

# Care Quality Commission

## Inspection Evidence Table

### Slag Lane Medical Centre (1-10920010263)

Inspection date: 25 August 2022

**Overall rating: Good**

**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"><li>• Staff had access to safeguarding e-learning modules and all clinical staff members had completed safeguarding training to the appropriate level for their role.</li><li>• There were safeguarding policies and procedures in place for both children and adults and protocols were in place for patients who did not attend appointments.</li><li>• The lead GP in the practice attended local adult safeguarding and child protection meetings when required.</li></ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	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: 25 July 2022	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 25 July 2022 Actions from fire risk assessment were identified and completed.	Yes

## 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: 12 February 2022	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"> <li>All the staff we spoke with demonstrated an awareness of appropriate infection prevention and control (IPC) standards.</li> <li>There were cleaning schedules in place that were monitored by the practice.</li> <li>The practice had protocols in place which were regularly updated, following the latest government advice in relation to COVID-19.</li> <li>There was evidence to show action had been taken following the last IPC audit and regular hand hygiene audits were carried out.</li> <li>Risk assessments and audits had been carried out to ensure services such as flu vaccinations, were carried out in a safe space and followed IPC good practice guidance.</li> </ul>	

## Risks to patients

### There were adequate in 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

### 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"> <li>• The practice had established referral systems and processes.</li> <li>• All test results were reviewed and actioned by a GP.</li> </ul>	

## 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) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.64	0.91	0.79	No statistical variation
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). (01/04/2021 to 31/03/2022) (NHSBSA)	11.6%	9.5%	8.8%	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 and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	5.25	5.96	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	123.0‰	186.7‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.36	0.63	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	6.8‰	9.2‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes

Medicines management	Y/N/Partial
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
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• There were medicine management and prescribing policies and procedures in place including a home visit policy.</li> <li>• As part of the inspection a number of set clinical record searches were 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 were visible to the practice.</li> <li>• 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 the plan in place to arrange the required checks for patients. We saw evidence that the practice carried out regular audits on high risk medicine monitoring. The practice had a system 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</li> </ul>	

Medicines management	Y/N/Partial
<p>had taken place. We noted that the recording of patient medicine reviews provided consistent and comprehensive information regarding the patient and their prescribed medicines.</p> <ul style="list-style-type: none"> <li>Review of methotrexate prescribing was very robust with all of the patients having blood tests within the required intervals. From the five records we sampled all were within the last three months which was well ahead of the tolerance of six months. Additionally, there were no other Ardens alerts for anything else demonstrating very good monitoring oversight.</li> <li>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</li> </ul>	

## 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:	12
Number of events that required action:	12
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>All significant events were reviewed, discussed at meetings, and all actions carried out.</li> <li>If learning points were identified these were cascaded to appropriate staff to prevent recurrence.</li> <li>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.</li> </ul>	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	

## Effective

## Rating: Good

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

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	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"><li>Practice staff were aware of the benefits of social prescribing and had links to community groups and support networks.</li><li>Records we reviewed demonstrated the use of best practice guidance.</li><li>The practice worked with the community link worker (CLW). The CLW took referrals for patients who need extra help, but not necessarily medical help. It varied from advice on benefits to social issues such as loneliness and not knowing which services were available and how they could be accessed. This service worked in co-operation with Age UK so that patients over 65 would be linked to the services available through them.</li></ul>	



## Effective care for the practice population

### Findings

- The Practice had introduced a new patient registration and health check policy. This allowed all patient information to be captured at once and the patient was seen for a new patient and NHS health check at the same time.
- 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. Evidence provided indicated that 96% of patients had received a health check.
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- 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 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 had an open list which placed no barriers for a person from any of the key population groups to register.
- 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.
- During the pandemic, SystmOne, the practice clinical system, released a new functionality to support appointment booking for Covid-19 vaccinations at local vaccination sites. The practice introduced this for practice based flu vaccinations. Some patients (for example, patients over the age of 65 years requiring a flu vaccination) can be sent appointment invitations via text/email. Each patient receives a text message or email which contains a unique URL link to enable the patient to book an appointment via the SystmOne booking website without the need of contacting the Practice. The patient was able to book their appointment at the time of their choice with the clinician of their choice.



## 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.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	40	40	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	50	50	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and	50	50	100.0%	Met 95% WHO based target

Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)				
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 and Improvement)	50	50	100.0%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	37	39	94.9%	Met 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>

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	80.6%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	41.0%	61.8%	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) (UKHSA)	72.6%	65.0%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	37.5%	49.4%	55.4%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> <li>We reviewed recent unverified data for females, 50-70 screened for breast cancer in last 36 months which showed an increase in uptake to 88%.</li> <li>We reviewed recent unverified data for number of new cancer cases treated which showed an increase to 100%.</li> </ul>

## 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

#### Any additional evidence or comments

- The practice routinely reviewed the effectiveness and appropriateness of the care provided.
- The practice used information about care and treatment to make improvements.
- The practice had a programme of quality improvement which included audits and searches, both clinical and non-clinical.
- The practice worked within the Greater Manchester Primary Care Standards and we saw evidence their performance had demonstrated compliance with these standards. The practice regularly submitted a data return for the Wigan Borough quality and engagement scheme to support these standards.

### Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• 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</li> </ul>	

provide support and development. The service supported staff to access continuing professional development opportunities. We saw a plan for staff appraisals to be completed at the end of August 2022.

- 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 practice recognised that the expanding patient list size indicated the need for further clinical staff in the practice. However this was currently on hold due to the limited space and consultation rooms in the practice building. This had been raised with the Clinical Commissioning Group (CCG) (now the Wigan Locality of the Greater Manchester Integrated Care Board) with a view to opening a branch surgery at another location to meet the patient demand.

## Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• 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 worked with the community link worker (CLW). The CLW took referrals for patients who needed extra help, but not necessarily medical help. It varied from advice on benefits to social issues such as loneliness and not knowing which services were available and how they could be accessed.</li> </ul>	

- The practice actively promoted the national flu vaccination campaign and the rollout of COVID-19 vaccinations.
- Patients had access to community services such as healthy routes and smoking cessation. Healthy routes was a service provided by Wigan Council to support healthier lifestyles for the patient population, including wellbeing, alcohol support, weight loss and physical activity.
- The practice signed up to a local enhanced service to refer into the weight management service. The Practice fully utilised all available referrals to them. Once the Practice had met its limit for referrals to the service they sought permission to increase capacity and this was agreed.

## 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"> <li>• During the inspection we saw the practice had a clear protocol in place in relation to Do not attempt cardiopulmonary resuscitation (DNACPR) and we noted from a review of records they were appropriate and completed in line with good practice.</li> <li>• We saw evidence that staff had undertaken Mental Capacity Act (MCA) and consent training.</li> </ul>	

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Explanation of any answers and additional evidence:

- 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.
- Patient's emotional and social needs were 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.
- In 2020-21 and 2021-22 the practice received support from the local council to access 'Cold Weather Packs'. Each pack contains a card thermometer, fleece blanket, hot water bottle, thermos mug, thermal gloves, hat and socks. Packs were delivered to vulnerable patients by the care coordinator, who also discussed any further support that may be needed. One patient who received a cold weather pack, also received help in completing the paperwork for the personal independence payment awarded by the Department of Work and Pensions. It was identified this person was suffering from social isolation but now has more personal contacts due to the intervention and help of the care coordinator.

## Patient feedback

Source	Feedback
Friends and Family Test	Patient feedback we received indicated that staff were always friendly, respectful and very caring.
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 (01/01/2022 to 30/04/2022)	94.1%	85.7%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	88.2%	84.2%	83.5%	No statistical variation

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 had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	95.6%	92.7%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	89.3%	73.2%	72.4%	Tending towards variation (positive)

### Any additional evidence

Patient feedback was collected in a number of ways including:

- National GP Survey
- Family and Friends Test
- Ask My GP
- NHS Website (previously NHS choices)
- Practice Facebook page
- Practice Website
- Suggestion box in reception
- Thank you cards
- Verbally
- Complaints

All feedback was shared with the Practice at staff meetings or via email. Where relevant this was also shared with Patient Participation Group (PPG) members. For example, the PPG members had completed work on Ask My GP and this would be discussed along with the National GP survey at the next PPG meeting in September. All the patient feedback we saw was very positive about the services provided by the practice.

### 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:	
<ul style="list-style-type: none"> <li>• 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.</li> </ul>	



- 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.

## 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 (01/01/2022 to 30/04/2022)	97.1%	90.5%	89.9%	No statistical variation

## 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 feedback was positive and also showed an increased engagement with the patient population, and was higher than the local and national averages.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice used language line when needed. Language line offers translation and interpretation services over the telephone.</li> <li>The Practice had recently registered a number of deaf patients. For these patients' text messaging or email was used. There was also interpreters available for sign language or lip reading when required</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	177 (4% of the patient population)
How the practice supported carers (including young carers).	There was a dedicated carers' lead (care coordinator) who maintained the register and signposted patients accordingly to the appropriate support service if required.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had designed a letter for patients advising where help and support can be sought outside of the practice. This letter also contained a list of things that may need to be acted on by the family. This letter can be collected, posted, emailed or sent via text message to patients/families depending up on their preference.

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>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.</li> </ul>	

- The chairs in the reception area were situated away from the reception desk.
- There was a room available for patients if they wanted to talk away from the reception desk in private.

## Responsive

## Rating: Good

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• People's individual needs and preferences were central to the delivery of tailored services.</li> <li>• The services were flexible, provide informed choice and ensured continuity of care.</li> <li>• Facilities and premises were fit for purpose and met the needs of a range of patients.</li> <li>• There was thorough documentation of consultations within the patient record.</li> <li>• Use of interpreters was coded within consultations.</li> <li>• There were flags on records of those patients hard of hearing who struggle on the telephone.</li> <li>• There was a hearing loop at reception, and there could be consultations with a British Sign Language (BSL) interpreter present if needed.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 8pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm 6.30pm to 9pm (Telephone Consultations)
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

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 through NHS 111. Additionally, patients could access GP services in the evening and on Saturdays and Sundays through Wigan GP Alliance.

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The 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 those with a learning disability.
- The practice had signed up to the Armed Forces Covenant. This was so the Armed Forces community could enjoy the same standard of, and access to healthcare as that received by any other UK citizen in the area they live.
- 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.
- There was a multi-disciplinary team (Neighbourhood meeting) which discussed patients with complex social/mental/drug addiction problems. This was attended by the practice manager when required and social prescribers, drug/mental health link workers, social workers and any other professional if required. The practice actively referred patients into this service.
- The practice looked after 33 patients in a local care home and delivered regular ward rounds. This had reduced visits to the care home outside the ward round times. There were also processes in place for care home staff to order medicines online.

### Access to the service

#### People were able 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 and Improvement 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• 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. This could be through text messaging and video conferencing.</li> <li>• 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.</li> <li>• We saw evidence that there were numerous same-day urgent appointments which were triaged by the reception team. Their triage 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.</li> <li>• Patients requesting an appointment were offered either a telephone consultation or face to face appointment, and they could choose which they wanted.</li> <li>• We saw that routine appointments could be offered on the same day, in many instances.</li> <li>• The practice told us they listened to patients who described the need for an urgent appointment, and accommodated their needs if necessary.</li> <li>• Searches were run regularly to identify the number of missed appointments, and to encourage attendance.</li> <li>• Longer appointments 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.</li> <li>• Home visits were offered to housebound patients.</li> <li>• During the pandemic, and with schools being closed, new parents who were due to attend postnatal checks told the practice they were struggling to attend for appointments due to having other young children at home. In response to this the practice set up a 'one stop shop' where one appointment was offered and a postnatal check, baby check and first primary Immunisations were administered on the same day.</li> <li>• Throughout the pandemic, local radiology services were inundated with referrals and unable to provide updates on waiting times or confirm if they had received a patient referral due to the booking system that was being used. Patients told the practice they had not received appointments following referral to that Department. This was escalated to the medical director at the Trust and the outcome was the practice worked with radiology colleagues to improve the referral process which assisted both patients and practice staff.</li> </ul>	

## 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 (01/01/2022 to 30/04/2022)	87.3%	N/A	52.7%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	72.1%	56.7%	56.2%	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 (01/01/2022 to 30/04/2022)	71.2%	58.4%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	84.3%	72.2%	71.9%	No statistical variation

## 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.	One
Number of complaints we examined.	One
Number of complaints we examined that were satisfactorily handled in a timely way.	One
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	



## 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 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.
- The practice principal GP was a medical director of the Primary Care Network and ensured best practice was shared amongst the members.

### 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"><li>• 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.</li><li>• The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.</li><li>• The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.</li><li>• The practice was proactively engaged with the local Primary Care Network and Greater Manchester Integrated Care Board by having attendance at meetings and forums to ensure services met the local population needs</li><li>• All the staff we spoke with told us that the GPs were approachable.</li></ul>	

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>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.</li> <li>There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.</li> <li>Plans were consistently implemented, and had a positive impact on quality and sustainability of services. Staff at all levels were involved in developing these. This was demonstrated by the continuity of care provided throughout the pandemic.</li> </ul>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	No
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Leaders had an inspiring shared purpose, and strove to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff. We saw evidence of this leadership and there was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce.</li> <li>There was clinical and management oversight of the service quality and performance. Quality improvement initiatives were evident.</li> </ul>	

- 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.
- The practice was currently assessing the best way for the practice to implement a Freedom to Speak Up Guardian for the benefit of staff. However in the interim staff could talk with a named person in the PCN.

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

Source	Feedback
CQC Staff feedback questionnaires	All the staff feedback questionnaires we received stated that all staff generally 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"> <li>• Governance arrangements were proactive, reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.</li> <li>• 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.</li> <li>• Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.</li> <li>• There was a system in place for reporting and recording significant events.</li> <li>• 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.</li> <li>• The practice acted on and learned from external safety events as well as patient and medicine safety alerts.</li> <li>• High risk medicines prescribing was very robust, demonstrating very good monitoring oversight.</li> </ul>	

## 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"> <li>• There was a demonstrated commitment to best practice performance and risk management systems and processes. The practice reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.</li> <li>• 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.</li> <li>• 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.</li> <li>• Reception staff had access to policies in relation to patient medical emergencies.</li> <li>• Staff were trained to recognise the symptoms of sepsis and to act on them.</li> <li>• A range of health and safety risk assessments were undertaken and regularly reviewed. Actions were taken where needed.</li> </ul>	

**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"> <li>• The practice followed government guidelines issued to GP practices throughout the pandemic.</li> <li>• We saw evidence that the practice had reinstated the recall system for blood tests, medication reviews, cytology and child immunisations.</li> <li>• The practice ensured information was up to date and communicated to all patients on available services and how to access them.</li> </ul> <p>The practice also:</p> <ul style="list-style-type: none"> <li>• During the pandemic the practice continued to function because they were prepared through their business continuity and major incident plan. This included use of laptops, the ability for staff to log on from home, connectivity by phone and video consultations.</li> <li>• The Practice took the lead for the COVID-19 vaccination programme for Leigh, Ince, Golborne and Ashton (LiGA) PCN. There were thousands of vaccinations administered for patients in their PCN footprint and from Wigan Borough on a whole (including Wigan Borough Social Care staff).</li> <li>• In addition to the COVID-19 vaccination programme, the practice looked at patients who were high risk or vulnerable and ensured they were appropriately coded so as they received the vaccination at the earliest opportunity along with support from local Authority for assistance during lockdown with shopping, collecting of prescriptions, financial support and counselling.</li> <li>• The practice contacted the care home, which the practice is responsible for, on a regular weekly basis (or staff contacted them sooner if needed) throughout the pandemic to ensure the residents and staff there were adequately supported and safe.</li> <li>• During the pandemic the practice introduced a number of health questionnaires that could be text/emailed to patients who were isolating or unable to get to practice. These included questionnaires on blood pressure monitoring, body mass index monitoring and weight management, asthma and COPD reviews, contraception review, ethnicity, and smoking status. This enabled the practice to capture patient information and save this data to their clinical systems for review by relevant clinicians.</li> </ul>	

### 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:
<ul style="list-style-type: none"> <li>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.</li> </ul>

## 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice manager was the digital change champion for Slag Lane Medical Centre. The digital change champion will aim to ensure digital inclusion for all patients and help patients to achieve what they want/need to do online. The Practice had embedded a number of technologies to improve practice efficiencies and patient access such as Ask My Gp, Email, SMS, Patient apps (SystemOne, MyGP), cross practice booking systems (for first contact physio appointments) online questionnaires (for annual review, travel vaccines, contraceptive pill) .</li> </ul>	

## 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>There were consistently high levels of constructive engagement with staff and patients, Rigorous and constructive challenge from patients, the public and stakeholders was welcomed and seen as a vital way of holding services to account.</li> <li>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.</li> <li>The practice took a leadership role in its health system to identify and proactively address challenges and meet the needs of the patient population. This was reflected by the work done for the PCN and wider health and social care community.</li> <li>The principal GP worked collaboratively with local hospitals, having good relationships with WWL Foundation Trust. This was reflected in the development and improvement of referral pathways and processes between primary and secondary care. These included gout management, joint swelling, osteoporosis in adults, polymyalgia rheumatica, pain management and rheumatoid arthritis.</li> </ul>	

#### Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> <li>The patient participation group (PPG) had continued to function throughout the pandemic. They reinstated face to face meetings in March 2022. The feedback from the PPG was positive about the services delivered by the practice and they fully supported the practice plans to extend services to meet the demand of the increasing patient population list size. The PPG also attended PCN wide PPG meetings. All new patients were invited to consider joining the PPG. The PPG members we spoke with told us they had a say and were partners in the practice when changes and improvements were made.</li> </ul>

#### 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Staff had dedicated learning and development time.</li> <li>There was a strong focus on education and training for practice staff and for GP registrars and medical students. The trainees were undergraduate and postgraduate from Manchester University.</li> </ul>	



## Examples of continuous learning and improvement

- The practice completed the digitisation of complete medical records.. The digitisation of the medical records enabled patients' full access to their medical records as per their rights and removed the need to store paper records. These records were stored off site in an approved storage area and the plan is for them to be destroyed in accordance with processes on managing information and the only the Lloyd George folder would be retained. Lloyd George records are a legacy from a period of less connected care, but they still form an important part in detailing a patient's broader medical history.
- Due to the increase in the patient list size, the practice recruited further clinical and admin staff. In addition, the practice took the step of contracting with an external company for administrative support. All mail received on a patient of the practice was electronically scanned, filed in a patient's records and given a read code as appropriate and a document is sent to the appropriate person for any further necessary action.
- Because of the ever-increasing requests for access to medical records and general demands/regulations surrounding information governance, the practice was recruiting their own Data Protection Officer (DPO) (with the financial support of LiGA PCN). This service had a contactable helpdesk for any member of staff to contact as and when necessary and access to the full guidance of a qualified DPO.
- The practice identified the need to place a stronger and more effective focus on information and services available to lesbian, gay, bisexual, and transgender (LGBT) patients. This positive work was due to be assessed by the LGBT foundation, a charity based in Manchester, in September.
- The practice recognised that the expanding patient list size indicated the need for further clinical staff in the practice to meet the needs of the patient population. However this was currently on hold due to the limited space and consultation rooms in the practice building. This had been raised with the Clinical Commissioning Group (CCG) (now the Wigan Locality of the Greater Manchester Integrated Care Board) with a view to opening a branch surgery at another location to meet the patient demand.
- Slag Lane Medical Centre provided advice and guidance for palliative care patients. This was via an electronic referral which provided access to specialist clinical advice. The aim of this was to avoid unnecessary outpatient referrals and lengthy waiting times for an outpatient appointment. The Practice noticed that there was a gap for advice and guidance for palliative care. The practice identified there was no direct route of communication for primary care to contact a patient's consultant where advice may be required. The principal GP worked with the Assistant Director of Commissioning and Transformation of Planned Care the Medical Director of Wigan, Wrightington and Leigh Acute Trust on this service. This had now been introduced for all patients across the Wigan Borough footprint. Primary Care now had direct access to directly speak with specialist consultants and access to advice and care for the patient was now quicker.
- The practice supported a local charity that support people who were homeless, in poverty or facing debt crisis. There was a food bank within the practice waiting room that was regularly filled with non-perishable food items by staff and patients. Items such as nappies, and in colder

months, gloves, hats and scarves were collected and sun cream and caps in the summer. These items were collected at regular intervals by the charity.

- The Practice worked collaboratively with Leigh, Ince, Wigan and Ashton (LiGA) Primary Care Network (PCN) practices to introduce a Serious Mental Illness Service/Project (SMI). The PCN had a mental health practitioner who supported practices and prioritised patients with serious mental ill health conditions. Although this project had only just begun, three practice patients had been reviewed. The aim of this project was to ensure inequalities were met for patients with mental health conditions

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.

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