

Care Quality Commission

Inspection Evidence Table

Dr Yuen Fong Soloman Wong (1-487370326)

Inspection date: 28 November 2019

Date of data download: 13 November 2019

Overall rating: Good

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

Effective

Rating: Requires Improvement

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

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools. However, it was noted that there was a downward trend for the uptake of childhood immunisations and cancer screening.

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

NICE guidance, clinical pathways and changes to clinical policies were discussed at clinical meetings. The provider contracted the services of an external organisation to support the development of the suite of policies suitable for general practice. These were updated in line with changes in national guidance and best practice. All policies were easily accessible for staff via the computer system.

We were informed of the practice manager collaborating with the primary care network (PCN) to standardise some policies, particularly those relating to repeat prescribing.

The referral process had been reviewed and changes made, as a result of an incident where a referral had been missed. All referrals were now tasked on the computer system, to ensure there was an auditable trail.

Reception staff had received training in care navigation, to support and signpost patients to additional support as needed.

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>	0.16	0.60	0.75	Significant Variation (positive)

Any additional evidence or comments

The practice could evidence significant positive variations for antibacterial prescribing of co-amoxiclav, cephalosporins and quinolones, compared to the CCG averages. For example, 2.9% compared to the CCG average of 6.2%. The most recent Lowering Anti-Microbial Prescribing (LAMP) report (November 2019) produced by the CCG showed the practice was one of the highest achieving in their reduction of prescribing antibiotics.

Older people

Population group rating: Good

Findings

- A clinical tool was used to identify patients who were living with, or were at risk of, moderate or severe frailty. Those identified received a holistic assessment of their physical, mental and social needs.
- Older patients discharged from hospital were reviewed to ensure their care plans and prescriptions were updated to reflect any changes.
- Health checks, flu, shingles and pneumonia vaccinations were offered to relevant patients.
- Staff had appropriate knowledge of treating and supporting older patients.
- Structured annual medications reviews were undertaken with patients.
- Housebound patients received home visits as appropriate and had access to domiciliary phlebotomy services.
- The practice did not have a high elderly population. However, we were informed that practice staff had a good knowledge of their elderly patients and would alert clinicians to any areas of concern.

People with long-term conditions

Population group rating: Good

Findings

- Patients were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Clinicians had received specific training relating to long-term conditions, to support the management of patient care.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions. For example, diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with new diagnosed cardio-vascular disease were offered statins.
- Those patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for risk of stroke and treated appropriately.
- Patients with COPD were offered prescribed rescue medication.
- Patients with asthma were provided with self-management plans to support any exacerbations in their condition.
- Patients could be referred, as needed, to the primary care network respiratory hub, where they had access to a specialist respiratory nurse.
- Patients who had been admitted to hospital due to exacerbations in their condition, were followed-up by the GP upon their discharge.
- Patients were signposted to other appropriate avenues of support.

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>	68.6%	78.2%	79.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	21.7% (38)	15.4%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	76.0%	77.4%	78.1%	No statistical variation
Exception rate (number of exceptions).	12.0% (21)	9.9%	9.4%	N/A
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	79.0%	79.6%	81.3%	No statistical variation
Exception rate (number of exceptions).	10.3% (18)	15.0%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) (QOF)	80.2%	75.8%	75.9%	No statistical variation
Exception rate (number of exceptions).	8.0% (7)	7.3%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	94.7%	90.1%	89.6%	No statistical variation
Exception rate (number of exceptions).	17.4% (4)	10.1%	11.2%	N/A
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	85.9%	83.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	7.6% (18)	4.6%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	100.0%	92.2%	91.1%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	8.6%	5.9%	N/A

Any additional evidence or comments

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

We discussed exception reporting with the practice manager and GP. We were informed of the policy and processes following by the practice with regards to patients who were non-responders or refused to attend. For example, patients had been repeatedly contacted via letter, telephone or text message. We saw the instances where this had been documented in the patient's record. All patients' records were reviewed by the GP before they could be exception reported.

We reviewed several records and saw evidence to support the rationale for patients being exception reported. These included patients refusing treatment, being on optimal treatment and some who had "no engagement with the practice".

There was a nominated staff member who reviewed all the recalls of patients, to ensure that patients were recalled appropriately. Reports were run monthly, which the practice used to monitor where

improvements were needed. We saw on the appointment system where patients were highlighted to alert the clinician that there were some areas of QOF outstanding, such as a medication review. Upon speaking with staff, they were aware of the patients who repeatedly did not attend and supported clinicians to undertake opportunistic screening as the occasion arose.

We also discussed areas which were lower than the CCG average. We were informed of the challenges they faced due to their patient demographics, patients not being compliant with their treatment, taking on board advice and taking into account patient choice. We saw that comments were written in patients' records to reflect their choice.

Families, children and young people

Population group rating: Requires improvement

Findings

- The practice had not met the minimum target of 90% uptake for all four child immunisation indicators. Therefore, they had not met the World Health Organisation (WHO) based national target of 95% (the recommended standard for achieving herd immunity).
- There was a policy and processes in place for following up failed attendance of children's appointments, including immunisations. Parents/guardians of those children who were not brought were contacted. We saw evidence that this happened repeatedly for some children. Clinicians liaised with the health visitors as appropriate.
- There were arrangements in place to identify and review the treatment of newly pregnant women who were on prescribed long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Sexual health services were available. A clinician offered the insertion and removal of contraceptive implants for eligible women.
- The practice was aware of additional risk factors which affected their child population and the parental response to healthcare. This included above average rates of child poverty and a high immigrant population with hard to reach groups. Socially and economically disadvantaged groups are less likely to vaccinate their children.

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)	86	103	83.5%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)	74	104	71.2%	Below 80% uptake

(01/04/2018 to 31/03/2019) (NHS England)				
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)	77	104	74.0%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	80	104	76.9%	Below 80% uptake

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

Any additional evidence or comments

We discussed the below national target regarding the uptake rate of childhood immunisations with the practice manager and clinicians. We were informed of the policy and processes in place regarding children who “were not brought” for their immunisations. We saw the reports the practice undertook which identified children who had not attended. Parents were repeatedly contacted, advising them of the benefits of immunising their child and attending for their appointment. This was done using written and verbal invites by letter, text messages, telephone calls, and face-to-face when attending the practice. Additionally, immunisations were offered opportunistically and “fitted” into clinics as appropriate. There was proactive engagement with midwives, health visitors, school nurses and safeguarding authorities to support information and attendance. We saw that for many there had been several lines of communication between the practice and the parents.

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

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

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

practices.

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

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	60.1%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	38.6%	68.1%	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)	25.0%	55.6%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months,	100.0%	63.8%	69.3%	N/A

who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)				
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)	42.9%	50.8%	51.9%	No statistical variation

Any additional evidence or comments

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

The practice had reviewed their recall system, as they had felt this may have contributed to the low uptake rates due to some patients not receiving invite letters. We saw reports which showed patients were being called and that DNA rates continued to be high. For example, in a six-month average from October 2018 to March 2019, 80 patients had been invited to attend bowel screening, however, only 26 had attended. In September 2018, 69 patients had been invited for breast screening, only 21 had attended. We saw evidence to show that the current average number of patients who had attended cervical screening since April 2019 was 73%.

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

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

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Patients who were deemed as being vulnerable were identified on their records. This included patients who had a learning disability and those who were at risk of abuse. This information enabled the practice to appropriately support the needs of patients.
- Annual health checks were offered to patients who had a learning disability.
- End of life care was delivered in a coordinated way, which took into account the needs and wishes of the patient.
- Patients were signposted to other avenues of support as needed.

- Same day and/or longer appointments were offered when required.
- Relevant patients were offered blood borne virus testing as part of their new patient check.
- Staff had undertaken training relating to domestic violence and raised awareness with patients as appropriate.

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

Population group rating: Good

Findings

- Patients were invited for reviews of their care and treatment, which included an assessment of their symptoms, physical, mental and person wellbeing. Changes to care and treatment were made, and patients signposted to other avenues of support, as appropriate.
- Patients at risk of developing dementia were identified and offered an assessment to detect possible signs. When dementia was suspected the patient was referred to secondary care services for a formal diagnosis.
- There was a system in place for following up patients who failed to attend for administration of long-term medication. We were informed of several instances where the practice had engaged with mental health services due to patient non-compliance.
- When patients were assessed to be at risk of suicide or self-harm, the practice had arrangements in place to help them remain safe. We were informed of the action the practice had taken when patients were in crisis.

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>	90.5%	90.4%	89.4%	No statistical variation
Exception rate (number of exceptions).	4.5% (1)	10.6%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.8%	90.6%	90.2%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	9.1%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	83.3%	84.8%	83.6%	No statistical variation
Exception rate (number of exceptions).	14.3% (1)	6.3%	6.7%	N/A

Any additional evidence or comments

We discussed the higher than average exception reporting and reviewed reports relating to dementia care planning. The exception rate of 14.3% only related to one patient and we saw evidence that the patient had been appropriately exception reported.

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)	526.8	539.4	537.1
Overall QOF score (as a percentage of maximum)	94.2%	96.5%	96.1%
Overall QOF exception reporting (all domains)	8.2%	10%	10%

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

Any additional evidence or comments

The practice participated in audits to support medicines management. For example, the prescribing for urinary tract infections (UTIs) in the over 65s and prescribing for sore throats. The GP also undertook audits regarding the circumcision procedures.

The practice participated in the CCG's quality improvement schemes (QIS) and produced an action plan to support their progress.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y

Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for healthcare assistants (HCAs) employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence of the training matrix where expiry and due dates for training were recorded. At the time of our inspection, we saw that the two GPs had not completed their fire safety training. We were provided with evidence, post-inspection, that this had subsequently been completed. We were informed of the fire evacuation drill the practice undertook with staff, whereby they “hid a pretend patient” for staff to find during the evacuation. The last evacuation drill had been completed in July 2019.</p> <p>There was an induction programme for new starters, however, this was not always formalised in a written plan. We were informed on the day of inspection, that this would be revised.</p> <p>We saw evidence of where poor performance had been addressed with appropriately.</p> <p>Staff told us they felt supported by the GPs and practice manager.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Explanation of any answers and additional evidence:

There were shared care processes in place with secondary care. Multidisciplinary meetings were held to discuss individual patients, although we were informed that representatives from palliative care and district nursing services did not always attend the meetings. However, when needed, the practice communicated with those services.

Internal meetings took place on a weekly basis, where individual patients were discussed. Patient records, care and treatment plans were updated accordingly.

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	
The practice had access to patient ambassadors who supported patients as needed. There was a carers' clinic based at a local practice, where patients could be signposted to for additional support. A bereavement group was facilitated by one of their patients for other patients.	

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>	98.8%	95.4%	95.0%	Variation (positive)
Exception rate (number of exceptions).	1.7% (7)	0.8%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence:	
We saw evidence that consent was sought from patients as appropriate and that it was recorded in their records. The GP used a written consent form for circumcision purposes. This was completed by the parents of the child and scanned onto the child's electronic record. The consent form was in line with the British Medical Association (BMS) guidelines regarding the undertaking of non-therapeutic circumcision.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	
The practice had a stable workforce, who could demonstrate good understanding and knowledge of their patient population.	

CQC comments cards	
Total comments cards received.	10
Number of CQC comments received which were positive about the service.	10
Number of comments cards received which were mixed about the service.	0

Number of CQC comments received which were negative about the service.	0
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Source	Feedback
CQC comment cards	The doctor took time to listen to my issues. Reception staff helpful. The practice staff are supportive and an excellent team.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4470.0	457.0	56.0	12.3%	1.25%

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)	79.5%	90.3%	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)	81.8%	88.4%	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)	86.3%	96.1%	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)	81.2%	84.8%	82.9%	No statistical variation

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

Any additional evidence

Patients comments on the day of inspection were positive about the practice, which included the care and service they received. We observed staff to be caring and supportive of patients. The lead GP had been particularly praised for their work and attitude towards patients they saw as part of the out-of-hours service.

Staff reported how they felt supported and cared for by the GPs. We were given several examples to demonstrate the caring manner of the GP towards staff.

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence:	
Translation and interpretation services were used for patients as needed, with longer appointments being available.	

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)	73.5%	93.4%	93.4%	Variation (negative)

Any additional evidence or comments

We discussed the patient survey results. The practice had undertaken their own patient survey. This showed an overall positive satisfaction rate.

Through the use of the long-term conditions templates, patients were supported to be involved in decisions regarding their care and treatment. We were informed that patients were encouraged to be involved.

The practice collated information from the NHS Friends and Family Test. We reviewed this information and saw that in the preceding 12 months, out of 273 responses, 174 were extremely likely to recommend the practice, four were likely, eight were neither likely or unlikely, nine were unlikely, 36 were extremely unlikely and five didn't know. Comments from patients said they were happy with the service and staff were kind, polite and caring. In the cases where patients were not likely to recommend, there were no

comments to identify their rationale, which the practice said was not helpful for them to address any issues.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was in the process of applying for funding to purchase a TV screen to display information in other languages, which could be used in the patient waiting area.</p> <p>As part of the childhood immunisation group, the practice manager had arranged for information to be translated into other languages.</p>	

Carers	Narrative
Percentage and number of carers identified.	<p>The practice had identified 21 carers (less than 1% of the patient population). Since the annual regulatory review in May 2019 the practice had increased their number of carers from 12. They informed us of the continued work they were undertaking to address the lower than average numbers. We were informed of the difficulty they encountered in patients acknowledging they were a carer.</p> <p>The new patient registration form had been reviewed to include identification of whether the patient was a carer or was cared for.</p> <p>There was a carers' champion and information available within the practice for carers and to direct them to other avenues of support.</p> <p>Patients had access to a carers' group based at a local practice.</p>
How the practice supported carers (including young carers).	The practice identified young carers. They currently had identified one patient, who was supported as needed.
How the practice supported recently bereaved patients.	The practice offered support and signposted to other services as appropriate. Patients had access to the bereavement café.

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We were informed of the meetings the practice had been undertaken over a two-year period to discuss improvements in their premises. This was ongoing and there were tentative plans for a resolution.</p> <p>We were also informed of the challenges they faced due to the patient demographics, which included language and cultural barriers. Close working relationships had been developed with other local practices as to how they can work together to address the challenges in their communities.</p>	

Vision and strategy

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

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

Progress against delivery of the strategy was monitored.	Y
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Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
<p>The ethos and culture of the practice was one of being caring and supportive of patients and staff. There was an open-door policy where staff could raise or discuss any concerns. There was an arrangement in place with a local practice, whereby the practice manager was their Freedom to Speak Up Guardian and vice versa.</p> <p>We reviewed the complaints process and saw that complaints were managed in line with practice policy. Complainants were directed to the ombudsman should they not be satisfied with the outcome.</p> <p>It was clear on the day of inspection, that staff worked well as a team and were supportive of one another. The lead GP and practice manager were very complimentary of staff and valued their input into the practice.</p>	

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

Source	Feedback
Staff	Staff we spoke with reported they were happy to work at the practice. They felt involved and able to raise any concerns.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
There was evidence of governance oversight within the practice. Staff had lead responsibilities, such as the development of policies, safeguarding and infection prevention and control. Staff understood how and who to cascade any concerns and felt assured they would be acted upon.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
We saw the business continuity plan in conjunction with recovery plan. It was clear, comprehensive and directed staff to the appropriate course of action.	
A range of risk assessments had been undertaken to support safety, such as those relating to fire safety and health and safety.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y

There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
There was evidence of reports and data used to support service delivery and drive improvements. These included reviewing the did not attend rates of patients and review of QOF performance measures.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group (PPG).	N
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
As with many of the practices within the PCN, the practice had struggled to develop and maintain an active patient participation group. Consequently, they engaged with patients to obtain feedback through the NHS Friends and Family Test, patient surveys, discussion with local communities and engagement with other PCN members. The practice was working with the other PCN practices to have a PPG across all the practices.	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
We were informed of the continued learning within the practice to support improvements in patient outcomes. The acknowledged they had a challenging population but were striving to overcome some of the challenges they face. Some of their patients registered temporarily due to migrancy which caused them to have "ghost" patients. This potentially impacted on their performance. They were currently reviewing their patient list to ascertain whether they were still living in the area. A workflow had been developed to support staff regarding the issue.	

The practice had developed a walk-in clinic to support patient demand. As a result, the practice had seen some reduction in the number of DNAs. They felt it was due to patients being to be seen at the practice without having an appointment.

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.