

# Care Quality Commission

## Inspection Evidence Table

### Drs. Liversedge, McCurdie and Wong (1-582049061)

Inspection date: 13 November 2019

Date of data download: 06 November 2019

## Overall rating: Outstanding

At the last inspection on 20 May 2016 the practice was rated as good for each of the key questions and was rated as good overall.

This inspection was based on the indication of a quality change following an Annual Regulatory Review. We did not inspect the key questions of safe or responsive. The ratings for those key questions are unchanged and remain as good.

We rated the practice as outstanding overall and for the key questions effective, caring and well-led. We saw evidence of outstanding practice in each of these key questions, and the practice was a high performer compared to practices in their area and nationally.

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

## Safe

## Rating: Good

This was a focussed inspection based on a quality change from an Annual Regulatory Review (ARR) and we did not inspect this key question. Therefore, the rating for this key question remains the same.

## Effective

## Rating: Outstanding

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

- Outcomes for patients were consistently better than expected when compared with other similar services.
- There was above average data for the majority of local and national key performance indicators.
- The practice carried out health checks for patients of various age groups and routinely recorded patients' information, so their needs could be personalised.
- The whole practice team was included in quality management. The team included a musculoskeletal practitioner, care navigator, health improvement practitioner and mental health practitioner. Health improvement was a priority area and the practice had established systems for social prescribing.

### 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
Explanation of any answers and additional evidence: We saw evidence that clinical leads cascaded new guidance during weekly clinician meetings. This was repeated during practice meetings. Guidance such as from the National Institute of Health and Care Excellence (NICE) and Medicines and Healthcare products Regulatory Agency (MHRA) alerts was also discussed and we saw relevant action was taken.	
The practice was part of the Bolton Quality Contract which was the Clinical Commissioning Group	

(CCG) monitoring programme. The lead GP wanted to replicate the care provided in the practice across the wider CCG area and had been integral in putting the contract in place to improve care across Bolton. We saw examples of national and local protocols and pathways being followed.

The practice provided evidence that they had exceeded the local targets set. For example, as part of the Bolton Quality Contract **patients with a risk of CVD greater than 20% in the next 10 years, should have a review**. The practice had reviewed 93% of these patients.

There was a system in place for patients undergoing investigations or presenting with symptoms that could indicate a serious disease. An alert was on the practice's computer system so if any patient did not attend a planned appointment or investigation a member of staff telephoned them to discuss it and re-book. One of the patient comment cards specifically mentioned the efficiency of how their urgent two week wait appointment was managed.

Each day a member of the reception team checked all appointments to see if there were any outstanding checks, such as cervical screening, or information, such as smoking status, for the patient. The system was noted so that the clinician could discuss the checks or questions during the consultation. Staff told us this was time consuming, but they felt it helped to improve the care they provided.

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>	0.77	0.91	0.75	No statistical variation

## Older people

## Population group rating: Outstanding

### Findings

- The practice carried out 'ageing well' assessments in patients between the ages of 65 and 74 years. This is a plan to prevent and delay frailty in the age group. They included an assessment of the risk of social isolation for these patients, and social prescribing was used where it was thought it would be beneficial.
- The practice helped patients they felt suffered with social isolation. They held a party for these patients at Christmas and a care navigator could provide individualised support.
- All patients over the age of 75 had had a frailty assessment using the Rockwood Frailty Score.
- The practice had written proactive and reactive care plans for 83% of patient over the age of 75, which took account of physical, mental and social needs.
- Over 80% of patients over the age of 65 had received a flu vaccination.
- The practice held multi-disciplinary team meetings within their network so learning and experience could be shared.
- We saw evidence that there was a system where all acute admission to hospital or admissions via A&E were analysed. On discharge patients were contacted by the practice to ensure that their care

plans and prescriptions were updated to reflect any extra or changed needs.

- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

## Population group rating: Good

### Findings

- The lead GP had a specific interest in diabetes prevention and had analysed prevalence throughout the practice area, Bolton, and other CCG areas.
- 91% of patients over the age of 40 had been screened for diabetes or being at risk of diabetes.
- Patients with long-term conditions were offered a holistic review covering all long-term conditions at one appointment. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- 94% of patients with cardio-vascular disease had had an annual review.
- 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 followed up on all patients who had been admitted to hospital as an acute patient. Contact was made to ensure a care plan was put in place or updated as required, and any other needs were discussed.
- 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.
- Patients with COPD were offered rescue packs.
- 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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.0%	76.6%	79.3%	No statistical variation
Exception rate (number of exceptions).	4.3% (10)	10.4%	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>	81.2%	77.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	6.0% (14)	7.1%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	84.0%	81.2%	81.3%	No statistical variation
Exception rate (number of exceptions).	5.6% (13)	9.9%	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>	75.0%	74.6%	75.9%	No statistical variation
Exception rate (number of exceptions).	2.8% (11)	4.6%	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>	96.5%	88.4%	89.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	11.3% (11)	6.1%	11.2%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.4%	83.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (6)	3.0%	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>	96.9%	93.6%	91.1%	No statistical variation
Exception rate (number of exceptions).	3.0% (2)	4.2%	5.9%	N/A

### Any additional evidence or comments

The practice had above average QOF scores for the majority of long-term condition indicators. Exception reporting was also low. In addition, we saw evidence that the practice was the top performing practice in Bolton when assessed against the Bolton Quality Contract.

The lead GP had introduced checks for patients to identify patients at risk of diabetes as well as those with diabetes or prediabetes. They provided evidence of the work and research they had completed. We saw that this work had been started at this practice and then the lead GP had introduced it to other practices, so they also extended their diabetic screening programme. In September 2019 88% of patients throughout Bolton who were over the age of 40 and did not have a diagnosis of diabetes were screened.

## Families, children and young people

## Population group rating: Outstanding

### Findings

- The practice had exceeded the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all the four childhood immunisation uptake indicators. The practice had received positive feedback from NHS England due to their high childhood vaccination rates.
- The practice changed their appointment system for childhood immunisations following feedback that the allocated morning clinic was often not convenient. They now telephoned the parents or guardians of children due an immunisation and made a convenient appointment directly. Nurses made early morning or lunchtime appointments if this was more convenient.
- The nasal flu vaccine was available for children during Saturday surgeries. Due to a delay in all practices receiving nasal flu vaccines the practice had prioritised the patients most at risk, and we saw evidence they were monitoring the availability of the vaccines so more could be ordered at the earliest opportunity.
- 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.
- All children under the age of 12 were offered a same day appointment.

- 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)	72	72	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	79	80	98.8%	Met 95% WHO based target
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)	79	80	98.8%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	79	80	98.8%	Met 95% WHO based target

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

## Working age people (including those recently retired and students)

Population group rating: **Outstanding**

### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- 96% of patients over the age of 40 had had an NHS health check.
- The practice had identified a group of patients who were difficult to reach and had not attended for a health check. The practice manager and practice nurse proactively carried out late evening visits to these patients at their homes. With consent documented, they carried out pulse and blood pressure checks and took blood samples. The initial health check conversation took place and the patient was contacted when the blood results had been seen. This had had a positive impact on the number of NHS health checks carried out by the practice.
- 68% of patients over the age of 18 had been screened for alcohol consumption so appropriate advice could be given.
- Smoking status was recorded for 88% of patients over the age of 16. Although patients could be signposted to participating pharmacies for smoking cessation services practice nurses also provided advice while patients were at the practice.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Saturday morning and Wednesday evening appointments were available at the practice that were specifically aimed at meeting the health needs of patients who worked.

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)	88.9%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	76.5%	70.2%	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)	71.6%	51.9%	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	81.8%	69.7%	69.3%	N/A

diagnosis. (01/04/2017 to 31/03/2018) <small>(PHE)</small>				
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>	33.3%	49.3%	51.9%	No statistical variation

### Any additional evidence or comments

The practice had above average results for cancer screening. Practice nurses told us they raised the profile of screening services when they could.

The practice nurse told us that if a patient failed to attend a cervical screening appointment they telephoned them to make a new appointment with them at a convenient time. The reasons for them not attending were also discussed so that any questions could be answered. They said they spoke to younger women about cervical screening if they attended the practice for other reasons so that they were aware of when their first screening would be due and what it entailed.

We reviewed and discussed all the new cancer cases which had resulted from a two week wait with the practice, as this data was below average. We saw that the practice was aware of this and the low data had been due to one specific case where the practice had appropriately referred according to local guidance. We saw evidence that all new cancer diagnoses in the previous 12 months had been analysed and there had been no missed opportunities to diagnose.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

### Findings

- The practice had implemented a military veteran register so that staff were aware of any additional needs.
- Same day appointments and longer appointments were offered when required.
- We saw evidence that 100% of patients with a learning disability had received an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. These patients were included on the register of vulnerable patients.

**People experiencing poor mental health  
(including people with dementia)**

**Population group rating: Outstanding**

**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.
- When a patient was diagnosed as having dementia their care plan was reviewed along with their medicines. They then received an annual review.
- 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. The practice had a good relationship with the community mental health team.
- 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. This was regularly reviewed and the practice worked with other support services in the area to provide appropriate support. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice had low exception rates for mental health indicators.

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>	100.0%	91.6%	89.4%	Variation (positive)
Exception rate (number of exceptions).	6.3% (1)	6.9%	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>	93.3%	90.6%	90.2%	No statistical variation
Exception rate (number of exceptions).	6.3% (1)	5.6%	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>	84.8%	92.7%	83.6%	No statistical variation

Exception rate (number of exceptions).	5.7% (2)	5.0%	6.7%	N/A
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### Any additional evidence or comments

We saw that there had been an increase of patients diagnosed with dementia having an annual review of their condition. The figure for November 2019 was 91% of patients. In addition, 90% of patients on the mental health register had had an annual review of their physical health. The practice told us that the improvements, and the previous positive figures, were due to their organisation. All patients on the mental health or dementia register were actively monitored and contacted if they missed any appointments. Home visits were arranged when this was more convenient.

The practice carried out 'ageing well' checks for patients between the ages of 65 and 74. These included an assessment for dementia.

A mental health practitioner attended the practice two days a week. Appointments could be made directly with the mental health practitioner without the need to see a GP first.

### 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)	558.4	No Data	539.2
Overall QOF score (as a percentage of maximum)	99.9%	No Data	96.4%
Overall QOF exception reporting (all domains)	3%	No Data	No Data

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

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

The practice was part of the Bolton Quality Contract. This had started in 2015 as an addition to QOF, looking at health improvement and best care for individual patients. Along with QOF the practice demonstrated year on year improvements and the practice scored 100% in the Bolton Quality Contract standards for 2018-19. The CCG had written to the practice to congratulate them on being the top performing practice in Bolton.

The practice kept a central log of audits. The practice nurse carried out an inadequate smear audit looking at cervical screening between 1 January 2019 and 11 November 2019. There had been no inadequate screenings.

The practice carried out audits of all new cancer diagnoses to analyse how the patient had been diagnosed and ensure referrals were made at the earliest opportunity. For 2018-19 there had been no cases where earlier intervention could have been possible.

An audit of the prescribing of fluoxetine, duloxetine, and paroxetine in patients with breast cancer who were receiving tamoxifen was carried out in February 2018. This was due to lessened efficacy of tamoxifen if the other medicines were taken. The audit showed that no patients were taking tamoxifen along with the other medicines. The audit was repeated in November 2019 and again no patients were at risk due to being prescribed the other medicines.

An audit of women of child-bearing age taking sodium valproate was carried out in February 2018. It was found that 100% of applicable patients were using contraception with good compliance. This was repeated in July 2019 and 100% was again achieved, showing that prescribing and advice given by the practice did not require adjustment.

## Effective staffing

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

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

Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a role specific induction programme for all new staff. We saw evidence that this was monitored, with staff having regular support and being given the time to complete mandatory training in the first two weeks of employment.</p> <p>Training was well-organised, and we saw evidence that all staff were up to date with their training. The practice manager had a system to remind staff when updated training was due, but staff told us they checked their training records throughout the year, so they could update it at the required time.</p> <p>The phlebotomists and health improvement practitioner had completed the Care Certificate for Health Care Assistants.</p> <p>We saw that appraisals were all up to date and were carried out annually. Staff told us appraisals were positive and their progress against objectives was discussed. We saw that staff were able to suggest additional training they were interested in completing, and this was looked at positively by the practice manager and partners. The advanced nurse practitioner carried out the appraisals for the phlebotomists and nurses, and a GP partner carried out the appraisals for the advanced nurse practitioner and the practice manager.</p> <p>Although non-clinical staff had their own roles they were trained in all administrative roles, so they could provide cover for their colleagues if required.</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 (01/04/2018 to 31/03/2019) (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
<p>Explanation of any answers and additional evidence:</p> <p>The practice held monthly multi-disciplinary team meetings where patients on the palliative care register were discussed. Minutes were available to update staff who were unable to attend. The practice carried out an audit of all patients who died to check the appropriate support had been provided.</p> <p>The administrative team had been trained in care navigation so were able to signpost patients to the most appropriate person for their concern. The practice initiated the inclusion of additional practitioners in the practice team, and these were now used throughout the primary care network. These included a musculoskeletal practitioner, a mental health practitioner, a care navigator who looked at the holistic non-medical needs of patients and a health improvement practitioner. Staff were also aware of other help available in the area and so could direct patients to practitioners outside the practice if this was more appropriate for their needs. One patient commented that they appreciated the preventative work that was carried out by the practice. They realised they did not always need to see a GP and had confidence that the reception team would advise them of the best person for them to see.</p> <p>The practice liaised with Age Concern when patients were discharged from hospital. There was a local scheme in place, so patients could have help with domestic tasks such as vacuuming to help them for a short time after discharge.</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.	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice carried out a variety of health checks including NHS health checks for patients over the age of 40, ageing well health checks for the 65 to 74 age group and over 75 health checks. We saw evidence that they were proactive in encouraging attendance and they had a high take-up rate.</p> <p>The practice had a care navigator who looked at the social needs of patients. We saw examples of</p>	

positive impact including a patient who was physically well but did not leave their home. In time the patient was able to go shopping and join in a group activity organised by the practice. Another patient often contacted the practice spending a lot of time on telephone consultations with a GP. The telephone calls stopped after interaction with the care navigator.

The health improvement practitioner organised a weekly walk around the practice area to encourage exercise and also as a way of helping with social isolation. They also arranged more vigorous walks for patients who felt this would be beneficial.

Social prescribing was available for all patients who wanted to improve their health. Patients could be referred for dietary advice or exercise classes without them being in pre-determined weight categories.

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) <small>(QOF)</small>	94.9%	95.5%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (10)	0.6%	0.8%	N/A

#### Any additional evidence or comments

The practice was proactive in obtaining the smoking status of all patients over the age of 16. At the time of the inspection 88% of these patients had their smoking status recorded. The practice gave advice on smoking cessation and also referred patients to pharmacies participating in smoking cessation schemes.

#### Consent to care and treatment

**The practice always obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: The staff we spoke with had a good understanding of consent, and we saw examples of written consent recorded appropriately for procedures, and of discussions around lasting power of attorney.	

The practice nurse explained that they knew their patients well. They have an example of a learning disability patient refusing to have blood taken. They knew the patient and their carer and arranged another appointment at a time the patient found easier. They also had good links with the learning disability team, so if a patient was unable to give consent for a procedure the team could work with them to de-sensitise the process slowly and maximise the patient's understanding.

The practice had medical students from the University of Manchester. They contacted patients in advance of their consultations to ask if they were comfortable having a student observe or speak to them when they attended.

# Caring

# Rating: Outstanding

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

- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- Feedback from patients was consistently positive and was higher than local and national averages.
- There was a strong person-centred culture.
- The practice had worked with patients who were socially isolated, and also provided good support for carers.

## 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

CQC comments cards	
Total comments cards received.	43
Number of CQC comments received which were positive about the service.	38
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comments cards	<p>The negative comment card was from a patient who disagreed with care navigation and did not want to be asked why they required an appointment. The mixed comments cards were not related to the caring key question; they related to the availability of parking and appointments not being immediately available. Four comments cards specifically mentioned that appointments were available when required.</p> <p>Comments cards stated that all staff were friendly and professional, and patients were treated with respect. Comments included patients being at ease with staff, patient care being taken to the next level, being treated as an individual, being listened to and the customer service being first class.</p>
Verbal feedback from patients	<p>Patients told us they were very happy with the practice and found all the GPs listened to them and made them feel comfortable. One patient commented that although they have always found the practice to be very caring, this had improved further with one of the newer GP partners arranging a party to help with social deprivation.</p>

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6766.0	305.0	115.0	37.7%	1.70%

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)	96.1%	89.9%	88.9%	Tending towards variation (positive)
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)	94.2%	87.9%	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)	98.3%	95.9%	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	92.6%	84.1%	82.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(01/01/2019 to 31/03/2019)				

#### Any additional evidence or comments

The practice had above average scores throughout the national GP patient survey. The recent practice survey found that 94% of patients were given enough time to discuss their condition, with 2% stating they did not need to discuss anything.

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

#### Any additional evidence

The practice carried out its latest patient survey in September 2019, and there were 445 responses. The majority of comments and scores were positive, with 97% of patients stating they were treated with dignity and respect all the time.

One of the partners had identified an issue with social isolation in the area. In December 2018 they organised a Christmas party for 50 of their most lonely or isolated patients. The patient forum was involved in the organising and local businesses were contacted to ask for donations. The practice had a good response with businesses donating food, gifts and vouchers. Everyone who attended received a gift and a free raffle ticket. The initiative was a success and is being repeated in December 2019. We saw that patients were donating items for the party and all staff were involved in helping to make this a success.

#### 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: In the recent practice patient survey 91% of patients stated they were involved in decisions about their care and treatment, with 6% stating there were no decisions to be made.	

## 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)	98.9%	93.3%	93.4%	Tending towards variation (positive)

	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice did not have any non-English speakers as patients, but they had the processes in place for interpretation if required. They had a hearing loop at the reception desk.</p> <p>Staff were aware of support groups in the area and the practice was proactive in encouraging patients to join in social activities.</p>	

Carers	Narrative
Percentage and number of carers identified.	156 carers, which is 2.3% of the practice population
How the practice supported carers (including young carers).	<p>The practice offers carers' health checks, and 85% of carers had attended for a health check. The practice was flexible around health check appointments and either made them for when the carer had regular time away from home or they carried out home visits. We saw a positive example of an interaction following a carers' health check. It was identified that one carer was struggling following a bereavement. Counselling was arranged, and a GP regularly contacted the carer to talk about how they were managing. There had been a significant improvement.</p> <p>The practice ran an event on National Carers' Day. The patient forum attended the practice to help identify carers and inform them of support available in the local area. There was a carers' notice board in the waiting room that gave information about support services</p> <p>The carers' register had increased by 58 in the previous year. Patients were asked about their carer status at new patient health checks, and they were also identified during flu vaccination clinics.</p>

	The practice was supporting one young carer (under the age of 18). They had been signposted to the Carers' Association in the area who were able to provide additional support.
How the practice supported recently bereaved patients.	A sympathy card was sent to bereaved patients, and this included an information leaflet on support services. GPs usually telephoned patients to ask how they were offer additional support if required.

## 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>The nurse's consultation room had a separate examination room for complete privacy.</p> <p>Staff told us that if a patient was upset or particularly unwell they made a separate room available for them.</p>	

## Responsive

## Rating: Good

This was a focussed inspection based on a quality change from an Annual Regulatory Review (ARR) and we did not inspect this key question. Therefore, the rating for this key question and the population groups remain the same.

## Well-led

## Rating: Outstanding

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

- Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- The practice routinely involved staff and patients to gather views and facilitate improvement.
- The practice valued their staff and provided professional and personal support for them which created a positive working environment.

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice carried out staffing needs analyses to ensure there was enough capacity at all levels. They had identified that patient numbers were increasing. A new salaried GP had been recruited to start in the new year.  There was a formal succession plan covering all aspects of the practice. There was a training programme in place for staff who had been identified to take over lead roles, so any changes would be seamless.  The practice had identified one of their challenges was their very busy patient population, with many leaving home early to work in Manchester. They had extended opening until 7.30pm on Wednesdays, and also had pre-bookable appointments between 9am and 11am on Saturdays. Patients could also attend a nearby hub for pre-bookable appointments until 9pm Monday to Friday, and during the weekend. The practice had proactively visited patients who had not attended their NHS health check in the evening, obtaining consent to have the health check conversation, a pulse and blood pressure check and obtain blood samples.	

## Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a mission statement, "To provide the best care, for every patient, every time". All the staff we spoke with were aware of this.</p> <p>All the partners had lead roles and they met regularly to disseminate information, keeping all partners up to date with information. Administrative staff also had lead roles, such as NHS health check champion and carers' champion. Staff were trained in all roles, so they could cover if a staff member was absent.</p> <p>The practice aimed to have good patient access, so they did not need to attend out of hours services. They offered a higher number of appointments than other practices in the area, at 78 appointments for every 1000 patients.</p>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes

The practice had access to a Freedom to Speak Up Guardian.	Partial
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a whistleblowing policy and all staff had been trained in the action they should take if they had any concerns. Although the practice did not have a formal Freedom to Speak Up Guardian the process was in place. Staff were supported in speaking up and there was a positive culture for this. The practice manager told us they would look the formal process and implement it.</p> <p>We saw examples of compliance with the Duty of Candour. A patient had been administered with an incorrect flu vaccination. They were contacted immediately and offered advice. A significant event was raised, and the incident was investigated with learning actions put in place. A written apology was issued.</p> <p>All staff told us they felt supported and valued by their managers and the partners. They said there was a family feel to working at the practice and this encouraged a culture of openness. Staff gave examples of being given professional and personal support, with one staff member saying they received practical support when they were off work following an accident.</p> <p>There was an annual practice barbecue at a partner's house, where all staff and their families were invited. Staff told us the annual event was a highlight of the year and they found it beneficial meeting the family members of their colleagues and spending time with people they may not have much contact with in work.</p> <p>The practice manager carried out audits and risk assessments to ensure the health and safety of staff. They also monitored the checks carried out on the building by NHS Property Services.</p> <p>The practice had been awarded the LGBT Foundation Pride in Practice award. All staff had received appropriate training and were aware of support services in Greater Manchester.</p>	

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>All staff had received training in information governance and confidentiality.</p> <p>We saw evidence that governance structures were regularly reviewed, and all staff were aware of their roles.</p>	

## 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>The practice had a central log of audits, so they were repeated at appropriate intervals and progress monitored.</p> <p>The practice monitored their performance in QOF and the Bolton Quality Contract, comparing their current compliance with that of previous years. We saw that their QOF score had improved annually, and in 2018-19 they achieved 100% compliance with the Bolton Quality Contract, and so were the top performing practice in Bolton.</p> <p>The practice had a comprehensive business continuity plan. The partners and practice manager kept a copy at their home addresses, and a copy was also kept in the safe in the practice. All staff were aware of their role in the case of a major incident.</p> <p>The practice was aware of and managed risks. There was a shortage of flu vaccinations, so the practice had identified the most at-risk patients to receive their vaccinations first. They monitored the situation to ensure they were able to order more supplies at the earliest opportunity.</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

Explanation of any answers and additional evidence:

The practice manager carried out ongoing monitoring of all areas of performance. They had a colour coded chart, so it was apparent what targets had been met and what required further work. Any identified risks were discussed with the appropriate team member and an action plan put in place and monitored.

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Explanation of any answers and additional evidence:

The practice had a well-established patient forum. They had a chair person and set their own meeting agendas. Approximately six to eight patients regularly attended meetings and they were proactively involved in seeking the views of other patients. Although we were told the patient forum would like to recruit younger members we saw the parent of young children attended.

The practice carried out its own patient surveys, the latest being in September 2019. They had received 445 responses. The majority of responses were very positive. The patient forum had discussed the results and where they felt improvements were possible they made suggestions to the practice.

Staff told us they were able to give their ideas to their managers and the GP partners, and they were encouraged to participate in how the practice was run. They had regular practice meetings and formal appraisals and said there was plenty of opportunity for them to give their views.

## Feedback from Patient Participation Group.

### Feedback

We spoke with two members of the patient forum. They told us they felt valued by the practice and were listened to. The members told us the group had evolved over the past few years and now, although GPs and the practice manager attended, they managed and ran their own meetings. They felt they offered a voice for the whole patient population.

The patient forum told us that although patient survey results contained mostly positive comments, they looked at areas where patients were unhappy and offered solutions where they could. One issue with patients over the years had been the car park which was used by a nearby primary school. The members told us that although the practice had tried various ways of improving this, and liaised regularly with the school, this was still an issue.

The patient forum told us other patient groups had asked to attend their meetings. A representative was going to speak to those groups to share the how the group worked.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The lead GP had put systems in place in the practice, analysed their effectiveness and rolled them out to other practices where appropriate, therefore improving the quality of care in the area. Examples include work identifying patients with diabetes and pre-diabetes and ageing well assessments for 65 to 74-year olds.  We saw that all significant events were investigated and discussed in practice meetings. Learning was shared and monitored, and all significant events were reviewed to ensure learning was embedded and events had not been repeated. Complaints were also investigated, discussed and reviewed so any themes could be identified. Staff were all able to discuss their roles in the management of significant events and complaints.  Staff had regular appraisals where any additional learning needs were identified. In addition, they were able to request training if they had a particular interest. Reception staff had been trained as phlebotomists and were supported to carry out their new role. One of the practice nurses was part way through a master's degree to become an advanced nurse practitioner.  The practice was a teaching practice, facilitating medical students from the University of Manchester. They had received the University of Manchester Gold Award 2018-19 for the teaching of year one and two students. Feedback from medical students was positive, including that GPs constantly made sure they had the opportunity to ask any questions.	

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. 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.