

Care Quality Commission

Inspection Evidence Table

City View Medical Practice (1-3153644848)

Inspection date: 12 March 2020

Date of data download: 10 March 2020

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: At the time of our inspection, the practice had suspended online booking of appointments due to the issues regarding COVID-19. A triage system was being used to ensure that patients were directed to the most appropriate clinician or health care service. Information was available both in the practice and on the website advising patients of COVID-19. Patients had also been sent messages with links to the latest update and guidance. We were informed of instances where staff had dealt with patients' concerns and those who were possible cases.	

The practice was taking part in a video consultation pilot, with six other local practices. This was to support access to care for patients, whilst also taking into account the recruitment and sustainability of GPs. The practice had been working on the pilot over a period of six months with regards to the governance and logistics of video consultations.

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) (01/01/2019 to 30/11/2019) <small>(NHSBSA)</small>	0.26	0.57	0.72	Variation (positive)

Older people

Population group rating: Good

Findings

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Structured annual medication reviews were undertaken, to ensure that the needs of older patients were being met.
- Older patients discharged from hospital were reviewed to ensure their care plans and prescriptions were updated to reflect any changes.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- A clinical tool was used to identify patients who were living with, or were at risk of, moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Holistic care was provided, and patients referred to other avenues of support.
- Clinical staff worked with local care home staff, where registered patients resided, to provide effective care and treatment. Medication reviews were undertaken as appropriate. The advanced nurse practitioner (ANP) attended two local care homes at least once a week and liaised with the GPs as needed.
- Housebound patients received home visits as appropriate and had access to domiciliary phlebotomy services.

People with long-term conditions

Population group rating: Good

Findings

- Staff who were responsible for reviews of patients had received specific training relating to the long-term conditions, such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- A local model of care was used to support the care and treatment of these patients. This approach enabled patients to have a more active part in determining their own care and support needs. Individualised care plans were maintained, which included information on how to manage any exacerbations of their symptoms and how to use any anticipatory medicine which may be required.
- 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, clinicians worked with other health and care professionals to deliver a coordinated package of care.

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, COPD, atrial fibrillation and hypertension.
- Patients who were at risk of developing a long-term condition, such as diabetes, were invited for an assessment of their health. Appropriate testing and healthy lifestyle advice were provided. Patients who were identified as being at risk were followed-up accordingly.
- Patients who were referred to respiratory rehabilitation programmes were appropriate.
- Adults with newly diagnosed cardiovascular disease (CVD) were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation (AF) were assessed for stroke risk and treated appropriately.

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>	82.1%	78.2%	79.3%	No statistical variation
Exception rate (number of exceptions).	29.4% (193)	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>	78.3%	77.4%	78.1%	No statistical variation
Exception rate (number of exceptions).	13.5% (89)	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>	80.5%	79.6%	81.3%	No statistical variation
Exception rate (number of exceptions).	25.9% (170)	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>	83.4%	75.8%	75.9%	Tending towards variation (positive)
Exception rate (number of exceptions).	26.2% (139)	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	87.9%	90.1%	89.6%	No statistical variation

the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	22.6% (70)	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)	79.0%	83.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.7% (47)	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)	95.8%	92.2%	91.1%	No statistical variation
Exception rate (number of exceptions).	11.1% (12)	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.

QOF was regularly discussed at practice meetings and they used the local Clinical Commissioning Group (CCG) dashboard system to monitor their performance.

We discussed exception reporting with the managers and the GP who had oversight of QOF. It was noted that many patients did not attend their appointments and were repeatedly “chased up” by practice staff. Some patients had co-morbidities and, consequently, if they did not attend for a review this could impact across more than one long-term condition. We saw that there was a comprehensive exception reporting protocol in place, which the practice adhered to. We were assured that the practice was taking every action to encourage and support patients to attend for their reviews and be compliant in their treatment.

The practice also had a transient patient population, where patients moved away from the area and had not notified the practice. For those patients who had not attended or ordered their prescriptions, their records were reviewed by a clinician and a decision made to exception report them, until they could be assured they were no longer living in the vicinity.

In addition, the CCG had identified that diabetes was a key indicator for the quality improvement scheme and were supporting practices accordingly.

Families, children and young people

Population group rating: Good

Findings

- Staff had been appropriately trained and had the skills to provide care and treatment for this population group.
- The practice had met the minimum 90% World Health Organisation (WHO) target for one out of four of the childhood immunisation uptake indicators and over 85% for three indicators. (The WHO

based national target of 95% is the recommended standard for achieving herd immunity.)

- There were processes in place to follow-up children who “had not been brought” to an appointment.
- Clinical staff liaised with the health visiting team regarding any children who were not brought for immunisations, where there were safeguarding concerns, or the child was deemed vulnerable.
- There was a lead GP for safeguarding and a system in place to act on any safeguarding concerns.
- 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 services for sexual health and contraception, including implant fittings. Chlamydia testing was also available. The practice participated in the c-card scheme (this is a scheme where young people under the age of 24 years could register to get free condoms).

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)	152	161	94.4%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	133	152	87.5%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	132	152	86.8%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	133	152	87.5%	Below 90% minimum

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

Any additional evidence or comments

We discussed the areas where the practice was below 90% coverage for childhood immunisations. We were informed that the practice was aware of the fall in the numbers of children being brought and were working to address this. Recall processes were followed, which included sending parents text messages. Staff reminded parents of the importance of having their child immunised and opportunistically vaccinated children as appropriate.

It was noted that the practice had an approximately 40% of their patient population who did not have

English as a first language. This had also caused some barriers. Information was provided for those patients in a language appropriate to their origin. For some children, there were also issues where the UK immunisation schedule did not correspond with the schedule for the country they originated from, or they have received immunisation elsewhere outside of the UK.

Data we received from the CCG for the first six months of the 2019/20 period showed:

- 86.5% of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Hib and Hep B (88 children out of 101 had received the vaccine).
- 89.8% of children aged 2 who have received their booster immunisation for Pneumococcal infection (91 children out of 101 had received the vaccine).
- 90.7% of children aged 2 who have received their immunisation for Hib and MenC (106 out of 117 children had received the vaccine).
- 91.5% of children aged 2 who have received immunisation for MMR (107 out of 117 children had received the vaccine).

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- Patients had access to relevant health assessment. Those 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 arising from the outcome of those assessments/checks, where any abnormalities or risk factors were identified.
- Eligible patients were advised and encouraged to attend cancer screening programmes, such as those relating to breast, bowel and cervical.
- The practice participated in catch-up vaccination programmes, such as those relating to meningitis for students attending university for the first time.
- Patients could order repeat medication online without the need to attend the surgery.
- Patients had access to extended hours services via three “hubs” located across Leeds.

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). (Snapshot date: 01/07/2019 to 30/09/2019) (Public Health England)	60.3%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	59.1%	68.2%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	49.0%	56.6%	58.0%	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. (01/04/2018 to 31/03/2019) ^(PHE)	42.5%	63.8%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) ^(PHE)	48.9%	51.7%	53.8%	No statistical variation

Any additional evidence or comments

We discussed the lower than the 80% target for the uptake of cervical cancer screening for the period 2018/19. It was noted that the lowest uptake rates were for the 25 to 49 year old range. We were informed that the availability of suitably trained clinical staff during that time could have impacted on the uptake. At the time of our inspection, there was only one practice nurse trained in cervical cytology. The practice had plans in place to train up other nurses, but they had encountered difficulty in accessing the relevant training.

The practice promoted screening and supported patients to access services. They had undertaken a review and identified those patients who had been non-attenders and were using a targeted approach to increase uptake rates.

Information regarding screening services was provided and available both in the practice and on the website. Patients could access appointments with a female smear taker for cervical screening.

A review of transgender patient care with regard to screening programmes was undertaken. This was to identify any patients who may have been missed an invite for screening or were invited for screening they did not require. Each patient had been written to explaining the issues and asking whether they wished to receive screening. Patients were also offered an appointment to discuss any issues with a clinician.

Data showed that the highest uptake rate (69%) for cervical screening was in the higher age range of 50 to 64 for the period July to September 2019.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Patients who were deemed as being vulnerable were identified on their records. This included patients who had a learning disability, those with no fixed abode and those where safeguarding concerns applied. This enabled staff to support patient needs appropriately.
- Annual health checks were offered for those patients who had a learning disability. Their carer or family member was encouraged to attend with them, as appropriate.
- If a patient did not attend their appointment, they were contacted by the practice and another suitable appointment made.
- End of life care was delivered in a coordinated way which took into account the needs and wishes of the patient.
- 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. There was a process in place for referring/signposting patients to other services as appropriate.
- Patients had access to a substance misuse worker who attended the practice on a weekly basis.
- Staff had received face-to-face training in safeguarding and domestic violence awareness.

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

Population group rating: Good

Findings

- The practice employed a mental health nurse specialist who supported patients, aged 18 years and over, in primary care to reduce patients having to attend secondary care service. The nurse had the flexibility to see those patients who were most in need in a timely way. They undertook health checks, offered targeted interventions and provided coping strategies for patients.
- Patients were invited for face-to-face reviews of their care and treatment, which included an assessment of their symptoms, physical, mental and personal wellbeing. Changes to care and treatment were made and patients signposted to other avenues of support, as appropriate.
- Staff had received training in dementia awareness and the practice was identified as being 'dementia friendly'. Relevant patients were assessed to detect possible signs of dementia. When dementia was suspected they were referred to secondary care services for a formal diagnosis.
- There was a system for following-up patients who failed to attend for administration of long-term medication. There was monitoring of the ordering and collection of prescriptions by patients for anti-psychotic and other high-risk medicines used for treatment severe mental illness.
- Clinicians ensured that the care plans and changes to prescribed medicines of those patients who had recently received treatment in hospital or through out-of-hours services, were updated to reflect those changes.
- The practice had arrangements in place to help patients who were assessed to be at risk of suicide or self-harm to remain safe or be directed to an appropriate service.

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)	82.6%	90.4%	89.4%	No statistical variation
Exception rate (number of exceptions).	5.5% (5)	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)	89.9%	90.6%	90.2%	No statistical variation
Exception rate (number of exceptions).	2.2% (2)	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)	83.3%	84.8%	83.6%	No statistical variation
Exception rate (number of exceptions).	20.8% (11)	6.3%	6.7%	N/A

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)	534.3	539.6	539.2
Overall QOF score (as a percentage of maximum)	95.6%	96.7%	96.7%
Overall QOF exception reporting (all domains)	10.1%	5.9%	5.9%

	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

A two-cycle audit had been undertaken regarding how pathology results were dealt with in the practice. The purpose of the audit was to identify any abnormal results which had not been actioned appropriately. Out of 161 records, 14 had not been actioned and it was identified that the issue was due to the 'tasking' system. Originally, the tasks had been shown as being completed when, in fact, they had not been. As a result, changes were made to the processes and staff made aware. A re-audit showed improvements and found that out of 188 records, three had been completed incorrectly. The clinicians ensured that all actions were completed appropriately. Staff were again reminded of the correct processes. Another cycle of the audit was planned.

Any additional evidence or comments

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

The practice participated in CCG audits to support medicines management. For example, prescribing treatment for urinary tract infections (UTIs) in the over 65s and for sore throats. Other audits included

those relating to some long-term conditions, end of life and frailty. Audits were discussed at clinical meetings, where any learning or actions were shared.

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 healthcare 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>Staff were supported to attend training and development appropriate to their individual roles. For example, a receptionist was supported in training as a healthcare assistant and another receptionist to undertake phlebotomy training.</p> <p>Clinical supervision was provided for nursing staff, such as the ANP and mental health nurse specialist.</p> <p>The practice as an identified training practice and supported undergraduate and post-graduate medical students.</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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: There were shared care processes with secondary care in place. Multidisciplinary meetings were held to discuss individual patients and ensure staff were up-to-date with information to support the care and treatment of patients.	

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: Staff were trained in care navigation to support signposting patients to the appropriate area of support. The practice also engaged with local social prescribing initiatives.	
The practice patient participation group (PPG) supported a variety of support for patients, which included carers' events, coffee mornings and healthy lifestyle interventions. The practice rented an allotment, which was overseen by the PPG members. Patients would work on the allotment and all produce, such as fruit, vegetables and flowers, was available to other patients for a small donation.	
Patient comments we received on the day of inspection, were generally positive regarding the care, treatment and service they received from the practice.	

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,	94.5%	95.4%	95.0%	No statistical variation

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>				
Exception rate (number of exceptions).	2.5% (54)	0.8%	0.8%	N/A

Consent to care and treatment

The practice demonstrated 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.	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

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.	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 leadership and management teams were aware of the challenges faced within the practice and local communities. As a result of the merger between City View Medical Practice and Shafton Lane Surgery, the staffing structure had been reviewed to ensure the practice had an appropriate skill mix. They had recently recruited additional posts such as an advanced care practitioner and four GPs to support clinical care. They had developed business manager, operational manager and patient services managers roles to support service delivery.	

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

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>There were a range of regular meetings where staff could raise or discuss any concerns. Information was communicated to staff via meetings, one-to-one meeting, emails and tasks.</p> <p>Complaints were managed appropriately in the practice and patients referred to the parliamentary ombudsman should they wish to escalate their concerns further.</p>	

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

Source	Feedback
Staff	<p>Staff reported they were happy to work at the practice and felt supported to do so</p> <p>They had been kept informed regarding the merger.</p> <p>Staff who had been employed at the Shafton Lane Surgery were supported to become part of the larger team. They said they had experienced some changes</p>

	but were able to discuss any concerns with managers. They felt that the changes were positive and had seen their working environment undergo redecoration.
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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: There was organisational oversight by the provider and a range of minuted meetings to support good governance. Policies and procedures were updated in line with guidance. There was a clear process for cascading and actioning patient safety alerts as they came into the practice. Staff had lead responsibilities within the practice, such as safeguarding, quality and outcomes framework and infection prevention and control.</p>	

Managing risks, issues and performance

The practice had 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: Performance and risk were managed by the leadership and management team. Incidents and complaints were monitored, actioned and learning shared across the team. As part of the merger between City View Medical Practice and Shafton Lane Surgery, there had been comprehensive planning to ensure a smooth process and to monitor any impact on service delivery across both sites. There were appropriate emergency medicines and equipment located at both sites, which were checked regularly. We saw records to confirm this.</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 utilised the information available to them, such as the Clinical Commissioning Group electronic databases, to improve performance and benchmark against other local practices.	

	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
Explanation of any answers and additional evidence: We were been informed post-inspection that due to the COVID-19 pandemic, the practice had suspended the booking of appointments online. Patients had been informed of this.	

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 (PPG).	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 PPG was active and supported practice development. The practice was engaged with the local Primary Care Network (PCN) of local practices. The PCN worked together to identify challenges and improve services for their local communities.	

The provider of the practice was the local federation, who also supported other local practices and provided domiciliary phlebotomy services.

Feedback from Patient Participation Group:

Feedback

The PPG organised a number of events for patients, focusing on particular health and wellbeing issues. One catch all had been the Health Fair when they arranged for representatives from a number of local charities to attend and have a stall where they could showcase their services.

As part of the social aspect of health and wellbeing they held a fun afternoon for carers and those for whom they care and these usually happened around, spring, summer and Christmas time. The practice had also invited guest speakers to these events to talk to the carers and answer any queries they may have.

The PPG had arranged some targeted activities for children or people who do little or no activity. These included: kite making, walking groups, and the patient allotment. They also provided a library of books within the waiting room where patients are free to take a book to read.

The PPG supported the patient allotment, which was started in August 2014. The practice encouraged patients to become involved in the allotment, through the 'allotment table' a table where the PPG put leaflets about the allotment and put fruit and veg which had been grown at the allotment, for patients to take. In the summer of 2019, the PPG put in a successful funding bid to the CCG for money to buy a greenhouse.

The PPG also helped with awareness raising, such as bowel cancer, prostate cancer, flu jabs and cervical cancer. They did this as part of the coffee mornings that were held regularly within the waiting area

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice provided a training environment for clinical staff and promoted the development of their own staff. The staffing structure had been reviewed, to take into account staff requirements across both locations. We were informed that this would be reviewed within a 12-month period, to identify where any changes may need to be made and to evaluate where the staffing structure was working.	

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

practices 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.