

Care Quality Commission

Inspection Evidence Table

Bellbrooke Surgery (1-568336972)

Inspection date: 23 October 2019

Date of data download: 20 October 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Effective

Rating: Requires improvement

We have rated the practice as requires improvement for providing effective services. It was noted there was a downward trend in the uptake of childhood immunisations and cancer screening; which were below national targets.

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. However, it was noted that there was a downward trend for the uptake of childhood immunisations and cancer screening.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence:	

Clinicians reviewed guidance and pathways and discussed them at the weekly clinical meetings. We were informed of the discussion regarding the most recent change to clinical pathways relating to the changes of the access number for the ambulance service and how those changes would be implemented in the practice.

Policies and procedures were updated to reflect any changes. These were all available on the shared drive on the practice computer system for staff to access. There was a process in place to ensure that staff had read any new policies or changes to existing policies.

There was a system in place to support the recall and review of patients, particularly those with long-term conditions or on repeat prescription medicines.

Advocacy services and patient ambassadors were available in-house, to support patients with any social and wellbeing needs. Patients were signposted to other avenues of support, as appropriate.

The practice promoted the use of online services for patients to book appointments and order repeat prescriptions. We were informed of the low numbers of patients who had signed up for the online services. Approximately 3.2% of patients were currently signed up and approximately 90% of those use online services. All appointments were available to access online. Patients could also access these appointments either by telephone or face-to-face at the reception. Appointments were embargoed and released in relation to capacity and demand.

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) <small>(NHSBSA)</small>	0.68	0.60	0.75	No statistical variation

Older people

Population group rating: Good

Findings

- A clinical tool was used to identify patients who were living with, or were at risk of, moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. Identified patients all had a care plan in place which was reviewed as appropriate.
- Older patients were routinely asked about falls during their annual health checks or medication reviews. Patients were signposted to other avenues of support as needed.
- Patients who resided in care homes were reviewed by clinicians to support management of their care and treatment by care home staff. There were close working relationships with the local geriatrician to support those patients.
- Older patients discharged from hospital were reviewed to ensure their care plans and prescriptions were updated to reflect any changes.
- 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.
- Quarterly multidisciplinary meetings were held with local neighbourhood teams to discuss patients who required additional support.
- Housebound patients received home visits as appropriate and had access to domiciliary

phlebotomy services.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the clinicians worked with other health and care professionals to deliver a coordinated package of care.
- Clinicians had received specific training relating to long-term conditions, to support the management of patient care.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Those patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients were supported to self-care and management plans were put in place, in collaboration with the patient.
- There were onsite physiotherapy services available at the practice.
- Patients were signposted to other avenues of support and had access to domiciliary phlebotomy services.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	78.7%	78.2%	79.3%	No statistical variation
Exception rate (number of exceptions).	19.2% (135)	15.4%	12.8%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.2%	77.4%	78.1%	No statistical variation
Exception rate (number of exceptions).	12.5% (88)	9.9%	9.4%	N/A
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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	76.0%	79.6%	81.3%	No statistical variation
Exception rate (number of exceptions).	15.3% (108)	15.0%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	77.8%	75.8%	75.9%	No statistical variation
Exception rate (number of exceptions).	13.4% (80)	7.3%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.8%	90.1%	89.6%	No statistical variation
Exception rate (number of exceptions).	11.4% (38)	10.1%	11.2%	N/A
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.8%	83.6%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	3.6% (48)	4.6%	4.0%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	83.2%	92.2%	91.1%	No statistical variation
Exception rate (number of exceptions).	14.4% (17)	8.6%	5.9%	N/A

Any additional evidence or comments

The Quality and Outcomes Framework (QOF) is a voluntary reward and incentive programme. It rewards GP practices in England for the quality of care they provide to their patients, and helps to standardise improvements in the delivery of primary care. Exception reporting is the removal of patients from QOF calculations due to several reasons, such as not attending reviews, declining tests or treatment or where optimal treatment is having little or no impact.

We discussed exception reporting with the practice manager and GPs. We were informed that many of their patients had co-morbidities. Consequently, if they did not attend for a review this could impact across more than one long-term condition. We were informed of the policy and processes followed by the practice with regards to patients who were non-responders and refused to attend. For example, patients had been repeatedly contacted via letter, telephone or text message. This was documented in the patient's record. Reports were run to support exception reporting. These patients were reviewed by a GP before they exception reported a patient. We saw evidence to support where and why those decisions had been made. For example, non-compliance or they were on optimal treatment.

We were assured that the practice was taking every appropriate action to encourage and support patients to attend for their reviews, whilst taking into account patient choice.

We saw that QOF was a standard agenda item on clinical meetings. The practice used a dashboard system to monitor their performance.

Through the monthly monitoring of the patient list, we saw evidence which showed that although they had seen a 12% reduction in the number of older people registered with the practice, they had only seen a reduction of 5% for those who had a long-term condition.

Families, children and young people

Population group rating: Requires improvement

Findings

- Uptake rates for childhood immunisations were below the 95% World Health Organisation (WHO) target, which is deemed essential to achieve herd immunity. It was noted there had been a downward trend over a period of time.
- The practice repeatedly contacted the parents or guardians of children who were not brought for their immunisations. This was done using written and verbal invites by letter, text messages, telephone calls, and face-to-face when attending the practice. Additionally, immunisations were offered opportunistically and “fitted” into clinics as appropriate. There was proactive engagement with midwives, health visitors, school nurses and safeguarding authorities to support information and attendance.”
- The practice was aware of additional risk factors which affected their child population and the parental response to healthcare. This included above average rates of child poverty and a high immigrant population with hard to reach groups. Socially and economically disadvantaged groups are less likely to vaccinate their children.
- There were processes in place for following-up failed attendance of children’s appointments. Staff liaised with health visitors and school nurses 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 services for sexual health and contraception.
- The practice had links with local schools to raise awareness of health service and promote attendance.
- Practice staff had delivered asthma training to local schools.
- The practice provided advice brochures designed to help families cope with different changes of childhood. For example, pre-school, ready for school, senior school and easy to read guide to immunisations.

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	188	238	79.0%	Below 80% uptake

doses of DTaP/IPV/Hib/Hep B) (01/04/2018 to 31/03/2019) (NHS England)				
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)	182	237	76.8%	Below 80% uptake
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)	187	237	78.9%	Below 80% uptake
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)	192	237	81.0%	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>

Any additional evidence or comments

We discussed the below minimum national target 90% uptake rate of childhood immunisations with the practice manager and clinicians. We were informed of the policy and processes in place regarding children who “were not brought” for their immunisations. We saw the reports the practice undertook which identified children who had not attended. Parents were repeatedly contacted advising them of the benefits of immunising their child and attending for their appointment. We saw that for many there had been numerous lines of communication between the practice and the parents. Information was provided post-inspection which evidenced that within a four-week period parents did not bring their children for 51% of booked appointments, and that many parents repeatedly failed to attend booked appointments.

We were informed of the increasing challenges the practice (and other practices within the PCN) encountered in getting parents to recognise the benefits of having their children vaccinated. This included addressing cultural barriers and issues of trust and safety of vaccines. Information was provided in a variety of ways to support understanding and improvements in uptake rates, whilst taking into account patient choice.

The uptake of childhood immunisations had been recognised as an issue for several practices within the primary care network (PCN). The practices were working together to improve uptake rates. They had developed a childhood immunisations team to raise awareness and undertake immunisation programmes in the local community. (At the time of our inspection immunisations of children had not yet commenced.) As part of the PCN, the practice:

- Worked with NHS England to develop a training course to engage migrant communities. They had trained approximately 20 migrant access networkers (across 14 different nationalities) to deliver education in the community to help dispel some of the myths and barriers to uptake immunisation.
- Had produced literature to support education, including easy read.
- Had arrangements in place with local children’s centre and schools to deliver education and immunisation sessions from their premises (using formalised protocols and procedures).
- Was working with local public health and housing departments to procure a community bus to deliver immunisations in the heart of communities, rather than patients having to attend the

practices.

- Had delivered breakfast education session and a fun day to Eastern European patients (funded through the PCN). The services of an interpreter had been procured, to discuss childhood immunisations. The practice had also supported the local Syrian community action day where they provided advice on immunisations and health issues.
- Been asked to speak at various events in Leeds to raise awareness of the work they are undertaking regarding immunisations.

The practice had the highest population of “looked after children” in Leeds, which impacted on the numbers of children who “were not brought” for immunisation. Staff engaged with health visitors and other children’s agencies to support children and encourage attendance.

We were also informed that the practice had identified a number of “ghost” patients, who had moved away, and they were addressing this. Some patients left the practice and returned on numerous occasions. A protocol had been devised to remove patients safely and archive their records which could be reinstated upon the patient’s return.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- Patients had access to appropriate health assessments. The patients aged 40 to 74 years, who did not regularly attend the practice, were offered the NHS health check. There was appropriate follow-up of patients following the outcome of those assessments/checks, where any abnormalities or risk factors were identified.
- Eligible patients were advised and encouraged to attend cancer screening programmes, such as those relating to breast, bowel and cervical. However, it was noted that uptake rates were below the national targets.
- The practice participated in catch-up vaccination programmes, such as those relating to meningitis for students attending university for the first time.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Patients had access to extended hours services both at the practice and at the “hub” based at Seacroft Hospital.

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)	63.2%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer	60.6%	68.1%	72.1%	N/A

in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) <small>(PHE)</small>				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) <small>(PHE)</small>	38.0%	55.6%	57.3%	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) <small>(PHE)</small>	73.8%	63.8%	69.3%	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) <small>(PHE)</small>	42.9%	50.8%	51.9%	No statistical variation

Any additional evidence or comments

We discussed the lower than average uptake rates for cancer screening programmes. The practice had clinical and non-clinical “champions” to support and advise patients regarding attendance at those programmes, whilst taking into account patient choice. It was acknowledged there were some cultural barriers regarding some patients accessing screening. The practice repeatedly contacted patients who had not attended for their screening. This was done using written and verbal invites by letter, text messages, telephone calls, and face-to-face when attending the practice. Additionally, cervical screening was offered opportunistically and “fitted” into clinics as appropriate. We saw evidence which supported the numerous attempts the practice had made to encourage patients’ attendance, and that many repeatedly failed to attend booked appointments.

The practice had been involved in the Cancer Care Programme in 2018, where they piloted the use of a specialist nurse to engage with patients who were diagnosed with cancer. Findings from that programme reflected the difficulty the practice encountered of patients engaging with them after diagnosis and/or treatment, despite positive feedback from patients who did use the service.

The practice also participated in the Lung Cancer Screening Programme, where eligible patients were invited for a special type of x-ray called a screening CT scan which can detect early signs of lung cancer.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Patients who were deemed as being vulnerable were identified on their records. This included patients who had a learning disability, those with no fixed abode and those who were at risk of abuse. This enabled the practice to support patients’ needs appropriately.
- Annual health checks were offered to patients who had a learning disability. Their carer or family member was encouraged to attend with them as appropriate.
- End of life care was delivered in a coordinated way, which took into account the needs and wishes of the patient.
- Patients were signposted to other avenues of support as needed.

- Staff had improved their awareness of domestic violence. Patients had access to the Leeds Domestic Violence service who attended the practice one day per week.
- The practice had participated in a project specifically targeted to improve the management of repeat prescriptions for vulnerable patients.
- Same day appointments and longer appointments were offered when required.
- Appropriate patients were offered blood borne virus testing as part of their new patient check.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Patients were invited for reviews of their care and treatment, which included an assessment of their symptoms, physical, mental and personal wellbeing. Changes to care and treatment were made, and patients signposted to other avenues of support, as appropriate.
- Patients at risk of developing dementia were identified and offered an assessment to detect possible signs. When dementia was suspected they were referred to secondary care services for a formal diagnosis.
- Patients had access to a mental health liaison nurse who was available at the practice.
- 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.
- Same day and longer appointments were offered when required.
- All requests for repeat medication of high-risk medicines were reviewed by a GP before being issued.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	93.9%	90.4%	89.4%	No statistical variation
Exception rate (number of exceptions).	20.3% (25)	10.6%	12.3%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	94.9%	90.6%	90.2%	No statistical variation
Exception rate (number of exceptions).	19.5% (24)	9.1%	10.1%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	100.0%	84.8%	83.6%	Significant Variation (positive)
Exception rate (number of exceptions).	2.9% (2)	6.3%	6.7%	N/A

Any additional evidence or comments

We discussed the higher than average exception reporting and were informed that the same patients repeatedly did not attend for their reviews. We saw evidence to support how the practice were managing the non-attendance.

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)	549.7	539.4	537.1
Overall QOF score (as a percentage of maximum)	98.3%	96.5%	96.1%
Overall QOF exception reporting (all domains)	12.7%	10%	10%

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

Any additional evidence or comments

We saw a range of evidence which demonstrated the practice was engaged in quality improvement. This included utilising the CCG Quality Improvement Dashboard, which showed how the practice was performing across a range of areas. We saw where the practice was taking action to address any areas for improvement, such as exception reporting.

The practice participated in audits to support medicines management. For example, the prescribing for urinary tract infections (UTIs) in the over 65s and for sore throats. The GPs had recently participated in prescribing peer reviews to identify any area for improvements.

The practice manager carried out monthly audits of capacity and demand to ensure appropriate service delivery was maintained.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff were supported to attend training and development appropriate to their individual roles. We saw evidence that staff had completed mandatory training.</p> <p>A member of staff had recently been appointed as the nurse clinical lead and had been supported to develop in that role. We were informed that they would be driving the development of the nursing team. Reception staff had received training in signposting and acted in the capacity of patient advisors.</p> <p>The practice had introduced an annual nursing survey to evaluate nursing staff. Each member of the nursing team had been tasked with completing a self-assessment and to obtain peer and patient reviews. Information from these were then used to support development plans.</p> <p>The GPs supported the other clinicians as appropriate, to ensure they were working within the scope of their practise. All GPs participated in the external appraisal process. However, salaried GPs also had an internal appraisal. Nurses were supported with their revalidation process.</p> <p>Staff told us they felt well-supported by the GPs and the practice manager.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018)	Y

(QOF)	
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There were shared care processes in place with secondary care services. Multidisciplinary meetings were held to discuss individual patients and ensure staff were up-to-date with information to support the care and treatment of those patients.</p> <p>The practice had participated in a project, in conjunction with local pharmacies. They were working towards supporting patients who were on repeat prescribing by providing information about the timescales needed between the ordering and receipt of their medication.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Patients were signposted to other services and interventions to support healthy lifestyle and self-management of their care. Patient ambassadors were used to support patients with social or mental wellbeing needs.</p> <p>Staff had received training in domestic violence and the practice were working towards gaining the Domestic Violence Quality Mark.</p> <p>The practice was working with the local Migrant Access Project to support patients within migrant communities access primary care. Practice staff were supporting a "family fun day" and an activity day, which were being held locally.</p>	

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Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) ^(QOF)	96.2%	95.4%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (44)	0.8%	0.8%	N/A

Consent to care and treatment

The practice was able to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence:	
We saw evidence that consent was sought from patients as appropriate and that it was recorded in their records.	

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.	Y
They had identified the actions necessary to address these challenges.	Y

Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<p>The practice continued to experience an increase in the patient list size (10% increase since the last inspection in October 2015, from 13,389 to 14,577). The patient list was monitored monthly, this enabled the practice to review capacity and respond to any additional demand.</p> <p>We were informed of the challenges the practice had due to the patient demographics, which included language barriers, illiteracy, deprivation, poverty and multi-occupancy of premises within the area. The leaders and manager demonstrated a good understanding and a commitment to providing quality services for their local community. They had developed close working relationships with other local agencies, including links with the police.</p> <p>The practice currently had 82 different languages spoken across their patient base. They supported these patients by using interpretation, translation and advocacy services. They were also working to improve access to easy read documentation for those patients who may have literacy issues.</p> <p>The practice had a comprehensive business plan in place. This identified any future challenges regarding potential retirement of staff. They had successfully recruited staff and continued to have a six GP partnership, supported by other clinical staff. Since the previous inspection in October 2015, the practice could evidence a 20% increase in GP clinical sessions and a 12% increase in nursing capacity, to meet patient demand.</p>	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y

Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
<p>There were regular meetings where staff could raise or discuss any concerns. We were informed there was an "open door" policy for staff to access the manager and leaders. Staff reported feeling able to raise any issues.</p> <p>We saw that complaints were managed in line with the practice policy and that complainants were directed to the ombudsman should they not be satisfied with the outcome.</p> <p>The practice had reviewed the GP rotas, to support consistency of workload across all GPs and their wellbeing.</p> <p>The practice had taken a lead in the development and sourcing of the Freedom to Speak Up Guardian on behalf of the PCN practices.</p>	

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

Source	Feedback
Staff	Staff reported they were happy to work at the practice and felt supported to do so. They said the work could be challenging at times, due to the patient demographics and managing patients' expectations, but they felt valued by the manager and GPs.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Explanation of any answers and additional evidence:

There was organisational oversight by the GP partners and practice manager. There was a range of meetings to support good governance. We saw meeting minutes to evidence this.

Policies and procedures were updated in line with guidance. There was a clear process for cascading and actioning patient safety alerts as they came into the practice.

Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) were signed and used appropriately by relevant clinical staff. One of the GPs and the nurse manager had oversight of these and had a good understanding of the legalities around their use.

The practice had reviewed their data processes in line with the General Data Protection Regulation (GDPR).

We saw evidence that complaints and incidents reported were reviewed, action and learning shared with staff.

Staff had lead responsibilities within the practice, such as infection prevention and control, safeguarding and prescribing. Staff understood how and who to cascade any concerns and felt assured they would be acted upon.

Managing risks, issues and performance

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

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

Explanation of any answers and additional evidence:

Risk assessments had been undertaken to support safety, such as those relating to fire safety and health and safety. However, the fire safety policy regarding the evacuation of patients in the event of fire, did not state how they would manage patients with mobility difficulties in navigating the stairs.

The practice had evaluated the staff appraisal process. They had engaged the services of an external consultant to undertake appraisals to include a team approach as well as individuals. The practice was using the results to support development of staff and teams.

We saw evidence of the peer reviews undertaken and also one-to-one coaching sessions provided for nursing staff.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
<p>The practice had employed an IT consultant to work one day per week. They supported the programme of quality improvement. We were informed of the work they had undertaken regarding nurse capacity. As a result, they had streamlined some of the non-clinical processes nurses had previously undertaken, to support more clinical availability.</p> <p>There was evidence of reports and data used to support service delivery and improve performance. These included reports of demand and capacity, availability of nursing hours, review of QOF and non-attendance of patients.</p> <p>As part of the demand and capacity processes, the practice had reviewed the duties of the nursing team. They had trained some reception staff to undertake phlebotomy sessions in the practice. They had upskilled the healthcare assistants to take on more tasks in line with their competencies. As a result, this had increased the number of nurse hours available to support patient appointments.</p> <p>The practice telephone and internet system had been upgraded to accommodate ease of access for patients. The appointment system was reviewed weekly and changes made where demand was highest. As a result of the analysis of appointments, the practice had seen a shift away from same day demand and had incorporated more appointments available to book in advance. The practice still provided same day appointments as needed.</p>	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y

The practice had an active Patient Participation Group.	N
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<p>The practice was highly engaged with the development of the local primary care network (PCN). The practice manager had been pivotal in the development of the locality previously and continued to do so within the PCN.</p> <p>As with many of the practices within the PCN, the practice had struggled to develop an active patient participation group. Consequently, they engaged with patients to obtain feedback through the friends and family test, discussions with local communities and engagement with other PCN members. We were informed of the relationships with they had with local communities, which included those who were from the migrant community. The practice was working with other PCN practices to have a PPG across all those practices.</p>	

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<p>The practice provided a training environment for GP registrars, student nurses, student pharmacists and student physician associates. They supported workplace experiences for students from the Leeds university and college.</p> <p>We were informed of the plans to extend the premises to accommodate additional consulting rooms. They also intended to have a co-located pharmacy. This was intended to provide facilities to support patients.</p> <p>There was continued involvement with the PCN regarding the development of services across the practices. For example, the childhood immunisations project, care home management, cancer care review project and job centre pilot working with department of work and pensions (DWP) staff to support people getting back into work.</p> <p>On the day of inspection, we saw evidence of reflections made by a GP regarding a morning surgery they had undertaken. It was insightful and documented the many issues, challenges and areas of support that was provided. This was shared within the practice to support learning.</p>	

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.