

Care Quality Commission

Inspection Evidence Table

Aire Valley Surgery (1-582105207)

Inspection date: 28 November 2019

Date of data download: 15 November 2019

Overall rating: Good

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

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: The practice received up to date clinical guidance electronically and this was forwarded by email to all clinicians within the team with a read receipt to ensure the information had been delivered. The information was also stored on the practice's shared drive to allow people to have ongoing access to guidance. In addition; each update received was allocated to GPs on a rotational basis, to review and feedback information and key points at the clinical meeting.	

The practice had an urgent care system in place to support patients who required a same day appointment. This was managed by a GP and Advanced Nurse Practitioner. In addition; the practice had a home visit rota and requests were assigned across the workforce. This was to ensure all requests could be accommodated and each clinician had a manageable workload.

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>	0.19	0.60	0.75	Significant Variation (positive)

Explanation of any answers and additional evidence:

The practice monitored prescribing by carrying out regular audits. Findings from the audits were discussed at clinical meetings to share learning.

Older people

Population group rating: Good

Findings

- The practice had a care coordinator team who used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- The practice had been proactive in trialling a video link to enable them to join the neighbourhood multidisciplinary team meetings.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Before the inspection we sought feedback from one nursing home and one residential home for older people. Both told us that their residents' needs were met by the practice, there was effective communication and the practice responded to any requests for additional visits promptly.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- GPs from the practice had worked with Leeds Teaching Hospitals Trust (LTHT) to obtain funding from Macmillan Cancer Support to develop a Cancer Survivorship Service. The project involved development and delivery of a nurse led cancer care review with a Cancer Nurse Specialist at their GP Practice.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, the Advanced Nurse Practitioner was the lead for diabetes care and had received the appropriate training to support this role.
- At the time of our inspection, the practice was looking at providing group consultations for people with diabetes and working with other community and secondary care agencies to improve management of out of control patients.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example, diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- There were emergency plans in place for patients with COPD, this included rescue medication where appropriate.
- Patients with asthma were offered an asthma management plan and could access online asthma reviews.

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>	74.5%	78.2%	79.3%	No statistical variation
Exception rate (number of exceptions).	13.0% (47)	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	79.6%	77.4%	78.1%	No statistical variation

months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) ^(QoF)				
Exception rate (number of exceptions).	9.1% (33)	9.9%	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>	74.5%	79.6%	81.3%	No statistical variation
Exception rate (number of exceptions).	13.0% (47)	15.0%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	68.1%	75.8%	75.9%	No statistical variation
Exception rate (number of exceptions).	7.1% (33)	7.3%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	76.4%	90.1%	89.6%	Variation (negative)
Exception rate (number of exceptions).	9.3% (13)	10.1%	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) (QOF)	78.8%	83.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.7% (17)	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)	90.5%	92.2%	91.1%	No statistical variation
Exception rate (number of exceptions).	9.5% (11)	8.6%	5.9%	N/A

Any additional evidence or comments

We discussed the practice's achievement against the Quality and Outcomes Framework indicator for reviews of patients with COPD. They advised us that they had experienced staffing issues over the last two years due to a number of key team members leaving, this included two lead nurses. The practice had identified recruitment as one of the key priorities and had a new preceptorship nurse due to start in December 2019. However; they were still in the process of recruiting an additional nurse and two health care assistants.

In addition; the practice had participated in a COPD and Diabetes awareness afternoon at a local voluntary service for the elderly to engage with patients and provide support and information.

Families, children and young people

Population group rating: Good

Findings

- The practice had met the minimum 90% target for all of the four childhood immunisation uptake indicators, and the WHO based national target of 95% (the recommended standard for achieving herd immunity) for two of those indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations and had an in-house system in place to follow up parents who did not attend the practice with their child for immunisations.
- The practice offered longer appointments for six to eight week baby health checks.
- The practice offered dedicated flu clinics for pre-school children.
- 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. In addition; the safeguarding lead met regularly with the 0 to 19 team (the health visitor and school nurse teams who offer support to families during pregnancy and with a new baby or child up to the age of 19).

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice offered an urgent care system where patients could access appointments with a GP or Advanced Nurse Practitioner. The partners informed us that all children would be offered a same day appointment.
- 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)	69	71	97.2%	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)	61	65	93.8%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	61	65	93.8%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	62	65	95.4%	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: Good

Findings
<ul style="list-style-type: none"> 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. The practice offered online and telephone access, 40% of the practice population were registered to use online services which gave them access to a range of services including booking and cancellation of appointments, ordering repeat medication and access to medical records. Patients could access appointments at the practice from 8am until 6.30pm Monday to Friday. In addition; the practice worked with other local practices to offer the following extended hours services: <ul style="list-style-type: none"> 6pm until 8.30pm Monday to Friday 8am until 2pm on Saturday 9am until 1pm on Sunday

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)	74.5%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	74.7%	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)	59.1%	55.6%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	76.7%	63.8%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	37.2%	50.8%	51.9%	No statistical variation

Any additional evidence or comments

We discussed the uptake for cervical screening with the practice during our inspection and they told us of the steps they had taken to increase this. This included offering cervical screening appointments via the online booking system. They had planned to take part in a national screening campaign in January 2020, when additional appointments would be available for cervical screening. This information had been added to the practice website to promote cervical screening to patients.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- Same day appointments and longer appointments were offered when required.
- The practice offered a home visiting phlebotomy service and annual reviews for housebound patients.
- All patients with a learning disability were offered 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 worked with two local hospices to develop a letter to send to all recently bereaved patients. The letter offered families the opportunity to have an appointment with a nurse or GP at a suitable time and provided contact details for local bereavement services.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services. In addition; the practice had an in-house Patient Empowerment Project (PEP) worker. A PEP worker provided a social prescribing service for patients, including group or individual support to help them to manage their condition and referral to local groups and community activities in the voluntary sector.

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) (QOF)	96.7%	90.4%	89.4%	No statistical variation
Exception rate (number of exceptions).	9.1% (3)	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) (QOF)	92.6%	90.6%	90.2%	No statistical variation
Exception rate (number of exceptions).	18.2% (6)	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) (QOF)	86.0%	84.8%	83.6%	No statistical variation
Exception rate (number of exceptions).	8.5% (4)	6.3%	6.7%	N/A

Any additional evidence or comments

We discussed the slightly higher than average exception reporting with the practice. We were advised that there were plans in place to be part of a new practice based community mental health service when this was launched in Leeds. The service aimed to fill the gap for mental health services within general practice and offer patients access to a mental health practitioner. In addition; the practice was working with a consultant psychiatrist to offer patients rapid access appointments for advice and guidance for an hour per day, five days a week.

The practice also planned to have a dedicated mental health nurse when the practice recruitment process was completed.

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)	536.2	No Data	539.2
Overall QOF score (as a percentage of maximum)	95.9%	No Data	96.4%
Overall QOF exception reporting (all domains)	4.5%	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

At the time of our inspection the practice had recently merged with another local practice in order to improve primary care for the local population. The merger had enabled additional services; such as joint injections, to be offered across both sites and reduced the need for referral to other services. In addition; the joining of clinical workforces had resulted in better contingencies for services such as minor surgery. Where previously only one GP at each site was able to carry out minor surgery, Aire Valley Surgery had two trained GPs who could provide cover for holidays and sickness. The practice also now had two GPs with a special interest in dermatology.

The practice undertook a number of audits to monitor performance including minor surgery, end of life care, coil fittings and antibiotic prescribing.

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 regular scheduled meetings for all staff groups with protected time to enable all clinicians to attend.</p> <p>The practice had introduced a new appraisal system to ensure all staff members had access to support and could evidence changes made to working patterns as a result of feedback from the team. For example, the practice nurses had requested that a mentor was available for them and the practice responded by allocating both nurses an individual GP for support and mentorship.</p> <p>The practice was a training practice and at the time of our inspection they had two GP registrars working alongside them. A GP registrar is a qualified doctor who is training to become a GP. The GP registrars had a named GP mentor within the practice. In addition, the practice supported advanced nurse practitioners and community pharmacists, from outside of the practice, to complete their prescribing courses.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	
The practice proactively referred to other services such as the expert patient programme (a peer led support programme for people living with a long-term condition) and alcohol and drugs services.	

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>	94.0%	95.4%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.5% (9)	0.8%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: The practice had adopted the 'Montgomery' consent procedure, which enabled the patient to have information regarding a procedure and time to reflect on this, prior to the procedure taking place. In addition; the practice had developed an information leaflet for cervical screening due to the new HPV testing required. This enabled patients to have current information prior to consent being given.	

Well-led

Rating: Good

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: Aire Valley Surgery had been created by two local practices merging in April 2019. The partners and management team were able to evidence the progress made as a result of the merger, however they were also clear about the challenges they still faced and were focused on ensuring that the practice teams from both sites were successfully integrated into one. Over the previous two years the combined team had seen a number of staff departures including four GP partners due to retirement. By joining workforces they had been able to continue to provide a good service to patients. At the time of our inspection there was a new cohesive partnership in place, with complementing skills. There was a clearly defined organisational structure in place and the partners had dedicated lead areas within the practice. For example, safeguarding, prescribing and teaching and training.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice vision was to provide outstanding care, delivered by a happy, highly trained and well organised team. The partners and management team had enlisted the support of an external facilitator to support engagement with staff in preparation for and throughout the merger. This helped to facilitate effective	

communication between administrative staff and management.

The practice had a five year plan in place which documented succession planning, ongoing appointment reviews and GP partner lead areas.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had arrangements in place with another local practice to ensure an external Freedom to Speak Up Guardian was available.</p> <p>Staff within the practice had protected time to attend structured meetings. This included weekly partnership meetings; weekly management meetings, and bi-weekly nurse, clinical and administrative staff meetings.</p>	

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

Source	Feedback
Staff member	Told us they were happy with the new partnership changes.
Staff member	Told us they enjoyed coming to work.
Staff member	Said they thought it was a good practice. Told us that patients reported they had confidence in the practice. Said their induction was comprehensive and clear.

Governance arrangements

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

	Y/N/Partial
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There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<p>At the time of our inspection the practice was in the process of reviewing governance structures from the previous two practices to identify best practice and adopt this across both sites. For example, the repeat prescribing process originally implemented at Rawdon Surgery had been adopted across Aire Valley Surgery.</p> <p>The reception and administrative staff were in the process of producing standard operating procedures to outline their daily tasks and responsibilities in order to streamline workloads.</p> <p>However; although there were systems in place to check stock levels and expiry dates for emergency medicines, we noted that some needles and syringes contained within the box had expired. We discussed this with the Advanced Nurse Practitioner at the time and this was rectified immediately.</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

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

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
The practice was part of a Primary Care Network (PCN) which evaluated the specific needs of the patients in their PCN network area and collaborated with each other to provide relevant and appropriate services to meet those needs.	

Feedback from Patient Participation Group.

Feedback
We spoke with three members of the patient participation group who all told us that the practice listened to their views and acted upon them. They told us that the practice provided feedback regarding any changes suggested by the group and action they had taken. If the practice had been unable to make changes, they would explain to the group the reason for this.

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 practice was committed to the training and development of staff members. As part of the appraisal process one of the salaried GPs had expressed an interest in teaching. The practice had sourced the training and provided protected time for the staff member to complete this.	

Examples of continuous learning and improvement
The practice proactively monitored the appointment system to monitor the number of appointments per 1,000 patients. This enabled them to have a very good understanding regarding patient demand for appointments and schedule appointments to suit this demand.

Leaders at the practice had been heavily involved in the development of the Primary Care Network (PCN) and the development of the model for extended access.

The practice had developed a Cancer Survivorship Service in partnership with Macmillan Cancer Support. This service had subsequently been rolled out across other areas in Leeds.

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.