patients could access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.	



## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3810	300	95	31.7%	2.49%

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)	91.4%	95.5%	94.5%	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- The practice held a stock of the AWARM (Affordable Warmth Access Referral Mechanism) kits in surgery so that clinicians or staff on identifying patients that may be at risk of fuel poverty can give out an AWARM kits. They were provided with 15 kits and 13 were given out to patients who they felt were at risk of fuel poverty. Staff were trained to identify patients at risk and how to refer into the AWARM service.

### 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: Good**

### **Findings**

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice had an early year fact sheet for all new parents in the practice, providing information around vaccination schedules, breast feeding, cervical cytology screening and other health related information. This was also sent with a congratulations letter to all new parents.
- The practice introduced an initiative to support parents, guardians and expectant parents. This was to provide professional advice and training and to empower them to deal with minor ailments and emergency situations.
- The practice was a breast-feeding friendly site. They worked with a local charitable organisation to fully understand the barriers associated with breast-feeding and identified a private space in the practice for this. They received accreditation for this and there was information displayed in the practice to inform patients of this facility.

## **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. For example, extended opening hours.
- Patients requiring a GP outside of normal working hours were advised to contact the surgery and they would be directed to the local out of hours service which was provided by through NHS 111. Additionally, patients could access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

## **People whose circumstances make them vulnerable**

**Population group rating: Good**

### **Findings**

- The practice held an “Important patient” register which focused on vulnerable patients. The register included patients who were carers, asylum seekers, had learning disabilities, were military veterans, the subject of deprivation of liberty safeguards (DOLs), had cancer, had childhood asthma and those patients who were housebound. The register ensured an ongoing focus on their vulnerable circumstances, and an effective response to their changing needs.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- When patients wanted to discuss sensitive issues or appeared distressed, reception staff offered

them a private room to discuss their needs.

- 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.

## 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.

### 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• All home visit requests would be triaged by the GP to decide if a home visit was necessary. If a GP was not available, then visits could be undertaken by the SSP funded Acute Visiting Service (AVS).</li> </ul>	

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)	68.1%	N/A	68.3%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	66.1%	74.7%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	53.7%	71.3%	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)	63.2%	78.2%	73.6%	No statistical variation

## 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.	Seven
Number of complaints we examined.	Seven
Number of complaints we examined that were satisfactorily handled in a timely way.	Seven
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Nil

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had a complaints policy, which was accessible to staff and written in line with recognised guidance. The practice recorded and discussed verbal complaints and comments posted on NHS Choices. We observed that the practice investigated complaints in a timely manner.</li> <li>The practice offered apologies to patients, lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care.</li> </ul>	

## Well-led

## Rating: Outstanding

**The practice was rated as outstanding for providing well led services because:**

Staff told us the practice management team and the SSP leadership team were inspirational, progressive, cohesive and innovative with a mature approach and clear purpose. The practice management team were compassionate and caring. Quality and integrity were at the heart of what they did resulting in an exceptional caring culture within a strong practice. Opportunities provided for staff development were exemplary.

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

There was strong collaboration across all staff and a common focus on engaging with patients and other services to improve quality of care and the patient experience.

The practice embraced social prescribing for the community to ensure patients received timely intervention when they needed it most, signposted them to services that could help them and ensured support was offered locally so the patient population could easily attend appointments.

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was a deeply embedded system of leadership development and succession planning, which aimed to ensure that the leadership represented the diversity of the workforce.</li><li>Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.</li><li>The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. This aligned with the overarching values of the provider, SSP Health GPMS Limited.</li><li>The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.</li><li>The practice was proactively engaged with the local Clinical Commissioning Group (CCG) by having attendance at meetings and forums to ensure services met the local population needs.</li><li>All the staff we spoke with told us that the GPs were approachable. Staff members told us that senior staff from the wider SSP network were visible and approachable.</li></ul>	

## 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: <ul style="list-style-type: none"> <li>• The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership.</li> <li>• There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.</li> <li>• Plans were consistently implemented and had a positive impact on quality and sustainability of services.</li> </ul>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
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
Explanation of any answers and additional evidence:	

- Leaders had an inspiring shared purpose and aimed to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff. There was a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. The practice had implemented a “freedom to speak up” network of staff for the benefit of staff.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people’s experiences.

## 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.</li> <li>• We saw evidence that since taking over the practice the new provider had worked quickly and in an organised way to make improvements to patient experiences and outcomes.</li> <li>• The practice had established policies, procedures and activities to ensure safety. There was a system in place to monitor and review policies according to guidance, legislation and practice needs.</li> <li>• Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.</li> <li>• There was a system in place for reporting and recording significant events.</li> <li>• Staff confirmed, and we saw evidence, that findings were discussed at meetings (or sooner if required). The practice carried out an annual analysis of the significant events to identify themes or trends.</li> <li>• The practice acted on and learned from external safety events as well as patient and medicine safety alerts.</li> <li>• The practice had benefitted from being part of the wider federated organisation, SSP Health. They had been able to call upon the wide-ranging support available when required to ensure continuity of care. This included both clinical and administrative support and offered access to shared learning, training, mentoring and personal development. We saw examples of how this federated model had reduced isolation for the practice by sharing good practice.</li> </ul>	

## Managing risks, issues and performance



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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels have the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.</li> <li>• Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.</li> <li>• The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.</li> <li>• Reception staff had access to policies in relation to patient medical emergencies.</li> <li>• Staff were trained to recognise the symptoms of Sepsis and to act on them.</li> <li>• A range of health and safety risk assessments were undertaken and regularly reviewed. Actions were taken where needed.</li> </ul>	

## 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:	

- The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.
- There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

## 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• There were consistently high levels of constructive engagement with staff and patients, including the patient participation group. Rigorous and constructive challenge from patients, the public and stakeholders was welcomed and seen as a vital way of holding services to account.</li> <li>• Services were developed with the full participation of patients, staff and external partners as equal partners. Innovative approaches were used to gather feedback from patients, and there was a demonstrated commitment to acting on feedback.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
The PPG informed us that they worked in partnership with the new provider and that the feedback they had received from patients was very positive about the direction the practice was moving in.

## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• There was a fully embedded and systematic approach to improvement. Improvement was seen as the way to deal with performance and for the organisation to learn.</li> </ul>	

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. SSP had recognised that recruitment of GPs was a major challenge. They adopted this shared style of working and portfolio career options for GPs to provide continuity of treatment and care, positive health outcomes and high levels of patient satisfaction. The survey information we reviewed was aligned with these views.
- The practice identified the need to promote lesbian, gay, bisexual, and transgender (LGBT) information and services for those patients. The practice staff had received training and there was a LGBT notice board in the waiting area that promoted LGBT patient inclusion in the practice, had information on LGBT matters and signposted them to appropriate available services. The practice received the Gold accreditation award from the LGBT foundation, a charity based in Manchester, for this piece of work.

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

#### Glossary of terms used in the data.

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