

# Care Quality Commission

## Inspection Evidence Table

### Sunnybank Medical Centre (1-7807948220)

Inspection date: 29 November and 2 December 2022

Date of data download: 23 November 2022

## Overall rating: Requires Improvement

### Safe

Rating: Requires Improvement

The provider is rated as requires improvement for the provision of Safe services due to concerns regarding:

- The review and monitoring of patients prescribed medicines including high-risk drugs and medicines for long-term conditions.
- The effective actioning of safety alerts.

### Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: Clinical and non-clinical staff we spoke with knew who the safeguarding leads and deputy leads at the practice were, and how to access the safeguarding policy and details relating to local safeguarding team contacts.  Staff had a good understanding of safeguarding processes, and described instances when concerns had been raised and safeguarding concerns escalated.	

Safeguarding	Y/N/Partial
Safeguarding leads regularly attended multidisciplinary meetings with other stakeholders to discuss safeguarding concerns.	

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.	No
<p>Explanation of any answers and additional evidence:  The provider had not established processes to fully establish that the vaccination and immunisation status of staff had been assessed in line with current guidance. We saw that only some limited checks had been undertaken.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 26/07/2022	Yes
There was a fire procedure. Date of fire risk assessment: 26/05/2022	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:  We saw that health and safety was managed by the provider, and that identified actions had been recognised and appropriate response actions put in place when concerns had been identified. We saw that in 2021 a staff health and safety survey had been undertaken which overall showed high staff satisfaction with the management of health and safety concerns across the provider's locations. For example, 92% of staff surveyed responded that managers acted on concerns, and that they felt supported.</p> <p>Staff we spoke with told us that they had received health and safety and fire safety training, and that they were aware of the fire safety and evacuation procedures in place within the practice and branch. We saw records which evidenced this training, we also saw records which confirmed that necessary fire safety checks had been undertaken.</p>	

## 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: 28/07/2022 Sunnybank Medical Centre and 19/05/2022 Cowgill Surgery	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
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the last IPC audit in respect of Sunnybank Medical Centre showed an overall compliance score of 98% with only minor areas to action. The IPC audit for the branch at Cowgill Surgery showed a compliance score of 95%. We saw that action plans had been completed for these areas of non-compliance.</p> <p>When we inspected the main site and branch surgery, we found that these were clean and were maintained in a good condition.</p>	

## Risks to patients

### There were 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> <p>The practice had trained staff, and developed procedures regarding the management of patients who were acutely unwell. Staff we spoke with told us how they would prioritise the needs of such patients. The practice had in place a duty doctor who was available to respond to such patients. We heard from the provider how staff from Sunnybank Health Centre had recently responded to an emergency situation in the car park.</p> <p>Non-clinical and clinical capacity was monitored, and the practice had implemented a number of measures to ensure that staffing was managed effectively and safely. These included, forward planning staff rotas, the use when required of locum and agency staff, and developing and training staff to deliver additional roles within their own competencies.</p>	

## 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>As part of our inspection, the Care Quality Commission (CQC) GP specialist advisor reviewed a sample of patient records. Overall, we saw that patient consultations contained appropriate information.</p> <p>The practice had failsafe systems in place for safety-netting cervical screening that had been undertaken at the practice. This ensured that all cervical screening samples submitted had been tested and results received.</p>	

## Appropriate and safe use of medicines

### The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation and safety alerts

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 average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHS Business Service Authority - NHSBSA)	0.91	0.91	0.82	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). (01/10/2021 to 30/09/2022) (NHSBSA)	3.8%	5.4%	8.5%	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 (01/04/2022 to 30/09/2022) (NHSBSA)	5.46	4.66	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	181.5‰	121.2‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group	0.22	0.41	0.58	Variation (positive)

Indicator	Practice	SICBL average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) <small>(NHSBSA)</small>				
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) <small>(NHSBSA)</small>	8.2‰	7.2‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Partial
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.	Partial
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

Explanation of any answers and additional evidence, including from clinical searches.

The practice was supported by a dedicated Pharmacy Team which operated over all Affinity Care locations. This specialist team covered two main areas of activity:

- Prescribing management - delivered by practice medicines coordinators, practice medicines technicians, and practice pharmacists. Duties included handling repeat prescription requests, and the identification and organisation of medicines reviews. Processes were in place for necessary oversight of this work.
- Clinical Pharmacist services – delivered by clinical pharmacists who undertook reviews of patients with long-term conditions. Patients were booked into reviews by in-house care coordinators who identified patients and who organised monitoring such as blood samples and blood pressure readings prior to booking in the patients for a review with a clinical pharmacist.

This service was led by a chief pharmacist who sat as a member of the Affinity Care Board of Directors.

Electronic prescription service – 99.6% of patients at the Sunnybank Health Centre and Cowgill branch surgery had registered for the service which made the prescribing and dispensing process more efficient and convenient for the practice, and for patients.

Medicine reviews – We reviewed 5 recent medication reviews undertaken for patients at the practice. We found in all 5 cases that whilst the record showed that a review had been undertaken, we found that these reviews either:

- Lacked detail in relation to decisions and outcomes.
- Had not been undertaken in a consistent manner.
- Had been undertaken whilst monitoring was outside the required period.

In response to these findings the provider informed us that patients who required more detailed reviews were to be identified via searches and offered appropriate reviews and monitoring. They also told us that documented recording of reviews undertaken would be improved

High Risk Medicines and Disease-modifying anti-rheumatic drugs (DMARDs) – The provider showed mixed performance in respect of high-risk medicines management.

- DMARDs - We found that of 58 patients in receipt of Methotrexate 2 potentially had not received the necessary monitoring. When we examined these 2 patients further we saw that the necessary monitoring had been undertaken by secondary care.
- High Risk Medicines - 18 out of a total of 328 patients in receipt of direct oral anticoagulants (DOACs - used to treat certain blood vessel and heart and lung conditions, such as atrial fibrillation) had not had the required monitoring. In 5 records we checked in detail, we found that none of these patients had had their creatinine clearance calculated (this test provided information about how well the kidneys were working), and there was no evidence that the prescriber had checked that monitoring was up to date prior to issuing a prescription.

In response to these findings the provider informed us that new DOAC patients would be identified for necessary monitoring, and that the 18 patients identified by our searches were to be reviewed as a priority.

Medicines usage – searches indicated that 113 patients identified as having been prescribed gabapentinoids (used to treat epilepsy and also certain types of nerve pain) had potentially not received a review in the previous 12 months. We reviewed 5 records in detail, these showed that reviews had



Medicines management	Y/N/Partial
<p>not been undertaken at the required frequency, and in 3 cases that there was no evidence that advice regarding risks to women of childbearing age taking this medication had been undertaken.</p> <p>In response to these findings the practice acknowledged the issue in respect of the failure to discuss risks with patients. They had prepared a letter outlining the risks and proposed to send this to all applicable patients in the near future. We were also informed that a review and monitoring programme was to be developed. Finally, the practice also told us that they intended to examine deprescribing such medication, and linking patients to alternate support.</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.	Partial
Number of events recorded in last 12 months:	91
Number of events that required action:	91
<p>Explanation of any answers and additional evidence:</p> <p>The provider had renamed significant incident reports as learning events. They felt that this promoted a service improvement and learning ethos across the organisation. Staff we spoke with told us that they were aware of reporting procedures and had confidence that raised issues would be investigated and dealt with. They felt incidents were handled within a blame-free culture.</p> <p>Some incidents resulted in organisational wide learning, and we saw evidence how this had changed provider practices. For example, the practice had implemented new procedures in relation to the monitoring of vaccine storage across all locations following an isolated incident at one site. We saw that there were dissemination routes for learning to be shared with staff members such as via meetings. However, some staff reported that opportunities to receive such feedback was limited.</p>	

### Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Flu vaccines found to have been received and not put under refrigeration.	Processes were reviewed and staff reminded of procedures to be undertaken on receipt of vaccines which required temperature-controlled storage. In addition, the practice liaised with appropriate bodies to decide on the actions which needed to be taken in respect of dealing with these vaccines.
New staff at the practice had not been given access rights to key systems. For example, they were prevented from reading test results.	This was investigated and it was recognised that new staff needed to have the correct access rights prior to them starting work.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The provider was unable to demonstrate that all relevant safety alerts had been responded to. For example, the following issues were identified:</p> <ul style="list-style-type: none"> <li> <p>Pregabalin (a medicine used to treat epilepsy, anxiety and some nerve pain) - A safety alert from April 2022 advised that patients of childbearing age prescribed pregabalin should be made aware of the risks of congenital malformations to the unborn baby in pregnancy, and the need to use effective contraception. We reviewed the records of 3 female patients of childbearing age and found no clear documentation in the records that patients had been advised of the specific risks of pregabalin in pregnancy.</p> <p>The practice informed us that since this issue was raised with them, they had begun to send letters to all at risk Affinity Care patients to inform them of the risks posed by this medicine, and to offer advice and support.</p> </li> <li> <p>Citalopram and escitalopram (medicines used to treat depressive disorders, panic disorders, obsessive compulsive disorders and anxiety) – Patients over 65 years should not be prescribed more than 20 mg of Citalopram or 10mg of Escitalopram. Our searches showed 5 patients who had been prescribed over these doses. Only 1 of the 5 patients had been informed of risks associated with this prescribing.</p> <p>The practice told us that all affected patients were to be contacted and reviewed. Risks would be discussed with these patients during these reviews, and decisions made in respect to continued prescribing.</p> </li> </ul>	



## Effective

## Rating: Requires Improvement

The provider is rated as requires improvement for the provision of Effective services due to concerns regarding:

- The review and management of patients with long-term conditions.
- Cervical cancer screening performance.
- Lapses in staff appraisals.

*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. <sup>1</sup>	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. <sup>2</sup>	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 prioritised care for their most clinically vulnerable patients.	Yes

### Effective care for the practice population

Findings
<p>The provider had developed a segmented model of care. This provided certain dedicated services to support specific needs in the local population. These included:</p> <ul style="list-style-type: none"><li>• Complex care health teams who supported housebound and/or otherwise vulnerable patients such as palliative care patients, those approaching end of life, or patients accommodated in residential care settings. This service was also available to those who were temporarily</li></ul>

housebound and required home visits. The service supported the delivery of both acute and planned care and included long-term condition reviews, ongoing monitoring, and wellbeing and health promotion. The service was delivered by a combination of staff who included advanced nurse practitioners, physician associates and GPs, supplemented by GP registrars and Foundation Year 2 doctors. The teams were supported by care coordinators who reviewed patient needs, organised monitoring, and who also contacted new housebound patients and those who had been recently discharged to offer proactive support. In addition, the in-house pharmacy team supported this work.

Of necessity the teams worked and liaised closely with partners who included local voluntary and community sector social prescribing providers, community matrons and the local palliative care team.

- Care coordinators who supported the needs of patients with long-term conditions. They worked and liaised with patients regarding their care needs and identified patients when monitoring and reviews were required,
- Each location had a duty doctor available to increase capacity when needed, and to act as a point of support and advice for other staff.

The practice identified older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.

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. The practice had 98 patients on their learning disability register. Of these patients 96 (98%) had received a health check in the previous 12 months.

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

Our review of records showed that patients with long-term conditions had generally been managed appropriately, with recalls and reviews in place. However, our searches of patient records showed some areas of concern:

- Potential missed diagnosis of diabetes – We identified 19 patients who had a potential missed diagnosis of diabetes. We examined 5 patients records in detail and saw that 1 patient had only recently been coded, 3 others had either been invited for retesting, been resolved or referred on. However, 1 patient had a very high HbA1c (a measure of the amount of blood sugar (glucose))

attached to hemoglobin) of 117 and had not been recalled to discuss this. The provider had since contacted the patient and care measures had been put in place. This was to be recorded as a significant/learning event by the provider. In addition, the provider proposed to review their procedures for same day action should a patient show a significantly raised HbA1c level.

- Patients with diabetic retinopathy whose latest HbA1c was >74mmol/l (diabetic retinopathy is a potentially sight threatening complication of diabetes) - 89 of 1,113 patients had a last HbA1c reading over this figure. Of 5 records we examined in detail 3 of these patients either had no recent HbA1c and/or had not received a diabetic review in the previous 12 months.

Following the inspection the provider informed us that 1 of the 3 patients undertook HbA1c monitoring themselves.

- Chronic Kidney Disease (CKD) stage 4 or 5 – 721 patients were diagnosed with chronic kidney disease. 7 of these patients had potentially not received the required level of monitoring. We reviewed 5 patient records and identified that 4 patients were under regular specialist review, and 1 patient was just outside the 9 month testing window.

Following the inspection the provider informed us that all patients had been booked to receive a blood test and a clinical review.

- Asthma - There were 1,640 patients on the practice's asthma register of which 89 patients were identified as having had 2 or more courses of rescue steroids in the last 12 months. We reviewed 5 patient records and found that these patients had been safety netted and followed-up. However, in 3 instances steroid cards had not been issued.

- Hypothyroidism – 14 of 461 patients with hypothyroidism had not had thyroid function test monitoring in the past 18 months. We reviewed 5 patient records and found that in 4 cases there were no concerns or issues with the management of the patient. For example, they were under secondary care, or had been invited. However, in 1 case the patient had not been invited for the required monitoring.

Following the inspection the provider informed us that all patients were to be contacted and invited in for monitoring. In addition, every patient with hypothyroidism was to be added to searches for recall every 11 months after last their last thyroid function test.

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. For example, the provider had an in-house respiratory specialist, and other staff had received training to deliver higher levels of care.

GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Adults with newly diagnosed cardio-vascular disease were offered statins.

Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

Patients with asthma were offered an asthma management plan.

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) (UKHSA COVER team)	84	88	95.5%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	101	103	98.1%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	100	103	97.1%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	100	103	97.1%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	128	133	96.2%	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
<ul style="list-style-type: none"> <li>The practice had systems in place to promote the take up of child immunisations. If a child was not taken to an appointment parents or guardians were contacted to check why the appointment was missed and to rebook the child. This work was undertaken by a care coordinator who worked closely with the nursing team. Continued failures to attend were escalated to partner organisations as potential safeguarding concerns.</li> </ul>

Cancer Indicators	Practice	SICBL 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	76.6%	N/A	80% Target	Below 80% target

period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/06/2022) (UK Health and Security Agency)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	64.7%	52.0%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	67.3%	58.5%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	43.2%	62.7%	55.4%	No statistical variation

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.

### Any additional evidence or comments

We saw that the practice had recognised that past performance in respect to cervical screening was below the required target of 80%. In response to this the practice had put in place a number of measures which included:

- Proactive patient contact from the practice care coordination team, the team also encouraged and supported eligible patients to rebook appointments if these had been missed in the past. Staff also discussed opportunistically with patients when cervical screening was due to be undertaken.
- Patients had access to screening via an extended hours service delivered at the practice.

The practice sent us further data (from a source different to the one used by CQC). This data showed that performance had improved. At the time of inspection this data (unverified and not directly comparable to CQC's dataset) showed that performance in respect of the 3.5 years cohort of patients was 80.3% (for persons aged 25 to 49), and for the 5.5 years cohort of patients (for persons aged 50 to 64) was 82.8%.

### 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

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

SABA (short-acting beta agonists) inhalers prescribing audit – to assess possible overprescribing (6 or more inhalers per year). This audit had been undertaken over a number of years and showed levels of potential overprescribing to have fallen.  
 27/11/2018 – 107 patients  
 31/03/2019 – 98 patients  
 31/03/2020 – 88 patients  
 31/03/2022 – 83 patients  
 This showed an overall fall in prescribing between 2018 to 2022 of 29%. Actions to achieve this result included increasing the issue duration of inhalers on repeat prescription, and increasing patient reviews.

**Any additional evidence or comments**  
 We saw that the provider had developed a programme of audits.  
 We heard from practitioners that audit findings were circulated and discussed to improve learning.

**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.	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
<p>Explanation of any answers and additional evidence:                      We saw that there was an induction programme for new staff. It was, however, initially difficult to assess if this had been implemented and undertaken as the necessary documentation had not been stored on the record of the individual staff member. Staff though informed us that when they joined the organisation that they had undertaken an induction.                      Staff told us that the practice had supported their training and development. The majority of training records we reviewed showed that staff training was up to date.</p>	



We were informed by the provider that staff appraisals were undertaken. However, these had lapsed over the COVID-19 period and they were in the process of re-establishing these. Staff we spoke with confirmed that in the past appraisals had been undertaken, but also informed us that these had lapsed.

### Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

### Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: Staff had been trained in care navigation and were able to signpost patients to other services and support when this was appropriate. The practice offered in-house wellbeing advice and support. NHS health checks were available to patients.	

#### Any additional evidence or comments

The provider worked closely with community and voluntary sector partners. Activities included:

- Chronic obstructive pulmonary disease and pain management – facilitated group support work with patients, and in relation to pain management the production of patient support materials.
- Signposting and referral to HALE (Health Action Local Engagement – a local community and voluntary sector provider who worked in Bradford) for a number of specific support services. This included some in relation to cost of living and wider health and wellbeing.

Data from HALE showed that from April to June 2022 they had supported 8 patients from Sunnybank Medical Centre and the branch surgery.



## 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
Explanation of any answers and additional evidence: Staff we spoke with had a good understanding of consent, particularly that in relation to decisions made by young people and those who may be vulnerable. As part of our inspection, we reviewed a sample of DNACPR decisions made within the last 12 months. We saw that detailed and comprehensive records had been maintained.	

## Caring

Rating: Good

### Kindness, respect and compassion

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

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

Patient/Service user feedback	
Source	Feedback
Feedback from residential care home manager	One of the managers we spoke with told us that staff from the practice whilst professional, were also friendly, caring and understanding of the needs of both patients and members of residential care home staff.
NHS website reviews	Of the published reviews a number recognised the supportive nature of staff members.
Feedback from 2 patient interviews	Both patients told us that they felt that they had been treated with care and respect by staff at the practice. They felt listened to by clinicians during consultations.
NHS Friends and Family Test	The provider proactively sought patient feedback via the NHS Friends and Family Test. Results from April to November 2022 were positive. For example, from 763 responses: <ul style="list-style-type: none"> <li>660 patients (86.5%) would be extremely likely or likely to recommend the practice to others.</li> <li>69 patients (9%) would be neither likely nor unlikely to recommend the practice to others.</li> <li>34 (4.5%) patients would be unlikely or extremely unlikely to recommend the practice to others.</li> </ul>

### 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 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)	70.5%	80.1%	84.7%	Tending towards variation (negative)

Indicator	Practice	SICBL 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 treating them with care and concern (01/01/2022 to 30/04/2022)	63.8%	78.5%	83.5%	Variation (negative)
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)	82.9%	89.8%	93.1%	Variation (negative)
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)	48.5%	65.5%	72.4%	Variation (negative)

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

Any additional evidence
<p>The provider told us that it was aware that a number of patients were unhappy with some recent decisions made with regard to services, such as the removal of sit and wait appointments at the branch surgery. However, they told us that they were committed to improving patient satisfaction, and looked to increase engagement with patients and build patient confidence. For example, through the continued delivery of specific clinics and services based on patient need, and by working with their Patient Council. In addition, 1 of the GP partners had been released for a clinical session per week to undertake community engagement activities. This included attendance at local community events, and to lead on direct engagement with members of the local community.</p> <p>The provider proactively invited patients to discuss their care with them when it had become clear that the relationship between them was in danger of breaking down. The provider told us that the intention of this meeting was to allow the patient to feel heard, and to explore further their needs, and the clarification of any reasonable adjustments that may be required.</p> <p>The practice had undertaken a number of surveys to better understand their patient population. These included:</p> <ul style="list-style-type: none"> <li>• Young people's survey (2021) which sought feedback on the in-house young people's service. Of 20 responses received 18 (90%) felt that the service was either really useful or quite useful. In addition, all 20 respondents would recommend the service to a friend.</li> <li>• A patient access preference survey, and a survey to inform developments of the musculoskeletal service.</li> <li>• In 2021 the provider undertook a survey of patients who recognised themselves as lesbian, gay, bisexual, transgender, questioning, or as people with gender expressions outside traditional norms (LGBT+). The survey was undertaken across all of the practices operated by Affinity Care. Results showed high levels of patient confidence in the practice for issues relating to sexual or gender</li> </ul>

identity. For example, only 12% of respondents avoided being open about identifying themselves or took steps to avoid identifying themselves as being a member of the LGBTQ+ community. 71% of respondents said they felt respected when they accessed the surgery.

## 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
Interviews with patients.	Both patients we spoke with told us clinicians discussed their care needs with them in detail, and actively involved them in decisions about their care and treatment.
Words used by patients in their NHS Friends and Family Test submissions (August 2022).	<ul style="list-style-type: none"> <li>- Lovely, friendly staff.</li> <li>- Friendly and informative.</li> <li>- So kind, calm and understanding.</li> </ul>

## 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 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)	71.5%	86.5%	89.9%	Variation (negative)

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

Carers	Narrative
Percentage and number of carers identified.	5.3% (823 patients identified and registered as carers).
How the practice supported carers (including young carers).	Carers had access to flu vaccinations and were signposted to local support services when this was identified.
How the practice supported recently bereaved patients.	Families of the recently bereaved could be signposted to local support organisations. Families were also sent sympathy cards.

## Privacy and dignity

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

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The reception desks at both the main site and the branch surgery had dropped sections which were more accessible to wheelchair users.</p> <p>If patients had intimate examinations or treatment, we were told that consultation room doors could be locked. In addition, we saw that consultation rooms were also fitted with curtains, and that couch roll was available for patient use.</p> <p>Patients had access to chaperones should these be requested.</p>	

## 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
Explanation of any answers and additional evidence: We were informed by the provider that services were adjusted to meet the needs of specific patient needs. For example, patients with a learning disability had longer appointments, and these were able to be organised at less busy periods.  The provider had undertaken a survey of patients in respect to access, and used this to inform decisions about the delivery of patients care.	

Practice and Branch Opening Times	
Day	Time
Opening times:	
Monday	8am to 6pm with extended hours 6.30pm to 8pm
Tuesday	8am to 6pm with extended hours 6.30pm to 8pm
Wednesday	8am to 6pm with extended hours 6.30pm to 8pm
Thursday	8am to 6pm with extended hours 6.30pm to 8pm
Friday	8am to 6pm with extended hours 6.30pm to 8pm
Appointments available:	
Monday	8am to 6pm with extended hours appointments from 6.30pm to 8pm
Tuesday	8am to 6pm with extended hours appointments from 6.30pm to 8pm
Wednesday	8am to 6pm with extended hours appointments from 6.30pm to 8pm
Thursday	8am to 6pm with extended hours appointments from 6.30pm to 8pm
Friday	8am to 6pm with extended hours appointments from 6.30pm to 8pm

## 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. The provider had developed a segmented model of care which included 2 complex health care teams who undertook the management of care for some of the most vulnerable and/or housebound members of the practice population. Activities of these teams included home visits, and visits to residential care facilities, as well as coordinating care with other stakeholders. Teams were supported by dedicated care coordinators who worked closely with patients, families and partner organisations to deliver care appropriate to need.

The provider had developed a number of services to meet the specific needs of members of the local community. These included:

- Women's Health Service – this included general women's health advice, menopause advice including hormone replacement therapy, cervical screening, contraceptive implants and removals, and contraceptive pill reviews and prescribing (undertaken by the Pharmacy Team). The service used a mixture of pre-bookable appointments both telephone and face to face, and e-consultations. Services were delivered by clinicians who had a special interest in women's health issues.
- Young Person's Contact Service – used to support referred young patients aged 11 to 18 (up to 25 for those patients with a learning difficulty). It was delivered using a multi-disciplinary team approach and utilised the services of a specialist nurse, and youth worker, and had the additional support of counselling, drug and alcohol and sexual health workers. The service was offered across Affinity Care practices. It delivered care via face to face clinics and drop-in sessions. Conditions and issues supported included anger management, behavioural issues, anxiety and low self-esteem, as well as physical health. At the time of inspection, the south locality which included Sunnybank Medical Centre supported 8 patients. The service was also able to refer young people for additional support to their VCS partner Hale (Health Action Local Engagement). We saw feedback from young people who had used the service who stated how beneficial the support they had received had been.

The provider also delivered or hosted a number of clinics and services at the Sunnybank Medical Centre and branch. These included:

- Dementia clinics.
- Spirometry clinics.
- Abdominal aortic aneurysm screening (a check which showed if there was a bulge or swelling in the aorta, the main blood vessel that runs from your heart).
- Retinal screening.

Working with other local partner organisations the provider worked to raise community awareness of diabetes. At 3 events using this partnership approach they had undertaken 120 health checks and contacted over 200 individuals.

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.

All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.



The practice was open until 8pm on a Monday and Friday.

The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.

The provider was Veteran Friendly accredited. The provider had developed materials and processes to recognise and promote actions to better support military veterans and their families.

The provider had been given the Pride in Practice Award in 2021 in recognition for their work they had undertaken to deliver fully inclusive healthcare services to LGBTQ+ patients. Actions taken by the provider to qualify for the award included training staff and developing supportive policies such as a Trans Equality Policy. The provider had also taken other steps which included improved engagement with service LGBTQ+ patients, and the development of an online repository of resources.

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.

The provider worked closely with established community partnerships in the Bradford area (community partnerships act to ensure that health, care and wellbeing services are focused on the needs of a community). The provider had also developed their own Affinity Care Community Partnership with other stakeholders. In 2021/22 activities included funding:

- A living well champion – work has included promoting the uptake of immunisations, smoking cessation and children’s exercise.
- A volunteer coordinator – a role who supported local volunteer run groups and health interventions.
- A dementia worker – used to support wider dementia care including reviews, and the organisation of monthly clinics with an external partner which supported patients and families who had dementia and memory concerns.
- Other activities have included funding a garden project, and a project which provided public benches and through this sought to encourage people to take exercise.

**Access to the service**

**People were generally 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 provider had recognised that capacity and demand had been a significant challenge. To meet this they had developed a delivery and appointment model which was flexible and met the needs of their patient population. They had recognised that some decisions made had changed the way patients had accessed services in the past, and in some cases, this had not been well received. However, they told us they continued to work with patients and listen to their views. The provider told us that it sought to meet same day care demands as a priority.

**The appointment and service delivery model included:**

- Provision of a duty doctor who during operating hours offered additional capacity when required and who was available to deal with specific support requests in relation to patient care.
- Urgent and on the day GP appointments. The provider told us that the decision to move to urgent and on the day GP appointments had been made to improve capacity, better meet urgent demand, and reduce the impact of patients who did not attend for pre-bookable appointments with GPs.
- Pre-bookable appointments were available with members of the nursing team.
- Flexible access via face to face, telephone and remote/e-consultation.
- The development of specialist services and clinics such as the complex health care teams, women’s health service, and young people’s service.
- A move away from sit and wait appointments at the Cowgill branch surgery to improve care planning and management. The leadership team recognised that this had proven unpopular with patients from this practice.
- The practice had within the last 12 months installed a new telephony system. This offered additional services for patients such as call backs. The practice had also examined staffing levels at peak periods to receive incoming calls.

**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 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)	20.7%	N/A	52.7%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	34.2%	49.7%	56.2%	Tending towards variation (negative)
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)	36.9%	50.1%	55.2%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the	53.1%	69.2%	71.9%	Tending towards

Indicator	Practice	SICBL average	England average	England comparison
appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)				variation (negative)

### Any additional evidence or comments

The results of the GP patient survey represented the views of 0.6% of patients registered at Sunnybank Medical Centre and Cowgill Surgery. Of the 351 surveys sent to patients, 100 were returned.

The practice recognised the poor patient responses to the National GP Patient Survey. In response to this they had put in place a number of measures to improve patient satisfaction. Actions included:

- Undertaking a survey into patient preferences regarding additional services and access.
- The installation of an improved telephony system within the last 12 months.
- The planning of an additional patient engagement event over and above the usual Patient Participation Group meetings. This will be attended by members of the practice clinical and management teams. It is proposed to operate the event as an open forum to answer questions that may be behind the poor perception of the care felt by some patients. The provider told us that they had used this approach in the past to good effect.
- Updating the information screens in reception areas to ensure the information on them is up to date so that patients expectations were closely aligned with what they could expect, and through this help them to understand the Affinity Care model of service delivery.
- The provider was working with a local organisation who had been commissioned by the West Yorkshire Integrated Care Board to carry out further training with practice teams for effective care navigation. This training was planned for January 2023.
- The Affinity Care reception teams had undertaken a quality improvement project, which they launched at December 2022 on building a better patient understanding of care navigation via training staff to have an improved knowledge of the subject. With this improved knowledge staff will be in a better position to explain care navigation to patients and build trust in the model of care delivered by the provider.
- The provider had been provided with patient information materials explaining how the different clinical roles in general practice were there to meet the various needs of patients.
- The provider's duty doctor system ensured same-day access for any patient that had needs that required a same-day response.

Source	Feedback
Feedback from patient interviews	Both patients we spoke with told us they were able to generally access appointments when required.
NHS Website Ratings and reviews	The 6 most recent posted reviews (August 2011 to January 2022) mentioned issues in relation to accessing services at the practice.
Feedback from residential care home managers	One of the residential care home managers we spoke with raised issues in respect to communication with the practice and access to services. However, another manager told us they felt that the support from the practice was responsive and supportive of their needs and the needs of their clients.

## 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.	40
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
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with were clear how complaints should be recorded and the processes for investigation and feedback. The provider was aware that in the past some complaints had not been handled in line with guidance. However, they had put in place measures to address this.</p> <p>The practice had a complaint policy in place. In addition, details on dealing with complaints was contained in a complaints leaflet and other information was posted on the website.</p>	

## 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: The provider had a good understanding of the challenges they faced. For example, they had recognised that recruitment and retention of staff was a particular issue in certain practices across Affinity Care. They had therefore planned a number of actions to tackle this. This included: <ul style="list-style-type: none"><li>• Ongoing staff recruitment.</li><li>• Examining reasons why people had left the organisation, and putting in place measures to reduce these. The provider had recognised that some staff had quickly left the organisation due to having unrealistic expectations as to what their role entailed. This included the receipt of abuse and aggression from patients.</li><li>• Developing staff within the organisation to take on other roles.</li></ul>	

### Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

### Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes

When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	No
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: The provider had a strong education and training culture. It was a training practice and hosted GP registrars, Foundation Year 2 doctors, medical students, nursing students, physicians assistant trainees and advanced care practitioner trainees. The provider also supported nursing associates and offered apprenticeships.  Staff told us that they felt confident to raise issues with the management team. Many mentioned that they felt that there was a blame-free culture, and there was a focus on learning from incidents.	

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

Source	Feedback
Words used by staff during interviews.	GPs and managers in the service are supportive and approachable.
Words used by staff during interviews.	We have very good relationships. Support is there when you need it.
Words used by staff during interviews.	I feel we work well as a team. Felt a little isolated during the pandemic, but we're now meeting up more regularly.

#### 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: The provider had developed a governance structure to lead the organisation. Affinity Care as a provider operated its constituent practices as a Primary Care Network (a group of practices who work together to deliver enhanced services to meet the needs of their population. The governance was built on a defined structure: <ul style="list-style-type: none"> <li>Affinity Care Partnership Board (the governing body) – whose role was to define strategy, shape culture and ensure accountability across the organisation. It had oversight of, and held the Board of Director accountable for, delivery of key areas of work.</li> <li>Board of Directors – these included amongst others a clinical director, a medical director, a director of performance, a chief operating officer, and 3 locality directors (for the 3 geographical localities which comprised the Affinity Care operational area). Their role as a Board was to implement delivery and report on performance. They also sought assurance from other designated sub-groups for key work areas such as finance and access.</li> </ul>	

- In addition to working as individual practices within 1 of 3 localities, individual practices were supported by some specialist teams which worked across the Affinity Care area. As examples these included a central human resources function, a data and secretarial team, a dedicated nursing and care coordination team, and a pharmacy team.

### 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• We saw that the provider had structures and processes in place to manage, report and review performance. For example, from a sample of Board minutes we saw that financial planning, performance, locality updates and issues in relation to safeguarding and access had been discussed.</li> <li>• The provider had a risk register in place and used this to manage identified concerns and risks to the organisation.</li> <li>• When issues and concerns had been recognised we saw that the provider had developed action plans to deal with these. For example, we saw measures had been put in place to improve previous complaints management processes.</li> </ul>	

### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: We saw that the provider had a dedicated director of performance in post, and had established governance and performance oversight processes.	



## 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
Staff are supported to work remotely where applicable.	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
<p>Explanation of any answers and additional evidence:</p> <p>The provider had a background of patient and community engagement. Activities have included:</p> <ul style="list-style-type: none"> <li>Engaging with and developing services for the LGBTQ+ community.</li> <li>Developing a social media presence for sharing information and receiving key messages.</li> <li>Establishing and working with the Affinity Care Patient Council. The council acted as a voice for Affinity Care's registered patients, and also acted as a central reference group for the constituent Affinity Care Patient Participation Groups (PPGs). The Patient Council comprised of a chairperson, and representatives from Affinity Care PPGs, an Affinity Care clinician, the Director of Operations for Affinity Care, and 2 members of a local voluntary and community sector organisation (HALE).</li> </ul>	

Feedback from Patient Participation Group.

### Feedback

Feedback from the Patient Council chairperson indicated that members of PPGs across Affinity Care feel confident in raising concerns with the provider, and have started to build rapport with the developing Affinity Care structures.

### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: We saw that the practice reviewed complaints and significant incidents/learning events, and used these to make improvements to services.  The practice had a programme of clinical audits and other quality improvement activity.  The practice had a strong commitment to education and training. This included: <ul style="list-style-type: none"><li>• Operating as a GP training practice, and supporting other associated health trainees within the workplace.</li><li>• Supporting the development of staff into new career roles, or by supporting them to gain further professional qualifications.</li></ul>	

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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