

Care Quality Commission

Inspection Evidence Table

Bolton General Practice (1-5826059347)

Inspection date: 14 March 2022

Overall rating: Outstanding

We have rated this practice as outstanding overall because:

- The practice was a multi-cultural practice with a high number of refugee and asylum-seeking patients and patients from socially deprived backgrounds. They had a young but transient patient population. The practice had educational resources to ensure the patient population had the appropriate knowledge and understanding when accessing the surgery. They currently had approximately 1800 registered asylum seeker/refugee patients which represents 30% of the practice list size.
- The practice adopted a holistic approach to caring by addressing all the needs of the patient, including their physical, mental, and emotional health, while taking social factors into consideration.
- Feedback from patients was consistently positive.
- There was a strong patient-centred culture.
- Patients were truly respected and valued as individuals and were empowered as partners in their care.
- Staff dealt with patients with kindness and respect and always involved them in decisions about their care.
- Staff felt valued and supported to develop professionally.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way and when they wanted it.
- The practice management team were motivating, forward thinking, organised and innovative with a sensible approach and clear goals. Staff told us they received excellent support and encouragement from the SSP leadership team to do this. The practice management team were compassionate and caring. Quality and integrity were a high priority resulting in a caring culture within a strong practice. There were opportunities provided for all staff for their personal development.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There was strong collaboration across all staff and a common focus on engaging with patients and other services to improve quality of care and the patient experience.
- The practice embraced social prescribing for the community to ensure patients received timely intervention when they needed it most, signposted them to services that could help them and ensured support was offered locally so the patient population could easily attend appointments.

Safe

Rating: Good

Safety systems and processes

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: <ul style="list-style-type: none">• Staff had access to safeguarding e-learning modules and all clinical staff members had completed safeguarding training to the appropriate level for their role. All staff had safeguarding level three as a standard in the practice.• There were clear safeguarding policies and procedures in place for both children and adults and protocols were in place for patients who did not attend appointments. This included domestic violence and female genital mutilation policies and protocols.• Safeguarding was on the agenda of the clinical practice meeting every month as a standing agenda item, and they shared best practice with other SSP Health Primary Care Limited practices and the Primary Care Network (PCN) when necessary.	

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 Public Health England (PHE) guidance if relevant to role.	Yes

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1 October 2021	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 21 September 2021	Yes

Actions from fire risk assessment were identified and completed.	
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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: 13 September 2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> All the staff we spoke with demonstrated an awareness of appropriate infection prevention and control (IPC) standards. There were cleaning schedules in place that were monitored by the practice. The practice had clear protocols in place which were regularly updated, following the latest government advice in relation to Covid-19. There was evidence to show action had been taken following the last infection prevention and control (IPC) audit and regular hand hygiene audits were carried out. Risk assessments and audits had been carried out to ensure services such as flu vaccinations, which at the height of the Covid 19 pandemic, were carried out in a safe space and followed IPC good practice guidance. 	

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: <ul style="list-style-type: none"> The practice had reviewed guidance for the management of sepsis and its ability to appropriately assess all patients, including children, with suspected sepsis. 	

- We saw evidence that all clinical and non-clinical staff had received sepsis awareness training. The lead GP was the practice lead for Sepsis.

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.	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: <ul style="list-style-type: none"> • The practice had established referral systems and processes. • All test results were reviewed and actioned by a GP. • Blood results were actioned the same day or next day with tasks sent to administrative staff when follow up was necessary 	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.51	0.83	0.76	Variation (positive)
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). (01/01/2021 to 31/12/2021) (NHSBSA)	7.6%	7.0%	9.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets	4.79	5.29	5.28	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2021 to 31/12/2021) (NHSBSA)				
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	231.0‰	166.0‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.93	0.73	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	16.9‰	10.2‰	6.7‰	Variation (negative)

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

Explanation of any answers and additional evidence:
<ul style="list-style-type: none"> The practice undertook an audit of multiple psychotropics for the period reported. This indicated that the majority of these patients were from the mental health team and were on repeat medicines. The results of the audit were discussed at a clinical meeting and it was decided that all patients on long term medicines, and not under the mental health team, were to be invited for a medication review at the practice.

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 structured medicines reviews for patients on repeat medicines.	Yes
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.	Yes

Medicines management	Y/N/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 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 PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was an SSP pharmacist and a primary care network pharmacist to support medicines management in the practice. • The practice continually reviewed their systems and processes for the administration and supply of medicines, and regular reviews for repeat prescribing for the benefit of the patient population. • The practice engaged with the local pharmacy to confirm whether patients had collected the prescriptions sent to them electronically. • There were clear medicine management and prescribing policies and procedures in place including a home visit policy. • As part of the inspection a number of set clinical record searches are undertaken by a CQC GP specialist advisor without visiting the practice. The records of patients prescribed certain high-risk medicines were checked to ensure the required monitoring was taking place. These searches are visible to the practice. • The records we examined provided evidence that most patients prescribed high risk medicines had been monitored appropriately. Of those where monitoring was overdue, we saw that all had been contacted by the practice to arrange the required checks. • We saw evidence that the practice carried out regular audits on high risk medicine monitoring. A system had been put in place to note the prescriptions of patients prescribed high risk medicines to highlight they must have blood tests at the required intervals, and repeat prescriptions would be issued if the required tests had taken place. • During the pandemic the practice, in line with guidance, postponed routine medication reviews and phlebotomy unless considered necessary. The practice took a decision to protect high risk patients as the risk of COVID-19 to these patients was greater than delaying recommended blood tests. 	

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.	Yes
Number of events recorded in last 12 months:	18
Number of events that required action:	18
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • All significant events were reviewed, discussed at meetings, and all actions carried out. • If learning points were identified these were cascaded to appropriate staff to prevent recurrence. • The significant events we reviewed indicated that the practice was responsive to the needs of vulnerable patients and identified the need for improved communication between internal staff and other health and social care professionals if required. • Annual analysis of significant events was undertaken for shared learning both at the practice and organisational level. 	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had a clear and timely process in place to ensure safety alerts were reviewed and a record was maintained of the action taken in response to alerts where appropriate. Safety alerts were circulated to the GPs. They decided if action was required and ensured that any actions were cascaded to the appropriate staff member. 	

Effective

Rating: Good

QOF requirements were modified by NHS England 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.	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 had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Practice staff were aware of the benefits of social prescribing and had links to community groups and support networks.• Records we reviewed demonstrated the use of best practice guidance.• There were consultation peer reviews undertaken across the wider SSP network of practices and this included prescribing. 10 consultations were reviewed quarterly and the ethos was to learn from each other and improve.	

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- 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.
- The practice held an “Important patient” register which included vulnerable patients, carers, drug monitoring, learning disabilities, military veterans, deprivation of liberty safeguards (DOLs), cancer, gold standard framework (GSF), childhood asthma and those patients who were housebound.
- The practice identified patients who were at high risk of complications because of COVID-19. After the practice identified those patients, patients aged over 65 were prioritised for contacting to complete a welfare check and advise patients of additional help or direct them to the correct agency.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

- The practice 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 COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- All potential missed diabetes diagnoses had been followed up.

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) (NHS England)	89	103	86.4%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)	86	93	92.5%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)	86	93	92.5%	Met 90% minimum
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) (NHS England)	87	93	93.5%	Met 90% minimum
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) (NHS England)	107	123	87.0%	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 saw evidence that the practice had a robust plan in place to recall all those children who had not attended the practice for immunisations due to the perceived risk factors from the pandemic.
- The practice also routinely sent letters to families for children due immunisations and if they did not receive a response they would contact the families by phone to ensure the best available care and treatment was available to those children.
- The latest unverified data we examined indicated that the practice had met all of the child immunisation targets. 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) was now at 90% and the percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) was now at 97%.

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: 30/09/2021) (Public Health England)	62.5%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	51.1%	67.8%	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) (PHE)	39.3%	58.8%	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) (PHE)	71.4%	53.3%	55.4%	No statistical variation

Any additional evidence or comments

- The practice had a clear action plan in place to increase uptake of cervical screening, however this had to be put on hold, in line with guidance during the COVID-19 pandemic.
- We reviewed recent unverified data which showed an increase in uptake to 79% for cervical screening data after nine months of the reporting year.
- The practice decided to open clinics on a Saturday to see if this improved patient access. This included cytology. The practice audited this piece of work and found 100% of patients that attended were happy with the service the practice provided, 100% of patients were not reluctant to attend their appointment, 42% of patients said they could attend their appointment any day of the week and 58% of patients said it was more convenient to attend their appointments on Saturdays due to work commitments. They found 100% of patients were happy they attended their appointment.

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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

- The practice routinely reviewed the effectiveness and appropriateness of the care provided. The practice used information about care and treatment to make improvements.
- Audits were regularly undertaken, benchmarked and learning shared to improve patient care and safety. Findings from audits were shared with the practice team to ensure any actions identified are completed.
- The practice had a programme of quality improvement which included audits and searches, both clinical and non-clinical. There was a member of the SSP medicine management team who supported the practice. They regularly attended the surgery and kept them up to date with any alerts or the monitoring of certain medicines if necessary.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. The practice worked within the Bolton Quality Contract and we saw evidence their performance had demonstrated compliance with these standards. The practice also worked collaboratively with the Primary Care Network (PCN).

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.	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> <ul style="list-style-type: none"> • The practice ensured staff were competent for their roles and provided specialist training. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. The service supported staff to access continuing professional development opportunities. • We saw the practice manager had a system in place to monitor the training completed by staff. Staff told us they were aware of what training they needed to complete, and they were given the time to complete this. • The healthcare assistant at the practice also mentored other healthcare assistants in the local SSP group of practices. • The lead GP provided formal clinical supervision of the SSP pharmacist. • During the pandemic the practice identified gaps in their workforce due to Covid-19 and the guidance around isolation expectations being 14 days. The practice identified different channels for workflow completion. This was leading a team across multi-sites to ensure continuity of service. • Workflow hub procedures were implemented to ensure all letters and workflow were actioned within a timely manner. This was to ensure continuity of care and ensured the relevant correspondence was sent to the correct clinician. All staff were given training on actioning workflow and enhanced mail filtering to cut down on unnecessary letters beings sent to the GP and directing relevant letters to the correct clinician. • The outcome demonstrated that the practice adapted quickly to change in a safe and effective way to ensure they were optimising the skill sets of staff during the pandemic. • This piece of work was audited to measure progress and to enable the practice to reflect, improve and share outcomes with the team and patients . 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Information on do not attempt cardiopulmonary resuscitation (DNACPR) was shared with the out of hours service. Any children that were in transition to becoming an adult were kept on the vulnerable list if appropriate. 	

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: <ul style="list-style-type: none"> The practice embraced social prescribing and used resources within the practice to support this important workstream and also resources from the primary care network. The practice actively promoted the national flu vaccination campaign and the rollout of COVID-19 vaccinations. The practice had introduced armchair exercise for patients. This was promoted by the HCA and the patient liaison officer. This was halted during the height of the pandemic but has now restarted. 	

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: <ul style="list-style-type: none">We saw evidence that staff had undertaken Mental Capacity Act (MCA) and consent training.	

Caring

Rating: Outstanding

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

- The practice was a multi-cultural practice with a high number of refugee and asylum-seeking patients and patients from socially deprived backgrounds. The practice provided numerous examples of how they had supported vulnerable individuals to access health and social care, and how they had worked with other organisations to support the patient.
- Patients were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- The practice adopted a holistic approach to caring by addressing all the needs of the patient, including their physical, mental, and emotional health, while taking social factors into consideration.
- The practice demonstrated a truly patient-centred culture and staff were committed to delivering excellent care to meet the needs of individuals.
- The practice recognised that social isolation was a key issue for some patients and the practice had established a number of services to address this, for example, patients living in social isolation or new to the practice were invited to attend a weekly conversation café. The conversation café was run by the patient liaison worker and attended by staff, voluntary organisations and community workers. Patients could drop in for advice, guidance and support or to meet new people.
- The practice had also introduced welfare appointments with the health care assistant. These could be accessed by filling in a confidential 'loneliness slip' or speaking with a member of staff. Due to the constraints of the pandemic there was a period when the conversation café was closed, however staff kept in regular contact with the patients throughout and this facility has now reopened.
- The practice was working with the local Ukrainian residents supporting the Ukrainian glove appeal. The practice was a designated drop off centre for donations.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice recognised the need for advocacy and support services for patients to be provided in house and had a number of initiatives on-going, for example, the practice employed a patient	

liaison worker to provide advocacy for vulnerable patients especially those for whom English was not their first language and those new to the practice. They acted as a focal point for communication between patients, GPs and other health and social care teams. The practice had also become increasingly aware of the impact on patients physical and emotional wellbeing in light of changes to the benefit system and patients being refused asylum. As a result, the practice supported patients with legitimate reasons to appeal against these decisions by providing detailed medical letters and reports when required.

- The practice recognised that social isolation was a key issue for some patients and the practice had established a number of services to address this, for example, patients living in social isolation or new to the practice were invited to attend a weekly conversation café. The conversation café was run by the patient liaison worker, attended by staff, voluntary organisations and community workers. Patients could drop in for advice, guidance and support or to meet new people. The practice had also introduced welfare appointments with the health care assistant. These could be accessed by filling in a confidential 'loneliness slip' or speaking with a member of staff. Due to the constraints of the pandemic there was a period when the conversation café was closed, however staff kept in regular contact with the patients throughout and this facility has now reopened. Contact was recorded in the patient record.
- The practice was in an area of the highest levels of deprivation and there was a low life expectancy for male and female patients. The practice had proactively involved themselves in local schemes and initiatives to provide the best possible care for patients and their families. This was with the aim of improving the health and well-being, both physical and mental, of the patient population.
- Feedback from patients, those who are close to them and stakeholders was continually positive about the way staff treated people. Patients stated that staff went the extra mile and their care and support exceeded their expectations.
- There was a strong, visible person centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between patients, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff recognised and respected the totality of patient's needs. They always took patient's personal, cultural, social and religious needs into account, and found innovative ways to meet them. For example there was a registered asylum seeker who only spoke Arabic and the reception staff were able to offer them an appointment with a GP who spoke Arabic.
- Patient's emotional and social needs are seen as being as important as their physical needs.
- During our inspection we observed that staff members displayed a kind and caring approach towards patients.
- The practice identified patients who were isolated and lonely as a result of the Covid-19 pandemic. Some patients did not have close family in Bolton and, due to their significant comorbidity, had to shield for health reasons which confined them to their accommodation and increased their feelings of isolation. In response to this practice staff took it in turns to ring patients to have an informal chat and check on their well-being. The practice identified some patients had extended family in other areas and encouraged them to contact them and the practice monitored this. Patients were referred to the social prescribing scheme and practice staff worked with the social prescribers to support them in specific areas. Patients had expressed a wish to move closer to the family and the practice on their behalf wrote supporting letters to ask for priority in housing. The practice in co-operation with the social prescribing team supported patients in seeing their family, enabling some to spend time with them. The practice and the social prescribing team also supported patients by increasing activities locally. Some patients were currently on the waiting list for a property in the other area. We saw that patients

expressed they felt hopeful for the future and had expressed thanks for the support and approach the practice took.

Patient feedback	
Source	Feedback
Practice Feedback Exercise	Overall patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
NHS Choices	Comments left on NHS Choices were very positive.
Friends and Family Test	The results of the friends and family test indicated that patients were very satisfied with the services the practice delivered to the patient population.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	84.6%	88.1%	89.4%	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 (01/01/2021 to 31/03/2021)	81.0%	86.8%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	86.9%	94.2%	95.6%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	78.0%	82.2%	83.0%	No statistical variation

Any additional evidence or comments

The practice identified from public feedback on the national patient survey that they were scoring low in some areas. The practice reviewed and audited the google reviews from April 2021 to November 2021. The action from this was to encourage patients for feedback after their consultation. The practice advised patients of the public facing review sites and encouraged them to leave feedback from their experience. All patients with appointments were sent text messages to encourage experience feedback. This was to help the practice understand the general opinion of patients in real time to enable them to react and respond more effectively.

This included:

- Discussions in practice and clinical meeting.
- Discussions with the patient participation group.
- Promoting feedback for patients in the practice.
- Focusing on patient on patient education.

From this the practice reviewed and re-audited the google reviews from November 2021 to February 2022. Data demonstrated 66 positive reviews and three negative reviews (95% positive) and also showed an increased engagement with the patient population. This has enabled the practice to learn from patient experience and react and adapt as required. The practice recognised this was ongoing and looked at more engagement and feedback to ensure full rounded and objective feedback was reflective of the service offered.

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

Any additional evidence

- We saw that the practice had reviewed the results of its national GP survey results and its own patient survey. These were discussed with the patient participation group and staff and shared with the clinical commissioning group. They were also published on their public facing website.
- The comments received were very positive and patients indicated it was a good 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

Explanation of any answers and additional evidence:

- Patients and those close to them were active partners in their care. Staff were fully committed to working in partnership with patients and making this a reality for each person.
- Staff always empowered patients to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. Patient's individual preferences and needs were always reflected in how care is delivered.
- Staff recognised that patients needed to have access to, and links with, their advocacy and support networks in the community and they supported people to do this. They ensured that patients communication needs were understood, sought best practice and learned from it.
- The practice displayed information about local services and available support.
- We saw several examples of the practice providing outstanding care to vulnerable patients.

This included patients with a complex combination of cognitive impairment and mental health issues, who were also in the criminal justice system. We saw examples of practice intervention which provided detailed reports for court, which led to a positive outcome for patients, leading to no prison time and better mental health care for patients. From this the practice had been and are continuing to support patients and their family members with their mental health, and this was more manageable since the crisis was resolved. There were also patients facing the threat of deportation. Some were diagnosed with post-traumatic stress disorder (PTSD) and depression with significant memory impairment. These symptoms were compounded by the threat of deportation. The practice worked with these patients to access assessments and support from both the mental health team and the memory clinic. They prescribed anti-depressant medication and patients were reviewed regularly. The practice wrote to the home office detailing their medical and mental health problems. They advised they would need access to medical care, frequent review and support from both GP and psychological therapy as well as medication. As a result of this patients had now been given right to remain in the UK from the home office. Patients expressed thanks to the practice for the support. They advised the correspondence from the practice was very helpful as supporting evidence.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	83.2%	91.2%	92.9%	Tending towards variation (negative)

Any additional evidence or comments

The practice reviewed all available patient feedback since the last publication of the national patient survey. Their latest data indicated that 95% of feedback was positive and also showed an increased engagement with the patient population. This has enabled the practice to learn from patient experience and react and adapt as required. The practice recognised this was ongoing and looked at more engagement and feedback to ensure full rounded and objective feedback was reflective of the service offered.

	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

Carers	Narrative
Percentage and number of carers identified.	116 (approximately 2% of the patient list size)
How the practice supported carers (including young carers).	There was a dedicated carers' champion who maintained the register and signposted patients accordingly. 47% of carers had had a carers review. The practice told us the remaining carers would be reviewed before the end of March 2022.
How the practice supported recently bereaved patients.	Bereavement cards were sent to offer support to grieving families. A member of the practice team attended patient funerals on occasions to represent the practice and to offer support to the family subject to their wishes.

Privacy and dignity

The practice respected patients' 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patients were always treated with dignity by all those involved in their care, treatment and support. Consideration of patient's privacy and dignity was consistently embedded in everything that staff do, including awareness of any specific needs as these were recorded and communicated. • Staff found innovative ways to enable patients to manage their own health and care when they could and enabled them to maintain independence as much as possible. • Patients felt really cared for and that they mattered. • Staff were exceptional in enabling people to remain independent. • Patients valued their relationships with the staff team and felt that they often went 'the extra mile' for them when providing care and support • Staff we spoke with told us they followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private, for example, patient information was never on view. • The chairs in the reception area were situated away from the reception desk. 	

Responsive

Rating: Outstanding

We rated the practice as **outstanding** for providing responsive services because:

- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The practice introduced an initiative to support parents, guardians and expectant parents. This was to provide professional advice and to empower them to deal with minor ailments and emergency situations.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • People's individual needs and preferences were central to the delivery of tailored services. • There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. • The services were flexible, provide informed choice and ensured continuity of care. • Facilities and premises were fit for purpose and met the needs of a range of patients. • There was thorough documentation of consultations within the patient record. • Use of interpreters was coded within consultations. • There were flags on records of those patients hard of hearing who struggle on the telephone. • There was a hearing loop at reception, and there could be consultations with a British Sign Language (BSL) interpreter present if needed. 	

Practice Opening Times

Day	Time
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Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

There were also Saturday morning clinics subject to the needs of the patient population.

Extended hours access was provided through the Bolton GP Federation.

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

- There was a proactive approach to understanding the needs and preferences of different groups of patients and to delivering care in a way that meets these needs, which was accessible and promotes equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who were in vulnerable circumstances or who have complex needs.
- The practice targeted vulnerable patients. The practice did not turn away anybody who was needing help, whether they were registered as a patient or not. The clinical team spent significant time working with vulnerable patients helping them to access the help needed through other services, by showing empathy and taking the time to understand the issues that they face.
- Practice champions who were members of the administrative team, for example palliative care and carers' champions, were trained to safeguarding vulnerable adults and children level three. This enabled champions to have a better understanding of the needs and vulnerabilities of some patients. They were familiar with these patients and trained to recognise any concerns. For example, the cancer champion contacted all newly diagnosed patients to ensure the patient had the systems, processes and support in place for their follow up treatment and medication.
- The practice was a breast-feeding friendly site. They worked with a local charitable organisation to fully understand the barriers associated with breast-feeding and identified a private space in the practice for this. They received accreditation for this and there was information displayed in the practice to inform patients of this facility.
- The practice was proactive in providing safety nets for vulnerable and at risk patients. For example, the practice initiated a 'do not allow to DNA' register. This was created to ensure that vulnerable patients who required follow up, referrals or treatments following consultations were proactively contacted to ensure they attended their appointment. The practice also monitored vulnerable patients on high risk medication who were assessed as being at risk of not complying with their medication. The practice put in place multiple safety nets for these patients and we saw they were followed up. 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.
- There was a 'Text to Cancel' service allowing patients to easily cancel unwanted appointments, which improved access and reduced the did not attend (DNA) rate. Text appointment reminders were sent to patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers and refugees, those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- In recognition of the religious and cultural observances of some patients, we saw GP's would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice had an early year fact sheet for all new parents, providing information around vaccination schedules, breast feeding, cervical cytology screening and other health related information. This was also sent with a congratulations letter to all new parents.
- Patients requiring a GP outside of normal working hours were advised to contact the surgery and they would be directed to the local out of hours service which was provided by through NHS 111.
- The practice supported military veterans and actively ensured that all current veterans were signposted to the appropriate service and were offered a referral. The practice had information available and a practice military veterans champion who maintained the register. They were working towards becoming registered to become an Armed Forces Military Veteran Service Accredited Practice.
- The practice lead GP worked with various organisations, both charitable and public sector, to support patients with complex needs. This included patients who had substance misuse, mental ill health and who could be homeless. We reviewed feedback from several organisations that was highly complimentary about the service they received from the practice and the treatment their clients received. This included the support the practice gave to the Prevent programme. The Prevent programme worked to stop individuals from becoming involved in terrorism or extremist activity and was designed to safeguard people in a similar way to other safeguarding processes that protected people from modern day slavery or sexual abuse. We saw evidence of a positive impact for the patients with mental ill health and post traumatic stress disorder (PTSD) that ensured these patients received the care and support they needed.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	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	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

Explanation of any answers and additional evidence:

- Patients could access services and appointments in a way and at a time that suited them. Technology was used innovatively to ensure people had timely access to treatment, support and care.
- The practice provided flexibility in their offered appointments which included: online booking, electronic consultation, in-person booking at the reception desk, and telephone appointments at a time that best suited the patient, if needed.
- We saw evidence that there were numerous same-day urgent appointments which were care navigated by the reception team. Care navigation described the way in which people were supported to identify and use appropriate health and other services. If unsure, the reception team would speak with the GP or appropriate clinician for further advice and those patients who needed an appointment were added onto the GP or appropriate clinician list for that day.
- The practice operated a total triage system. Clinicians made judgements about whether a patient needed a face-to-face consultation.
- We saw that routine appointments could be offered as soon as the next working day, in many instances.
- The practice told us they listened to patients who described the need for an urgent appointment, and accommodated their needs if necessary.
- The practice introduced an initiative to support parents, guardians and expectant parents. This was to provide professional advice and to empower them to deal with minor ailments and emergency situations.
- The practice was a multi-cultural practice with a high number of refugee and asylum-seeking patients and patients from socially deprived backgrounds. They had a young but transient patient population. The practice had educational resources to ensure the patient population had the appropriate knowledge and understanding when accessing the surgery. They currently had approximately 1800 registered asylum seeker/refugee patients which represented 30% of the practice list size.
- Searches were run regularly to identify the number of missed appointments, and to encourage attendance.
- Appointments of up to 45 minutes long were available with the practice nurse. These helped patients who were on multiple disease registers to have a holistic review. Patients and carers found this convenient as it reduced the need to have multiple appointments and repeated time off work.
- Home visits were offered to housebound patients.
- The practice introduced hub and spoke appointments because they identified that attendance at some appointments was dropping due to the COVID-19 pandemic. The practice targeted vulnerable groups, working age people and child/baby immunisations that were not attending during core hours. The practice made the decision in co-operation with other Bolton practices to introduce Saturday opening. This was to give additional access for their hard to reach patients or those who could not access during core hours. Due to the success of this the practice took the decision to continue with this.

- The practice opened for walk ins and wellness checks for patients who needed to be seen at their own convenience. These were appointments with the practice nurse and health care assistant.
- Feedback indicated that 100% of patients were happy with the service, 100% of patients were not reluctant to attend their appointment, 93% of patients said Saturday appointments were more convenient, 100% of patients were happy they attended and 100% of patients said they use the service again.

National GP Patient Survey results

Indicator	Practice	CCG 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 (01/01/2021 to 31/03/2021)	53.4%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	69.2%	70.1%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	68.3%	67.4%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	68.5%	78.1%	81.7%	Tending towards variation (negative)

Any additional evidence or comments

We saw evidence that the practice had reviewed the results of the national GP survey results and discussed these and the areas where improvement could be made with its staff and patient participation group. The practice reviewed all patient feedback since the last publication of the national patient survey. Their latest data indicated that 95% of feedback was positive and also showed an increased engagement with the patient population. This has enabled the practice to learn from patient experience and react and adapt as required. The practice recognised this was ongoing and looked at more engagement and feedback to ensure full rounded and objective feedback was reflective of the service offered.

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 in the last year.	Three
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Nil

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patients and others were involved in regular reviews of how the service managed and responded to complaints. The service can demonstrate where improvements had been made as a result of learning from reviews and that learning was shared with other services. • Investigations were comprehensive and the practice used innovative ways of looking into concerns, including using external people and professionals to make sure there was an independent and objective approach. • The practice had a complaints policy, which was accessible to staff, written in line with recognised guidance. The practice recorded and discussed verbal complaints and comments posted on NHS Choices. We observed that the practice investigated complaints in a timely manner. • The practice offered apologies to patients, lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. • We saw evidence the practice co-operated fully with NHS England who were satisfied with the treatment and care provided by the practice. 	

Well-led

Rating: Outstanding

We rated the practice as outstanding for providing a well-led service because:

- The practice management team were motivating, forward thinking, organised and innovative with a sensible approach and clear goals. Staff told us they received excellent support and encouragement from the SSP leadership team to do this. The practice management team were compassionate and caring. Quality and integrity were a high priority resulting in a caring culture within a strong practice. There were opportunities provided for all staff for their personal development.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There was strong collaboration across all staff and a common focus on engaging with patients and other services to improve quality of care and the patient experience.
- The practice embraced social prescribing for the community to ensure patients received timely intervention when they needed it most, signposted them to services that could help them and ensured support was offered locally so the patient population could easily attend appointments.

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:	
<ul style="list-style-type: none">• Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.• The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.• The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. This aligned with the overarching values of the provider, SSP Health Primary Care Limited.• The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.• The practice was proactively engaged with the local Clinical Commissioning Group (CCG) by having attendance at meetings and forums to ensure services met the local population needs.• All the staff we spoke with told us that the GPs were approachable. Staff members told us that senior staff from the wider SSP network were visible and approachable.	

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
<ul style="list-style-type: none"> • The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. • There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. • Plans were consistently implemented, and had a positive impact on quality and sustainability of services. <p>We saw evidence the practice was able to:</p> <ul style="list-style-type: none"> • To provide the highest quality NHS medical services available under the NHS. • To ensure that patients were seen by the most appropriate healthcare professional as quickly as possible as dependent upon their presenting complaint. • To focus on prevention of disease by promoting good health and prophylactic medicine. • To provide patients with an experience and environment that is comfortable, friendly, professional and relaxing and covered all aspects of health and safety requirements. • To understand and meet the needs of their patients, involve them in decisions about their care and encourage them to participate fully. • To involve other professionals in the care of their patients where this is in the patient's best interests; for example, referral for specialist care and advice. • To ensure that all members of their team had the right skills and training to carry out their duties competently. • To continuously improve the lines of communication to patients using the latest technologies as appropriate. • To develop new ways to educate and inform patients in order to encourage patients to be pro-active in their health and wellbeing. 	

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.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Leaders had an inspiring shared purpose, and strove to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce. • There was clinical and management oversight of the service quality and performance. Quality improvement initiatives were evident. • Staff we had contact with were proud of the organisation as a place to work and spoke highly of the culture and strong leadership. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. • There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. <p>In addition:</p> <ul style="list-style-type: none"> • The practice had an embedded culture of caring for patients and staff. • All staff demonstrated an awareness of health values. • Clinical staff were skilled to meet clinical needs. • Policies, procedures and training were in place to support the vision and strategy. • The practice worked collaboratively with other practices and the wider health community. 	

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

Source	Feedback
CQC Staff feedback questionnaires	We received All the staff feedback questionnaires stated that all staff were happy working at the practice and received full support from the practice management team.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.• The practice had established policies, procedures and activities to ensure safety. There was a system in place to monitor and review policies according to guidance, legislation and practice needs.• Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.• There was a system in place for reporting and recording significant events.• Staff confirmed, and we saw evidence, that findings were discussed at meetings (or sooner if required). The practice carried out an annual analysis of the significant events to identify themes or trends.• The practice acted on and learned from external safety events as well as patient and medicine safety alerts.• The practice had benefitted from being part of the wider federated organisation, SSP Health. They had been able to call upon the wide-ranging support available when required to ensure continuity of care. This included both clinical and administrative support and offered access to shared learning, training, mentoring and personal development. We saw examples of how this federated model had reduced isolation for the practice by sharing good practice.	

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:	
<ul style="list-style-type: none"> • There was a demonstrated commitment to best practice performance and risk management systems and processes. The practice reviewed how they function and ensured that staff at all levels have the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly. • Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. • The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. • Reception staff had access to policies in relation to patient medical emergencies. • Staff were trained to recognise the symptoms of sepsis and to act on them. • A range of health and safety risk assessments were undertaken and regularly reviewed. Actions were taken where needed. 	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes

The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice followed Government guidelines issued to GP practices throughout the pandemic. • We saw evidence that the practice had reinstated the recall system for blood tests, medication reviews, cytology and child immunisations. • The practice had introduced Saturday clinics to support the backlog of activity and delays to treatment. • The practice ensured information was up to date and communicated to all patients on available services and how to access them. This was made available in accessible formats and communicated via various methods including text messages, social media, NHS choices and the practice website. • The practice provided welfare checks for vulnerable patients to ensure they were offered help and support. This included care home patients. • Any patients suffering with long term effects of Covid-19 were identified and referred to other services if appropriate. • There were community services in place for patients who had tested positive for Covid-19 (over 65's or under 65 and extremely vulnerable) and they were contacted by the oximetry service at home. • The practice was actively engaged in the local communities and continued with their commitment to target culturally competent health promotion and disease prevention programmes. These included promoting healthy weight, physical activity, smoking cessation, mental wellbeing, effective management of chronic conditions including diabetes, hypertension, asthma through on-site appointments or telephone reviews. This included communications strategies, provision of "wellness" clinics and flu programmes. • The practice worked with community partnerships such as those with Age UK, Dementia Buddy, My Life, Healthwatch and Breastfeeding Together. <p>Details of the recovery plans the practice put in place to manage backlogs of activity and delays to treatment:</p> <ul style="list-style-type: none"> • During the summer months, as the pandemic levels reduced, the practice focused on the restoration of routine chronic disease management, prevention, vaccination, screening, immunisation, and contraception and health checks in one with NHSE guidelines. • Systems were adapted to ensure continuation of the screening services whilst ensuring safety and minimising risk of transmission for patients and staff. There was also widespread continuation of new consulting methods. • The practice continued to work to key performance indicators to ensure care was provided to patients in a safe manner. • Enhanced Technology was in place to allow continued communication and treatment to patients in line with NHSE guidelines. 	

- The practice updated their business continuity plan to factor in local outbreak scenarios that may temporarily disrupt services including unplanned high levels of staff sickness due to isolation, resulting in possible denial of access to services/premises for patients and/or staff.
- The practice worked collaboratively with local providers to support patients currently on waiting lists as a result of Covid-19. This was to ensure that patients in most need were prioritised, and all patients were supported in their care pathway by proactively monitoring communications and following updated guidance.

Workforce support during the pandemic - The practice ensured it was Covid-secure by implementing guidance as follows:

- Ensured communal areas in practices allowed for physical distancing .
- Had staff “bubbles” to reduce transmission and to reduce risk of site closures.
- Provided PPE for staff to be worn at all times.
- Enhanced regular cleaning schedules.
- Lateral flow testing kits were available in practices for staff and household members.
- The practice had remote working options in place if appropriate for staff.

The organisation recovery model was based on a culturally competent and flexible model of care delivering high quality outcomes working in partnership with the community, the Primary Care Network, Clinical Commissioning Group and other service providers.

Patients of high risk of complications of Covid 19 infection - The practice identified patients who were at high risk of complications of Covid-19. After the practice identified those patients the patients aged over 65 were prioritised for contacting to complete a welfare check and advise patients of additional help or direct them to the correct agency. The practice then ensured their HCA had clinics booked with those high risk patients being prioritised and contacting those first. This was to identify any additional help they required during isolation and answer and questions they may have had. The practice ran a search to identify those patients over 65 with a welfare check/elderly health assessment. This demonstrated that there were 29 patients who had received an initial assessment then follow up reviews throughout the year and we saw evidence all these patients had been reviewed. This demonstrated the practice was proactive and efficient in ensuring their patients had all the information they required and help during the Covid-19 isolation periods. The practice ensured the HCA continued to make contact with these patients.

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:	

- The service invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

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

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:	

- There were consistently high levels of constructive engagement with staff and patients, including all equality groups. Rigorous and constructive challenge from patients, the public and stakeholders was welcomed and seen as a vital way of holding services to account.
- Services were developed with the full participation of patients, staff and external partners as equal partners. Innovative approaches were used to gather feedback from patients, including people in different equality groups, and there was a demonstrated commitment to acting on feedback.
- The practice took a leadership role in its health system to identify and proactively address challenges and meet the needs of the patient population.

Feedback from Patient Participation Group.

Feedback

The patient participation group (PPG) had not met face to face during the pandemic. However it continued as a virtual group which had contact with the practice on a regular basis. We saw plans in place for the reintroduction of face to face meetings. The practice had organised a PPG event to recognise the hard work of the group and its members. This was organised for April 2022.

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:	
<ul style="list-style-type: none"> • There was a fully embedded and systematic approach to improvement, which made consistent use of a recognised improvement methodology. Improvement was seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change. • Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally, nationally and internationally. • There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. SSP had recognised that recruitment of GPs was a major challenge. They adopted this shared style of working and portfolio career options for GPs to provide continuity of treatment and care, positive health outcomes and high levels of patient satisfaction. The survey information we reviewed was aligned with these views. • The practice identified that the need to promote lesbian, gay, bisexual, and transgender (LGBT) information and services for those patients. This work had been accredited by the LGBT foundation, a charity based in Manchester, and the practice received their Gold award for this. • The provider was currently reviewing its systems and processes for the delivery of quality patient care. This included the SSP wide call centre to deal with patient calls. 	

- SSP had introduced a SSP GP application for their GPs to access at any time. This enabled the organisation to react quickly to any practice GP absence and enabled the organisation to fill these gaps through the existing workforce and to maintain continuity of care for the patient population.
- The practice had introduced an education programme for new healthcare assistants with no previous healthcare experience, a programme for training staff to undertake remote consultations such as asthma and hypertension reviews. They had also instigated a patient experience education programme for reception and call centre staff.

Examples of continuous learning and improvement

- The practice recognised that patient education for their communities remained a top priority. Patient access continued to be a high priority within the practice, and they found many ways to work differently and more productively, utilising a digital footprint at times. The practice was now getting back to more patient facing delivery of services and continued to listen, learn and respond to their specific demographic of patients. The practice reflected on the lessons of the past two years and acknowledged that it was important to react effectively and timely to the needs of patients. They had implemented many new systems and processes including Saturday clinics. They had been able to measure the success of this through their robust audit processes.
- The practice recognised that staff were their most valuable and biggest asset. The practice demonstrated a commitment to investing in staff to ensure that they felt proud to work within the practice and the wider organisation by recognising their contribution individually and as a team. The practice identified staff with an interest in career development and provided opportunity for further training/career enhancement. There were also staff incentives in place that rewarded staff for their hard work. This included an extra week annual leave on achievement of targets for patient services and performance and other rewards such as shopping vouchers..

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
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- ‰ = per thousand.