

Care Quality Commission

Inspection Evidence Table

The Willows Medical Centre (1-7807948166)

Inspection date: 30 November, 21 & 22 December 2022

Date of data download: 16 December 2022

Overall rating: Good

Safe

Rating: Requires Improvement

Safety systems and processes

The provider is rated as requires improvement for the provision of safe services because:

- Processes were not in place to ensure that patients in receipt of high-risk drugs and other medicines had been monitored or reviewed in line with requirements.
- Processes had not been put in place to ensure that patient safety alerts and updates had been effectively assessed or actioned.
- Processes for ensuring vaccination of staff working in the practice were not in line with current guidance.

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: The practice had policies and procedures in place to support staff to identify and respond to any safeguarding concerns. The policies clearly outlined the safeguarding leads for the practice, and provided contact details for external agencies for example, local safeguarding teams and social services.	

Safeguarding	Y/N/Partial
<p>All staff had received safeguarding training to the appropriate level. In addition, clinicians at the practice had completed female genital mutilation (FGM) training. We saw examples of where this had been considered during consultations and discussions had been documented.</p> <p>Staff had a good understanding of safeguarding processes and we saw evidence of regular multidisciplinary team meetings where patients on the safeguarding register were discussed to ensure appropriate support was in place.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	No
<p>Explanation of any answers and additional evidence: The provider did not have effective processes in place to assess the vaccination and immunisation status of staff. We saw that only limited checks had been undertaken.</p>	

Safety systems and records	Y/N/Partial
<p>Health and safety risk assessments had been carried out and appropriate actions taken.</p> <p>Date of last assessment:</p> <p>The Willows Medical Centre – 15/08/2022</p> <p>Thornton Medical Centre – 11/08/2022</p> <p>Denholme Medical Practice – 11/08/2022</p>	Yes
There was a fire procedure.	Yes
<p>Date of fire risk assessment:</p> <p>The Willows Medical Centre – 25/02/2022</p> <p>Thornton Medical Centre – 24/10/2022</p> <p>Denholme Medical Practice – 23/05/2022</p> <p>Actions from fire risk assessment were identified and completed.</p>	Yes
<p>Explanation of any answers and additional evidence: The provider had arrangements in place to ensure appropriate risk assessments and checks were carried out. We reviewed a range of risk assessments during our inspection, including:</p> <p>Fire risk assessments</p> <p>Health and safety risk assessments</p> <p>Legionella risk assessments</p> <p>The practice kept a log of all actions identified during the risk assessments with a record of action required and action taken.</p> <p>We were able to review records of fire evacuation drills carried out at all three locations within the previous 12 months. Learning and improvements had been documented when identified. For example,</p>	

during 1 evacuation it was noted that not all staff were using the signing in book. As a result, a notification was sent to all staff to highlight the importance of signing in and out of the premises.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: The Willows Medical Centre – 18/05/2022 Thornton Medical Centre – 07/09/2022 Denholme Medical Practice – 07/09/2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The practice had an infection, prevention and control (IPC) policy in place and a dedicated IPC lead. We saw that IPC audits had been undertaken at each site and showed overall compliance scores of: The Willows Medical Centre – 91% Thornton Medical Centre – 97% Denhome Medical Practice – 94% The provider had an action plan in place to address minor issues for action. When we visited each site, we found them to be clean and well maintained.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence:	

All of the staff we spoke with and received feedback from were able to explain how they would prioritise the needs of acutely unwell patients. There was a dedicated duty GP available daily to deal with urgent or emergency requests.

The provider had systems in place to ensure adequate cover during staff absences and busy periods. Telephone calls and administrative workloads could be managed from any location within the Affinity Care Partnership. We spoke with two staff members who made reference to the advantages of being part of a wider group and always having staff available to cover when needed.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. ¹	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence:	
The practice had systems in place to process incoming correspondence and test results from other services.	
As part of our inspection, the Care Quality Commission (CQC) GP specialist advisor reviewed a selection of patients records. Overall, we saw that patient consultations contained appropriate information	

Appropriate and safe use of medicines

The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group	1.12	0.90	0.82	Tending towards variation (negative)

Indicator	Practice	SICBL average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHS Business Service Authority - NHSBSA)				
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2021 to 30/09/2022) (NHSBSA)	4.7%	5.4%	8.5%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2022 to 30/09/2022) (NHSBSA)	5.00	4.66	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	149.2‰	120.1‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	0.84	0.42	0.58	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	7.9‰	7.1‰	6.7‰	No statistical variation
Explanation of any answers and additional evidence:				
The practice participated in the Lowering Antimicrobial Prescribing (LAMP) audits which enabled them to monitor practice performance and take action when any areas of overprescribing were identified.				

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Partial

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p data-bbox="57 1202 1543 1258">Explanation of any answers and additional evidence, including from clinical searches.</p> <p data-bbox="57 1258 1543 1449">There were processes in place to support non-medical prescribers. A programme of 3 monthly mentoring was in place where Advanced Clinical Practitioners (ACPs) could discuss a sample of patients with a GP, discuss care and treatment and prescribing options. In addition, there was a duty doctor on site daily to provide immediate support to ACPs and trainees at the practice should this be required.</p> <p data-bbox="57 1449 1543 1550">The practice was supported by a dedicated Pharmacy Team which operated over all Affinity Care locations. This specialist team covered two main areas of activity:</p> <ul data-bbox="140 1583 1543 1897" style="list-style-type: none"> <li data-bbox="140 1583 1543 1740">• Prescribing management - delivered by practice medicines coordinators, practice medicines technicians, and practice pharmacists. Duties included handling repeat prescription requests, and the identification and organisation of medicines reviews. Processes were in place for necessary oversight of this work. <li data-bbox="140 1740 1543 1897">• Clinical Pharmacist services – delivered by clinical pharmacists who undertook reviews of patients with long-term conditions. Patients were booked into reviews by in-house care coordinators who identified patients and who organised monitoring such as blood samples and blood pressure readings prior to booking in the patients for a review with a clinical pharmacist. <p data-bbox="57 1897 1543 1953">This service was led by a chief pharmacist who sat as a member of the Affinity Care Board of Directors.</p> <p data-bbox="57 1953 1543 2045">Medicine reviews – We examined 5 recent medication reviews undertaken for patients at the practice. We found that 1 of the reviews was comprehensive with a documented record of appropriate monitoring</p>	

Medicines management	Y/N/Partial
<p>having been undertaken and each individual drug discussed with the patient. A further 2 medication reviews had been completed via an online patient questionnaire, and we saw evidence that if the practice was not happy with the response they would contact the patient to book a review. We found that the remaining 2 reviews either:</p> <ul style="list-style-type: none"> • Lacked detail in relation to decisions and outcomes. • Did not check and review that required monitoring had been undertaken. <p>In response to these findings the provider informed us that patients on high risk or multiple medication would be identified and invited for a structured medication review where all medications discussed are documented.</p> <p>Our GP specialist advisor (SPA) ran searches of the practices clinical systems and found concerns with the processes for High Risk Medicines and Disease-modifying anti-rheumatic drugs (DMARDs) monitoring.</p> <p>We identified 27 patients who were prescribed Azathioprine (a DMARD used to help treat inflammatory conditions). Of these patients, 6 had not had the required monitoring. We looked at 5 records in detail and could see no evidence of regular blood tests being carried out to check liver function, kidney function and blood count (to check the types and number of cells in the blood and give an indication of general health).</p> <p>Following our inspection, the provider confirmed that all 5 patients had been booked for blood test or were being monitored by the hospital. The provider confirmed that their process had been updated to include documenting third party results within the patient record.</p> <p>We identified 10 patients who were prescribed Amiodarone (used to help control heart rhythm) and found that monitoring was inconsistent. We looked at 5 records in detail and found that none of these patients had thyroid function tests (TFT) carried out.</p> <p>We received confirmation from the provider following our inspection that their in-house patient alerts had been updated to include TFT monitoring and that all patients who were missing blood monitoring had been invited for blood tests.</p> <p>Medicines usage – searches indicated that 73 patients identified as having been prescribed gabapentinoids (used to treat epilepsy and also certain types of nerve pain) had potentially not received a review in the previous 12 months. We reviewed 5 records in detail and found the following issues:</p> <ul style="list-style-type: none"> • reviews had not been undertaken at the required frequency. • unclear diagnosis in some cases. • repeat dispensing in some cases with no review date. <p>In response to these findings we were told by the provider that a review and monitoring programme was in place and would be reviewed by the clinical and pharmacy team. We were advised that a review of repeat dispensing policy would be undertaken to ensure patients were appropriately monitored. We were also told that the provider intended to examine deprescribing such medication, and that patients would be linked to alternative support.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	87
Number of events that required action:	84
<p>Explanation of any answers and additional evidence:</p> <p>The provider had renamed significant incident reports as learning events. They felt that this promoted a service improvement and learning ethos across the organisation. Staff we spoke with told us that they were aware of reporting procedures and had confidence that issues raised would be dealt with. They felt incidents were handled within a blame-free culture.</p> <p>We saw that some incidents resulted in organisational wide learning and we saw evidence how this had changed provider practices. For example, the practice had identified issues with the monitoring of vaccination storage and refrigerator management. As a result, they had undertaken a full review and update of the cold chain policy. We saw learning and improvements were shared and implemented across all sites within Affinity Care.</p> <p>However, we reviewed a summary of the practice's learning events over the previous 12 months and saw that some did not identify lessons learned or changes to processes.</p>	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Needlestick injury involving member of staff.	Contact details and process on needlestick injury policy were out of date. Reviewed and updated by the practice to ensure correct.
Delay with management of urgent results from hospital laboratory.	Process reviewed and updated to ensure urgent results are added to duty doctor list and a task is sent to duty doctor to make them aware that the results are urgent.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The provider was unable to demonstrate that all relevant safety alerts had been responded to. For example:</p>	

Citalopram (medicine used to treat depressive disorders, panic disorders, obsessive compulsive disorders and anxiety) – Patients over 65 years should not be prescribed more than 20mg of Citalopram. Our clinical searches showed 7 patients who had been prescribed over these doses. None of the 5 patients had been informed of risks associated with this prescribing.

Following our inspection, we received confirmation that these patients were being contacted by the care co-ordinators and booked in for medication review. The review would be used to discuss cardiac risks associated with the current dose of medication and look to reduce this. In addition, an alert had been added to the clinical system to flag up the risks at the point of prescribing to reduce any new high dose prescribing.

Effective

Rating: Good

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

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. ¹	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial
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 prioritised care for their most clinically vulnerable patients.	Yes

Effective care for the practice population

Findings
<ul style="list-style-type: none">Complex care health teams had been established, these teams supported housebound and/or otherwise vulnerable patients such as palliative care patients, those approaching end of life, or patients accommodated in residential care settings. This service was also available to those who were temporarily housebound and required home visits. The service supported the delivery of both acute and planned care and included long-term condition reviews, ongoing monitoring, and wellbeing and health promotion. The service was delivered by a combination of staff who included advanced nurse practitioners, physician associates and GPs, supplemented by GP registrars and Foundation Year 2 doctors. The teams were supported by care coordinators who reviewed patient needs, organised monitoring, and who also contacted new housebound patients and those who had been recently discharged to offer proactive support. In addition, the in-house pharmacy team supported this work.

Of necessity the teams worked and liaised closely with partners who included local voluntary and community sector (VCS) social prescribing providers, community matrons and the local palliative care team.

- Care coordinators who supported the needs of patients with long-term conditions. They worked and liaised with patients regarding their care needs and identified patients when monitoring and reviews were required.
- Each location had a duty doctor available to increase capacity when needed, and to act as a point of support and advice for other staff.

The practice identified older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.

Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

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.

All patients with a learning disability were offered an annual health check. The practice had 133 patients on their learning disability register. Of these patients 130 (98%) had received a health check in the previous 12 months.

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.

The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.

Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

Our reviews of clinical records showed that patients with long-term conditions had generally been managed appropriately, with recalls and reviews in place. However, our searches of patient records showed some areas of concern:

- Patients with diabetic retinopathy whose latest HbA1c was >74mmol/l (diabetic retinopathy is a potentially sight threatening complication of diabetes) – 76 of 1159 patients had a last HbA1c reading over this figure. We examined 5 records in detail and found that 3 patients were under the care of the diabetes nurse specialists. However, we saw no evidence of HbA1c tests being repeated following the previous high reading. We saw limited evidence of high readings having been discussed with the patient.

We received feedback from the provider following our inspection to confirm that the 3 patients identified during our clinical searches were being managed in line with the practice's diabetes

management processes. The provider confirmed that 2 patients had already been invited to attend reviews but had not attended. The third patient had already attended for a review.

- Patients with hypothyroidism who had not had a thyroid function test (TFT) in the previous 18 months - we identified 25 patients from 634 who had potentially not received a recent test. We examined 5 records in detail and saw that medication reviews had been undertaken for 3 of these patients, however this did not include checks to establish if appropriate monitoring had been carried out. Of concern was 1 patient who had not received monitoring and was in receipt of repeat medication.

We received feedback from the provider following our inspection to confirm that these patients had been sent 2 text messages inviting them to attend for blood tests, with some having contacted the practice to book an appointment. The respiratory care co-ordinator had been tasked with ensuring patients were followed up and booked in for appointments.

- Patients with asthma who have been prescribed 2 or more courses of rescue steroids – we identified 2239 patients with asthma, 119 of these had received 2 or more courses of rescue steroids. We examined 5 records in detail and found that all patients had an adequate assessment at the time of prescribing the steroids and had been contacted within a week to check their response to treatment. However, in some cases we found:
 - Steroid cards were required and had not been issued
 - Patients had not had their annual asthma review
 - Regular asthma treatment had not been adjusted following an acute exacerbation

The practice informed us that a severe asthma project was being undertaken by the Affinity Care respiratory lead. This included ensuring all patients were invited for an asthma review and contacting patients to request a steroid card is collected from the practice.

For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, the provider had an in-house respiratory specialist, and other staff had received training to deliver higher levels of care.

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 asthma were offered an asthma management plan.

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) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	96	99	97.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	105	109	96.3%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	104	109	95.4%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	105	109	96.3%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	96	100	96.0%	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>

Any additional evidence or comments

The practice had systems in place to promote uptake of childhood immunisations. If a child was not taken to an appointment parents or guardians were contacted to check why the appointment was missed and to rebook the child. This work was undertaken by a care coordinator who worked closely with the nursing team. Continued failures to attend were escalated to the safeguarding lead.

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/06/2022) (UK Health and Security Agency)	83.1%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	77.3%	51.7%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	70.3%	58.4%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	63.4%	62.7%	55.4%	No statistical variation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

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.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	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

<p>SABA (short-acting beta agonists) inhalers prescribing audit – to assess possible overprescribing (6 or more inhalers per year). This audit had been undertaken over a number of years and showed levels of overprescribing to have fallen.</p> <p>27/11/2018 – 149 patients</p> <p>31/03/2019 – 142 patients</p> <p>31/03/2020 – 117 patients</p> <p>31/03/2022 – 95 patients</p>

This showed an overall fall in prescribing between 2018 to 2022 of 36%. Actions to achieve this result included increasing the issue duration of inhalers on repeat prescription, and increasing patient reviews.

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.	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
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.	Partial
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>We saw that there was an induction programme for new staff. It was difficult to assess if this had been implemented and undertaken as the necessary documentation had not been stored on the record of the individual staff member. However, staff informed us that when they joined the organisation they had undertaken an induction.</p> <p>Staff told us that the practice supported their training and development needs. The majority of training records we reviewed showed that staff training was up to date.</p> <p>We were informed by the provider that staff appraisals were undertaken, however at the time of our inspection these were not up to date. We were told the process had recently been changed to conduct appraisals on the staff members birthday month in order to improve this process and ensure the staff member was aware of what month their appraisal would be undertaken.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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

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 and tackling obesity.	Yes
Explanation of any answers and additional evidence: Staff had been trained in care navigation and were able to signpost patients to other services and support when this was appropriate. NHS health checks were available to patients. We saw that information was available for patients in the waiting area. For example, mental health, alcohol and healthy living advice. Practice Health Champions were established at Thornton Medical Practice and offered activities for patients on Wednesday mornings. Activities included walking, art classes and jewellery making.	

Any additional evidence or comments

The provider worked closely with HALE (Health Action Local Engagement – a local community and voluntary sector provider based in Bradford). Practices within the Affinity Care Partnership hosted HALE Community Connectors who delivered social prescribing services for all patients registered with Affinity Care Partnership practices.

In addition, the provider funded a dedicated engagement team at HALE to improve patient engagement and involvement in decision making throughout Affinity Care Services. The engagement team worked with all practices in the Affinity Care Partnership to ensure patients are well-informed regarding self-

care, well-being campaigns and focus groups to discuss how the services could best support long-term health conditions.

Data from HALE showed that from July to September 2022 they had supported 11 patients from The Willows Medical Centre and its branch locations.

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
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: As part of our inspection, we reviewed a sample of DNACPR decisions made within the last 12 months. We saw that detailed and comprehensive records had been maintained. These contained information regarding the patients capacity to consent to a DNACPR decision and a record of other services involved in the patients care.	

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.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Patient feedback	
Source	Feedback
NHS Friends and Family Test	Results for September 2022 showed that from 199 responses (across The Willows Medical Centre and it's branch sites): <ul style="list-style-type: none">• 169 patients (85%) would be extremely likely or likely to recommend the practice to others.• 11 patients (6%) would be neither likely or unlikely to recommend the practice to others.• 10 patients (5%) would be unlikely or extremely unlikely to recommend the practice.
NHS Friend and Family Test	Comments included words such as welcoming, friendly, compassionate and understanding.
NHS Choices	There were 8 reviews from patients on the NHS choices website. Of these 3 were positive regarding the care and treatment received from the practice. Words used to describe staff at the practice included lovely, kind, caring and compassionate. We noted there were also 5 less positive reviews regarding access to the service. All had been responded to by the practice.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL 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 (01/01/2022 to 30/04/2022)	85.4%	80.1%	84.7%	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 (01/01/2022 to 30/04/2022)	82.1%	78.4%	83.5%	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 (01/01/2022 to 30/04/2022)	92.7%	89.7%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	62.7%	65.7%	72.4%	No statistical variation

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

Any additional evidence
<p>The practice had undertaken a number of surveys to better understand their patient population. These included:</p> <ul style="list-style-type: none"> • Young people's survey (2021) which sought feedback on the in-house young people's service. Of 20 responses received 18 (90%) felt that the service was either really useful or quite useful. In addition, all 20 respondents would recommend the service to a friend. • In 2021 the provider undertook an LGBT+ (lesbian, gay, bisexual, transgender, and people with gender expressions outside traditional norms) survey across all of the practices operated by Affinity Care. Results showed high levels of patient confidence in the practice for issues relating to sexual or gender identity. For example, only 12% of respondents avoided being open about identifying themselves or took steps to avoid identifying themselves as being a member of the LGBTQ+ community. 71% of respondents said they felt respected when they accessed the surgery.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL 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 (01/01/2022 to 30/04/2022)	89.5%	86.4%	89.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	886 (5%)
How the practice supported carers (including young carers).	Carers had access to flu vaccinations and were signposted to local support services when this was identified. We saw information to support those acting in the role of carer available in the practice waiting room.
How the practice supported recently bereaved patients.	Condolence packs were sent to recently bereaved patients, this contained a sympathy card and offer of support from the practice. The practice also signposted patients to bereavement support groups.

Privacy and dignity

The practice respected privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We were informed by the provider that services were adjusted to support patients with specific needs. For example, offering appointments at the beginning or end of the day to reduce contact with other patients and supporting patients on the journey from reception to the consultation room.</p> <p>The practice had access to a telephone translation service to support patients whose first language was not English.</p> <p>The provider had undertaken a survey of patients in respect to access and used this to inform decisions about the delivery of patient care.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am until 6pm
Tuesday	8am until 6pm
Wednesday	8am until 6pm
Thursday	8am until 6pm
Friday	8am until 6pm
In addition, the practice offered extended access from 6.30pm until 8pm	
Appointments available:	
Monday	8am until 6pm
Tuesday	8am until 6pm
Wednesday	8am until 6pm
Thursday	8am until 6pm
Friday	8am until 6pm

Further information about how the practice is responding to the needs of their population

Patients had a named GP who supported them in whatever setting they lived.

The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. The provider had developed a segmented model of care which included two complex health care teams which undertook the management of care for some of the most vulnerable and or housebound members of the practice population. Activities of these teams included home visits, and visits to residential care facilities, as well as coordinating care with other stakeholders. Teams were supported by dedicated care coordinators who worked closely with patients, families and partner organisations to deliver care appropriate to need.

The provider had developed a number of services to meet the specific needs of members of the local community. These included:

- Women's Health Service – this included general women's health advice, menopause advice including hormone replacement therapy, cervical screening, contraceptive implants and removals, and contraceptive pill reviews and prescribing (undertaken by the Pharmacy Team). The service used a mixture of pre-bookable appointments both telephone and face to face, and e-consultations. Services were delivered by clinicians who had a special interest in women's health issues.
- Young Person's Contact Service – used to support referred young patients aged 11 to 18 (up to 25 for those patients with a learning difficulty). It was delivered using a multi-disciplinary team approach and utilised the services of a specialist nurse, and youth worker, and had the additional support of counselling, drug and alcohol and sexual health workers. The service was offered across Affinity Care practices. It delivered care via face to face clinics and drop-in sessions. Conditions and issues supported included anger management, behavioural issues, anxiety and low self-esteem, as well as physical health. At the time of inspection, the north locality which included The Willows Medical Centre supported 27 young patients. The service was also able to refer young people for additional support to their VCS partner Hale (Health Action Local Engagement). We saw feedback from young people who had used the service who stated how beneficial the support they had received had been.

The practice offered a number of in-house clinics including:

- Diabetes
- Specialist respiratory
- Childhood immunisations

Working with other local partner organisations the provider worked to raise community awareness of diabetes. At three events using this partnership approach they had undertaken 120 health checks and contacted over 200 individuals.

The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.

Additional extended service appointments were available at the practice from 6.30pm to 8pm Monday to Friday.

Access to the service

People were generally able to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The provider had recognised that capacity and demand had been a significant challenge. To meet this, they had developed a delivery and appointment model which they felt was flexible and met the needs of the majority of their patient population. The appointment and service delivery/access model included:</p> <ul style="list-style-type: none"> - Provision of a duty doctor who offered urgent same day appointments and who was available to deal with specific support requests in relation to patient care. - Installation of a new telephone systems, this offered additional services for patients such as call backs. The practice had also examined staffing levels at peak periods to receive incoming calls. - Urgent and on the day GP appointments. This improved capacity, met urgent demand and reduced the impact of patients who did not attend for pre-bookable appointments. - Prebookable appointments were available with members of the nursing team. - Flexible access via face to face, telephone and e-consultation. - The development of specialist services and clinics such as the complex health care teams, women's health service, and young peoples service. 	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	20.9%	N/A	52.7%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to	31.8%	49.7%	56.2%	Tending towards

Indicator	Practice	SICBL average	England average	England comparison
the overall experience of making an appointment (01/01/2022 to 30/04/2022)				variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	35.0%	50.1%	55.2%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	65.4%	69.2%	71.9%	No statistical variation

Any additional evidence or comments

The results of the GP patient survey represented the views of 1% of patients registered at The Willows Medical Centre. Of the 367 surveys sent to patients, 114 were returned.

The GP patient survey was also sent to patients registered at Thornton and Denholme Medical Practice. Of the 396 surveys sent to patients, 123 (1%) were returned. The results showed that:

- 29% of patients responded positively to how easy it was to get through to someone at their GP practice on the phone.
- 47% of patients responded positively to the overall experience of making an appointment.
- 67% of patients were very satisfied or fairly satisfied with their GP practice appointment times.

The practice recognised the less positive responses to the National GP Patient Survey. They continually reviewed and developed their delivery model to better respond to patient needs and demand. In addition, they had undertaken extensive engagement and survey work with staff and patients to assess access and service needs.

At the time of our inspection the provider had taken the following steps to improve patient satisfaction:

- Increased the duty GP service to enable patients to access urgent same day face to face appointments at both The Willows Medical Centre and Thornton Medical Centre. This ensured patients could be seen closer to home rather than travelling to a different surgery.
- Undertaking a survey into patient preferences regarding additional services and access.
- The planning of an additional patient engagement event over and above the usual Patient Participation Group meetings. This will be attended by members of the practice clinical and management teams. It is proposed to operate the event as an open forum to answer questions that may be behind the poor perception of the care felt by some patients. The provider told us that they had used this approach in the past to good effect.
- Updating the information screens in reception areas to ensure the information on them is up to date so that patients expectations were closely aligned with what they could expect, and through this help them to understand the Affinity Care model of service delivery.
- The provider had begun working with a local organisation who had been commissioned by the West Yorkshire Integrated Care Board to carry out further training with practice teams for effective care navigation. This training was planned for January 2023.
- The Affinity Care reception teams had undertaken a quality improvement project, which they launched at December 2022 on building a better patient understanding of care navigation via

training staff to have an improved knowledge of the subject. With this improved knowledge staff will be in a better position to explain care navigation to patients and build trust in the model of care delivered by the provider.

- The provider had been provided with patient information materials explaining how the different clinical roles in general practice were there to meet the various needs of patients.

Source	Feedback
For example, NHS Choices	5 of the 8 most recent reviews (March 2021 to June 2022) mentioned issues in relation to accessing services at the practice.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received.	18
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
Staff we spoke with were clear how complaints should be recorded and the processes for investigation and feedback.	
The practice had a complaints policy in place. In addition, information about how to complain was available on the practices website.	

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:	
The provider had a good understanding of the challenges they faced. For example, they had recognised that recruitment and retention of staff was a particular issue in certain practices across Affinity Care. They had therefore planned a number of actions to tackle this. This included: <ul style="list-style-type: none">• Ongoing staff recruitment.• Examining reasons why people had left the organisation and putting in place measures to reduce these. The provider had recognised that some staff had quickly left the organisation due to having unrealistic expectations as to what their role entailed. This included the receipt of abuse and aggression from patients.• Developing staff within the organisation to take on other roles.	
We received positive feedback from staff regarding the additional support available to them following the merger into Affinity Care.	

Vision and strategy

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

	Y/N/Partial
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 had access to a Freedom to Speak Up Guardian.	No
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
The provider had a strong education and training culture. It was a training practice and hosted medical students throughout the year.	
At the time of our inspection the provider did not have arrangements in place for an independent Freedom to Speak Up Guardian. We discussed this during our inspection and were advised that this would be rectified.	
Staff told us that they felt confident to raise issues with the management team.	

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

Source	Feedback
Words used by staff during interviews and feedback.	I feel fully supported.
Words used by staff during interviews and feedback.	Supportive, striving to constantly improve patient care.

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
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes

Explanation of any answers and additional evidence:

The provider had developed a governance structure to lead the organisation. Affinity Care as a provider operated its constituent practices as a Primary Care Network (a group of practices who work together to deliver enhanced services to meet the needs of their population). The governance was built on a defined structure:

- Affinity Care Partnership Board (the governing body) – whose role was to define strategy, shape culture and ensure accountability across the organisation. It had oversight of, and held the Board of Directors accountable for, delivery of key areas of work.
- Board of Directors – these included amongst others a clinical director, a medical director, a director of performance, a chief operating officer, and 3 locality directors (for the 3 geographical localities which comprised the Affinity Care operational area). Their role as a Board was to implement delivery and report on performance. They also sought assurance from other designated sub-groups for key work areas such as finance and access.

In addition to working as individual practices within 1 of 3 localities, individual practices were supported by some specialist teams which worked across the Affinity Care area. As examples these included a central human resources function, a data and secretarial team, a dedicated nursing and care coordination team and a pharmacy team.

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 quality improvement programme in place.	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

Explanation of any answers and additional evidence:

- We saw that the provider had structures and processes in place to manage, report and review performance. For example, from a sample of Board minutes we saw that financial planning, performance, locality updates and issues in relation to safeguarding and access had been discussed.
- The provider had a risk register in place and used this to manage identified concerns and risks to the organisation.

When issues and concerns had been recognised we saw that the provider had developed action plans to deal with these. For example, we saw plans had been put in place to improve learning from learning events.

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 monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: We saw that the provider had a dedicated director of performance in post and had established governance and performance oversight processes.	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
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
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	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:	
<p>The provider had a background of patient and community engagement. Activities have included:</p> <ul style="list-style-type: none"> - Engaging with and developing services for the LGBTQ+ community. - Developing a social media presence for sharing information and receiving key messages. - Establishing and working with the Affinity Care Patient Council. The council acted as a voice for Affinity Care's registered patients, and also acted as a central reference group for the constituent Affinity Care Patient Participation Groups (PPGs). The Patient Council comprised of a chairperson, and representatives from Affinity Care PPGs, an Affinity Care clinician, the Director of Operations for Affinity Care, and 2 members of a local voluntary and community sector organisation (HALE). 	

Feedback from Patient Participation Group.

Feedback

Feedback from the Patient Council chairperson indicated that members of PPGs across Affinity Care felt confident in raising concerns with the provider and had started to build rapport with the developing Affinity Care structures.

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 had a programme of clinical audits and other quality improvement activity.	
We saw that the practice reviewed complaints and significant incidents/learning events and used these to make improvements to services. However, we saw limited evidence of discussions and shared learning with the wider practice team.	
The provider had a strong commitment to education and training. This included:	
<ul style="list-style-type: none">• Operating as a GP training practice at some locations within the Affinity Care partnerships and supporting other associated health trainees within the workplace.• Supporting the development of staff into new career roles, or by supporting them to gain further professional qualifications.	

Examples of continuous learning and improvement

The provider had introduced improvement projects as part of the dedicated protected learning time. Teams of staff, both clinical and non-clinical were given the opportunity to look at any areas they thought could be improved and implement changes to support this.

We heard of work that the reception team had undertaken to improve accessibility for patients. This included consideration to patients requiring additional support. As a result of the project staff had been able to access Sunflower Lanyard training and we saw that Sunflower Lanyards were available in the waiting area at The Willows Medical Centre. Sunflower Lanyards are used to support people with non-visible disabilities to access the support that they need.

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 SICBL 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 SICBL 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.
- **UKHSA:** UK Health and Security Agency.
- **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.
- **%** = per thousand.