

## Inspection Evidence Table

Clarendon Surgery

(1-542350989)

Inspection Date: 16 November 2023

## Overall rating: Good

We carried out a comprehensive inspection at Clarendon Surgery, Manchester on 16 November 2023 and we rated the service as 'good' for all 5 key questions and overall.

### Context

Clarendon Surgery is located within the Pendleton Gateway building which opened to the public in 2009. Services inside the building include 2 GP practices along with community services including district nursing, orthoptics and podiatry, audiology, Salford Child and Adolescent Mental Health Services (CAMHS), a children's outpatient department, a council information centre for customer queries, a library, community dental services, pharmacy and an x-ray and therapy suite. The practice list size is approximately 10,500 and they are part of Salford Integrated Care Board (ICB) with a collective list size of 308,000 patients over 38 GP practices. They are also part of Salford Southeast primary care network.

Information published by the Office for Health Improvement and Disparities shows that deprivation within the population group is 1 (2 out of 10). The higher the decile the less deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 73.2% white British, 6.7% Asian 11.3% Black and 9% other.

Clarendon Surgery has struggled with GP recruitment following retirement/relocations in the team. Recruitment has been challenging but the practice has recently successfully employed a new GP. Due to the unprecedented demand on the practice and an ever-increasing list size, recruitment is still underway for a further GP and supporting healthcare professional, such as an Advanced Nurse Practitioner.

## Safe

## Rating: Good

### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

<b>Safeguarding</b>	<b>Y/N/Partial</b>
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
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.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• There was an appropriately trained safeguarding lead with processes in place including an administration team to assist. All staff were trained to appropriate levels. We saw that records were coded appropriately and codes were kept up to date.</li> <li>• There were registers for vulnerable people that were kept up to date and corroborated alongside monthly safeguarding meetings with an administration lead, and nurses from the 0-19 years team where looked after children's plans and concerns were discussed. The list was updated and information uploaded onto the patient's records.</li> <li>• The practice also had weekly clinical meetings on rotating days so that all clinicians could attend at some point.</li> <li>• A multi-disciplinary group started during Covid was being reinstated to discuss any complex care and vulnerable adults.</li> <li>• Care co-ordinators as part of additional roles within the primary care network co-ordinated information and care for vulnerable patients and helped them access care by reminding them of appointments.</li> </ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• We saw that annual declarations and appropriate checks were in place to ensure all information relating to staff was kept up to date.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
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Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: July 2023 and ongoing on a monthly basis	Y
There was a fire procedure.	Y
Date of fire risk assessment: July 2023 and ongoing on a monthly basis.	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice was able to demonstrate that health and safety and fire safety were well managed at both sites.</li> <li>There were regular assessments completed and documented to ensure that the premises were safely maintained.</li> </ul>	

### Infection prevention and control

#### Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>There was an infection control lead and an up to date policy that was adhered to.</li> <li>The practice was able to demonstrate that infection prevention and control was well managed.</li> <li>There were regular assessments completed and documented and we saw that the premises were clean and hygienic throughout at both sites, despite challenges at the branch site which had required repairs. We saw that concerns at the branch site had been addressed and refurbishment had taken place.</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.	Y

There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
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.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>On the day of the inspection the practice was able to demonstrate, due to an incident, that staff were appropriately trained to deal with emergencies.</li> </ul>	

### 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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Review of patient records in relation to the clinical searches identified that care records were managed in a way to protect patients. For example, history, examination, management plans, safety netting and follow up were adequately documented within the patient record.</li> <li>There were no concerns from any of the clinical searches.</li> <li>Urgent test results were telephoned through to a duty GP and divided up between clinicians for any part time workforce.</li> </ul>	

### Appropriate and safe use of medicines

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

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	1.05	0.95	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2022 to 30/06/2023) (NHSBSA)	7.2%	8.5%	7.8%	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 (01/01/2023 to 30/06/2023) (NHSBSA)	4.80	4.99	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	212.5‰	191.0‰	129.5‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.62	0.47	0.54	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	10.1‰	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.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines. 1	Y
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.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. 2	Y

The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
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.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> <li>• Medicine reviews were well documented, recording the outcomes from the review and addressing required monitoring or changes to treatment that should be identified during a comprehensive review.</li> <li>• The provider was able to demonstrate that it was safe to prescribe medicines to patients where specific, frequent, monitoring was required. Where patients were having blood tests arranged via the hospital this was routinely recorded.</li> </ul> <p>The practice had implemented and developed a pharmacy team with a lead pharmacy role which had been developed over the years. The team supported patients by undertaking medication reviews, medication queries, supporting nurses with their face to face clinics, working on the document management system and referencing clinical letters. The lead had been further developed to undertake a queries clinic in the mornings to help with queries received on a day to day basis. The lead delegated work to the team and would oversee and support pharmacy staff to be able to meet patient requirements safely. The lead role included:</p> <ul style="list-style-type: none"> <li>• Oversight and support for the pharmacy team</li> <li>• Managing patient safety alerts</li> <li>• Review of patient recall for blood monitoring</li> <li>• Policy and protocol review such as diabetes protocol, lipid modification, cardiovascular disease (CVD) protocol, hypertension guidelines.</li> <li>• Prescribing assessments for clinical staff to audit good prescribing and feedback on areas for improvement.</li> <li>• Ad hoc queries that come to reception.</li> <li>• Support to ensure Gold Standard Framework patients did not run out of emergency medicines.</li> <li>• Ensuring that non-clinical prescribers were issuing as per guidelines and prescribing formularies.</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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	11
Number of events that required action:	11
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw that staff were encouraged to report incidents and were able to give examples where discussions and learning had taken place such as changes to the way prescriptions were received and authorised.</li> <li>Learning from incidents was shared amongst staff who attended regular practice meetings. Where staff were unable to attend, minutes were recorded and distributed.</li> </ul>	

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

Event	Specific action taken
Death Certificate Error	General Medical Council numbers were updated and checks were made. The death certificate was updated along with the appropriate information. The ICB was informed.
Vaccination/medication error	Patient was informed of error and nurses were reminded to check dates before administering any vaccines. Patient was given district nurses detail to book in a loading dose.

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

- The provider was able to demonstrate that all relevant safety alerts had been responded to. We saw that patients were advised of any alternative treatment options where risks were increased from certain medicines.

## 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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
<ul style="list-style-type: none"> <li>• Clinical meetings, local pathways, discussions with pharmacy colleagues and sharing of information all demonstrated how care and treatment were delivered following appropriate guidelines.</li> <li>• Clinical and non-clinical staff followed flow charts and had received care navigation training to ensure patients were dealt with by the most appropriate person at the practice.</li> <li>• There was a document management system to ensure all staff had good access to information, minutes of meetings, safety alerts and up to date guidelines.</li> <li>• There was a home visit service for vulnerable patients as well as welfare checks and food parcels.</li> </ul>	



## Effective care for the practice population

### Findings

- The clinical review of patient records identified that patients' ongoing needs were fully assessed and appropriately followed. For patients with long term conditions, no deficiencies were identified in the processes of review.
- Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

## Management of people with long term conditions

### Findings

- The clinical review of patient records identified that patients' ongoing long term condition needs were fully assessed.
- The clinical examination of patient records identified that patients were appropriately followed up.
- Patients with long term conditions were reviewed to ensure their treatment was optimised in line with national guidance. We reviewed samples of patients with asthma, diabetes and chronic kidney disease and found they were all well managed.
- In house education events were conducted to help patients understand and live with their chronic conditions and also as to help clinicians understand where there were potential barriers to compliance.
- Patients with long-term conditions were offered an effective 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 could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.

- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	106	116	91.4%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	110	122	90.2%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	110	122	90.2%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	112	122	91.8%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	98	114	86.0%	Below 90% minimum

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

#### Any additional evidence or comments

- The practice was aware they had not reached the World Health Organisation target of 90% in one area of child immunisations. They continued to conduct educational events to educate about the benefits of immunisation which was an ongoing task.
- The practice offered childhood immunisations as per current guidelines and immunisation programmes for children from the age of 8 weeks until adolescence. Vaccinations as per the catch up programme were also offered and pregnant women were called for vaccination where required.
- The practice provided unvalidated data which showed that they received maximum points for the providence of childhood vaccinations. The data presented by the practice looked at different eligibility criteria to that presented above but has been taken into consideration.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	58.3%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	58.6%	N/A	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	50.0%	49.7%	54.9%	No statistical variation
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). (6/30/2023 to 6/30/2023) (UKHSA)	56.4%	N/A	80.0%	Below 70% uptake

Any additional evidence or comments
<ul style="list-style-type: none"> <li>The practice was aware their uptake for cervical screening was below the target of 70%. The practice offered educational events to educate about national screening programmes which was an ongoing task.</li> <li>The practice provided unvalidated data which showed that for cervical screening for 2022/2023 they received maximum points. The data presented by the practice looks at different eligibility criteria to that presented above but has been taken into consideration.</li> <li>The practice had introduced a self-booking link that could be sent with a text message and encouraged eligible patients by enabling them book appointments without the need to telephone the practice.</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.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <ul style="list-style-type: none"> <li>The practice described the benefits of being a training practice and had a multitude of quality improvement examples and clinical audit that had been undertaken by trainee staff. These included medicines management, safety alert searches, primary care network access targets and reviews of patients with attention deficit hyper disorder (ADHD).</li> </ul>	

- The practice had identified high levels of opiate use (addictive pain medication) and completed an audit of patients being described these medicines. Consultation and dose reductions were introduced and patients were transferred to acute prescribing which meant their usage could be better controlled. A complete culture change was evidenced for those patients and this new way of prescribing addictive medicines was maintained for all patients.

#### Any additional evidence or comments

- We saw evidence that the practice had a quality improvement programme and we reviewed the most recent two-cycle audits that had taken place.
- Examples of quality improvement included the management of long term conditions.
- Flexibility of appointment times was maintained by the practice and the practice had undertaken several reviews to ensure that patients were receiving an optimum service.

#### Effective staffing

**The practice was able to demonstrate that 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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice was able to demonstrate that staff undertook regular mandatory training and were also developed into other roles when requested. We saw evidence of staff progression and any progression training was funded by the practice.</li> <li>• Trainee staff were mentored and underwent assessments where 20 cases were reviewed to ensure they maintained appropriate prescribing standards.</li> <li>• Daily clinical meetings supported newly qualified GPs where clinical cases were discussed. Trainees had protected debriefing time blocked on the clinical system.</li> <li>• Staff wellbeing was important to the practice. They had a mental health first aider available to support all staff either on a one-to-one basis, weekly catch up or whatever suited the individual.</li> </ul>	

### Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice was able to demonstrate effective communication with other organisations such as the out of hours service, health visitors, charitable organisations, social prescribers and other voluntary organisations to ensure the best possible interventions for patients.</li></ul>	

### 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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>Living healthier lives was embedded into the practice protocol and there were structured education programmes for patients.</li><li>Social prescribing staff within the primary care network helped patients with personal and social concerns.</li><li>Gold Standard Framework (GSF) meetings were held monthly to ensure patients received the most appropriate care at the end of their lives.</li><li>The practice signed up with the Salford Living Well programme which was a community mental health service delivered in partnership with various other multidisciplinary organisations. The programme benefited those patients who required a little more than what their GP could provide without the necessity of a referral to a specific Community Mental Health Service.</li></ul>	

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**Consent to care and treatment**

**The practice always 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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient’s mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
<ul style="list-style-type: none"> <li>The practice had an established process for DNACPR reviews. There was a register for all patients receiving palliative care to ensure their needs were met. Multidisciplinary GSF meetings with the senior district nurse, and end of life/GP lead representative were held monthly within the surgery where their care was regularly reviewed and updated as appropriate. Families and carers were involved in formulating care plans including DNACPR status, statement of intent and the issuing of any anticipatory medicines.</li> <li>For minor surgery such as implants or intrauterine devices templates were available and completed on the clinical system.</li> </ul>	

**Caring**

**Rating: Good**

**Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
<ul style="list-style-type: none"> <li>During the onsite inspection we spoke with staff and observed the way patients were treated and spoken to when they attended or telephoned into the surgery. We saw that all patients were spoken to kindly and with respect. Translation services were available for patients if they needed to be spoken to in their own language.</li> </ul>	

<ul style="list-style-type: none"> <li>Members of staff were trained in British Sign Language.</li> </ul>	
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**Patient feedback**

Source	Feedback
Written by a patient who had moved away.	Everyone in the practice has been brilliant.
Written by a patient.	Thank you for your dedication and promptness. It does not go unnoticed.
Written by a patient.	Thanks and appreciation for making their cervical screening appointment easy.

**National GP Patient Survey results**

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	88.8%	84.3%	85.0%	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 (01/01/2023 to 30/04/2023)	81.2%	82.0%	83.8%	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 (01/01/2023 to 30/04/2023)	87.6%	91.2%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	70.3%	70.7%	71.3%	No statistical variation

**Any additional evidence or comments**

<ul style="list-style-type: none"> <li>The practice had collected many compliments and words of thanks from patients who were satisfied with the care and treatment they had received.</li> <li>The care co-ordinator had recently visited the Salford food bank looking at ways the practice could help as the bank was struggling with the amount of donations they were receiving. To help, the practice decided to operate a food bank from the Clarendon Surgery where patients and staff could provide donations. The care co-ordinator was also able to refer individuals to the food bank when required.</li> <li>There had been occasions when staff members had collected and delivered medicines to patients who were unable to collect or due to mobility issues. This was done on a voluntary basis, with staff going out of their way to ensure patients had the medicines when they were required.</li> </ul>
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- During and after the pandemic the practice recognised that the building's security person had supported them and helped them go above and beyond that which should be expected to keep people safe. A collection was made to thank them for everything they had done.
- A newly recruited care navigator with a strong passion for mental health received a call from a patient in distress. They stayed on the call with the patient until help could be provided and checked in with them the next day to ensure they had received the help they required. We saw evidence of how thankful that patient had been for that employees support.
- The practice was affiliated to their chosen charity Cystinosis which is a rare, multisystem genetic disorder. They chose that charity and undertook a sponsored walk and a bake sale on the practice premises to raise money and continue to support the charity going forward as much as they can.
- A wellbeing box had been introduced in the female staff toilet which included sanitary products for staff to use. In addition, there was a sign in the patient's toilets informing them that sanitary products were available from the reception if they were required.
- The partners funded new office desks for the practice management team. Both managers were newly appointed and the partners felt it was an appropriate time to let them create a space that would help them settle into their new jobs whilst making them feel welcome at the same time.

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

**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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Explanation of any answers and additional evidence:

- We spoke with one of the care co-ordinators who was very passionate about their role and was able to help patients/carers or any vulnerable people to access services that may not otherwise be aware of.
- Friends and Family reports were reviewed month on month and we saw positive results throughout with good patient satisfaction.
- We saw that carer status was systematically captured during the registration process and was also an integral part of every long-term condition assessment. This ensured tailored support for carers in managing their own health needs alongside those they cared for.
- Care Coordinators validated the carer register annually, acting as Carer Champions to establish vital links between carers and available local resources. This process ensured the practice held up-to-date information to aid them to provide the right support where it was most needed. Dedicated carer questionnaires were available to help gather vital information and texts were sent direct using technology.
- Every carer was offered an annual review, enhancing the practice commitment to provide proactive and ongoing support. During reviews the team assessed needs and worked collectively with the carer to provide information and link them to other services that were able to assist with other things such as applying for benefits, carers allowance or respite care.



- The practice website was a comprehensive hub for carers with information and resources where carers could find educational materials, links to local support organisations and updates on upcoming workshops or events tailored to their needs. The platform was available 24/7 for relevant information.

Source	Feedback
Written compliments from patients	Feedback from compliments we saw was very positive about the doctors and reception staff from whom they received a caring, understanding and inclusive service.

### National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	82.3%	89.5%	90.3%	No statistical variation

### Any additional evidence or comments

- In August/September and October 2023 Family and Friends data showed that 96% and 98% of patients were more than satisfied with the services received.
- The practice also acknowledged any negative responses and where they could they contacted the patient to respond and/or used the information to make improvements.

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

Carers	Narrative
Percentage and number of carers identified.	As at November 2023 the practice supported 160 carers which was 2% of their overall patient population.
How the practice supported carers (including young carers).	The practice maintained registers for vulnerable patients and their carers. Carers were called on an annual and ad hoc basis to perform health checks, carers' checks and also to educate them about resources available on the NHS to help with their independence and improvement of both patients and their carers' quality of life. Alerts were added to patient's notes to ensure carers were taken into account when making appointments and longer appointments were offered if and when required.

How the practice supported recently bereaved patients.	There was information on the practice website for all patients and/or their families about the support available. Staff knew how to direct patients to this information and also leaflets and information on the premises about bereavement services in the area.
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### 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.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

## Responsive

## Rating: Good

We recognise the great and often innovative work that GP practices have been engaged in to continue to provide safe, quality care to the people they serve. We know colleagues are doing this while demand for general practice remains exceptionally high, with more appointments being provided than ever. In this challenging context, access to general practice remains a concern for people. The assessments of the responsive key question include looking at what practices are doing innovatively to improve patient access to primary care and sharing this information to drive improvement.

### 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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice had on-the-day appointments available for urgent and acute concerns.</li> <li>• There were follow up slots available for continuity of care and ongoing issues.</li> <li>• Prescription requests were taken over the telephone when necessary for patients over the age of 70 or those who were highlighted as requiring this service.</li> <li>• There was a system for e-consultations for those patients who preferred to communicate in this way.</li> </ul>	

- Care co-ordinators were available and were able to provide support for patients with mental health concerns and/or dementia.
- Particularly vulnerable patients were alerted on the clinical record and received priority calls when required.
- Additional appointments were available in the evening and at weekends at other locations delivered by health professionals who were able to see the full medical record, with the patient's consent.
- The practice understood the challenges faced by caregivers and offered flexible appointment scheduling to try and accommodate their unique needs and constraints whenever possible.

### Practice Opening Times

Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Assistant Practitioner Appointments:	Doctor Appointments:
<p style="text-align: center;"><b>Monday</b> 08.00 – 12:00 then 13:00 – 17:00</p> <p style="text-align: center;"><b>Tuesday</b> 08.00 – 12:00 then 13:00 – 18:30</p> <p style="text-align: center;"><b>Wednesday</b> 08.00 – 12:00 then 13:00 – 17:00</p> <p style="text-align: center;"><b>Thursday</b> 08.00 – 12:00 then 13:00 – 17:00</p> <p style="text-align: center;"><b>Friday</b> 08.00 – 12:00 then 13:00 – 17:00</p>	<p style="text-align: center;"><b>Monday</b> 08:00 – 12:00 then 13:00 – 18:00</p> <p style="text-align: center;"><b>Tuesday</b> 08:00 – 12:00 then 13:00 – 18:30</p> <p style="text-align: center;"><b>Wednesday</b> 08:00 – 12:00 then 13:00 – 18:00</p> <p style="text-align: center;"><b>Thursday</b> 08:00 – 12:00 then 13:00 – 18:00</p> <p style="text-align: center;"><b>Friday</b> 08:00 – 12:00 then 13:00 – 18:00</p>

Additional appointments were available in the evening and at weekends. To book an appointment patients contacted the practice and could be seen at one of the venues supported by the extended hours contract.

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

- Patients had a named GP who supported them in whatever setting they lived and could visit the surgery to speak with a member of reception staff Monday to Friday between the hours of 8am and 6pm.

- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a voluntary medicines delivery service for housebound patients, by staff when required.
- Through the care co-ordinator service, the practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available until 7pm on a Monday for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- During the pandemic the practice provided pulse oximeters to our covid patients, so that they could monitor their oxygen saturation (SATs) at home. This prevented them from coming into the practice too often, helping to protect other members of the public and the clinical team.
- Blood pressure machines were loaned out to patients for home monitoring for those that needed regular checks. Blood glucose monitors were also given to patients and replacements were held in the surgery.

**Access to the service**

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice worked hard to listen to what they were told by patients. They were told patients wanted better access to clinicians and so the practice discussed what could be done better. As a result, they redesigned the whole appointment system to improve the speed in which a doctor could be accessed.</li> <li>• Since the pandemic the practice had focused on their appointment system to make it more accessible whilst maintaining a safe practice. 10-minute telephone consultations were maintained and face to face appointments were increased to 15-minutes. Half of the face-to-face slots were for the reception staff to</li> </ul>	

book, and the other half was for the GPs to book, based on their triage list. The practice conducted a survey to gain feedback from the clinical, non-clinical team and patients and positive feedback was obtained where all found the new system beneficial.

- The practice continued to monitor the uptake and level of demand and continually adapt their ways of working to ensure acceptable levels are maintained. As a result of sharing information about their flexible ways of working one of the partners (now retired) was invited to take part in a short film explaining the system and the constant analysis involved in making it work.
- The practice worked with the Local Medical Council to look at ways to improve access, moving away from telephone triage and allowing directly bookable face to face appointments when required.
- Front line staff were trained on care navigation, redirection and signposting where appropriate to get patients to the right place at the right time for the right reasons.
- The practice was dedicated to enhancing accessibility through multiple channels such as the practice website.

### National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	55.1%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	67.1%	54.4%	54.4%	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 (01/01/2023 to 30/04/2023)	53.7%	51.6%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	77.1%	69.5%	72.0%	No statistical variation

### Any additional evidence or comments

- The data from the GP survey was above local and national averages. The practice continually review and improve access through regular audit. They worked with the Local Medical Council to look at ways to improve access, moving away from telephone triage and allowing directly bookable face to face appointments when required.

The practice had implemented and developed a pharmacy team with a lead pharmacy role which had been developed over the years. The team supported patients by undertaking medication reviews, medication queries, supporting nurses with their face to face clinics, working on the document management system and referencing clinical letters. The lead role had now been further developed to undertake a queries clinic in the mornings to help with queries received on a day to day basis.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 6 reviews left on the NHS.uk website. 4 of them were anonymous and were negative giving a 1 or 2 star review. 2 had given a 5 star review and had left their names. All the reviews had been answered giving the people the opportunity to come forward to the practice to address their concerns.
CQC enquiries	There were no negative responses received in to the Commission.

### 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.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<ul style="list-style-type: none"> <li>The annual review of complaints was submitted with the pre inspection information. We examined 2 complaints in detail and saw a thorough chronology of the complaint with letters, correspondence and records of what actions the provider had taken.</li> <li>In discussion with the manager, we discussed staff understanding of how to deal with complaints. We were told that staff had e-learning training and on site discussions.</li> <li>The manager told us that de-escalation procedures were followed when patients verbally complained but did not want it recorded.</li> <li>We saw that feedback left on social media or other sites were responded to by the practice.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Clinical treatment	The process of taking bloods was reviewed and discussed with the health care practitioner who took bloods and also the nursing team and Managing Partner. No concerns regarding the process in which

	blood was taken were identified however all health care assistant (HCA) staff were sent on refresher training. The complaint was acknowledged and the patient received an apology.
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## 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Leaders were actively engaged in quality and operational sustainability and development, including working collaboratively with other agencies to develop services both nationally and across the local community. They recognised challenges and took action to address these, implementing innovations to improve care for their patient population. Staff consistently fed back that leaders were approachable and visible and that development opportunities were available.</li> <li>• They demonstrated values at the heart of all their decision making and when things were changing, they did so with the patient at the centre of their thinking to be as innovating, as patient led and as compassionate as possible.</li> <li>• The practice worked with the Local Medical Council to look at ways to improve access, moving away from telephone triage and allowing directly bookable face to face appointments when required.</li> <li>• Front line staff were trained on care navigation, redirection and signposting where appropriate to get patients to the right place at the right time for the right reasons.</li> <li>• Succession planning was ongoing for partners and 2 salaried GPs had recently been recruited. A practice management team was being developed with the planned wind down and possible retirement of the existing practice manager.</li> <li>• The practice recognised that some of their staff members had caregiving responsibilities and had adopted a carer-friendly approach to work which included flexible working hours. Carer conversations were firmly integrated in the annual appraisal process and regular well-being and one-to-one meetings offered confidential support. Staff members also had access to confidential counselling services to address any emotional or psychological challenges associated with their dual roles.</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.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice had a business plan that clearly described where they would expect to be in terms of working practices, services and challenges in 3-5 years. They considered business planning as an exciting step that represented a chance for self-reflection and to formalise their values, beliefs, aims and objectives.</li> <li>• They had undergone a series of rapid changes internally over the previous 5 years and along with the pandemic and ever changing nature of general practice nationally they saw an opportunity to review and understand the impact on their workforce, patients, workload and processes.</li> <li>• They were in the process of redefining the practice as a business to closely examine how they could best serve the patient population now and ongoing.</li> <li>• They had involved the whole practice team in developing and refining the ideas contained within their plan and viewed it as a useful tool for existing and future team members to help understand who they were, the challenges they faced and how they intended to meet them now and in the future.</li> <li>• The business plan was shared with the Patient Participation Group and the local Integrated Care Board (NHS Salford ICB).</li> </ul>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y



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

Source	Feedback
Staff Questionnaires	All feedback received from staff was positive.
Speaking with staff	All staff we spoke to reported positive feedback about working for the practice.

**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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Governance arrangements supported staff to deliver high quality care and treatment that was tailored to the needs of the local practice population. Arrangements included clear meeting and support structures that promoted accountability and effective communication. There were clear governance arrangements in relation to areas such as medicines management, service improvements, audit activity, non-medical prescribing, patient participation and quality improvement. Those areas demonstrated that staff understood their responsibilities, that expectations were clear, and that there was a clear focus on improvement and ensuring the delivery of high quality services.</li> </ul>	

**Managing risks, issues and performance**

**There were clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Explanation of any answers and additional evidence:

- We saw that expanding leadership roles were made available for management staff and for a lead pharmacist.
- The practice was moving toward a paperless system and all staff were being trained in a new document management system.
- The practice manager and partners sat down to discuss issues and agreed that protected time was appropriate to identify risks and take actions to mitigate.
- Plans were in place for duplicate cover for roles in the event of planned and unplanned absences.
- The practice had a comprehensive approach to assessing and implementing service developments. This included the use of quality improvement models that focused on the involvement of the wider practice team, to ensure that a range of views and initiatives were considered.
- A summary of quality improvement was in place including the improvement of cytology screening and cancer uptakes, diabetes improvement and better access for patients.

**Appropriate and accurate information**

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y

**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.	Y
The provider was registered as a data controller with the Information Commissioner’s Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y

**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.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

**Continuous improvement and innovation**

**There were systems and processes for learning, continuous improvement and innovation.**

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had clear systems for learning and improvement, including reviewing processes when things went wrong or in response to patient complaints. Staff were involved in discussions about learning and identifying areas and actions for improvement. Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change.</li> </ul>	

**Examples of continuous learning and improvement**

<ul style="list-style-type: none"> <li>The practice meeting was a focal point in the week for education and team building along with a sharing of knowledge and interests often attached to real life cases. They saw the meeting as a chance to change systems, listen and support each other.</li> <li>They were a training practice taking on the education and training of medical students and trainee GPs in first, second and third years.</li> <li>There was a shared culture of learning and an encouraging and involving ethos throughout the practice leaders.</li> <li>The practice was situated in a deprived area and had set up collections for foodbanks. They also provided toiletries for patients and made these available in staff toilets as well.</li> </ul>
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- They had undertaken short videos which were displayed on their website providing patient education and medication instructions.
- They considered themselves a fluid organisation ready to make changes to accommodate their patients in the most effective and responsive ways possible. We saw many examples of this throughout the inspection process.

**Notes: CQC GP Insight**

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands. The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices. N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band. The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of 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 those aged 25 to 49, and within 5.5 years for those 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.