

Care Quality Commission

Inspection Evidence Table

St Martins Practice (1-7006750796)

Inspection date: 10 & 11 August 2022

Date of data download: 04 August 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: The practice had systems and processes in place to ensure that patients were protected from harm. The practice used their clinical system to keep a record of patients where there were safeguarding concerns. These patients were then reviewed at safeguarding meetings. In addition, the practice held a record of patients who could potentially be at risk of abuse to ensure these patients were regularly reviewed and monitored. We saw evidence of safeguarding codes on adult and children's records during our remote records review. Evidence was also seen of the practice following up children who were not brought to appointments. For example, discussing patients at safeguarding meetings and referring patients to the local safeguarding team as appropriate. During our review we noted that there was no safeguarding icon visible on the front page of the adult safeguarding patient records that we reviewed. The icon enables staff to easily identify those patients who have a recorded safeguarding concern. The practice had investigated the issue relating to the adult	

Safeguarding	Y/N/Partial
records we reviewed and found that the icon had been disabled. We received confirmation from them that this had been rectified following our inspection.	
We reviewed staff training files and found that all staff had undertaken safeguarding training. However, we noted that not all staff had completed training to the appropriate level. For example, reception staff had been trained to safeguarding level one for both adults and children and nursing staff had been trained to level two. (Current guidance states that reception staff coming into contact with adults and children should be trained to level two, and nursing staff to level three.)	

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
Explanation of any answers and additional evidence: The provider had a recruitment policy in place which clearly outlined the recruitment process. We reviewed two staff files during our site visit and found that these contained all relevant information including proof of identity and disclosure and barring service checks to the appropriate level.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: Actions from fire risk assessment were identified and completed.	18/07/2022 Yes
Explanation of any answers and additional evidence: We were able to review health and safety risk assessments which covered areas such as manual handling, display screen equipment and lone working. We saw that the provider had taken steps to mitigate risks. For example, the provider had purchased a trolley to reduce the risk of back injury when transporting boxes of paper and heavy items. The provider had introduced display screen equipment assessments alongside staff appraisals to ensure all staff had access to appropriate equipment to support them in their role. The practice had a fire procedure in place which clearly outlined roles and responsibilities in the event of a fire, or the fire alarm sounding. We saw the provider carried out regular checks of fire equipment such as the alarm and fire extinguishers and appropriate records were kept. We saw the provider had carried out a fire risk assessment in July 2022 and identified a practice fire drill as an area for action. We saw that this was scheduled to take place in September. However, the practice had successfully evacuated the building the week prior to our inspection due to an issue with a faulty appliance.	

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:	Yes July 2022
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: When we carried out our site visit, we saw that the practice was in a good state of repair and was clean and tidy. The practice had an infection prevention and control (IPC) policy which clearly identified the IPC leads. There were additional policies to support staff within their roles. For example, handwashing techniques, clinical waste management and sharps policy and procedures. The practice had produced an action plan following the IPC audit. Some of the actions on the plan had already been completed at the time of our inspection. However, some were ongoing, for example there was a tear on one of the examination couches. At the time of our inspection the practice had contacted the upholsterer to arrange repair.	

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
Explanation of any answers and additional evidence: The practice offered paid overtime to existing staff members, to cover absences such as sickness and vacancies. In addition, the practice used a rota which detailed all non-clinical tasks and the number of hours each day required to carry out each task. For example, scanning correspondence, prescriptions and answering telephones. This enabled them to allocate staff appropriately to ensure adequate cover for each task.	

However, some of the non-clinical staff we received feedback from suggested that additional staff would help to improve the service.

Clinical and non-clinical staff had undertaken annual basic life support training.

Staff we spoke with, or received feedback from, were aware of the location of the emergency medical equipment and medicines, for example oxygen and the automated external defibrillator (AED). An AED is a medical device used to help people who experience sudden cardiac arrest.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a process for managing urgent two week wait cancer referrals. All referrals were completed during the consultation and an urgent task sent to the referrals team. There was a process in place to ensure the referral was followed up with an appointment. This included advising the patient to contact the practice if an appointment with secondary care was not arranged within two weeks. In addition, the referrals team monitored all tasks until an appointment had been confirmed with secondary care.</p> <p>We saw evidence of urgent two week wait referrals during our clinical records searches. The referrals reviewed had been made promptly and in accordance with NICE suspected cancer guidance. Referral templates were used and contained appropriate information. The patients had been reviewed by secondary care within two weeks following a referral.</p> <p>There was a process for managing pathology results and results were checked on a daily basis. We reviewed the pathology inbox as part of our inspection and saw there were 66 results waiting to be filed. There were nine abnormal results waiting to be reviewed but these had all been received within the previous 24 hours.</p>	

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)	0.61	0.82	0.79	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	6.2%	6.7%	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)	3.93	4.70	5.29	Variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	125.3‰	111.8‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.36	0.48	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	8.1‰	4.9‰	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

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>The practice had processes and recall systems in place for monitoring high risk medicines and evidence of this was seen during our remote review of patient records. Patients prescribed disease modifying anti-rheumatic drugs (DMARDS), which are drugs used to treat inflammatory conditions such as rheumatoid arthritis, were either up to date with all their monitoring checks or had been invited for monitoring tests.</p> <p>We reviewed records for 5 patients prescribed one DMARD (Methotrexate). There was no evidence of the patient being advised of the day of the week on which to take the medication on 4 out of the 5 records. Medicines and Healthcare products Regulatory Agency (MHRA) advice from September 2020 recommended recording the day of the week Methotrexate is taken on prescriptions to reduce risk of overdose.</p> <p>Patients prescribed Lithium (a drug used to treat serious mental illness) were up to date with their monitoring checks. One patient was overdue monitoring, but had an appointment booked for blood tests.</p> <p>Three out of four patients that we reviewed that were prescribed Amiodarone (a drug used to treat heart rhythm disturbances) had potentially not had monitoring checks in the last six months.</p>	

Medicines management	Y/N/Partial
<p>The three patients who were potentially overdue monitoring checks had been invited for monitoring and recalls for monitoring checks were seen on their records. Two patients were missing renal function (U&Es) monitoring as there was no guidance to remind staff to check this on their recalls. However, those patients had had the more important monitoring checks recommended by the MHRA (i.e. thyroid and liver function checks).</p> <p>One patient was missing thyroid function monitoring as this requirement was not listed on their recall. They were having renal and liver function monitoring checks appropriately.</p> <p>The practice had a process in place for monitoring patients prescribed Amiodarone, but this needs to be improved to ensure that patient recalls list all the required monitoring tests.</p>	

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:	17
Number of events that required action:	13
<p>Explanation of any answers and additional evidence:</p> <p>All staff were encouraged to report significant events, incidents and near misses via an electronic reporting system.</p> <p>We reviewed meetings where individual significant event analyses was discussed. This included, what had gone well, what could be improved, and any training required. We saw that the practice actively included all members of the team, both clinical and non-clinical. One of the GP partners was the lead for significant events.</p> <p>Staff we spoke with and feedback we received confirmed that all staff knew how to report a significant event or incident and that they were involved in analysis and learning. Staff were able to give examples of significant events and changes made within the practice as a result of these</p>	

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

Event	Specific action taken
Patient invitation was sent for a long-term condition review, but the patient did not have a long-term condition.	- Reviewed and amended the long-term condition recall and review process.
Delayed diagnosis of diabetes in children.	- Use of a ketone meter to assess patients with suspected type 1 diabetes. - Diabetes protocol reviewed and updated. - Educational session arranged with Diabetes consultant to discuss how to avoid missing a diagnosis of diabetes.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection we conducted a search of clinical records to assess the practice's procedure for acting on safety alerts. This was undertaken by the CQC GP specialist advisor without visiting the practice. The search was visible to the practice.</p> <p>One of the searches looked at Amlodipine (a medicine used to treat high blood pressure) and Simvastatin 40mg (a medicine used to reduce cholesterol levels), where the risk of muscle problem side effects from taking a statin is increased if a higher dose of Simvastatin is taken with Amlodipine. This issue was identified in a Medicines and Healthcare products Regulatory Agency (MHRA) safety update from December 2014. Two patients were identified as being prescribed this combination of medicines. We discussed this with the practice and received confirmation following our inspection that action had been taken. The practice had also updated the process for management of safety alerts to ensure the pharmacy team run quarterly searches to pick up any new patients effected by historic safety alerts.</p> <p>We reviewed patients of childbearing age that were currently prescribed Sodium Valproate (a medicine used to treat epilepsy and serious mental illness). Sodium Valproate is known or suspected to have the potential to increase the risk of birth defects and development disorders when taken during pregnancy. The search identified three patients and we saw that pop-up alerts regarding pregnancy prevention were visible on all three records.</p>	

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: We spoke with the practice manager and two of the GP partners who told us that National Institute for Health and Care Excellence (NICE) guidance and updates were disseminated to all clinical staff. The practice held weekly clinical meetings where new guidance and pathways were discussed. The practice had an electronic group learning area where learning and reflection as a result of training undertaken was shared with all staff. Staff within the practice were proactive in ensuring appropriate guidance was followed. For example, the GP partners told us how they had contacted the local hospital regarding advice on vitamin B12 prescribing. This had resulted in a review and update of the practice policy. All of the staff we spoke with could demonstrate an understanding of 'red flag' symptoms and how they would support a patient. There was a system in place to monitor any patient where the clinicians had concerns regarding their health. A task would be sent to the patient support team to follow up or a recall would be put in place	

to ensure that the patient had been asked to attend the practice within a certain time frame. The recalls were searched every two weeks and the patient contacted to arrange a review. Welfare home visits were arranged if the patient did not attend for a review within the specified time frame.

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice reviewed this annually as part of a local quality initiative.
- The practice used the Quality and Outcomes Framework (QoF) registers to monitor patients with a long-term condition.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. The practice had improved uptake of shingles in the previous 12 months. This was due to adding more alerts to the clinical system, providing additional training for staff and a having a dedicated care home co-ordinator who visited care homes to administer the vaccine.
- The practice was able to provide eligible patients with the meningitis vaccine, for example before attending university for the first time.
- Health assessment and checks including NHS checks for patients aged 40 to 74 had been paused during the COVID-19 pandemic. However, the practice had identified this as a priority and had plans in place to recommence these and take a targeted approach, commencing with potentially high-risk patients such as those who smoked or were obese.
- All patients with a learning disability were offered an annual health check. There was a dedicated member of the administrative team and nurse who lead on these to ensure all patients were invited to attend.
- 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 carried out an audit in 2019 to look at the preferred place of care for care home patients. The audit in 2019 found that this information was not being documented in most cases. A more recent audit showed that this information had been documented in 85% of cases.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice was a hub service for city wide substance misuse and hosted a support service at the practice for black and minority ethnic (BME) family, friends and relatives affected by the alcohol use of an adult. The practice had supported two GPs to complete a substance misuse courses to support this service.
- The practice provided services to a local residential detox facility where health checks were carried out upon admittance and following medication and treatment.
- 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

As part of our inspection we carried out searches to review the practices processes for the management of patients with a long-term condition. The searches were undertaken by the CQC specialist advisor without visiting the practice.

We ran searches to identify patients with chronic kidney disease (CKD) stages four or five who had not received the appropriate blood monitoring in the last nine months. Three of the 16 patients had potentially not had blood pressure and kidney function monitoring in the past nine months. We saw that one patient was on dialysis and was having regular monitoring in secondary care. The other two patients had been contacted by the practice, to arrange reviews and monitoring checks, but had not responded.

We reviewed the clinical records of five patients with asthma who had two or more courses of rescue steroids in the last 12 months. All of the patients had a documented asthma review or had been contacted by the practice to arrange a review. We saw evidence of patients having their treatment increased or being referred to secondary care to improve their asthma control. We also saw evidence of personalised action plans for patients.

We looked at patients with hypothyroidism to establish if thyroid function test (TFT) monitoring had been carried out in the previous 18 months. Of the 171 patients diagnosed with hypothyroidism, three (1.75%) had not had TFT monitoring. A more detailed review of these records showed that one patient was refusing blood tests. The other two patients had annual blood tests recorded in the clinical records, but these did not include a thyroid function test. We received confirmation from the practice following our inspection that steps had been taken to address this. This included checking the hypothyroid register to ensure recalls were set up specifically for thyroid stimulating hormone tests (TSH). In addition, the practice had a new thyroid pathway in place to ensure appropriate follow up and remind clinicians to arrange recall.

The practice had taken action to address the issues with long-term conditions monitoring. This included the addition of a nurse associate to the clinical team, a dedicated long-term conditions and safety administrator and recalls being carried out by the data quality team.

We looked at patients with diabetes and saw that the practice had good interventions for high readings, where necessary changing medication or referring to the specialist diabetes team. The practice also had access to a diabetes specialist pharmacist and nurse via the Leeds diabetes team who ran extra searches to identify patients who were missing their lipids or statin targets.

Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Patients were invited to attend one long-term condition review annually in the month of their birthday. All long-term conditions were reviewed in one appointment. The practice had continued to provide long-term condition reviews throughout the COVID-19 pandemic, with the exception of a two month period. During

the pandemic, reviews were carried out over the telephone and patients were invited in for blood tests where clinically necessary.

Staff who were responsible for reviews of patients with long-term conditions had received specific training. The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

Adults with newly diagnosed cardiovascular disease were offered statins.

Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

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)	64	75	85.3%	Below 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)	66	73	90.4%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	67	73	91.8%	Met 90% minimum
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)	67	73	91.8%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	41	48	85.4%	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 of the low uptake of some of the childhood immunisations and had systems in place to encourage parents to attend for appointments. This included a spreadsheet of all children who were overdue any immunisation. Staff within the practice would repeatedly contact the parents and attempt to arrange an appointment. In addition, an alert was added to the patient record to enable staff to try to book an appointment alongside any other visit to the practice the patient may have.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	74.6%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	74.0%	64.0%	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)	61.9%	65.8%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	75.0%	52.2%	55.4%	No statistical variation

Any additional evidence or comments
<p>The practice was aware that they were slightly below target for cervical screening and had carried out a total system review to improve uptake. This had been led by the practice manager and practice nurse.</p> <p>The review had included the whole process including booking of appointment and recalls. As a result of the review, the practice had introduced a direct booking service for patients, whereby a link was sent via text message and the patient could click on the link to access appointments. In addition, the practice had trialed having a representative at the practice who could communicate to patients in their own language.</p> <p>During our inspection we reviewed current uptake of cervical screening and saw that improvements had been made.</p>

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

The practice was conducting quality improvement projects and audits. During our inspection we reviewed a two-cycle audit of 20 patients who were prescribed folic acid replacement. The first audit cycle, carried out between June and July 2021, showed that there had been some issues with folic acid prescribing. As a result of the audit, a template was developed and implemented to improve folic acid prescribing. The second audit demonstrated improvements with all 20 patients. For example, all patients had an appropriate prescription length of four months (previously only one patient had) and all patients had their Vitamin B12 levels checked before starting folic acid. Ten out of 20 patients had a blood test to ensure adequate replacement (previously only one patient had received this blood test).

The practice was taking part in the lowering antibiotic prescribing audit. We reviewed a two-cycle audit conducted in April and May 2022. We saw that the practice was in the top quartile (lowest prescribing) in West Yorkshire.

We reviewed a two-cycle audit looking at the appropriateness of tasks sent to prescription clerks. The first audit identified that 31% of tasks were not appropriate for prescription clerks to deal with. This had improved to 21% in the second audit cycle. The practice planned to continue to monitor and improve this.

Any additional evidence or comments

The practice had also carried out other quality improvement activities including an audit of cancer care follow up, a Vitamin B12 audit, an audit of antibiotic use in children and an audit of urgent CT referrals to identify if these patients should have been referred on a two week wait suspected cancer pathway instead.

The practice audited the management of letters by the Patient Support Team every six months to ensure that coding was being done correctly and that correspondence was being sent to the appropriate clinicians/pharmacist for review.

The practice was also involved in research to help improve care for specific patient groups including loneliness in older people and use of the NHS app. The next research project planned was to look at offering allergy testing to patients with a history of possible penicillin allergy.

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
<p>Explanation of any answers and additional evidence:</p> <p>There were comprehensive induction programmes tailored to individual staff roles. For example, for new members of the patient support team this would include a period of shadowing other team members when taking calls and how to signpost patients to other services such as the community pharmacy and the musculoskeletal service. Registrars with the practice had a dedicated trainer who would work with them to set a plan which included shadowing opportunities with all of the practice team.</p> <p>All staff inductions covered standard areas such as dedicated time with the practice manager, an overview of general practice, safeguarding arrangements, staff safety and whistleblowing information.</p> <p>One of the nurses at the practice had trained to become a nurse prescriber. There was a dedicated GP partner to support and supervise the nurse and their work was audited by the GP partner. During the training period, there had been regular reviews of the nurse's consultations, and the prescribing choices decided upon to ensure these were appropriate.</p> <p>There was a process in place for management of performance. This included consideration of any adjustments the staff member may benefit from to support them in their role.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice took part in weekly multidisciplinary team meetings to discuss care home patients.</p> <p>There were systems in place to ensure timely communication with social care services.</p> <p>The practice used the Leeds Care Record and EPaCCs (palliative care system) to enable information to be shared with other services and the hospital.</p>	

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.	Partial
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.	Partial
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We carried out searches on the clinical system to identify any patients who had potential missed diagnoses. Our searches found the following:</p> <ul style="list-style-type: none"> - There were no potential missed diagnoses of diabetes. - There were 102 patients with a potential missed diagnosis of chronic kidney disease (CKD). Three records were reviewed, all of these patients had CKD 3 which requires annual monitoring. These patients had not been coded as having CKD 3 to ensure that monitoring checks were being done. They had monitoring checks of their kidney function in the last 12 months but had not had urine checks to assess for protein in the urine. Urine checks should be done annually for patients with CKD3. <p>The practice had access to a social prescriber who could signpost patients to services.</p> <p>The practice encouraged patients to take part in home blood pressure monitoring and had planned two educational sessions to support patients to do this.</p> <p>The practice encouraged other services to utilise rooms within their premises to provide patients with access to support. For example, Citizens Advice Bureau, smoking cessation and weight management services.</p> <p>The practice had held a wellbeing week and had a noticeboard to highlight useful resources to patients.</p> <p>Patients had access to the Healthy Minds service which offered telephone consultations for mental health support.</p> <p>The practice worked with the local community council support service for patients with a diagnosis of cancer. Patients were sent a link at the point of diagnosis and could access support all the way through their treatment.</p> <p>Evidence was seen during the records review of patients being signposted to resources for support.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>GPs at the practice were aware of mental capacity guidance and Gillick competencies. For example, parental proxy access to a child's clinical records was automatically switched off when the child reached 11 years of age and clinicians would assess Gillick competence from that point onwards.</p> <p>The practice used the Recommend Summary Care Plan for Emergency Care and Treatment (ReSPECT) forms to support patients with end of life care planning.</p> <p>We saw evidence of best interest decisions or discussions with the patients' families or lasting Power of Attorney for DNACPR and ReSPECT plans for patients lacking capacity.</p> <p>During the records review, we saw evidence of mental capacity being assessed and documented when making DNACPR decisions.</p> <p>Verbal consent was obtained and documented for joint injections.</p> <p>There was a template on the clinical system to record discussions around risks and benefits for contraceptive implants and intrauterine devices (IUDs). There was also a process for obtaining written consent from patients prior to the procedure taking place.</p>	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. We received mixed feedback from patients 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
<p>Explanation of any answers and additional evidence:</p> <p>As part of our inspection, we asked the practice to invite patients to share their experience of care with us via an online form. We received 108 responses from patients, 80 of these were positive about the care and treatment received from the practice. Eighteen responses contained mixed comments about patient experience but were positive regarding the care and treatment received by staff at the practice and 10 responses were less positive. We found that issues with contacting the practice by telephone and accessing appointments were raised in most of the less positive comments.</p> <p>The practice had noted an increase in challenging behaviours from patients during the COVID-19 pandemic. The practice had identified this as an area of focus in order to maintain long-term relationships with patients. They also wanted to gain a better understanding of these behaviours, in order to address them appropriately and ensure that staff were able to understand where patients were coming from and empathise with the situation they were in. As part of this process, the practice was trialling social contracts. The social contract set out the behaviour expected from the patient and adjustments from the practice to support the patient. For example, agreed monthly routine appointments with a named GP to manage the number of telephone calls to the practice. In agreement from both the patient and the practice, the appointments would be used to address all concerns. The practice reported that the social contracts had supported good outcomes for both staff and patients.</p> <p>The practice was focused on maintaining long term relationships and looking at new ways of working to ensure good outcomes for patients.</p>	

Patient feedback	
Source	Feedback
NHS Choices	Words used to describe the practice included kind, caring and understanding.
CQC share your experience forms	Words used to describe the practice included expeditious, caring, kind, upbeat.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	88.9%	86.2%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	87.2%	85.2%	83.5%	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 (01/01/2022 to 30/04/2022)	96.3%	93.7%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	78.0%	74.1%	72.4%	No statistical variation

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

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

Source	Feedback
CQC Share your experience forms	Comments included: <ul style="list-style-type: none"> - clear overview of my options - extra information - links to reading - working with patients as openly as possible.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	89.4%	90.0%	89.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had signed up to the Doctors of the World Safe Surgeries scheme which focused on tackling the barriers faced by migrants accessing healthcare. The scheme was a declaration that the practice was safe for everyone and issues such as lack of identification, immigration status and language were not a barrier to registering with the practice. This gave the practice access to resources such as toolkits, information leaflets for patients and training for staff.</p> <p>The practice website had an accessibility function to enable patients to make modifications such as increase text size, highlight links and pause animations.</p> <p>Interpreters were used for patients whose first language was not English. We saw evidence of this during our remote records review.</p> <p>GPs at the practice were able to give examples of patients with communication difficulties being supported to use the service via email and video call.</p>	

Carers	Narrative
Percentage and number of carers identified.	272 (4%)
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> - The practice offered health checks for all carers. This service had paused during the COVID-19 pandemic but was due to recommence. - Carers were signposted to Carers Leeds service, using the yellow card system and an alert added to the practice's clinical system to ensure staff were aware of which patients acted in the role of a carer. - The practice had a dedicated Carers' Champion to support carers accessing the service.
How the practice supported recently bereaved patients.	All recently bereaved patients were sent a bereavement card to offer support from the practice. Information about other sources of help and support was also included.

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

Responsive

Rating: Good

At the last inspection we rated the practice as Outstanding for providing a responsive service because:

- They had proactively initiated and lead on a number of innovative services to meet the needs of the local community.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practise, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated Good for providing a Responsive service.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm
The practice offered an extended hours service from 6pm until 8.15pm on Tuesday evenings. In addition, patients could access routine pre-bookable appointments at a local practice via the extended access service. The service operated from 9am until 12pm on Saturday and Sundays when patients could book an appointment with a GP, nurse or healthcare assistant.	

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

- The practice had made changes to the appointment system to be more responsive to patient needs. Patients needing a review could be booked into slots by GPs or the patient support team.
- The practice maintained a vulnerable patients' list to ensure appointment requests from this group of patients were dealt with promptly.
- Patients with complex needs were assigned a specific GP to ensure continuity of care.
- The practice encouraged services to use rooms within the premises to enable patients to be booked directly into the relevant clinic. For example, the social prescriber and the midwifery team.
- Patients could access alcohol and drug recovery coordinators who visited the practice twice a week.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 8.15pm on Tuesday evenings. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 9am until 12pm.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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 minimise 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	Partial
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: Patients could book appointments at the practice in person, over the telephone, via the eConsult system. For some appointments a link was sent by text message to patients to book an appointment directly onto the appointment system. Patients could choose between face to face or telephone appointments. The practice had a duty doctor each day to ensure patients who required any urgent medical attention were seen on the day. As part of our inspection we received feedback from patients via our online share your experience forms. We received 108 responses from patients, 80 of these contained positive comments about the practice, 18 contained mixed comments about the patient experience and 10 were less positive. When we reviewed the responses, we found that issues with contacting the practice by telephone and accessing appointments were raised in most of the less positive comments.	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	66.6%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	60.5%	57.9%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	62.1%	56.1%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	65.2%	73.6%	71.9%	No statistical variation

Any additional evidence or comments

The practice had made amendments to the appointment system, following a patient survey undertaken in Spring 2022 and discussions with the patient participation group (PPG), and introduced a system for patients to book routine GP appointments.

The current appointment system offered patients the option to contact the practice at anytime between 8am and 6pm for serious issues that required an appointment on the day. In addition, the practice offered some routine appointments which were released at 8am and 1.30pm daily.

Detailed information about the practices appointment system was available on the practice's website.

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.	18
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: Information about how to make a complaint was available on the practice website. The practice had a complaints leaflet to support patients when making a complaint. Complaints could be made in writing, via the practice website, by telephone or in person. The practice manager had oversight of all complaints and concerns, and these were recorded on a dedicated log. Any verbal complaints received were transcribed by the practice and sent to the patient to ensure all issues were captured.	

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <p>The practice was aware of the challenges to quality and sustainability. For example, access to the service and reducing waiting times for patients. The practice had made changes to the appointment system in consultation with the patient participation group (PPG) and were constantly reviewing this to identify improvements.</p> <p>There was an experienced business partner at the practice who also worked with the Leeds Local Medical Committee (LMC). The Leeds LMC is a professional statutory body which represents GPs in the Leeds area.</p> <p>The remaining partners were GPs at the practice. The practice aimed to move to an all GP partnership model and had been in discussions with some of the salaried GPs with a view to them joining the partnership.</p> <p>The GP retainer at the practice was nearing the end of their contract and the practice was looking for a new GP to fill this gap.</p> <p>The practice had signed up to become a Visa sponsor to help with recruitment of GPs from other countries.</p>	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <p>The vision and values of the practice were set out in the Practice Philosophy. This included:</p> <ul style="list-style-type: none">- Prioritising provision of health care over financial gain	

- Recognising clinical standards and working to meet them
- Patients and carers are partners in healthcare, working to empower them regardless of their healthcare and lifestyle choices, promoting their wellbeing and preventing ill health.
- Commitment to developing sustainable working practices that minimise environmental impact.

The Practice Philosophy was supported by a Patient Charter which outlined the practice's commitment to patients.

Both documents were available on the practice website.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
The staff we spoke to and received feedback from were positive about the culture at St Martin's Practice and felt supported by management and the GP partners.	
Staff had access to an external Freedom to Speak Up Guardian and this information and contact details were available to them should they wish to raise any concerns.	

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

Source	Feedback
Share your experience form	Admit mistakes
Staff feedback	Comments included: Very friendly Well organised Supportive

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
The practice used an electronic management system which included areas such as policies, human resources, staff training, recording fridge temperatures, access to latest clinical guidance.	
We were provided with examples of where policies had been updated to reflect current working situations. For example, during the COVID-19 pandemic the staff policy was updated so that any staff absence from work due to contracting COVID-19 would not be counted towards their sickness absence record.	
There was a managing partners work plan in place including business management and clinical quality. Partners at the practice had responsibility for reviewing and updating policies and procedures. Each partner was aware of their own responsibilities. For example, we spoke with one GP partner who was responsible for reviewing and updating the emergency protocols.	
Policies and procedures were available to all staff via the electronic management system.	
All of the staff we spoke with and received feedback from were clear about their roles and responsibilities.	

Managing risks, issues and performance

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

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

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
Explanation of any answers and additional evidence: During the COVID-19 pandemic, the practice had updated the telephone message to make it clear that the practice was still there for patients. During the height of the pandemic the practice offered telephone triage appointments and invited patients to the practice where clinically necessary. The practice had set up an outdoor consulting room to minimise risks to patients and staff and had designated hot and cold areas within the practice to safely manage patients entering the premises.	

The practice had paused healthchecks during the COVID-19 pandemic but at the time of our inspection they had recruited two new healthcare assistants and were in the process of recommencing these.

Appropriate and accurate information

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

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

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
The Patient Participation Group (PPG) had continued to meet quarterly via video conference and the number of attendees had increased due to this.	
The practice had involved the PPG when reviewing and changing the appointment system. We were able to review positive feedback from one member of the PPG through the share your experience responses.	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
There was evidence of regular staff meetings to discuss improvements and learning. For example, staff we spoke with and feedback we received confirmed that all staff attended meetings, received feedback and learning regarding significant events and were able to give examples of changes made to processes at the practice as a result of significant events.	
One of the nurses at the practice was planning to undertake Advanced Clinical Practice training and the practice planned to support this.	
The practice was a training practice for GP trainees and medical students. The practice had recently been awarded fourth year medical students in addition to first and second year GP registrars.	
The practice promoted near-peer training which allowed medical students to be supported by the registrars.	

Mentoring support was provided to salaried GPs and nursing staff.

Protected learning time was used to provide updates to both clinicians and administrative staff.

Following our inspection, we received communication from the practice to confirm that action had been taken to address any areas for review identified during our inspection.

Examples of continuous learning and improvement

The practice was involved in the Primary Care Network (PCN) project 3 Treatment Target for Diabetes.

One of the GP partners was undertaking an Improving Diabetes Care diploma.

Another GP partner was the PCN care homes lead and was organising wider multidisciplinary team meetings to build better relationships with other services supporting care homes, such as speech and language therapy, podiatry and dieticians. The number of structured medication reviews done, and advanced care plans put in place for care home patients had increased.

The practice was involved in health inequalities projects with the PCN and were currently working on a project to improve the mental health of black men. The practice manager chaired meetings with community and third sector organisations to look at interventions and how to support this project.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

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