

Care Quality Commission

Inspection Evidence Table

Hall Street Medical Centre (1-13445739126)

Inspection Date: 11 October 2023

Date of data download: 26/09/2023

Overall rating: Good

Context

The practice is situated within Cheshire and Merseyside Integrated Care Board and delivers General Medical Services (GMS) to a patient population to approximately 5,426 patients.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second lowest decile (2 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 98.1% White, 1.1% Asian, 0.6% Mixed and 0.1% Other. The age distribution of the practice population closely mirrors the local and national averages. There are approximately 2,463 female patients and 2,490 male patients registered at the practice. Life expectancy for females is 80 years and 75.7 years for males.

The practice has until very recently experienced significant difficulties recruiting new GPs to the practice following the departure of an established GP. Despite the use of locum GPs, the lack of permanent cover presented significant workload challenges for the current provider. The practice appointed 2 new salaried GPs in August and September 2023.

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: <ul style="list-style-type: none">• The practice had systems to safeguard children and vulnerable adults from abuse. Policies were reviewed and accessible to all staff. They outlined clearly who to go to for further guidance.• The practice worked with other agencies to support patients and protect them from neglect and abuse. GPs attended safeguarding meetings when required and/or provided information and reports when requested.• Overall, staff working for the practice had undertaken safeguarding training at a level appropriate to their role, for example, receptionists had achieved level 1 or 2 and clinical staff level 3.	

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 practice carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- A sample of staff files were viewed and found to hold the required information to demonstrate the practice had complied with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which describes checks needed for persons employed for the purposes of regulated activity.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: 6 April 2023	Yes
There was a fire procedure. Yes	Yes
Date of fire risk assessment: 6 April 2023	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The provider had completed their own building and fire risk assessments for the premises. 	

Infection prevention and control

Systems were in place to ensure appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Partial
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: 11 July 2023	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Training records highlighted that 10 out of 20 staff employed at the practice were overdue infection prevention and control training. 	

- The environment appeared clean and tidy and free from clutter.
- An infection, prevention and control audit had been completed for the practice in July 2023 with a resulting action plan. Areas identified in the infection prevention and control audit as requiring action, repair and/or refurbishment had either been addressed or added to the building action plan.
- There was sufficient access to personal protective equipment (PPE) for staff.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They had been provided with written emergency desk aid advice to help them to identify and manage patients with severe infections, for example sepsis and other emergencies such as a stroke or heart attack. • Staff covered shifts if a colleague was absent. At the time of inspection, there were enough staff to provide appointments and prevent staff from working excessive hours. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes

There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Systems were in place to monitor referrals made to secondary care services. During our site visit we spoke with staff and reviewed the arrangements for workflow, urgent referrals, call and recall and the management of safeguarding information. Staff spoken with demonstrated a good awareness of their roles and responsibilities regarding this work activity. All GPs on duty had clinical oversight of test results and they acted on these. 	

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)	1.01	1.01	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)	3.6%	5.5%	7.8%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) (NHSBSA)	5.91	5.49	5.24	No statistical variation

Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	232.6‰	268.2‰	129.6‰	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)	1.86	1.08	0.54	Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	10.6‰	8.9‰	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
There was a process for the safe handling of requests for repeat medicines and evidence of effective 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 medicines that require monitoring (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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes

For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> • Prescription stationery was stored securely in lockable cupboards in the practice. However, records relating to the receipt and distribution of prescription stock were in need of review to ensure a clear audit trail. The assistant practice manager developed and introduced new recording systems during our site visit to improve records associated with the management of prescription stationery stock. • The practice did not hold some of the emergency medicines on the CQC suggested list of emergency drugs for GP practices. A detailed risk assessment was completed by the provider which included reasons why a particular medicine on the suggested list was not required. • The practice had a system in place for monitoring patients' health in relation to the use of medicines including medicines that require monitoring. For example, clinical searches identified a total of 177 patients taking a medicine or group of medicines which may be used to treat atrial fibrillation, deep vein thrombosis or pulmonary embolism. We reviewed 5 records and found all patients had been monitored appropriately prior to issuing a prescription. • Fridge temperatures were monitored and recorded twice per day. Although 2 data loggers had been purchased by the practice, we were informed that the information held on data loggers had not been downloaded since April 2023. The practice management team assured us that action would be taken to download information on a regular basis. 	

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:	14
Number of events that required action:	14
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Staff were encouraged to raise incidents, knew the processes for how to do this and were well supported when they did. • The practice manager sent us a record of significant events that had occurred in the last 12 months. The log outlined key information including a description of each significant event, actions taken and learning points. • Discussion of significant events and incidents including the learning and any action required took place in regular practice meetings. 	

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

Event	Specific action taken
A member of staff sustained a needle stick injury.	The member of staff received appropriate post-incident support and advice in accordance with the practice policy and risk assessment.
Heatwave affecting staff working in the upstairs office.	A new portable air conditioning unit was purchased for the office to bring temperature to a more comfortable level for staff.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had developed a central alerting system policy and established a system for recording and acting on safety alerts. A log was also maintained which outlined the date of an alert, reference number, type of alert, action carried out, details of staff notified and a link to the alert. Alerts were forwarded to clinicians who were then asked to sign a log to confirm they had read and understood the information. • We undertook a remote clinical search of teratogenic medicines in childbearing age. A teratogen is anything a person is exposed to or ingests during pregnancy that's known to cause foetal abnormalities. 	

- Clinical searches identified 24 patients of child-bearing age prescribed teratogenic drugs. We sampled 5 of these patient records and found that for all 5 patients there was no evidence that the risk associated with pregnancy had been discussed.
- Following our remote clinical searches, the provider sent us an update via email on 10 October 2023 to advise that out of 24 patients prescribed teratogenic medicines, the clinical pharmacist had reviewed 13 of them and the last 11 had been phoned and text but at that point the clinicians had been unable to do a full review. We received a further email on 11 October 2023 to inform us that the practice had managed to contact 15 of the 24 patients and that the remaining 9 patients had not answered the call. Patients had been sent a text message to inform them about the alert and the birth defects risks associated with the prescribing of teratogenic medicines. Moving forward the practice planned to utilise pharmacy technicians, to be employed by the primary care network (PCN), to monitor safety alerts across all practices in the PCN.

Effective

Rating: Requires Improvement

We rated the provider as requires improvement for providing effective services because patients with long term conditions did not always receive appropriate and timely reviews of their care and treatment in line with best practice guidance. Do not attempt cardio-pulmonary resuscitation (DNACPR) and associated records were either incomplete or could not be located. Furthermore, the practice was not meeting the target for cervical cancer screening uptake for eligible patients. Although we saw the practice was making efforts to improve outcomes for patients, there was not yet sufficient evidence to demonstrate whether these actions had been successful. Therefore, the rating is requires improvement as ratings depend on evidence of impact and must reflect outcomes that people were receiving at the time of inspection.

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 not always assessed, and care and treatment were not always 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.	Partial

Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes

Effective care for the practice population

Findings

- Clinical searches identified 95 out of 182 patients prescribed gabapentinoids that had not had a review in the last 12 months. We sampled 5 of these patient records and found that 3 out of 5 patients were overdue their annual dose review, of which 2 patients were also overdue their annual medication review.
- Following our remote clinical searches, the provider updated us via email on 10 October 2023 to inform us that all patients prescribed gabapentin and pregabalin had been reviewed except for 66. We were informed that the practice had attempted to contact all 66 patients on several occasions by phone and text. A further email was received on 11 October 2023 with updated information from the clinical pharmacist which provided a summary of progress and an updated action plan.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty to carry out an assessment of their needs.
- Patients who were not able to attend the practice in person were identified on the patient record system.
- 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 practice had a recall system in place for patients with long-term conditions who were invited annually to the practice for a long-term conditions (LTC) review to check their health and medicines needs were being met. Our search of the clinical records system showed that some but not all patients with long term conditions were being reviewed on a regular basis.
- Patients requiring high dose steroid treatment for severe asthma episodes were not always followed up in line with national guidance to ensure they received appropriate care. For example, clinical searches identified a total of 24 out of 382 patients with asthma who had been prescribed 2 or more courses of rescue steroids. We sampled 5 of these patient records and found that 3 patients had not had a follow-up within 1 week of the steroids being issued.
- Furthermore, patients with long term conditions were not always reviewed to ensure their treatment was optimised in line with national guidance. For example, clinical searches indicated that 3 out of 204 patients with hypothyroidism had not had appropriate monitoring within the last 18 months. We looked at the records of the 3 patients and found that all were overdue thyroid monitoring, of which 2 were also overdue their annual medication review.
- 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	46	49	93.9%	Met 90% minimum

Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae 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)				
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)	43	45	95.6%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	43	45	95.6%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	43	45	95.6%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	39	41	95.1%	Met 95% WHO based target

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

Any additional evidence or comments

- The practice had exceeded the 90% minimum targets for childhood vaccination in all of the 5 target areas.

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)	59.9%	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)	62.5%	N/A	70.3%	N/A

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). (31/3/2023 to 31/3/2023) (UKHSA)	66.0%	N/A	80.0%	Below 70% uptake
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 31/3/2022) (UKHSA)	56.5%	51.8%	54.9%	No statistical variation

Any additional evidence or comments

- The practice was below the 70% uptake target for cervical cancer screening.
- Practice leaders informed us that the practice had previously met the required performance target. However, due to the absence and subsequent retirement of a female GP and a practice nurse (who had both previously undertaken sample taking), uptake levels for the practice had reduced.
- The practice told us they were working to increase uptake of cervical screening across the relevant patient population. For example, we were informed that the practice had recently taken on a new practice nurse who was in the final stages of completing her sample taking training. The practice was confident that the addition of the new practice nurse and a trainee advanced clinical practitioner as qualified sample takers would enable the practice to achieve their minimum uptake levels moving forward.

Monitoring care and treatment

The practice had a 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
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <ul style="list-style-type: none"> • Prior to our inspection, the practice manager sent a schedule of audits that had been completed together with examples of clinical audits that had been undertaken by the practice team. For example: 	

- Antibiotic prescribing for urinary tract infections;
- Audit to verify patients with gestational diabetes had been invited for an annual HbA1c blood test;
- Audit of inappropriate minor surgery referrals;
- Audit of patients with undiagnosed hypertension receiving medication;
- Minor surgery room audits x 3;
- We saw that improvements were initiated by clinicians as a consequence of the audits where necessary.

Any additional evidence or comments

- The provider maintained a quality improvement document to monitor risk and key operational priorities. The log outlined key information such as issues identified, how results will be achieved, measurement of success, timeframe and date completed.

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.	Partial
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.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Some staff provided mixed feedback regarding the provision of protected time for learning and development. • All staff were appropriately qualified for their role and responsibilities. The practice manager maintained an electronic record of staff training and development which also highlighted when training/refresher training was required or overdue. Staff worked within their scope of practice and had access to clinical support when required. 	

- The practice management team informed us that clinical staff were supervised by clinicians and that the medicines management team monitored prescribing. The arrangements for appraising clinical staff employed by the PCN in advanced clinical practice was not clear as the appraisal schedule lacked information on appraisers and appraisal dates for some staff.

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.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice team worked with other healthcare professionals to ensure effective care was provided from primary, secondary and third sector services. 	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had recently recruited 2 new social prescribers on behalf of the PCN who were accessible to patients. These staff were able to advise and sign-post patients to 	

alternative sources of support in matters such as wellbeing and lifestyle, carers support, psychological support, community support groups and charitable organisations.

- Wellbeing and support information was displayed in the practice reception area and also stored on the practice website for patients and their representatives to view.

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance however some records were in need of review.

	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.	Partial
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Partial
<p>Explanation of any answers and additional evidence,</p> <ul style="list-style-type: none"> • We attempted to review a sample of 3 clinical notes where a DNACPR decision had been recorded. Despite being assisted by the assistant practice manager and a medical receptionist we were unable to locate the information required to complete our searches in full. • For example, 1 out of 3 DNACPR forms was not available to review, in 2 out of 3 cases it was not possible to determine the reason for the DNACPR and in 3 out of 3 cases we were unable to locate a record of a discussion with the person and /or their representative. In 1 out of 3 cases we were also unable to locate evidence that a mental capacity assessment had been carried out. • We observed that staff commenced efforts to try and locate copies of the missing records during our inspection. 	

Caring

Rating: Good

Kindness, respect and compassion

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

Y/N/Partial

Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff working at the practice were offered training in understanding health inequalities and equality and diversity to help them understand the importance of anti-discriminatory and anti-oppressive practice. Staff interactions were observed to be positive during our site visit. The practice routinely monitored patient satisfaction and feedback via the Friends and Family Test. We reviewed feedback from April 2023 to September 2023 and noted that overall patients provided positive feedback. 	

Patient feedback	
Source	Feedback
Patient interviews	Patients spoken with during the inspection were positive about the care and treatment they received from staff. They told us staff were caring and supportive and access to appointments was generally good. They described compassionate care, and reported they had confidence with the treatment they had received. For example, comments received included “They’ve looked after me and my family. I have no problems getting appointments” and “Not too bad accessing appointments. There is good staff support. They are fantastic, easy to talk to and approachable”.
Friends and Family Test – 1 September to 30 2023	Patients were asked “How likely are you to recommend Hall Street Medical Centre to friends and family if they need similar care or treatment”. We saw that 299 patients responded. Of the 299 responses, 273 patients reported they were highly likely to recommend the practice, 10 indicated likely; 7 indicated neither likely or unlikely; 5 indicated unlikely; 2 indicated extremely unlikely and 2 indicated they did not know.

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	88.9%	85.3%	85.0%	No statistical variation

professional was good or very good at listening to them (01/01/2023 to 30/04/2023)				
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)	88.8%	84.8%	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)	91.0%	92.7%	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)	83.6%	69.1%	71.3%	No statistical variation

Any additional evidence or comments

- The above indicators highlighted that the practice had exceeded local and national average figures in all areas except for 1 indicator which had comparable performance.
- Practice leaders had reviewed their performance and developed a GP Patient Survey Action Plan following the publication of the 2023 National GP Patient Survey, to ensure continuous improvement.

	Y/N
<ul style="list-style-type: none"> • The practice carries out its own patient survey/patient feedback exercises. 	Partial

Any additional evidence

- Practice leaders informed us that they had not undertaken any patient surveys since 2020. However, the practice continued to seek feedback from patients via the Friends and Family Test on a monthly basis.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes

Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice was able to source easy read materials to support patients in understanding their care and treatment when required. The practice signposted patients to their PCN social prescribing team who were able to provide assistance and refer patients to a wide variety of advocacy and support services when needed. The practice team had developed a directory of services which contained useful information on a range of services. For example, food banks, homeless support, cancer support groups, employment advice and services, social groups, social/exercise, support for carers, parenting groups, debt advice, bereavement, domestic abuse, addiction and recovery services and adult learning. 	

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)	94.5%	92.1%	90.3%	No statistical variation
Any additional evidence or comments				
<ul style="list-style-type: none"> The practice had scored higher for the above indicator than other practices in the local commissioning area and the England average. 				

	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
Explanation of any answers and additional evidence:	

- Staff we spoke with recognised that their patients may need more support to help them understand or be involved in their care and treatment. We were told that if needed the practice would provide language interpreters where appropriate or they could access patient information in different languages.
- The practice had a display screen and notice boards in the patient waiting room with information about how carers and patients with other needs could be supported in the practice and by local services. This included information about local support groups. Additionally, the practice website contained useful information which patients could refer to.

Carers	Narrative
Percentage and number of carers identified.	There were 388 patients recorded in the practice carers register and this equated to approximately 7% of the practice population.
How the practice supported carers (including young carers).	Carers were identified as part of their registration with the practice and opportunistically. Carers were supported with making appointments and flexibility was offered to meet their needs and improve access to services. They were referred to the carers centre and signposted to other support services by clinicians and social prescribers subject to their individual needs.
How the practice supported recently bereaved patients.	Bereaved patients were contacted by the practice and/or bereavement cards were sent. Patients were followed-up and supported by the practice team and other services as required.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The reception area was located in a small hallway near to the patient waiting room. There was a very small possibility that conversations taking place at the reception point could be overheard by patients in the waiting area, as the reception area had an opening at the side near to the waiting room. All staff we spoke with were aware that patient information must remain private, and confidentiality must be maintained. 	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice was part of a wider network of eight GP practices called the St Helens Central PCN. The practice worked as part of the PCN and with other system partners to deliver primary care services that were responsive to the needs of the patient population. • The practice was located in an older building that had been converted to operate as a medical centre. The building was close to public transport links. • The ground floor of the premises was accessible to people who used wheelchairs and was equipped with a ramp at the front entrance. The front door was fitted with disabled door entry switches to enable automatic door entry and exit. At the time of our inspection the practice did not have a hearing loop in place, however the practice manager assured us that they were in the process of obtaining quotes to obtain a hearing loop system. • There was a reception area, waiting room, 5 consultation rooms and a disabled access toilet on the ground floor that was equipped with baby changing facilities. There was also a consultation room upstairs which was utilised by a health care assistant, 3 office areas used by the practice manager, administration staff and PCN staff; a staff toilet, kitchenette and storage spaces. The first floor of the building was only accessible via a staircase. • The practice had developed an 'Accessible Information Standards Policy and Procedure' to support staff to understand and implement the principles of The NHS Accessible Information Standard. The policy outlined the practice's approach to help identify, record, highlight, share and meet the information and communication needs of patients with a disability, impairment or sensory loss. • The practice adjusted and recorded their approach when communicating with patients. For example, we saw notes on the clinical system that highlighted a patient preferred to 	

receive easy read documentation from practice staff. Additionally, we noted that another patient had requested for the practice to only communicate with them in writing.

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
Appointments available:	
Monday	8:30am – 12:30pm and 2:00pm – 5:00pm
Tuesday	8:30am – 12:30pm and 2:00pm – 5:00pm
Wednesday	8:30am – 12:30pm and 2:00pm – 5:00pm
Thursday	8:30am – 12:30pm and 2:00pm – 5:00pm
Friday	8:30am – 12:30pm and 2:00pm – 5:00pm

Extended access appointments were available via the PCN. Late evening and weekend appointments were offered at Lowe House Health Care Resource Centre on a Monday and Friday from 5.30pm to 8pm, Tuesday to Thursday from 5pm to 8.30pm and on Saturdays from 9am to 5pm.

Out of hours services were provided locally by Primary Care 24 Limited.

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.
- 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 medicines delivery service for housebound patients offered by a local pharmacy.

- The practice liaised regularly with the community services to discuss and manage the needs of patients. For example, the practice coordinated monthly multi-disciplinary meetings to discuss and review the wellbeing of patients in need of palliative care, residing in a local care home and those living with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Extended access appointments were available via the PCN. Late evening and weekend appointments were offered at Lowe House Health Care Resource Centre on a Monday and Friday from 5.30pm to 8pm, Tuesday to Thursday from 5pm to 8.30pm and on Saturdays from 9am to 5pm.
- The practice held a register of patients living in vulnerable circumstances including homeless people 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.

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.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes

Explanation of any answers and additional evidence:

The practice offered a range of appointment types including book on the day, telephone consultations, online and advance appointments.

- Practice leaders had trialled different approaches to releasing appointments and monitored the number and range of appointment types to ensure they had sufficient staff resources and capacity to meet patient demand. Furthermore, they also monitored the number of calls presented, handled and abandoned including average and maximum queue times. We noted that between January 2023 and September 2023 the average number of calls handled each month was 3592 and the longest average call queue time was 1 minute and 39 seconds in the same period.

- The provider informed us that the practice had experienced some challenges following the retirement of a GP and a practice nurse. The practice had hired locum GPs whilst trying to recruit to fill the GP vacancy and had recently been successful in recruiting 2 new salaried GPs. The practice had noted a significant improvement in pre-bookable appointment wait times following these appointments that had reduced from 6 weeks to 2 weeks.
- Practice leaders informed us that they had plans in place to take on a branch surgery site with an extra 6-7 consulting rooms, as the practice had outgrown the Hall Street Medical Centre premises.

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)	93.1%	N/A	49.6%	Significant variation (positive)
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)	81.4%	49.9%	54.4%	Variation (positive)
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)	70.2%	47.0%	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)	81.9%	68.9%	72.0%	No statistical variation

Any additional evidence or comments

The practice had exceeded local and national average figures in all of the above areas.

Source	Feedback
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NHS.uk website (formerly NHS Choices)	One 5 star review dated 25 February 2022. This was feedback from a parent regarding a child's positive experience during an appointment at the practice.
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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.	10
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint from a patient's representative regarding the standard of care, treatment and communication between multi-disciplinary team members.	Meeting arranged to discuss the concerns raised and to agree a plan of action. Formal response letter sent to the complainant. Apology offered including details of how to escalate the complaint to the Parliamentary and Health Service Ombudsman.
Complaint received concerning the reissuing of a prescription to a patient.	The practice manager acknowledged the complaint in writing and following an investigation a further letter was sent which included an apology and details of how the complaint could be escalated. Staff were reminded about the importance of customer care and maintaining professional standards.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The provider had developed a business development plan for the period 2021 to 2026 that provided an overview of its strategic intent. Practice leaders were able to articulate their plans for the future development of the service. Additional GPs had recently been recruited which offered the practice improved resilience and support systems moving forward. The practice was also in the process of progressing their plans to acquire a branch site to their existing premises with the aim of increasing capacity for an expanding staff team and patient list size. 	

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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The provider had developed a vision statement that was “To care for our staff, our patients and their families and to build on our traditions of providing high quality primary care services in a safe, effective and responsive way.” This was underpinned by the values of “Our patients are our first priority; to treat our patients with dignity and respect; to act professionally and with integrity; to provide a supportive and fulfilling team environment and to serve our community”. 	

- At the time of our inspection the practice did not have an active patient participation group (PPG).

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • We spoke with staff during the inspection and received 7 CQC staff questionnaires. All respondents reported a professional, supportive and positive culture in the work-place. 	

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

Source	Feedback
Staff questionnaires.	Examples of comments from staff included: "A small friendly team that works well together and there are not usually any issues around asking questions or requesting assistance"; "The atmosphere is peaceful, inviting and calm and everyone is treated the same no matter what culture you are"; "The practice looks after its patients well, patient access is very good. Practice manager very approachable and fair. Very supportive of my training role and the supervision I need"; "I have always found the management easy to approach and helpful with any problems that may arise"; "I feel extremely supported working within this practice" and "We have a good hardworking team who support and help each other".

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The provider had developed a staff governance structure document which outlined the responsibilities of each staff member and who they were responsible to. Staff spoken with during the inspection demonstrated a good understanding of their individual roles and collective responsibilities.• The practice coordinated a range of meetings relevant to the operation of the service. Prior to our inspection we requested copies of recent meeting minutes for the practice. The practice manager sent us examples of minutes for the PCN, multi-disciplinary, board, medicines management, practice, two-week referrals, nurse and practice meetings. Minutes received provided evidence that practice leaders and staff had the opportunity to engage with each other, share key information and ensure oversight of areas relevant to the operation of the service.• At the time of inspection there were no backlogs of activities and delays to treatment, and these were closely monitored by the practice.	

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
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

Explanation of any answers and additional evidence:

- The provider had established policies and procedures for managing performance that included a performance appraisal policy and procedure. Additionally, the practice had developed a business continuity plan and an emergency incident procedure for staff to reference.
- A quality improvement plan had been established for 2023 which identified areas requiring action, how results would be achieved and measured, timeframes and completion status.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice maintained data in accordance with data protection legislation and had developed a range of policies and procedures to ensure safe working practices. 	

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
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes

<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice used a variety of electronic mediums to store data, communicate with patients and access clinical information which all met industry standards. Information on how patient's records were used and stored could be requested from the practice directly and was also available on the practice website.

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.	No
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At the time of our inspection the practice did not have an active PPG. The practice continued to seek patient feedback via the Friends and Family test. Practice leaders engaged with the newly established Cheshire and Merseyside Integrated Care Board (ICB); their local PCN and other system partners when required to achieve local and regional objectives and targets. 	

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p>	

Examples of continuous learning and improvement
<ul style="list-style-type: none"> The provider had produced a business development plan and identified quality improvement initiatives to drive continuous improvement.

- The service monitored and reviewed incidents and complaints. Learning was shared and used to make improvements.
- Staff were supported to access electronic and face to face training courses in addition to any specialised training relevant to their individual roles and responsibilities. Automated systems were in place to monitor progress in this area.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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