Care Quality Commission

Inspection Evidence Table

Modality Partnership (AWC) (1-6972353547)

Inspection date: 11,12, 13 and 14 July 2022

Date of data download: 06 July 2022

Overall rating: Outstanding

We rated the practice as outstanding overall and outstanding for providing responsive and well-led services. There were consistently high levels of engagement between staff and people who used services. The team communicated effectively and consistently at all levels of the organisation at both a local and a provider level. Daily, ongoing communication promoted a culture of safety within the team. The way the practice was led and managed supported the delivery of high-quality, person-centred care. The practice worked in innovative ways to identify and support vulnerable, marginalised and non-engaging patient groups. Resources were targeted to meet unmet needs. The team demonstrated dynamic and caring leadership which supported learning and innovation.

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
Standard operational procedures (SOP), as well as child and adult policies, were in place for safeguarding. The policies did not direct staff to local service arrangements or practice leads, although these were noted in the SOP. Following our inspection, the practice discussed how they would ensure that policies directed staff to the best course of action.	

Safeguarding	Y/N/Partial
The names of the safeguarding leads were displayed at all sites. Following the merger, an overall practice lead for child and adult safeguarding had been identified. Some staff were unsure who the overall practice leads were, but all staff were very clear about their roles and responsibilities and that a clinician was always available for them to contact with any concerns. Prior to the inspection the practice found they no longer had access to the Disclosure and Barring Service (DBS) details of a large number of staff and highlighted this to the inspection team. Where evidence could not be found of the latest check, further checks were completed as a priority. On the day of inspection, we saw that five DBS checks were outstanding; however, these were supported by a risk assessment. A recent policy update included the renewal of DBS certification on return from prolonged leave, sick leave or maternity leave if over three months. Non-patient facing administration staff were trained to level one child safeguarding. Following the inspection, the organisation decided that this should be enhanced to level two and the training was delivered to staff at a protected learning session. Additional information giving sessions to support the effective management of safeguarding had also been delivered at practice learning time (PLT).	

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
Staff were asked to complete a self-declaration form in relation to their vaccination status. The provider did not ask for evidence of staff vaccination in line with best practice guidance.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: all sites 2021 or 2022	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: all sites 2021 or 2022 Actions from fire risk assessment were identified and completed.	Yes
We saw evidence that fire drills were undertaken at most sites and were planned for those sites which had recently re-opened following the COVID-19 pandemic. Action was taken to refresh staff knowledge where issues were noted during fire drills. Each site had a signing in/out board on the stairway for staff to signify their presence/absence in the building for fire safety purposes.	

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: all sites 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
On the day of inspection, we found the practice Infection, prevention and control (IPC) policy did not contain the name of the IPC lead or local contact arrangements which may be required in the event of a sharps injury. However, staff told us they knew who their site lead was for IPC and who they would contact. IPC audits noted that at some sites there were fabric chairs which required replacement. We saw this issue was reflected in the risk register, and an ongoing plan was in place to replace these. This programme of works also included the replacement of carpeting and carpet tiles.	

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
The patient services team were trained in care navigation and had completed sepsis training, this would assist them to identify a deteriorating patient. Team 'huddles' took place at 8am and1pm each working day. These 10 minute, highly focused meetings enabled leaders to review the capacity across sites for the day, identify areas which may need additional support and take steps to address these. A review was then carried out at 1pm to review demand and take further action as necessary. Concerns were also raised, discussed and highlighted at divisional provider level at a meeting every morning. The team employed rota co-ordinators who reviewed the staffing capacity each morning and reviewed and arranged cover across sites as necessary.	

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
Standard operating procedures were in place to manage referrals, results and the summarising of patient notes. Teams included staff who had developed expertise in the management of documents and referrals and other pivotal back office functions. Team leader's attended meetings, the twice daily huddles and also attended fortnightly operational management meetings. The managements of tasks and correspondence was reviewed at monthly meetings.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.48	0.82	0.79	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	7.3%	5.4%	8.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	4.63	4.69	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	89.4‰	120.3‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group	0.20	0.40	0.60	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)				
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	7.2‰	7.1‰	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
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes

Medicines management	Y/N/Partial
As part of our inspection, the CQC GP specialist advisor (SpA) undertook a number of in-depth searches of the practice clinical system. This included the management of patients with long-term conditions, those who were at risk of developing a long-term condition and patients who required regular monitoring and reviews. We saw that the management of patients and their medicines was safe. There were processes in place to review and manage patients who declined to attend for their reviews. The clinical record medication review searches did not identify any issues. In addition, on the day of the searches, we saw that recalls, reviews and follow ups for patient who were prescribed medicines from groups including DMARDS (disease-modifying anti-rheumatic drugs) and DOACs (direct acting oral anticoagulants) were undertaken in line with clinical guidance. The practice could demonstrate the prescribing competence of non-medical prescribers, and there was a regular review of their prescribing practice supported by clinical supervision and peer review. We saw that clear, supportive processes were in place and specific time was allocated to ensure that non-medical prescribing was reviewed. This level of support was also extended to medical students. The in-house pharmacy team had delivered additional training around high-risk drugs. The practice continued to introduce and implement standardised procedures across all sites. This included the management and storage of emergency medications, vaccines and equipment. This approach enabled staff to move between sites with the confidence they would be able to find what they needed when required. Handover sheets were in the process of being implemented across sites for when emergencies occurred, and a patient may require support until an ambulance arrived. Information was completed by clinical staff detailing the clinical observations of the patient, i.e. blood pressure, respiration and any medication administered. This information was then passed to the paramedic who attended the patient.	

Dispensary services **A dispensary service was provided at the Haworth Medical Practice.**	**Y/N/Partial**
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patents. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
This is an assessment of the Haworth Medical Practice dispensary service only. Dispensary services were not provided at any other Modality Partnership (AWC) site. A dispensary service is a place where medicine is dispensed to patients. They are usually in rural areas without access to a pharmacy.	

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:	97
Number of events that required action:	97
Significant events were disseminated and discussed with the team through staff meetings, minutes, newsletters and email communication where appropriate. A quarterly audit of all significant events was undertaken to ensure these had been reviewed and managed. Where necessary significant events were escalated to the Modality Partnership national team for learning and dissemination, and events which had occurred in other areas were disseminated from the national team to a local level. Concerns were also discussed with the CCG. Staff told us of examples where learning from significant events were reported by other practices managed by the provider, shared nationally, and changes implemented at a local level to prevent the same thing happening in the local area.	

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

Event	Specific action taken
A request for patient medication was not sent electronically, causing a delay in the patient receiving the medication.	Actions noted for GPs when prescribing and changes made to the template on the clinical system to prevent re-occurrence.
National learning across Modality Partnership and with Modality Partnership (AWC). A pharmacist highlighted a patient and their family were noted to all be obtaining regular high risk drugs from different GP practices.	Highlighted to the team involved who investigated and found concerns were justified. Learning shared nationally and locally included; to be aware of contact details of local controlled drugs accountable officer and the importance of working collaboratively.

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
Once safety alerts were completed the identified lead would document this on the national Modality Partnership database. We saw that safety alerts were responded to in a timely manner and the necessary action taken and documented.	

We saw examples of actions taken on recent alerts for example an alert regarding Metformin and reduced vitamin B12 levels in patients.

Safety alerts were highlighted to team members by email and discussed at the daily huddles.

Effective Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes

Through the use of a computer programme called 'GP Assist' the practice had instant access from the patient record to referral forms, NICE guidance and additional pathways and guidance which reflected current best practice.

Clinicians at the practice liaised regularly with the Integrated Care Board (ICB) where best practice and guidance was reviewed.

Clinical staff were given protected time to attend monthly teaching sessions called 'Grand Rounds'. The online training sessions included updates on clinical topics and disease management. All sessions were recorded and uploaded to the digital platform used by the team for staff to review at a later date.

The staff team were kept up to date with current evidence-based practice through the weekly newsletter. The nationally produced governance newsletter contained links to key policy updates and reviews. Staff were directed to alerts and guidance on a twice daily basis through the huddles.

The team had an ongoing programme of community outreach work.

When introducing new ways of working the team produced videos alongside the teaching sessions for staff to refer to at a later date.

Effective care for the practice population

Findings

- 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.
- Contraception and sexual health services (CASH) were available to patients and a lead clinician was in place.
- 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 care of patients and any recent deaths were reviewed at monthly multidisciplinary meetings. Each site had a nominated palliative care lead and liaised with local hospices as necessary.
- Patients could be signposted to the community pharmacy consultation service for advice and support. A protocol was in place to ensure that referral was appropriate. The outcome of the consultation was then visible in the patient notes.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. Plans were in place for the 2022/23 flu season. COVID-19 vaccines continued to be offered. Patients could access vaccinations relevant to their age group and vulnerability.
- Social media live engagement and educational events were held with patients for a variety of conditions including cervical screening and topics. Patients could log on and view the session, ask questions during the talks and receive real time answers from the team.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions. Complex patients were reviewed with team members and the advice sought from secondary care as necessary.

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 nursing team and GPs worked with other health and care professionals, social and community groups to deliver a coordinated package of care.
- Patients with long-term conditions including those with asthma were sent an SMS message prior to their reviews. This asked the patient to complete an online questionnaire ahead of the appointment. The message also contained a link which enabled the patient to book their review directly with the practice at a time and date to suit them. This is turn kept phone lines free for patients who chose not to use this service or were unable to.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Staff told us they were encouraged to develop specialities and share their knowledge with the team.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The local hospital was able to view patient records.

- The practice could demonstrate how they proactively identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with COPD had access to mobile phone 'app' for support and a pathway. This ran alongside Goldline, a service for patients in the area with round-the-clock telephone support from a qualified and experienced health care professional. Patients at risk of their condition exacerbating, could check their oxygen saturation levels and submit readings, talk through their concerns and have rapid access to a duty doctor if necessary.
- Patients with asthma were offered an asthma management plan. Regular pop-up community clinics were held by the nursing team in venues such as the local college and community halls. The team worked with community leaders to identify vulnerable patients and invite them for reviews, sent SMS messages to patients that were reluctant to attend the surgery and offered opportunistic reviews, advice and support. The nursing team held an asthma community event on the evening of our inspection where they also administered 66 COVID-19 vaccines, 15 of which were an initial dose.

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)	138	147	93.9%	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)	152	160	95.0%	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 and Improvement)	152	160	95.0%	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 and Improvement)	151	160	94.4%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR)	180	193	93.3%	Met 90% minimum

(01/04/2020 to 31/03/2021) (NHS England and Improvement)				

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
Pop-up clinics for vaccinations and support to parents and babies were held in community venues and supported targeted at hard to reach patient groups. The Community Innovation lead identified and linked with local communities to identify vulnerable patients where support could be targeted. Concerns regarding children who were consistently not presented for vaccination or were noted to have attended the emergency department were shared with GPs and the safeguarding lead as necessary. Educational videos were compiled by the team and shared on social media, this included advice regarding issues such as measles.

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: 31/12/2021) (UK Health and Security Agency)	68.8%	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)	57.5%	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)	63.6%	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)	66.7%	62.7%	55.4%	No statistical variation

Any additional evidence or comments
The team had identified that uptake rates of cervical screening were lower in the more deprived areas of the practice. The team worked with Asian community leaders to address this and had identified a location at a local women and children's centre where they were planning to offer cervical screening. The team had risk assessed the environment and reviewed infection, prevention and control and were awaiting final sign off for the project. Designated cancer leads were in place and additional funding had been secured to offer educational sessions in inner city areas. These session were open to patients registered at other practices and interpreters were available for those patients whose first language was not English.

The CASH service (contraception and sexual health) for the practice had an allocated GP lead with a specialist interest in Gynaecology. The lead was working to develop the services offered alongside the nursing team and consultants from the local hospital with a view to offer more procedures for patients closer to home.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

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

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

A review of the appropriateness of prescribing DOACs (direct acting oral anti-coagulants) and assess dosing in renal function was undertaken. Of 230 patients who were reviewed, 86 required a change of their dose based on their age and weight. All eligible patients were reviewed, and their medicines dose updated.

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
The patient services team were trained in care navigation and were supported by a patient services manager at each site. Staff had also undertaken ACE training (Action, Confidence, Empathy) to enable them to support and respond appropriately to patients. The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision and peer review. We saw that clear and supportive processes were in place and that dedicated time was allocated to ensure that non-medical prescribers were supported. This level of support was also extended to medical students. Staff told us that they felt very supported by the GPs and leaders at the practice and that it was easy to access a clinician when required. Meetings, training, away days and the use of social media groups enhanced avenues of support for non-medical prescribers. At the majority of the sites when the doctors and non-medical prescribers were not consulting, they used a dedicated room to work. This meant they were accessible to staff and able to support each other and with queries and complex patients. Staff told us this worked very well and had enhanced the feeling of teamwork. Mandatory training compliance was monitored at monthly board meetings. The team had recently recruited a training and development manager to ensure competencies remained up to date and to enhance opportunities for staff.	

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
The dedicated community innovation manager had very strong links to organisations across the area and used these to work with communities, charities and faith leaders to identify unmet need and support patients. Patient records were visible to secondary care services and as the practice managed their own extended access provision, patient notes were visible to clinicians who were working outside normal office hours or offering outreach clinics.	

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

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 care afforded to patients and any recent deaths were reviewed at monthly multidisciplinary meetings. Each site had a nominated palliative care lead and worked with the local hospice.

The sites we visited offered patients the opportunity to drop in and monitor their own weight and blood pressure. A slip of paper could be printed and handed to the patient services team for inclusion in the patients notes.

In 2021 the practice employed health coaches to work alongside the team and social prescribers. The coaches were able to offer dementia friendly support, support to a local women's and children's centre and worked with patients who were frequent attenders at the practice.

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

Documented discussions regarding DNACPR decisions reflected the wishes of the patient and their family. These were documented through the use of the ReSPECT process and template within the clinical system. Personalised recommendations for the person's clinical care and treatment in a future emergency, in which they may be unable to make or express choices, were completed. We saw that the wishes of the person and their family, their preferred place of death and consent were recorded. (ReSPECT; Recommended Summary Plan for Emergency Care and Treatment).

We saw a ReSPECT form which was completed appropriately for an individual with a learning disability. This reflected the wishes of the person, that in the event of an emergency they did wish to be resuscitated.

Caring Rating: Good

The services and support offered to patient groups was wide-reaching and had the potential of a significant positive impact for patients and individuals. Staff at all levels worked outside normal hours to offer evening pop-up clinics, support patients in outreach venues and offer engagement and communication with all patients via meetings and social media.

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

The staff team demonstrated via completed questionnaires that they understood the challenges faced by different groups and populations across the practice area. Support was tailored and targeted to hard to reach groups.

The expansion of the support available via the treacle.me app ensured that people outside the practice and the local community could use the free resource for help and support.

On the day of inspection, we observed staff speaking to patients in a calm, professional and friendly manner. One member of the team offered kindness, support and condolences to a patient who had accessed the practice for an appointment following the death of a relative.

Social media 'live' sessions were utilised to talk to patients, enhance their knowledge of medical conditions and answer questions.

Patient feedback	
Source	**Feedback**
Share your experience	The patient noted the team could not have tried harder to maintain effective communication with patients and had been very creative in seeking feedback from patients and other members of the community. The patient wanted to congratulate and praise the teams involved in community health checks for learning disabled patients. They noted the team had brought healthcare to the masses whilst still providing privacy and maintaining dignity for individuals.

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)	85.6%	87.2%	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)	88.6%	86.7%	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)	91.3%	94.5%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	79.2%	79.9%	83.0%	No statistical variation

Any additional evidence or comments

We saw that an action plan in response to the National GP Patient Survey was in place. The practice noted the completed merger should improve a patient's choice of appointment type and choice of time further. They were aware of continued issues with access.

The results of the 2022 National GP Patient survey were published after our inspection. Results showed:

- The percentage of respondents who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to had increased to 95%.
- The percentage of respondents who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them had declined to 80%. The ICS and national average was 83%.
- 70% of patients said their overall experience of the practice was good, this was comparable to ICS and national averages.
- 95% of patients had confidence and trust in the healthcare professional they saw which was better than the ICS average of 92% and national average of 93%.

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

Any additional evidence

Social media and online patient engagement sessions had been held to discuss patient issues, access and plans for improvement following the merger. Open evening engagement sessions had also been

held at several sites to enable patients to meet the team. Several members of the team attended in their own time including directors, clinical staff and health coaches.

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
Easy read and pictorial materials were available. Areas of the website could be translated into a number of different languages.	

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)	87.8%	90.5%	92.9%	No statistical variation

Any additional evidence or comments
One patient told us via a share your experience form they had been removed from the patient list. When they complained to the practice, this was found to be an error and the practice apologised. Results from the 2022 National GP Patient Survey which were published after our inspection showed that 90% of patients were involved as they wanted to be in decisions about their care and treatment. This was comparable to published local and national averages.

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

As appropriate, and due to an increase in COVID-19 cases the practice had continued to limit the amount of paper and leaflets displayed and available in the practice. However, staff members could download a number of leaflets from the digital platform used by the practice and information was available on the practice website. Information, links and resources were printed on the back of COVID-19 vaccinations cards which were given to patients.

Carers	Narrative
Percentage and number of carers identified.	3,265 carers identified / 3.6% of the patient population.
How the practice supported carers (including young carers).	Work with local carers resource and other voluntary organisations to offer pop up clinics, therapy sessions and access to information.
How the practice supported recently bereaved patients.	Bereaved patients would receive a call from the GP. Information regarding support and voluntary services was also available.
During carer's week in June 2022, the practice held a large event for carers in a local shopping centre. Alongside the local carers' organisation, carers were offered resources, therapy sessions, reiki and Indian head massage. The event was reported to be very well attended by over 70 carers with the venue being chosen following previous carer feedback that it would be accessible. Over 50 new referrals were made to the local carers resource as a result of the event. To combat isolation experienced by some carers, staff and clinicians had organised an online carers' quiz during the pandemic with numerous prizes that were donated by local firms. The team also organised a fundraising event for carers, walking and cycling a collective 8,700 miles, to represent the number of hours per year a carer can work.	

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
There were arrangements to ensure confidentiality all sites. Patient calls to the practice were answered by a central team and could not be overheard.	

Responsive Rating: Outstanding

We rated the practice as outstanding for providing responsive services. We found that the practice worked in innovative ways to identify and support vulnerable, marginalised and non-engaging patient groups. They worked proactively with communities and organisations to target resources to meet the needs of these patients.

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

The team continued to work to address and respond to health inequalities and worked closely with their community innovation lead, community leaders, secondary care and other services to achieve this.

Patient engagement events were held from November 2021. These open invitation events offered patients the chance to meet the team, ask questions about the service and included a presentation. We were told the events were well received and between 18 and 80 patients had attended each event.

Additional pharmacy technicians had recently been recruited to enhance the service offered to the 26 care homes supported by the team. It was hoped these additions would increase the opportunity for face to face appointments, arranging visits, the gathering of information and checking of medicines.

When implementing digital strategies to increase access and choice of services for patients the team also reviewed how this would impact on patients who were less digitally able and considered how to manage this.

Following feedback regarding the website, the patient engagement lead held a workshop to review the same. Patients, including those with a learning disability, reviewed the site and changes were made including using less colour and changing to a more user friendly font. The team were then engaging nationally with Modality partnership practices to make wider improvements.

Community links were in place to allow the team to take advantage of health grants and to work with charities to apply for those grants and reduce health inequalities.

In 2022 the team won an NHS Parliamentary Regional Award for Yorkshire and the North East for their work in reducing health inequalities.

During the pandemic the practice managed a successful vaccination programme and recruited over 400 volunteers to assist with this. Vaccinations hubs were established, and the practice also worked successfully with community organisations, faith leaders, voluntary services and patient groups to encourage uptake. The work was featured in the NHS publication 'Tackling inequalities in healthcare access, experience, and outcomes' where it was noted that over 50, 000 patients had been vaccinated from the most diverse and deprived communities.

'Ad hoc' vaccinations continued to be offered by the practice and evidence from the publication showed that when the practice population was likened to a comparable population, the uptake of the COVID-19 vaccinations was up to 15% higher across Modality Partnership (AWC) patient group. Leaders at the practice described the vaccination programme as 'a whole team approach'.

Practice Opening Times for: Kilmeny Group Medical Practice Fisher Medical Centre Cross Hills Group Practice Silsden Surgery Farfield Group Practice Holycroft Surgery Haworth Medical Practice Long Lee Surgery	
Day	**Time**
Opening times:	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm
Appointments available:	
Monday	During the above stated times
Tuesday	
Wednesday	
Thursday	
Friday	
Appointments were also available at:	
Oakworth Medical Practice	Monday and Wednesday 8am to 12.30pm
Steeton Surgery	Tuesday and Thursday 8am to 12.30pm
Gargarve Surgery	Closed at the time of inspection due to ongoing IT issues.

Further information about how the practice is responding to the needs of their population
• The team supported local events including those held in parks, at family fun days and at rugby matches, where they offered free health checks to participants. • The team were committed to addressing health inequalities. The nursing team had re-introduced twice monthly pop up health clinics in a variety of venues linked to communities with high levels of unmet need. Additional weekly outreach clinics were held to target vulnerable and non-engaging patients. Eight Pop up clinics were held in a variety of locations including a Mosque, shopping centre and community centres between November and December 2021 with 229 health checks completed, and 665 COVID-19 vaccinations given. Most of the patients seen were overdue for a health review including diabetes, hypertension and asthma. In 2022, eight locations were visited a total of 237 patients were reviewed for a variety of health conditions. • Over 100 patients had attended ongoing cancer screening education events. • Eligible patients were referred into a very low carbohydrate diet programme managed by senior GPs alongside a dietician. Outcomes for patients who participated from 2018 onwards, showed a medication reduction of 85% with an average weight loss of seven kilogrammes and an average reduction of the patient HbA1c (average blood glucose levels) of 15.6mmol/mol.

Evening support sessions were followed up with face to face and telephone reviews during the week.

- Patients had a named GP who supported them in whatever setting they lived. The team had firm plans for an event later in the year to review how they could offer more personalised care for patients.
- 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. Regular organised reviews were held at the care homes supported by the practice. The team had recruited two additional primacy technicians to support care homes.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. Consultation slots were embargoed and utilised by clinicians for emergencies.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability. The practice had held specific community health events for people with a learning disability and liaised with local homes and the community team to highlight the event. Patients with learning disability were also asked to review and comment when changes were made to the website. At one event 26 health checks were completed for adults with a learning disability and 12 COVID-19 vaccinations given.
- Regular weekly outreach clinics were offered to hard to reach patients in local community venues. Once per fortnight the service was offered at an Asian community association and the second week would be held at a centre which supported people from an Eastern European background. The team had access to interpreters and worked with other outreach teams to deliver joined up care. We were told that a number of undiagnosed medical conditions such as diabetes and high blood pressure had been identified during these clinics.
- Each Wednesday a GP supported a drug and alcohol project in an inner city area between 4pm and 7pm. This inclusion work was targeted at the homeless, those who may be experiencing mental health issues and people who may be leading chaotic lifestyles. Through access to one of these clinics the team had worked with mental health workers and been able to reach a patient with mental health needs who had stopped taking medication for a long-term condition. The medication was re-commenced, and an ongoing relationship established between the team and the patient.
- An advanced nurse practitioner (ANP) identified a patient during a consultation who was suffering from hunger. When the ANP was unable to source a local foodbank, they engaged with the community and set one up in a church hall. As wider concerns about patients were highlighted within the community, the ANP moved to identify local support services including financial help, support for loneliness, mental health and walking groups. The provider supported the ANP to work half a day per week on building the resource, website and an app, ‘treacle.me’ for patients. National information was also added to the resource with the ability to find support across the country. Information, links and resources were also printed on the back of COVID-19 vaccinations cards which were given to patients. At the time of our inspection, 1,000 new users per month were noted with links to over 500 organisations.
- The practice continued to use technology to try and respond to the needs of patients and make access to the practice easier. A new telephone system had been installed which allowed patients to request a call back and a voice connect programme was ready to be introduced for patients to ring and order their prescription 24 hours a day. This could be achieved by ringing a dedicated number which was available 24 hours a day, requesting medicines and confirming the same. This created a task for the team and the request was visible in the patient notes.

- All patients with a learning disability were offered an annual health check, the importance of the checks were highlighted to staff at regular meetings. Events supported by clinicians were held with patients with a learning disability at day centres and in community locations. The practice liaised with local learning disability residences and carers to identify hard-to-reach patients. 56% of patients had completed a health check in 2021/22 and this was noted to be a practice priority moving forward.
- Events to support patients were held in a variety of locations and faith centres. An event offering coffee, cake and support to patients with severe mental illness had attracted 45 hard-to-reach attendees, who were able to get advice and participate in health checks.

Access to the service

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

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes

When implementing digital strategies to increase access and choice of services for patients, the team also reviewed how this would impact on patients who were less digitally able and considered how to manage this. Long-term condition review patients who were digitally enabled where sent a reminder to their phone when their long term condition review was due. They could then use the embedded link to book directly into an appointment. This in turn reduced the number of people telephoning the practice and reduced waiting times for those who may need additional support.

Social prescribers had been given their own mobile phones to enable patients to contact their dedicated social prescriber directly. This removed the need to access support through the main surgery phone system and improved joined up working with community partners.

Patients could complete an electronic consultation for medical queries between 8am and 9am each day.

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)	39.1%	N/A	67.6%	Significant Variation (negative)
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)	66.3%	66.7%	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)	49.7%	63.9%	67.0%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	77.8%	80.3%	81.7%	No statistical variation

Any additional evidence or comments
In January 2022, a new telephone system had been installed which allowed patients to take advantage of a call back service. If the patient did not answer when the surgery called back an automatic text message was sent. The patient could then click on the message which then directed them to the front of the queue. Telephone queues and demand were monitored daily to enable sites to cross cover for each other and respond to differing demands across sites and at peak times. Increased time had been allocated for care home visits as a result of feedback from named GPs for nursing homes. Laptop computers were also due to be introduced for the visits to assist with safety and information. Embargoed slots were kept free throughout the day to enable the team to respond to emergencies. The results of the 2022 National GP Patient Survey were published after our inspection. The results showed that patient satisfaction with access and the appointment they were offered had declined, satisfaction with appointment times had increased by 5%. 85% of patients who responded to the 2022 survey said they found the receptionist helpful. This was above ICS (integrated care systems) and national averages.

Source	Feedback
Share your experience	One patient fedback to the CQC that they felt the practice had forgotten the patients who were not digitally enabled as they struggled to remember the information they were given during telephone consultations. They had not fed this back to the practice.
Share your experience	Patient said they had contacted the practice at 8 am on Friday morning, had received a call back from a GP within one and a half hours, and received treatment by 11 am.
Patient	Patient said they rang in the afternoon with an urgent issue and waited on the telephone for some time. Staff were very helpful and was seen by a GP the same afternoon, tests undertaken, and medicines prescribed.
Telephone contacts	We spoke with senior staff from three nursing homes during our inspection. Home one told us that they experienced some delays contacting the practice but had weekly contact from a clinician which was very helpful. The visiting clinician listened to staff concerns and suggestions and we were told that ordering prescriptions and medicines did not cause any issues. Home two stated the service was excellent. Weekly contact was in place, the clinician was flexible and responsive and there was high confidence in the service offered. Home three told us they struggled to contact the practice and described long waits on the telephones. Weekly contact had worked well for the few weeks prior to our inspection, but this had not always been the case. The home were hand delivering a list of patients who needed to be reviewed by a GP as reviews were not consistent. An example was given where the service contacted 111 for support in the verification of death after a GP at the surgery did not visit. However, staff at the practice were described as considerate and wanting to help.

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.	415
Number of complaints we examined.	415
Number of complaints we examined that were satisfactorily handled in a timely way.	All
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	2

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Verbal and informal complaints were managed at practice level and aimed to be resolved within 24 hours. Formal complaints were escalated to the Central Patient Experience Team and managed at a	

national provider level with input from the practice as necessary. This allowed complaints and compliments to be tracked and shared, and trends to be identified at both local and national levels.

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint about access and contacting the practice	The practice apologised to the patient and explained the telephone system. They also explained that they continued to try and recruit and why they had struggled to do so.
Complaint from a relative that a child was not registered at the practice.	This was investigated and discussed in clinical meeting, with information added to the safeguarding template. The team liaised with other members of the multi-disciplinary team and the issue was resolved. Following this there was liaison with Health visitors and the child was registered with surgery and attended for all regular checks. The patient services team introduced a system of contacting new parents to arrange registration of the child before eight weeks of age.

Well-led Rating: Outstanding

Leadership capacity and capability

We rated the practice as outstanding for providing well-led services. The team demonstrated dynamic and caring leadership which supported learning and innovation. The team promoted an open and fair culture and communicated effectively and consistently at all levels of the organisation at both a local and a provider level.

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	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

On the day of inspection, we observed a motivated and passionate leadership team. There was a strong organisational commitment to provide a progressive service and improve patient outcomes.

Leaders demonstrated a deep understanding of the issues, challenges and priorities of their service and local communities. This was communicated effectively to the staff team who understood the shared purpose and were proud to work for Modality Partnership (AWC).

Leadership at the practice was described as tangible and approachable. We were told by staff that the senior team were engaging, inspiring and trailblazing. Several of the board members were female which was described as inspiring. Staff told the inspection team that they felt 'invested' in.

There was a clear, structured meeting plan in place which included staff at every level of the organisation. Minutes and recordings of meetings were available for staff to view at their leisure on the digital platform used by the team to store information.

There was a commitment to staff development and career pathways. Staff opportunities, training and pay banding had been reviewed and developed to retain staff. Staff at all levels were offered options for development and this was reviewed at regular supervisions and appraisals.

The team continued to support students and offered placements across the sites. Time was allocated during the working day for support; meetings and 1:1s were in place. The team were keen to recruit and retain students and offered mentorship, training and career progression.

Support was also offered to existing staff to enhance their skills. For example, for nurses to undertake advanced practitioner training or become prescribers.

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

The strategy and supporting objectives were stretching, challenging and innovative. We saw a practice wide commitment to collaboration with health, voluntary and faith services to offer care and support to patients in their own communities. This included pop-up clinics, outreach work and the treacle.me support app.

Staff away days had been held in 2021/ 2022 with teams and the vision and values of the organisation reviewed and discussed. Staff told us they were asked for their views and input into the practice. Of the 23 members of the staff team who fed back to us via CQC questionnaires, 87% told us they understood the direction of travel of the practice and the wider organisation. Staff were clear about their roles and responsibilities and told us they were committed to their teams and providing high standards of patient care.

Staff members could nominate other team members at all levels of the organisation for a monthly recognition award. The award reflected that the team member met one of the Modality values of commitment, accountability, respect or excellence. We saw that this fostered respect, recognition and appreciation between teams at all levels of the organisation and individuals and was valued by the staff.

As a large scale provider of services, the team were able to provide training for staff from external providers and offer cross-cover and support for busy periods and when demand was high.

The meeting structure supported the regular review of ongoing care. Outcomes for patients such as those with long-term conditions and vulnerabilities were reviewed at a local and at national level in board and national governance meetings to ensure that patient needs were met. This level of scrutiny was also applied to significant events and complaints.

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

Staff told us they would share concerns and that support was available.

Staff Wellbeing Champions were available to offer staff additional support and advice. We were told by team members that protected time each month was also given for staff wellbeing activities. This included

local businesses attending the surgery to facilitate yoga, massage and mindfulness practices. Staff were also able to access additional support and wellbeing resources via the digital platform.

The culture of the team was described as dynamic, forward thinking, preventative and strategic whilst keeping staff engaged, thriving, valued and supported in providing best care to patients. Staff were positive about working for the organisation.

On the day of inspection, we viewed positive and friendly relationships between staff.

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

Source	Feedback
Staff feedback questionnaire	Modality support 100% great, supported by GP, been there whenever needed, doctors are all supported, no silly questions, anyone will support, talk through patient. I feel very lucky.
Staff feedback questionnaire	As a staff member you are very well supported by Modality, they always ensure you have everything you need to do the role as best you can
Staff feedback questionnaire	Not all Managers are aware of how much is involved in each job role, but they will sit and observe.
Staff feedback questionnaire	There is a good sense of community which helps us to provide a caring service for our patients. We have regular meetings every morning and lunch to disseminate important information and seek support from colleagues across the patch.
Staff feedback questionnaire	There is a manager available at all times during my working hours, approachable and knowledgeable and great support for everyone in our team. We offer a great range of services and everyone works extremely hard to meet patient demand on a daily basis. We have a good team ethos and a good range of skills across the team so we can always help one another if needed.

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 was a clear meetings structure in place which offered staff the opportunity to engage.
Induction included information which was delivered at a national provider level and also more local information delivered by the team. The team were reviewing the induction process to tailor this to individual areas and processes. A new team member had been recruited to support this.
Regular supportive meetings, peer to peer support sessions, reviews of competencies and training updates ensured that staff were aware of their roles and responsibilities. Numerous ways of working at the practice were supported by standard operating procedures. For example, the process for dispensary deliveries.
Staff were financially supported in their re-validation by the practice, professional registration fees and indemnity insurance.

The practice continued to introduce standardised procedures across all sites. This included the management and storage of emergency medications, vaccines and equipment and of clinic room requirements. This approach enabled staff to move between sites with the confidence they would be able to find what they needed when required. Staff told us this felt safe.
The team discussed their role in the wider health economy and members of the team worked within roles which also supported and reviewed outcomes for patients locally.

Managing risks, issues and performance

The practice had 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

Team 'huddles' took place at 8am and 1pm each working day. These 10 minute online meetings enabled leaders to review the capacity across all sites for the day, identify areas or teams who may need additional support and review this support. The team would agree a safe plan and review ongoing demands at 1pm. Concerns were also raised, discussed and highlighted at a divisional level at a later meeting during the morning.
We viewed a huddle meeting during our inspection and found that they were professional, supportive, and comprehensive. The focus of the meeting was the safety of staff and patients and also included the review of safety alerts, significant events and best practice guidance. Information was repeated a number of times during the week to ensure that staff who worked part time also received the same messages.
This information was minuted and sent to all team members via email. Minutes were uploaded from each huddle onto the digital platform and a regular newsletter written by a senior clinician was also forwarded to the staff team.
The team employed rota co-ordinators that reviewed the known staffing capacity each morning prior to the daily 8am huddle and arranged cover across sites as necessary. A capacity planner was in use to inform these decisions.
At 9am daily, specific team representatives reported nationally to the provider board and gave updates and reviewed capacity and any challenges.
On an evening between 4pm and 6pm all available clinicians would pick up any remaining tasks or urgent consultations to meet demand and ensure that all the team were able to complete their work at a reasonable time together.
The clinical governance group fed into the provider national governance group. Discussion reflected what had been discussed in practices. For example, significant events, NICE guidance and best practice. Outcomes and updates from national meetings were feedback to practice staff. Meetings minutes we reviewed captured everyone and then were clear lines of dissemination.

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
The practice continued to offer face to face appointments when clinically necessary and offered telephone triage during the pandemic. Patients could be offered video consultations where appropriate and could send photographs through an electronic consultation to aid guide the management plan. A remote working policy was introduced through the COVID-19 pandemic to enable clinicians and other staff as appropriate to work at home. However, the team ensured that staff who could not return to the practice were fit to work prior to commencing any remote working. The team were now offering an increased number of face to face appointments and during the week 4 to 8th July offered 1,470 appointments face to face for patients. This was in excess of the pre-pandemic levels at November 2019 where 1333 face to face appointments were offered per week.	

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
Data was continually reviewed at a practice and provider level and used to improve care for patients. This included the review of prescribing, documents and tasks to ensure timely management. Outcomes from the meetings were shared with teams as appropriate.	

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

There were consistently high levels of engagement with staff and people who used services. This included vulnerable patients, those with long-term conditions, hard to reach patients and patients with a learning disability.
The patient engagement lead and the staff team ran patient engagement events in sites from November 2021. These open invitation events offered patients the chance to meet the team, ask questions about the service and included a presentation. We were told the events were well received and between 18 and 80 patients had attended each event.
A patient panel member was involved on the editing of the quarterly patient newsletter. Staff and patients had been involved in discussion about the use of social media, enhancing communication and the co-design of services. Social media 'live' sessions were also utilised to talk to patients, enhance their knowledge of medical conditions and answer questions.
Staff away days had been held and evaluated very positively with staff. Away days which had been held included for patient services staff, advanced practitioners and the nursing team.
One member of the nursing team stated that 'nurses have a voice and are listened to'.
In response to concerns raised by a team member, a shared email was developed to ensure a balanced workload between teams, this was found to improve the service provided.

There was regular communication with the patient panel and members of the patient panel were invited to participate in fortnightly board meetings.

Continuous improvement and innovation

There were 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
There was a fully embedded and systematic approach to improvement. Support and educational sessions offered at a national and local level ensured that staff were offered regular opportunities to enhance their knowledge and skills. Videos of training sessions were uploaded to the digital platform for review at a later date. Recent clinical topics discussed included irritable bowel syndrome. Salaried GPs also attended quarterly meetings with an educational aspect, to review care, catch up and receive updates from the board. Recent topics discussed included palliative care. Protected time was given to clinical staff to attend 'Grand Rounds' national training sessions. Additional protected time was arranged to ensure the supervision of non-medical staff, registrars and students. To aid the support and review of non-medical prescribers a short feedback form was accessible via the 'blue dot' on the practice clinical system within the patient notes. The supervising GP completed the information discussed during debrief sessions for each patient, with any agreed plans or changes etc. The feedback form could be audited and forwarded to the trainee or allied professional to use in appraisals.	

Examples of continuous learning and improvement
In 2022 the team won an NHS Parliamentary Regional Award for Yorkshire and the North East for their identification and innovative approach to addressing the health inequalities in the local areas and getting communities fully involved in ensuring people who suffer the worst outcomes and traditionally struggle access services receive the health care they need. The team demonstrated a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. Staff were empowered to lead and deliver change. For example, we saw a commitment to working with multi-disciplinary team members, faith and voluntary services to provide access to health care for vulnerable and hard to reach groups. The team liaised closely with their community innovation lead and identified opportunities to enhance care and support for patients. The team continued to learn from their efforts, changing venues where carers days were held to make them more accessible and increasing their efforts to reach communities where input had proved successful. Where vaccines programmes had been highly successful in vulnerable groups and supported by faith groups and leaders, the team had built on this to make plans for cervical screening to be offered in the community. Alongside other Modality Partnership practices nationally, the practice was part of a team in 2020 who won the British Medical Journal Awards 2020 for Diagnostics Team of the Year, when they tested and reviewed the use of a smartphone enabled home albumin screening technology for people with diabetes in conjunction with external partners. Nationally 499 patients took part with 11% of patients subsequently been found to have previously undiagnosed chronic kidney disease.

Six members of the team, three GPs and three nurses were enrolled on the General Practice Fellowship programme. A two year course which provided support, learning and development to newly qualified staff.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤-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.