

# Care Quality Commission

## Inspection Evidence Table

### Dr Shobha Vallabhaneni & Partners - Medicentre (1-9828604130)

Inspection date: 7 April 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 safeguarding boards 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 Public Health England (PHE) 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: Undertaken by property management team.	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 9 January 2020 Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: Wigan Council provided a range of facilities management services to keep the building in good order & repaired. The services include: <ul style="list-style-type: none"> <li>• Repairs and maintenance of the building fabric.</li> <li>• Repairs and maintenance of the external areas of the building.</li> <li>• Maintenance of the electrical &amp; mechanical installations.</li> <li>• Ensuring premises compliance to statutory requirements.</li> <li>• Maintenance of any fixtures provided and fitted by Wigan Council.</li> </ul>	

### 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: 15 October 2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <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 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) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.80	0.87	0.76	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). (01/01/2021 to 31/12/2021) (NHSBSA)	10.1%	9.8%	9.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2021 to 31/12/2021) (NHSBSA)	5.17	5.87	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	148.5‰	188.3‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.33	0.64	0.62	Tending towards variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	5.5‰	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 Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• There was one primary care network pharmacist to support medicines management in the practice.</li> <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>• The practice engaged with the local pharmacy to confirm whether patients had collected the prescriptions sent to them electronically.</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>• Where our searches identified gaps in monitoring, the practice immediately reviewed and provided evidence of action taken. The likelihood of this happening again in the future is low</li> </ul>	

Medicines management	Y/N/Partial
<p>and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.</p> <ul style="list-style-type: none"> <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. The practice put 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 had taken place. Where some checks had not been carried out at the appropriate time, we assessed the impact on patients as low.</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. Medication reviews had lapsed during the pandemic, and we saw evidence that this was also due to a shortage of bottles for phlebotomy and when the practice had to prioritise in giving vaccinations. We saw the practice plan to invite patients for a review and to address the backlog.</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:	Three
Number of events that required action:	Three
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice used “Clarity TeamNet” for significant events documentation. Clarity TeamNet is a sharing, compliance, and workforce management platform for GP practices and practice groups.</li> <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 has a central system to review and action safety alerts as appropriate and they were discussed during clinical meetings. 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. From a sample of patients records we reviewed, we found action had been taken on the most recent alerts, however continued auditing of medicines previously subject to safety alerts needed to be incorporated into the on-going searches carried out by the practice. This was to ensure prescribing continued to be in line with up to date guidance. Following the inspection, the practice provided evidence that they had set up additional audits to ensure medicines prescribed which were subject to past drug safety alerts were prescribed safely and patients were monitored appropriately.</li> </ul>	

## Effective

## Rating: Good

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

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><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></ul>	

### Effective care for the practice population

Findings
<ul style="list-style-type: none"><li>• 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.</li><li>• Health checks, including frailty assessments, were offered to patients over 75 years of age.</li><li>• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li></ul>



- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

## 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. The practice had a specialist COPD and asthma nurse carrying out two sessions per month for those patients who had been diagnosed with COPD/asthma. This supported the nurses and enabled them to focus on the other 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 COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- The practice had identified that a number of patients with mental ill health and learning disabilities required a review. We saw that the plan to recall these patients had started and the most vulnerable were to be reviewed first.

- As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor. The records of patients with long term conditions were checked to ensure the required assessment and reviews were taking place. These searches were visible to the practice. The records we examined provided evidence that overall patients with long term conditions had been monitored and reviewed appropriately. Where our searches identified gaps, the practice immediately reviewed them and provided evidence of action taken. For example, searches noted some patients with a potential diabetes diagnosis (those who had levels of HbA1c readings above 48 mmol/mol) were not correctly coded in the clinical system, resulting in a delay in follow up and or monitoring in some cases. The practice provided evidence immediately following the inspection of how they had reviewed and actioned the patients identified in the searches. The practice also shared details of a new system implemented, to prevent this from happening again in the future. The likelihood of this happening again in the future was low and therefore our concerns for patients using the service, in terms of the quality and effectiveness of clinical care were minor.

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)	41	42	97.6%	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)	42	42	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 Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)	42	42	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	41	42	97.6%	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)	57	57	100.0%	Met 95% WHO based target

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 30/09/2021) (Public Health England)	71.2%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	73.1%	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) (PHE)	69.9%	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) (PHE)	38.5%	49.4%	55.4%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> <li>The practice had a clear action plan in place to increase uptake of cervical screening, however this had to be put on hold, in line with guidance during the COVID-19 pandemic.</li> <li>We reviewed recent unverified data which showed an increase in uptake to 79%. As this was noted as an area to improve, the practice also advised patients, if required, that they could attend the GP Alliance led smear clinics.</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
<ul style="list-style-type: none"> <li>The practice routinely reviewed the effectiveness and appropriateness of the care provided. The practice used information about care and treatment to make improvements.</li> <li>The practice had a programme of quality improvement which included audits and searches, both clinical and non-clinical.</li> </ul>

- 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.	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"> <li>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.</li> </ul>	

## 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
<p>Explanation of any answers and additional evidence:</p> <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> <li>The practice actively promoted the national flu vaccination campaign and the rollout of COVID-19 vaccinations.</li> <li>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. More recently the practice signed up to the local enhanced service to refer into both the weight management service and long Covid-19 clinics.</li> <li>There was a screen in the waiting area which provided a range of health promotion information for patients. This included weight management, stroke information, and Mumps, Measles and Rubella (MMR) vaccine information.</li> </ul>	

## 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
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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></ul>	
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## Caring

**Rating: Good**

### Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
Friends and Family Test	Patient feedback we received indicated that staff were always friendly, respectful and very caring.
Ask My GP	Good consistent patient feedback indicating that patients were treated with kindness, respect and compassion.

### National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	86.9%	89.2%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	87.0%	88.9%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	96.7%	95.3%	95.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	85.5%	85.5%	83.0%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>There was a survey available on the practice website for patients to comment about care and treatment. The feedback from this that we reviewed was generally positive.</li> </ul>	

### 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>The practice used language line when needed. Language line offers translation and interpretation services over the telephone.</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 stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	94.5%	92.8%	92.9%	No statistical variation

	Y/N/Partial



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

Carers	Narrative
Percentage and number of carers identified.	312 (About 6% of patient population)
How the practice supported carers (including young carers).	A member of the administrative staff was the lead for carers.
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.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <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> <li>The chairs in the reception area were situated away from the reception desk.</li> <li>There was a room available for patients if they wanted to talk away from the reception desk in private.</li> </ul>	

# 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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 8pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
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
<ul style="list-style-type: none"><li>• Patients had a named GP who supported them in whatever setting they lived.</li><li>• 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.</li><li>• The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.</li><li>• All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.</li><li>• The practice held a register of patients living in vulnerable circumstances including those with a learning disability.</li></ul>

- The practice had signed up to the Armed Forces Covenant. This was so the Armed Forces community should 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.

## 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 to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• During the initial stages of the pandemic and lockdown all those vulnerable and shielding high risk patients were contacted individually to ensure that they had support. When this was not the case they were referred to support services which were being provided by Wigan Council.</li> <li>• All housebound patients were referred, and support given to access food, treatment and medication. For those patients who were unable to use online services, they could contact the practice via phone and their request was logged by the reception team.</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 (01/01/2021 to 31/03/2021)	66.5%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	70.9%	74.2%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	59.7%	71.6%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	83.6%	86.1%	81.7%	No statistical variation

Source	Feedback
NHS Choices	Positive feedback from all patients about the treatment and care provided by the practice.

## Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	11
Number of complaints we examined.	11
Number of complaints we examined that were satisfactorily handled in a timely way.	11
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: 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"><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 Clinical Commissioning Group (CCG) 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

## 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"> <li>There was clinical and management oversight of the service quality and performance. Quality improvement initiatives were evident.</li> </ul>	

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

Source	Feedback
CQC Staff Questionnaires	We received 15 completed staff questionnaires. All the responses indicated the practice was a good place to work and that they felt supported by the management team and colleagues.

## 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>The practice used “Clarity TeamNet” for documentation. Clarity TeamNet is a sharing, compliance, and workforce management platform for GP practices and practice groups.</li> </ul>	



- The practice had established policies, procedures and activities to ensure safety. There was a system in place to monitor and review policies according to guidance, legislation and practice needs.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There was a system in place for reporting and recording significant events.
- Staff confirmed, and we saw evidence, that findings were discussed at meetings (or sooner if required). The practice carried out an annual analysis of the significant events to identify themes or trends.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

## Managing risks, issues and performance

### There were 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>• 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> <li>• Where we noted some discrepancies from the clinical searches we carried out as part of the inspection, the practice took immediate action and provided details of the action taken to embed new systems where required. For example, additional audits were set up to ensure medicines prescribed which were subject to past drug safety alerts were prescribed safely. We saw the practice had undertaken action to mitigate potential future risk of harm.</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> </ul> <p>Due to the COVID-19 pandemic, long term nursing staff absence due to sickness, and being unable to recruit new staff, patient reviews and the reintroduction of the Quality Outcome Framework (QOF) were a priority for 2022/23. The practice had completed the following actions:</p> <ul style="list-style-type: none"> <li>Recruited a new nurse.</li> <li>A member of the reception team was currently in training to become a healthcare assistant (HCA).</li> </ul> <p>We saw plans to complete the following:</p> <ul style="list-style-type: none"> <li>Implementation of a more efficient way for recalling patients.</li> <li>Sending questionnaires to patients.</li> <li>Sending invites via text where patients can book their own appointments.</li> <li>Arranged training for Nurses HCA for IT system to improve coding and for completing templates in Ardens. Ardens is a clinical decision support tool for SystmOne gives clinicians easy access to the latest evidence-based resources.</li> <li>Utilising the HCA who had competent IT skills to work alongside Office Manager to improve the current recall system they have in place.</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

## Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Partial
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

Feedback from Patient Participation Group.

## Feedback

Due to the constraints of the pandemic, the patient participation group (PPG) had not met for a number of months. However individual members of the PPG were in regular contact with the practice and provided feedback from the patient population, including from the PPG social media (Facebook) page.

## 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"> <li>Staff had dedicated learning and development time.</li> <li>The practice premises had a number of services to support the delivery of care and treatment for the practice. This included phlebotomy, warfarin clinic, podiatry, baby clinics and physiotherapy.</li> <li>There was a strong focus on education and training (two GP trainers in the practice). The trainees were undergraduate and postgraduate from Manchester University.</li> <li>The practice was an enhanced training practice for student nurses, trainee nurse associates and physician associates.</li> </ul>	

### 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)	$\leq -3$
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.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- 
- ‰ = per thousand.