

Care Quality Commission

Inspection Evidence Table

Littletown Family Medical Practice (1-542588138)

Inspection date: 23 October 2019

Date of data download: 16 October 2019

Overall rating: Good

The practice was inspected 12 February 2019. It was rated inadequate for the key questions of safe and well-led and requires improvement for the key questions of effective, caring and responsive. Overall the practice was rated inadequate and placed into special measures. A warning notice was issued in respect of regulation 17 (good governance) and requirement notices were issued in respect of regulations 10 (dignity and respect) and 16 (receiving and acting on complaints).

Since February 2019 the practice had worked through all the issues found and had implemented new governance systems throughout the practice. These were being monitored by the lead GP and practice manager. The practice is now rated good due to the improvements evidenced throughout each of the key questions.

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

Safe

Rating: Good

The key question of safe was rated as inadequate following the inspection of 12 February 2019. There was a lack of systems and processes to keep people safe. There were issues around the fire risk assessment and infection prevention and control procedures that were not effective. Some staff checks, such as the ongoing professional registration of clinicians, were not taking place. The system for managing significant events was not adequately managed. At this inspection we found new systems had been effectively implemented throughout the practice and these were being monitored by the lead GP and practice manager. The key question is now rated as 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

Safeguarding	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>All staff had completed updated training in safeguarding adults and children since the previous inspection. Safeguarding policies had been reviewed in September 2019, and training for new staff took place within six weeks of them starting work.</p> <p>Evidence of a DBS check was held for all staff.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The recruitment policy had been updated in July 2019 and was reflective of the checks and procedures undertaken by the practice. We saw evidence that the professional registration of clinicians had been checked and there was a system to check this periodically. Evidence of medical indemnity insurance was held for clinicians. All relevant information was held for locum GPs, and a new locum checklist was in place to ensure relevant checks had been carried out. We saw evidence that these had been completed.</p> <p>The personnel files for staff had been reorganised so all relevant pre-employment checks were recorded and could be referred to.</p> <p>Staff vaccination and immunity was recorded. This included information about flu vaccinations, Hepatitis B, varicella (chicken pox) and measles, mumps and rubella (MMR).</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 06/02/2019	Yes
There was a record of equipment calibration. Date of last calibration: 30/01/2019	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: 05/08/2019	Yes
There was a log of fire drills. Date of last drill: 15/05/2019	Yes
There was a record of fire alarm checks. Date of last check: 18/10/2019	Yes
There was a record of fire training for staff. Date of last training: 09/05/2019 face to face training plus additional on-line training in the previous 12 months.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 09/05/2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Although the practice had appointed fire wardens all staff had taken part in fire warden training so they had full awareness.</p> <p>We saw that maintenance checks on the fire alarm and smoke detectors had taken place 17/07/2019. The emergency lighting was also regularly checked, and this last took place 02/10/2019. Legionella testing was also regularly carried out.</p> <p>We reviewed the fire risk assessment completed 09/05/2019. We saw that all the outstanding actions had been completed.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 15/10/2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 15/10/2019	Yes
Explanation of any answers and additional evidence: There was an action plan in place where issues with the risk assessments had been highlighted. For example, at the time of the risk assessment, display screen equipment (DSE) assessments for staff had not taken place. On the day of the inspection several staff had completed their DSE assessment. The practice was also in the process of arranging funding to replace old wall heaters as part of upgrading their premises.	

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: 03/10 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: The practice had carried out an infection control audit 03/10/2019. This rated the practice as 'amber' with a score of 87%. An action plan had been put in place for the issues identified, which included the cleaning of strip lighting, waste to be segregated in the correct bins and liquid soap to be wall mounted. We saw that the majority of the issued had been actioned and an updated score of 97% had been given. The practice had identified two areas that would be included in their practice upgrade plan. These were the replacement of a radiator and installing impervious splashbacks for hand wash basins. All sharps bins were wall-mounted and all the medical devices we checked were within their expiry date. All staff had completed training in infection prevention and control during 2019 and hand washing training had been completed for each of them.	

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

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)	1.03	1.12	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)	4.4%	8.0%	8.6%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	4.31	5.04	5.63	Variation (positive)
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) (NHSBSA)	2.09	3.26	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

Medicines management	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had purchased data loggers for their medicine fridges. The fridges had been calibrated 12/09/2019.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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 2019:	16
Number of events that required action:	16
<p>Explanation of any answers and additional evidence:</p> <p>The practice had changed their procedure for recording and acting on significant events. All the staff we spoke with had a good awareness of the procedure and gave examples of significant events that had been discussed in practice meetings.</p> <p>Staff involved in significant events completed forms and we saw these were discussed at the next practice meeting, or earlier if more urgent. The discussions were documented, as were any required actions and learning points. Significant events were monitored and they were reviewed to ensure any required actions had been completed and embedded.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
September 2019. A childhood vaccination given at the patient's previous surgery was repeated. Child health alerted the practice and informed them the previous vaccinations had not been documented correctly.	The practice contacted the child's parents. Immunisation records were updated. NHS England was contacted for advice and there had been no harm caused. It was advised that the child's 'red book' should be seen prior to vaccination as parents cannot always remember what vaccinations have been given. The practice has a flow chart to follow if they are unsure of vaccination status. A policy is in the process of being put in place to ensure this is not repeated.
September 2019. A sharps bin was brought to the practice by a patient's relative. This was not accepted in accordance with the new clinical waste policy. The relative asked how they should dispose of it as the hospital would also not accept it.	The practice investigated the issue and referred it to the Clinical Commissioning Group (CCG). They were awaiting a response. They contacted the patient to explain this. This was all documented as being discussed and it was being monitored to ensure a satisfactory solution was found.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a new system in place to ensure safety alerts and new guidance were acted on. We saw evidence that they were discussed in practice meetings and were appropriately disseminated. We saw examples of actions taken on recent alerts, for example regarding sodium valproate.</p>	

Effective

Rating: Good

The key question of effective was rated as requires improvement following the inspection of 12 February 2019. There was no formal induction for new staff, there was no evidence staff had the skills and knowledge to carry out their roles and staff did not receive ongoing supervision or appraisals so training needs were not identified. At this inspection we found new systems had been implemented throughout the practice and these were being monitored by the lead GP and practice manager. The key question is now rated as good.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

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

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>	0.99	1.15	0.75	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The Oldham One care plan was in place for patients over the age of 75. This fully documented patients' needs.
- For patients who were over the age of 80 and generally well, a personalised care plan was in place. Issues such as lasting power of attorney and do not attempt cardiopulmonary resuscitation (DNACPR) were discussed and views documented. Patients kept a copy.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- The practice had implemented a system where weekly blister pack were issued for repeat prescribing as a way of monitoring frail and vulnerable patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Patients who fail to attend a review appointment receive a telephone call, letter or text message to follow this up.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with asthma were offered an asthma management plan.

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>	84.5%	75.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	8.7% (35)	7.1%	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>	88.4%	74.8%	77.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	7.9% (32)	5.9%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.3%	79.6%	80.1%	Variation (positive)
Exception rate (number of exceptions).	8.4% (34)	9.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.2%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	7.4% (23)	3.7%	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>	91.8%	88.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	6.9%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	88.9%	81.9%	82.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.1% (6)	3.3%	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)	96.9%	92.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.1%	6.7%	N/A

Any additional evidence or comments

Since the inspection the data for 2018-19 has been published. Figures were very similar to 2017-18.

Families, children and young people

Population group rating: Good

Findings

- The practice had not met the minimum 90% target for three of four childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for three of four childhood immunisation uptake indicators. The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	73	79	92.4%	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)	68	77	88.3%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	68	77	88.3%	Below 90% minimum
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)	67	77	87.0%	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

The GP had carried out talks at the local mosque to give information about the importance of childhood vaccinations. When a child had not attended a vaccination appointment, the parent or guardian was contacted, usually by telephone, so a further appointment could be made. The practice anticipated that the childhood vaccination data for 2019-20 would show an improvement and they were monitoring uptake throughout the year.

Following the inspection, the practice provided evidence that they were improving in childhood immunisations and six children were requiring vaccination.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- The most recent verified cervical screening data showed the practice was performing below the 80% target set.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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)	70.8%	N/A	80% Target	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)	64.9%	66.6%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	50.5%	52.5%	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) (PHE)	84.6%	71.8%	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) (PHE)	36.8%	51.5%	51.9%	No statistical variation

Any additional evidence or comments

The lead GP talked to groups of women at the local mosque about cancer screening. The procedure for, and benefits of, cervical screening had been explained to women, where required in their first language. The nurse proactively contacted women to invite them for screening and they were also contacted if they failed to attend their appointment.

We saw evidence that the unverified QOF data for cervical screening showed that for 50 to 64-year olds 89% had been screened on 23/10/2019, and for 25 to 49-year olds the figure was 77%.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- Easy read leaflets were available.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training. The practice was currently working through training to ensure it had been updated where appropriate. Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)	91.2%	86.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	22.7% (10)	9.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)	91.7%	88.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	18.2% (8)	6.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)	87.5%	81.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.8%	6.6%	N/A

Any additional evidence or comments

Since the inspection, the data for 2018-19 has been published. Figures were very similar to 2017-18, and some exception rates had decreased.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559.0	531.6	537.5
Overall QOF score (as a percentage of maximum)	100.0%	95.1%	96.2%
Overall QOF exception reporting (all domains)	5.9%	4.8%	5.8%

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

Any additional evidence or comments
<p>Since the inspection in February 2019 the practice had put a programme of audit in place. This included second cycles of audits. We saw evidence that the programme had commenced and was being monitored.</p> <p>We saw some evidence of improvement following audit. For example, an audit of prescribing of non-steroidal anti-inflammatory drugs (NSAIDs) to heart failure patients in February 2018. In May 2019 the audit was repeated and no patients were prescribed NSAIDs, so the target had been met. The audit was due to be repeated in May 2020.</p>

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.	NA
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> <p>Although no new staff members had started work since our previous inspection the practice had put in place a role-specific induction programme for new staff members.</p> <p>Staff training had been reorganised and there was a full central record of all training for all staff members. This included on-line training and other training courses attended.</p> <p>A new staff appraisal system had been implemented and we saw that all staff, including the practice manager, had had an appraisal in the previous 12 months. Six monthly reviews had also been implemented. Most staff had newly enhanced roles and the six-monthly reviews were used to formally discuss any issues they had or that any training needs were identified. All appraisals included a review of training completed so this could be monitored.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	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

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: The practice took part in social prescribing in Oldham. It had a leaflet available to patients to explain the service. This included helping with issues such as social isolation, loss of confidence, accessing training or volunteering opportunities and healthy lifestyle choices.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.2%	95.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (2)	0.4%	0.8%	N/A

Consent to care and treatment

The practice 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

Caring

Rating: Good

The key question of caring was rated as requires improvement following the inspection of 12 February 2019. There was a lack of privacy in some clinical consultation rooms, and a very low number of carers had been identified so appropriate support was not offered. At this inspection we found the use of rooms had been changed to ensure patient privacy and the system to identify and support carers had been improved. The key question is now rated as 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: The lead GP had attended mosques to talk to groups of patients, mainly women, about cancer screening. They were able to provide information in a setting the group was comfortable in.	

CQC comments cards

Total comments cards received.	43
Number of CQC comments received which were positive about the service.	39
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comments cards	The mixed comments cards related to comments about appointment availability and waiting times. Patients commented that they were treated with respect, were listened to, and experienced kindness. Patients commented that GPs put them at ease.
NHS Choices	There have been two comments left since the February 2019 inspection. Both were positive, stating staff were professional and polite.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4347.0	462.0	109.0	23.6%	2.51%

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%	88.4%	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)	80.3%	87.7%	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)	93.6%	95.2%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	82.3%	82.8%	82.9%	No statistical variation

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

Any additional evidence
The practice carried out a patient survey approximately every two months. They discussed patients' comments and ratings and they had an action plan in place where they felt improvements could be made. Following feedback, they had recently devised a new patient survey form that was less detailed to encourage more patients to give their opinion.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: The practice had easy read material, and also leaflets in languages frequently spoken by their patient population.	

Source	Feedback
Interviews with patients.	We spoke with 10 patients as part of the inspection. All the comments we received were positive. Patients told us that the lead GP knew patients well and was very caring. Patients gave examples of where the GP had provided exceptional support to patients and their families when they were approaching the end of their lives

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)	86.2%	93.4%	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.	46 carers identified, which is 1% of the practice population. In February 2019 five patients (0.1%) had been identified as carers. Following the February 2019 inspection, the practice nominated a carers' champion
How the practice supported carers (including young carers).	Most staff had worked at the practice for several years and were aware of patients with caring responsibilities. The nominated carers' champion used this information to start a carers' register and also worked with colleagues and the patient participation group (PPG) to identify new carers. Carers were provided with information about local support groups They were also offered health checks and a flu vaccination. The practice had not identified any young carers but were aware of support services if required.
How the practice supported recently bereaved patients.	GPs told us they offered appointments to recently bereaved patients and also carried out home visits when appropriate. Staff were often invited to the funerals of patients and they attended when possible.

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> <p>At the February 2019 inspection we found that the practice nurses' room was accessed via the healthcare assistants' room. Privacy was compromised as conversations were audible between the rooms and carrying out procedures such as cervical screening confidentially could be difficult. At this inspection we found that the practice had changed how they used these rooms. Sessions had been amended so there were never occasions where both rooms were used at one time. Patients' privacy was therefore maintained. Appropriate screening was available to maintain privacy during examinations.</p>	

Responsive

Rating: Good

The key question of responsive was rated as requires improvement following the inspection of 12 February 2019. The system for managing complaints was not effective. At this inspection we found the system had been reviewed and all complaints were appropriately actioned. The key question is now rated as 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 – 7pm
Tuesday	8am – 6.30pm
Wednesday	7.30am - 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
NB Every morning there is an open surgery. All patients who attend between 8am and 10am are seen by a GP. Pre-bookable appointments are in the afternoon.	
Appointments available GPs:	
Monday	2.30pm - 4.30pm and 6.30pm - 7pm
Tuesday	3.30pm – 5.30pm
Wednesday	2pm – 4.30pm
Thursday	1pm – 4.30pm
Friday	1pm – 4.30pm
Appointments available practice nurse:	
Monday	9.30am – 5.15pm
Tuesday	9.30am – 5.30pm
Wednesday	7.30am – 8am and 9.30am – 12.30pm
Thursday	9.30am – 2.30pm
Friday	No appointments

Additional information:

Although pre-bookable appointments were usually in the afternoon, we saw there was some flexibility. For example, appointments for children under the age of five could be given following the morning open surgery.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4347.0	462.0	109.0	23.6%	2.51%

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)	92.7%	94.2%	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.

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

- Additional nurse appointments were available from 7.30am one day a week which could be used for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7pm on a Monday.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available until 9pm Monday to Friday and 10am – 2pm at the weekend.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.

**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

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)	89.7%	N/A	68.3%	Variation (positive)
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)	71.7%	65.9%	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)	75.9%	65.6%	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)	70.9%	70.2%	73.6%	No statistical variation

Source	Feedback
CQC comment cards	Of the 43 completed comments cards, four had mixed comments. These four related to difficulty accessing appointments and waiting times. Four patients commented that the appointment system, with the open surgery from 8am until 10am, was appreciated and another stated that they were always able to access an appointment that was convenient for them.
Patients comments	The patients we spoke to told us patients could always be seen on the day. Anyone who attended the practice before 10am was seen without exception. In addition, they stated that pre-bookable appointments were also available.

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 since February 2019.	5
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the February 2019 inspection we found that complaints were not satisfactorily handled. The procedure was not effective and not all complaints were investigated. At this inspection we saw a new complaints' policy and procedure was finalised in August 2019, and this included guidance about how to deal with complaints about locum GPs. All staff understood how to deal with complaints. We saw that all complaints were discussed in practice meetings and appropriate responses had been issued. There was a procedure to review complaints so trends could be identified.</p>	

Examples of learning from complaints.

Complaint	Specific action taken
September 2019. A child under the age of five was not offered an appointment and was told to attend the open surgery.	This was discussed in a practice meeting and the policy for seeing children under the age of five was updated. Two appointments for under-fives were made available at 11am daily, and GPs were to be messaged if patients could not do this. There was a review date of November 2019. An appropriate response was provided.
May 2019. A verbal complaint was made. A patient did not receive a prescription as the medicine was not mentioned on the computer system. They were told to contact their consultant.	This was investigated and discussed in a practice meeting. Staff were told they must consult GPs in these situations so they could make the decision about prescribing. Patients were also asked to supply letters from the hospital relating to medicines so the practice could make sure they had the correct information. An appropriate response was provided. This was reviewed in July 2019 and it was found there had been no further instances of this type of prescription confusion.

Well-led

Rating: Good

The key question of well-led was rated as inadequate following the inspection of 12 February 2019. Governance arrangements were not operated effectively and some policies were not practice specific or being followed. There was ineffective performance management, and risks throughout the practice had not been identified. There was a limited approach to obtaining the views of patients. At this inspection we found new systems had been implemented throughout the practice and these were being monitored by the lead GP and practice manager. The key question is now rated as good.

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice had a patients' charter so patients knew their rights and the timescales the practice aimed for.	

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
Staff had undertaken equality and diversity training.	Yes

Explanation of any answers and additional evidence:

Previously, staff appraisals had been given a low priority. This meant that competence was not assessed and there was no regular mechanism to discuss staff performance. The practice manager had never had an appraisal. We saw that new systems had been put in place and all staff including the practice manager had had a full appraisal where objectives were set. In addition, six-monthly reviews were in place as a lot of staff had been given extra responsibilities. This meant that managers could identify any additional training needs and staff had the formal opportunity to raise any concerns.

There was a low staff turnover and most staff had worked at the practice for many years.

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

Source	Feedback
Staff feedback	Staff told us they worked closely as a team and they felt well-supported at work. They said their manager and the lead GP were always approachable.

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:

There had been changes in the governance of the practice since the February 2019 inspection. All systems and processes had been evaluated and updated if required. We saw that systems such as the management of policies and training had been re-organised and it was now easy to find current procedures and information about what training all staff had completed. We saw evidence that these were continuously managed.

Staff had been given additional roles, such as safeguarding lead or assistant manager. The staff we spoke with were clear about their roles and they were provided with full support and training to carry them out.

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
<p>Explanation of any answers and additional evidence:</p> <p>Since February 2019 the practice had re-evaluated how they managed and assessed risk. The business continuity plan had been reviewed in September 2019. All staff were aware of it and knew where it was kept. The day prior to the inspection the business continuity plan had been needed when the fire brigade had to be called. The business continuity plan worked well and we saw evidence the fire procedures and staff training were also effective.</p> <p>The practice had started to correctly monitor fridge temperatures and had purchased data loggers so information was more accurate. A protocol had also been put in place so staff knew what action to take if the temperature went outside the safe range.</p> <p>Previously clinical audits had been ad hoc, with some undated and some that had not been reviewed. At this inspection we saw that the practice had a schedule for clinical audits. We also saw they were monitored and reviewed.</p>	

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice now had an active patient participation group (PPG). They involved the PPG following the February 2019 inspection and made sure they were kept informed of the difficulties facing the practice. The PPG at first met frequently and it was anticipated that meetings would move to three-monthly when the required improvements had been made at the practice.</p> <p>Staff attended monthly meetings. They worked closely as a team and all staff had been involved in making the improvements so far at the practice.</p>	

Feedback from Patient Participation Group.

Feedback
<p>We spoke with two members of the PPG. They both told us that the practice had been open with them following the February 2019 inspection. They said the practice had shared the difficulties they had been having but were clear about the improvements they were making.</p> <p>The PPG members said they felt listened to and they were able to make any suggestions to the practice. They felt the practice team were working well and keen to work together.</p>

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
<p>Explanation of any answers and additional evidence:</p> <p>Since the inspection in February 2019 a long-term partner had come off the CCG contract, so the practice's CQC registration was in the process of changing. There had been a period of uncertainty but the lead GP had worked hard to secure the future of the practice.</p> <p>The practice had worked closely as a team, meeting regularly to discuss the progress of their improvements. An assistant practice manager was in post to help with some of the practice governance.</p>	

Examples of continuous learning and improvement

We saw evidence of changes in systems and processes being implemented since the February 2019 inspection. The practice had met the requirements of previous warning notices and requirement notices issued to them by CQC.

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.