

Care Quality Commission

Inspection Evidence Table

Grange Medical Centre (1-4757159979)

Inspection date: 22 and 23 September 2022

Date of data download: 16 September 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
Senior leaders 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">All clinical and non-clinical staff we spoke with knew who the safeguarding lead at the practice was, how to access internal safeguarding policies, and details relating to local safeguarding team contacts. Staff told us that they were aware how to raise a safeguarding concern in the practice.Safeguarding leads at the practice attended safeguarding meetings as required, or if unable to attend sent reports.Staff who acted as chaperones had received appropriate DBS checks and training to allow them to fulfill the role. The practice had developed chaperone procedures which were in place at the time of our inspection.	

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
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Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 05/07/2022	Yes
There was a fire procedure. Date of fire risk assessment: 23/02/2022	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw evidence that fire drills and fire alarm tests had been undertaken at the required time intervals. Staff had been trained and appointed to act in specific roles during incidents such as fire wardens. The practice had undertaken a legionella assessment on 28/01/2022 and had taken action to rectify issues raised. This included plumbing alterations and monitoring water temperatures. 	

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 (IPC) audit: 13 September 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"> The most recent IPC audits showed high levels of compliance. Both the main site and branch surgery had audit compliance scores over 98%. We saw that action plans had been developed to tackle areas of non-compliance. Staff had undertaken IPC training relevant to their role. IPC was covered during the induction process for new staff, and refresher training had been undertaken for existing staff. Consultation rooms and non-clinical areas we inspected in both sites were clean and generally well maintained. 	

Risks to patients

There were 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had informed and trained staff regarding the management of patients who on presentation at the practice were acutely unwell. • Staff were aware of the location of emergency medical equipment and medicines at the main practice site and branch site. • Bodily fluid spillage kits were available and all staff we spoke with knew their location and how clearance of such spills were to be managed. • Staff were aware how to safely handle clinical specimens brought into the practice by patients. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • As part of our inspection, the Care Quality Commission (CQC) GP specialist advisor reviewed a selection of patient records. Overall, we saw that patient consultations contained appropriate information. • The practice acknowledged a backlog in summarising of around 350 patient records. The practice had dedicated staff to deal with this issue. The practice new patient questionnaire covered some key issues such as allergies and the patient's cancer screening history which would in part mitigate some of the risks associated with this summarising backlog. Clinical records for new patients to be registered at the practice were mostly received by electronic transfer (via a GP to GP system), whilst waiting for paper records to be sent by Primary Care Support England (PCSE). This ensured that for the majority of patients, information was recorded in their electronic record. • We saw that the practice had failsafe systems in place for safety-netting cervical screening undertaken at the service. 	

Appropriate and safe use of medicines

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

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.64	0.87	0.82	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). (01/07/2021 to 30/06/2022) (NHSBSA)	2.5%	5.3%	8.5%	Significant Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) (NHSBSA)	4.40	4.70	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	94.3‰	121.2‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.59	0.41	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	4.0‰	7.2‰	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. ²	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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> • The practice had developed written procedures and protocols to support the effective and safe management of medicines. This included procedures in respect to repeat prescribing. • The practice was aware of their prescribing and medicines management performance. For example, they participated in the LAMP (Lowering Antimicrobial Prescribing) audit and feedback project. We saw the latest project report from July 2022 which showed that the practice was in the top quartile of performance in the West Yorkshire Health and Care Partnership, with a 4.5% antimicrobial prescribing rate (top quartile performers achieved a rate of 5.5% or less). • As part of our inspection, we conducted a series of searches to assess the practice's procedures around medicines management, prescribing, and recall processes. For example, we examined records of patients prescribed high-risk medicines which required regular monitoring and/or reviews. Overall, we found that the practice had monitoring and recall processes in place for these patients. Notwithstanding this, we found that two of 18 patients prescribed azathioprine (an immunosuppressive medication) had not received the required monitoring. In one case the patient had been contacted on numerous occasions by the practice, but had not attended for monitoring. Since the inspection the practice have informed us that appointments had been booked for all patients who had not had monitoring within the last six months, and a significant 	

Medicines management	Y/N/Partial
event had been raised and investigated. Following the investigation measures had been put in place to ensure that patients received the required level of monitoring.	

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:	Seven
Number of events that required action:	Seven
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw that all recorded events had been investigated and that learning from events had been shared at meetings and recorded in meeting minutes. 	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Correspondence relating to a fast track referral was filed away in error rather than being actioned.	When this was recognised, a referral was made the same day. This was discussed with the staff member concerned and at a wider practice meeting to raise awareness. The patient was aware of the delay.
A change in medication contained in a hospital discharge summary had not been actioned.	This was recognised after three weeks and the dose amended. An email was sent to all clinicians to make them aware of the need to action such amendments. The patient was made aware of the delay in actioning change.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
Explanation of any answers and additional evidence:	

- Clinical and non-clinical staff we spoke with were aware of the patient safety alert system in place within the practice.
- The provider was unable to fully demonstrate that all relevant safety alerts had been responded to. As part of our inspection, we conducted a series of searches to assess the practice's procedures for acting on safety alerts and updates. One search related to clopidogrel and omeprazole/esomeprazole co-prescribing (clopidogrel - an antiplatelet medicine which prevents platelets from sticking together and forming a dangerous blood clot/ omeprazole/esomeprazole – used to treat indigestion and heartburn). This had been subject to a safety update which advised that such medicines should not be prescribed together. In addition, clinicians should check whether patients who were prescribed clopidogrel were also buying over-the-counter omeprazole/esomeprazole and consider whether other gastrointestinal therapies would be more suitable. Our search showed that eight patients had been co-prescribed this combination. Five records were examined in detail; we found evidence that in all five cases patients had still been prescribed this combination of medicines. Since the inspection all patients in receipt of these combination medicines had been contacted and, after discussion and consent from the patient, had their medication changed to a suitable alternative. In addition, the issue had been raised as a significant event, and measures had been put in place by the practice to improve responses to safety alerts and updates.

Effective

Rating: Requires Improvement

The provider was rated as Requires Improvement for the provision of Effective services due to concerns regarding the ongoing review of patients with long-term conditions, and issues in relation to the possible missed diagnosis of long-term conditions.

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. ¹	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• Clinical staff worked to national guidelines, any changes to guidance were also cascaded to clinicians via email and stored on the practice's shared computer drive. In addition, changes were also discussed at clinical meetings.• As part of our searches we examined five patient records (of 53 patients overall) who were prescribed pregabalin (a medicine used to treat epilepsy, anxiety and some nerve pain). This medicine was the subject of a safety update issued in April 2022, which highlighted an increased risk of congenital malformations if used in the first trimester of a pregnancy. As a result, female patients of childbearing age in receipt of pregabalin should be given the opportunity to discuss the risks associated with pregabalin including discussions around	

contraception. In all five cases these records showed evidence that necessary discussions regarding risks had been undertaken. However, four of these five patients were overdue their annual medication review dates. When we looked at this further this may have been linked to errors in coding patient records. Since the inspection we have been informed that the read coding errors had been corrected, and that this issue is planned to be discussed at a future practice meeting.

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 assessments 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. Data sent to us by the practice showed that of 39 eligible patients in 2021/22 all 39 had received an annual health check.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. Care plans had been developed for patients. Staff from the practice attended multidisciplinary team meetings every three months to discuss patients.
- 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 worked in collaboration with their Primary Care Network (PCN) and local GP Federation, (groups of practices that work together and offer care and support to patients). Through this, patients from the practice had access to clinics and additional support for cardiology, neurology, musculoskeletal issues, physiotherapy, pain management and dermatology.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review and monitoring 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. The practice delivered multi-condition reviews for patients with more than one long-term condition. Whilst reviews and monitoring were in place for some patients, we found that:
 - Asthma reviews of patients had been regularly undertaken with patients who had been prescribed two or more courses of rescue steroids. However, in the five records we checked all five patients had not been followed up to check their response to treatment within a week of an acute exacerbation of asthma. Following the inspection, the practice sent us details of improvements made with regard to the review of asthma patients.

- We identified 15 patients (out of 198 total patients) who had hypothyroidism (an underactive thyroid gland) and had potentially not had a thyroid function blood test in the last 18 months. We saw though that in two of four cases we examined in detail that it appeared that these patients had been unwilling to engage with the required monitoring. In response to this the practice had taken actions to control risks and encourage participation such as via issuing shorter date repeat prescriptions. Since the inspection, we have been informed by the practice that seven patients had received a thyroid function blood test and measures had been taken to arrange tests for the other overdue patients. In addition, the practice had raised this as a significant event and shared learning from this with other staff members.
 - We examined the possible missed diagnosis of Chronic Kidney Disease (CKD) and identified 99 patients as having a potentially missed diagnosis of CKD. We looked at five of these patient records in detail and found that in all these cases the results of tests indicated CKD at either level three or four. However, in all these cases the patient records had not been coded as such. In addition, one patient had been incorrectly coded as CKD 3 when they should have been coded as CKD 4/5, a more serious level of the disease. Following the inspection, the practice confirmed to us that all 99 patients had been urgently reviewed and their records had been appropriately coded. A significant event had also been raised and learning shared with staff from the investigation. In addition, the patient who had been incorrectly read coded as CKD 3 rather than CKD 4/5 had been correctly coded, and procedures put in place to prevent a recurrence. The incident had also been recorded as a significant event and the findings shared within the practice and with colleagues in secondary care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, staff had received additional training in asthma and diabetes.
 - The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
 - Adults with newly diagnosed cardio-vascular disease were offered statins.
 - Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
 - Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	96	106	90.6%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	92	105	87.6%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and	92	105	87.6%	Below 90% minimum

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)	91	105	86.7%	Below 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 and Improvement)	98	110	89.1%	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

- Practice staff promoted uptake with parents, and actively contacted them to remind them that immunisation appointments were due for their children. Should a child miss an immunisation appointment then staff contacted the parent or guardian to enquire about the reason and rebooked the child for another appointment. If children continued to fail to attend for immunisations these cases would be discussed with health visitors and others. The practice sent us some unverified in year data for the first quarter of 2022/23 which showed child immunisation figures at or above the 90% minimum child immunisation target.

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)	62.3%	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) (UKHSA)	53.4%	52.0%	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)	47.6%	58.5%	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)	75.0%	62.7%	55.4%	No statistical variation

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Any additional evidence or comments

- The practice was aware that it had not met the national target of 80% for cervical cancer screening, and was below the local and national averages for patient participation in the bowel cancer screening programme. The practice explained that there was a cohort of patients who for a number of reasons, which included cultural reticence, were difficult to engage with. Notwithstanding this, the practice had introduced other actions and measures to increase take up of participation in cancer screening programmes. This included:
 - Opportunistic conversations with patients to encourage screening.
 - Appointing a member of staff as a cancer champion. Their duties involved contacting patients, and those in the local community, who had not been screened and seeking to persuade them to take part in the screening programmes. Other staff also contacted patients in this way. The practice felt it was useful that staff had language skills which allowed them to discuss screening in the preferred language of many of their patients.
 - The organisation of events and the promotion of cancer screening on the website and via their Patient Participation Group. For example, the practice had arranged an awareness raising event for young people regarding cervical screening and had opened this up to neighbouring practices to participate in this.
 - Patients were able to access screening at other extended hours sites.
 - The practice had access to materials and literature to support screening programmes in several languages.
 - Cancer screening had been raised as a topic in their autumn/winter 2022 patient newsletter
 - As part of their duties the practice had dedicated two staff who contacted patients who had not participated in the bowel and breast cancer screening programmes to promote taking part and to assist them to rebook if they required help in doing so.
- The practice closely monitored two week wait cancer referral performance.

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

Example of improvement demonstrated because of clinical audit or other improvement activity.

- Atrial fibrillation and anticoagulation audit – an audit had been undertaken of patients with atrial fibrillation (a condition that causes an irregular and often abnormally fast heart rate). NICE (National Institute for Health and Care Excellence) had advised providers to offer direct acting oral anticoagulants (DOACs) to patients who met certain specific criteria. The audit showed that of 34 patients within this cohort, five were not in receipt of DOACs. In light of these findings, the practice reviewed these five patients due to their increased risk of strokes, and looked to start these patients on DOACs if this was appropriate. A reaudit of this cohort showed that of the 34 patients all but

one patient was in receipt of DOACs, and that there was a valid reason why this single patient had not been prescribed a DOAC.

Any additional evidence or comments

- The practice participated in the Lowering Antimicrobial Prescribing (LAMP) audit and feedback project. Results from the project showed that they practice was in the top quartile of local practices for reduced antibiotic prescribing.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw that the practice kept mandatory training schedules for clinical and non-clinical staff. Training included safeguarding children and adults, infection prevention and control, basic life support, information governance, fire safety awareness, sepsis awareness, health and safety and equality and diversity training. Training attainment was up to date for the majority of staff. Staff told us that the practice had supported their training and development. For example, at the time of inspection the practice had examined ways to support a healthcare assistant (HCA) to train to become a nurse. The HCA told us that they valued this support. 	

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:	

- Staff from the practice attended regular multidisciplinary team meetings with other stakeholders to discuss vulnerable patients or those with complex needs.

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

Any additional evidence or comments

- The practice had the ability to refer and signpost patients to external partners for additional support via social prescribing and Care Navigation. For example, the practice was able to refer patients to CLICS (Central Locality Integrated Care Service), a locally funded social prescribing service. Access to the service supported patients to self-manage their own health, wellbeing and long-term conditions. Other local support organisations were also available to patients which aimed to reduce health inequalities, and support vulnerable patients, this included patients approaching end of life.
- NHS health checks were available to patients as was access to in-house wellbeing support and advice.

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • As part of our inspection, we reviewed samples of DNACPR decisions made within the last 12 months. We undertook a review of five patient records and saw detailed and comprehensive records had been maintained in respect of all of these patients. It was clear 	

from the patient records that the two senior clinicians had detailed personal knowledge of the patient's health and care needs, and their individual wishes and circumstances.

Caring

Rating: Good

Kindness, respect and compassion

Overall staff treated patients with kindness, respect and compassion. Feedback from patients was mixed 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
Any additional evidence or comments	
<ul style="list-style-type: none"> The practice recognised the religious and cultural needs of patients. For example, the GP responded quickly to provide the necessary death certification to families to allow funerals to be arranged in line with their cultural and religious practices. The GP had attended local community and religious settings to raise awareness of issues such as COVID-19 and immunisations and vaccinations. Staff at the practice were multilingual which enabled them to support patients and put them at ease, speaking to them in languages they were comfortable with. 	

Patient feedback	
Source	Feedback
Patient interview feedback	Patients we spoke with told us that staff treated them with care, compassion and respect. They told us that clinicians took their time to listen to them and discuss their needs.
NHS Friends and Family Test	Data supplied to us showed that from April 2022 to August 2022 of those patients who had given their views on the practice: <ul style="list-style-type: none"> 113 (81%) would be very likely or likely to recommend the practice. 16 (12%) would be neither likely nor unlikely to recommend the practice. Nine (7%) would be unlikely or very unlikely to recommend the practice. Comments submitted by respondents were generally positive regarding the way they were treated by staff at all levels within the practice.
NHS website – Ratings and Reviews	One of three posted reviews mentioned that staff were rude and argumentative.
Give feedback on care submissions	Feedback we received from patients was mostly positive about the care and treatment they received.

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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)	66.7%	80.1%	84.7%	Variation (negative)
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)	62.9%	78.5%	83.5%	Variation (negative)
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)	77.0%	89.8%	93.1%	Variation (negative)
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)	56.1%	65.5%	72.4%	No statistical variation

Any additional evidence or comments

- The practice was aware of the results of the National GP Patient Survey and had discussed this with the Patient Participation Group to examine their views take on additional feedback. In light of these results the practice had introduced some measures to improve patient experience. This included:
 - Trained staff in customer care and conflict resolution.
 - Monitoring and auditing staff and patient interaction to ensure high levels of support are offered to patients.

Question

The practice carries out its own patient survey/patient feedback exercises.

Y/N

Partial

Any additional evidence

- The last patient survey had been undertaken in 2020 but had been suspended due to the pandemic. We were informed by the practice at the time of inspection that they planned to restart this in autumn 2022, and were later sent confirmation that work in relation to this had commenced. We reviewed the findings from the 2020 in-house patient survey and saw that overall patients had positive experiences regarding accessing services. For example:
 - When asked the last time they saw a doctor at the surgery how good was the doctor at giving them enough time 95% of respondents (106 patients) said the doctor was either very good or good.

- When asked the last time they saw a practice nurse at the surgery how good was the practice nurse at involving them in decisions about their care 93% of respondents (178 patients) said the practice nurse was either very good or good.

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"> • Many staff at the practice were multilingual and were able to speak with patients in a language that was more accessible to them. This helped engagement with patients, which included involving them in decisions about their care and improving understanding of their treatment. • Staff had received care navigation training and supported patients to make informed decisions about the most appropriate care for their condition. They also referred patients directly to other forms of local community support to aid their health and/or wellbeing. 	

Source	Feedback
Interviews with patients.	Patients we spoke with told us that clinicians at the practice took time to discuss their care and treatment with them.

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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)	77.2%	86.5%	89.9%	Tending towards variation (negative)

	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
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Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> 2.1% (147 patients) of the practice population were identified as either paid or unpaid carers. The practice told us that it struggled at times to get patients to identify themselves as carers. They told us that they felt that this was driven by the local culture which meant that patients with caring responsibilities did not see themselves as carers.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice told us they identified carers on registration and during clinical consultations. The practice offered extended appointments and influenza vaccinations for carers. The practice signposted carers to external support when need was identified. Information for carers was posted on noticeboards.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The practice contacted the families of the bereaved to offer both sympathies and support if required. For example, they could be offered an appointment to discuss concerns, or could be signposted to bereavement support providers.

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"> During our site visits we saw that personal and confidential information was kept secure. Staff had a good understanding of patient confidentiality and information security. Reception desks in both sites were accessible to wheelchair users. 	

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">• Staff at the practice were multilingual and used these skills to support patients.• Vulnerable patients such as those patients with a learning disability, or those with complex needs were able to access longer appointments.• The GP had attended local community and religious settings to raise awareness of issues such as COVID-19 and immunisations and vaccinations.	

Practice Opening Times – Grange Medical Centre

Day	Time
Opening times:	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm

Branch Practice Opening Times – Oak Lane Surgery

Day	Time
Opening times:	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 2.30pm
Thursday	8am to 6pm
Friday	8am to 6pm

Appointments available:

Monday	8.30am to 6pm
Tuesday	8.30am to 6pm
Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm

Friday	8.30am to 6pm
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Further information about how the practice is responding to the needs of their population

- Patients from the practice were able to book out of hours appointments provided by Local Care Direct Limited from 6pm to 6:30pm Monday to Friday, and extended access appointments provided by Bradford Care Alliance CIC, where late evening and weekend appointments were available.
- 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.
- In recognition of the religious and cultural observances of some patients, the GP 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 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, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice offered dedicated flu clinics to increase community take-up.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Patient requests for same day appointments were triaged, and more urgent needs were prioritised by the practice. 	

- The practice gave patients two opportunity windows to book appointments (one morning and one afternoon). This prevented all appointments being booked up early in the day. Patients were still free to contact the practice at other times for urgent appointment requests. In addition, the practice told us that whenever possible they accommodated walk-in patients. The practice also retained a number of appointments for direct booking by NHS 111.
- There was only limited access to pre-bookable appointments, although we were informed that this was to be expanded. The practice had pre-bookable nurse appointments available for cervical smear screening, immunisations and long-term condition reviews.
- The practice offered multi-condition reviews to patients to prevent repeated trips to the practice.
- Patients were able to access e-consultation services which were responded to within 24 to 48 hours. The practice reported that these had been used by working age patients who may not be able to access services during regular hours.
- Patients had access to video calls if they were unable to attend the practice in person.
- The practice had recently introduced a same day face to face paediatric clinic which operated within core hours Monday to Friday. It had also introduced a phlebotomy clinic for patients over five years of age which also operated within core hours Monday to Friday.
- We reviewed the findings from the 2020 in-house survey and saw that overall patients had positive experiences regarding accessing services. For example, 187 patients found it either very easy or easy to contact the practice by telephone compared to 29 patients who had found it not very easy.

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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)	33.8%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	52.9%	49.7%	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)	44.0%	50.1%	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)	59.3%	69.2%	71.9%	No statistical variation

Source	Feedback
NHS Friends and Family Test	Feedback comments submitted via the NHS Friends and Family Test were mixed. Some respondents reported that they were able to access appointments whilst others reported difficulties. However, overall responses showed that only nine out of 138 patients would be unlikely or be very unlikely to recommend the practice.
Patient interview feedback	Patients we spoke with felt that the practice was accessible and had been responsive to their needs.
NHS website – Ratings and Reviews	All three reviews left on the website noted difficulties in accessing appointments.

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.	Eight
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example of learning from complaints.

Complaint	Specific action taken
Delay in patient receipt of prescription, also the complainant raised language communication difficulties.	Awareness of the issue had been raised within the practice team. Staff were told to inform both the patient and pharmacy that a prescription was waiting to be collected, and that this action must be coded into the patient record. Staff had also been also asked to clarify if there were language and communication issues so these could be addressed. This complaint had been discussed at a team meeting held on 18/05/2022.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice was responsive to CQC feedback given during the inspection process and had acted immediately upon this. For example, patients identified as part of our clinical searches who required further care management were contacted and actions had been taken to organise required reviews, tests, medication changes and to rectify coding errors.• Staff told us that the management team were approachable, and had not experienced any problems raising concerns and issues with them.• The practice had identified challenges and had put in place measures to tackle these. For example, during the COVID-19 pandemic they had seen an increased number of declined referrals to secondary care for pain management. In response to this the practice had offered additional appointments for chronic pain conditions in-house. Other identified challenges included those linked to language, and local barriers which impacted negatively on patient participation in cancer screening, and child immunisation programmes.	

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">• The practice had developed a business plan and strategy for the period 2022 to 2026. Key areas within the document included staffing, information technology and the development of patient services.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff we received feedback from, told us that they knew how to raise concerns and felt that the practice management team took their concerns seriously. They said that they had no fear of raising issues with the management team. We heard from a member of staff how the practice had supported them to remain in the workplace, and how they had implemented adjustments to their duties and provided equipment to meet their needs. A whistleblowing policy was in place and this contained details of the Freedom to Speak Up Guardian. 	

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

Source	Feedback
Staff comments made during interviews.	Very friendly and cordial.
Staff comments made during interviews.	I have a good relationship with the managers.
Staff comments made during interviews.	Well supported by the practice manager and GPs.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw that job descriptions had been developed, and when we interviewed staff, they were clear on their roles and responsibilities, and on working within their competencies. 	

- Staff from the practice regularly attended monthly primary care network (PCN) meetings.

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"> • We saw that performance was monitored and managed, and that this had been discussed at key events such as management/clinical meetings and full team meetings. For example, the management team had discussed results from the National GP Patient Survey. • In discussion with leaders and managers it was clear that they understood risks to the service such as recruitment and retention, and patient demand and capacity issues. To mitigate these risks that practice had examined the staff skills mix, offered additional training to staff, and looked to support the development of staff into other roles. • Staff had been trained to respond to incidents. For example, staff had been trained to become fire wardens. 	

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

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.	N/A
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group (PPG).	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Senior members of the practice met with local GPs and the PCN on a regular basis and discussed care planning and service developments. The practice had an active PPG of 14 members. The practice advised patients of the PPG via their telephone welcome message and promoted their work to patients. 	

Feedback from Patient Participation Group.

Feedback
We spoke with two members of the PPG. They told us that they felt valued and listened to by the practice. For example, they told us that they had given feedback regarding communication to patients which had been acted upon. For example, they had advised the practice to inform patients of changes via text messages rather than a reliance on other means such as the website.

Any additional evidence

Members of the PPG had supported an event held at a local community centre to promote healthy lifestyles.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice made use of reviews of incidents and complaints. Learning was shared and used to make improvements.• The practice had a programme of clinical audits and other quality improvement activity. For example, the practice participated in the Lowering Antimicrobial Prescribing (LAMP) project which sought to reduce prescribing rates.• The practice had a focus on staff development and the promotion of careers in health. For example:<ul style="list-style-type: none">○ They offered work experience placements to secondary school students interested in a health career.○ Supported pharmacists to progress to become advanced clinical practitioners and independent prescribers.	

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.
- **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.