

Care Quality Commission

Inspection Evidence Table

Dr STK Jafri and Partners (1-540618821)

Inspection date: 10 and 18 November 2022

Date of data download: 8 November 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<ul style="list-style-type: none">The practice had systems to safeguard children and vulnerable adults from abuse. The safeguarding leads worked closely with other agencies and regularly reviewed the safeguarding register.Staff had completed safeguarding training appropriate for their role.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	P (1)
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
<p>(1) Checks on recruitment records showed they contained the appropriate checks and records in line with the practice's recruitment policy, except for references for three members of staff (two of these were members of clinical staff). An audit had been completed on staff personnel records earlier in the year and these shortfalls had been identified for two staff (one member of staff had been recruited via the Primary Care Network). There had been a delay in following up the shortfalls, however following the inspection, the practice manager confirmed they had requested the references and reviewed the practices' recruitment policy and checklist.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out. No actions identified. Date of last assessment: 5 September 2022	Y
There was a fire procedure. Date of fire risk assessment: 26 October 2022	Y
No actions identified.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice employed a building manager who worked closely with the landlord to ensure the premises were safely maintained. 	

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.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 7 September 2022.	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<ul style="list-style-type: none"> An audit completed by the community infection prevention and control team scored 97%; minor areas for improvement had been identified and actioned. On the day of the inspection we observed the premises to be exceptionally clean and tidy. A Legionella risk assessment had been undertaken for the building in February 2022 and action had been taken to address the improvement work identified. The practice had taken several precautionary measures and made changes to their service to keep patients and staff safe during the COVID-19 pandemic. 	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
<ul style="list-style-type: none">Clinical and non-clinical staff worked flexibly to cover staff absence. Feedback from staff interviews and questionnaires indicated there was enough staff to provide safe, high quality care. Staff turnover was low and recruitment to fill the GP vacancy had been positive.	

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. ¹	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results, and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
<ul style="list-style-type: none">Care records were maintained in line with guidance and contact with patients from all staff was recorded. Systems were in place to ensure test results and documentation received were reviewed and acted upon in a timely manner.	

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 average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.68	0.96	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). (01/07/2021 to 30/06/2022) (NHSBSA)	4.4%	8.3%	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 (01/01/2022 to 30/06/2022) (NHSBSA)	4.44	5.60	5.31	Tending towards variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	103.0‰	161.6‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.02	0.56	0.59	Significant Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	5.4‰	7.4‰	6.8‰	No statistical variation

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

Any additional evidence or comments

The prescribing indicators for the practice we checked were in line or better than local and national averages.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y (1)

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	P (2)
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.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines. ¹	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. ²	Y (3)
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>(1) A new system to safely allocate blank prescriptions to clinicians with responsibilities for prescribing had recently been introduced. Usage was monitored effectively.</p> <p>(2) Most staff had appropriate authorisations to administer medicines. We found Patient Group Directions were not always signed by the authoriser when additional staff had been added to the record. Following the inspection, the provider confirmed they had addressed this, and the procedures had been updated.</p> <p>(3) We completed clinical record searches remotely prior to our site visit as part of our inspection and found patients prescribed high risk medicines were well-managed and monitoring was mostly completed in line with current guidance. There were a small number of examples where a review had not taken place within the recommended timeframe, we noted that all patients had been sent a number of reminders to attend the practice for monitoring and where necessary the practice had reduced the number of prescriptions to ensure compliance. We found one area required review by the provider:</p>	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> Some structured medication reviews completed by GPs lacked detail. The provider confirmed they would address this. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	14
Number of events that required action:	12
<ul style="list-style-type: none"> A wide range of incidents had been recorded in line with the practice policy. All incidents had been reviewed and action had been taken as required. Learning from incidents was shared with the staff and records included evidence of the duty of candour policy being implemented. 	

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

Event	Specific action taken
Failure to follow cold chain procedures following a high temperature recording for the vaccine fridge, which led to some vaccine wastage.	Protocol revised: Fridge temperatures now recorded twice daily; data logger extraction recorded weekly and staff reminded of full process for temperature monitoring and information cascade.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Y
Staff understood how to deal with alerts.	Y
<ul style="list-style-type: none"> The practice had an effective system to disseminate alerts to all members of the team. Where action was required as a result of a safety alert, the team ran searches on clinical records to identify patients who may be affected. Clinicians would then review patients and make changes to care and treatment where required. Systems ensured the provider continued to audit medicines previously subject to safety alerts, to ensure prescribing continued to be in line with up to date guidance. As part of the inspection we conducted remote clinical searches on patient's records. One search looked at prescribed medicines which were subject to a safety alert due to risks for women of 	

childbearing age. Twenty-seven patients met this criterion and the five records we reviewed showed these patients had been contacted and advised of the risks, where appropriate.

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. ¹	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
<ul style="list-style-type: none"> Clinical staff described how they kept up to date with evidence-based practice. Minutes of meetings we reviewed evidenced clinical issues were regularly discussed between members of the team at practice meetings. Our clinical searches found patient's care and treatment was regularly reviewed and monitored. For example, in relation to high risk medicines and long-term conditions. 	

Effective care for the practice population

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. 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. The practice now offered the reviews in the summer months as they recognised patients preferred their appointments at this time and overall attendance had improved. In the last year; out of 45 eligible patients, 41 had had reviews which is 91% of this group. The outstanding reviews were due to patients not attending or being unable to engage with this process. The practice continued to engage with these patients to encourage them to attend wherever possible.
- 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 register of patients requiring palliative care and patients' needs were monitored via multi- disciplinary palliative care meetings.
- 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. The PCN employed three mental health counsellors who worked as part of the team and supported patients in order to avoid crisis.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice 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 COPD were offered rescue packs.
- 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) (NHS England and Improvement)	98	99	99.0%	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) (NHS England and Improvement)	93	96	96.9%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	93	96	96.9%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	91	96	94.8%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	112	115	97.4%	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 maintained high levels of uptake with the childhood immunisation programme and had also managed to maintain this during the pandemic.

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 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)	80.9%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	78.4%	41.5%	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)	67.1%	63.4%	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)	41.3%	47.5%	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.

Monitoring care and treatment

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

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

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

- We found there was a comprehensive programme of clinical audit and second cycle audits. For example, audits of prescribing and medicines management were undertaken.
- Audits had also been completed for flu vaccine uptake, satisfaction with minor surgery procedures, functional capacity for patients with heart failure and the effective monitoring of patients with monoclonal gammopathy of uncertain significance (MGUS- a blood disorder).

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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

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.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<ul style="list-style-type: none">The practice was part of a primary care network (PCN) which consisted of 4 practices with 37,000 patients. The PCN employed a range of clinicians and practitioners who provided support and additional services to the practice population. These included: a dietician, first contact physiotherapist, paramedic, mental health counsellors, health and wellbeing coaches, a frailty and long-term conditions team and a district nursing team.The practice had appointed a link nurse to support patients with a learning disability. They completed annual reviews and worked effectively with the community learning disability team to access additional support with their patients' health and wellbeing.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
<ul style="list-style-type: none">Health and wellbeing coaches had piloted a structured rehabilitation programme for patients with chronic arthritic joint pain. This project integrated educational self-management and coping strategies with an individualised exercise programme. The results had been positive for the practice patients who had participated.Another programme currently being piloted was a Wellbeing Course. This offered education and support in areas such as managing mental health, health and wellbeing, positive eating habits and social inclusion. The sessions included support from a range of practitioners including a social prescriber and a representative from the Department of Works and Pensions.	

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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Y
<ul style="list-style-type: none">Our clinical review of patients who had DNACPR's within their records showed decisions had been made and documented in line with national guidance. The practice shared information with relevant agencies, reviewed the decisions regularly and kept information up to date.	

Responsive

Rating: Not rated

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 minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
<ul style="list-style-type: none">• The practice provided flexibility in their offered appointments, which included pre-bookable and on the day telephone and face to face appointments with GP's, nurses and other clinical staff.• The practice also offered an appointment invitation link option via a secure text message, so patients could book appointments for vaccinations, cervical smears, blood pressure checks and blood tests without having to contact the surgery.• The practice recognised difficulties some patients experienced in making appointments such as students and working age patients and made allowances for these.• Healthwatch had received some mixed feedback in relation to access from two patients. Of the 15 patients who provided feedback to us prior to the inspection, one patient raised concerns about the changes now in place with the total triage system. Fourteen patients gave positive feedback about the practice and eight specified access arrangements.• The most recent results from the national GP survey carried out (01/01/2022 to 30/04/2022) showed positive statistical variation when compared to local and national averages. For example, the percentage of respondents to the GP patient survey who were satisfied with the appointment they were offered was 85% in line with a national average of 72%.	

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
<ul style="list-style-type: none">• Leaders were knowledgeable about issues, challenges and priorities relating to the quality and the future of the service. The practice was working collaboratively with the Primary Care Network (PCN) to offer new healthy living programmes and extended access.• Clear management and staffing structures were in place, so staff understood their roles and responsibilities clearly. Staff were clear about how to raise concerns and contribute to learning and felt comfortable doing so.• A succession plan was in place; the practice was a training practice which supported the training of a variety of health professionals. The continuing development of staffs' skills and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported and encouraged to acquire new skills, for example one member of staff had just completed their nursing associate qualification and another was working towards a prescribing qualification.	

Vision and strategy

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

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

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<ul style="list-style-type: none"> Practice staff consistently described the working culture as positive and open. There was strong collaboration and focus on team-working across all staff. Feedback from all staff (7 surveys) was positive in relation to the management of the practice, support, teamwork and approachability of the leadership team. 	

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

Source	Feedback
Staff interviews and questionnaire.	<p>Staff told us:</p> <ul style="list-style-type: none"> They were happy working at the practice and there was good communication. There was a good team approach, staff morale was high and they felt well supported by the management. They had good access to training and staff development. Staff were proud of their adaptable and forward-thinking approach to change and improvements to the service provision. They felt their ideas and suggestions were listened to and implemented where possible.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y

There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
<ul style="list-style-type: none"> The practice reported they had no backlogs other than those caused by delays in secondary care. They had continued to provide the same level of service delivery monitored against QOF (quality outcomes framework) expectations through the pandemic, although these expectations were suspended. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<ul style="list-style-type: none"> The practice was responsive and proactive to feedback during the inspection process and acted immediately on findings. For example, the provider reissued the revised patient group directions (PGD's) and liaised with their IT team to develop their website to provide information for patients about conditions and support groups. Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice had a programme of clinical audits in place. Systems were in place to monitor health and safety, infection prevention and control, complaints and significant events. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y

Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
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Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<ul style="list-style-type: none"> Services were developed with the participation of patients, staff and external partners. The patient participation group (PPG) had recently reformed. The first meeting was held on 26 October 2022. The PCN manager gave a presentation to the PPG members for all the practices at the medical centre on the developments to the PCN and practices since the start of the pandemic. The practice manager plans to work with the PPG to expand the membership; encouraging people from all ages, ethnicities and genders to join, share their views and support the practice. 	

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.	Y
Learning was shared effectively and used to make improvements.	Y
<ul style="list-style-type: none"> The practice had considered learning from incidents and complaints and shared this with the staff team. The provider had completed clinical audits and made improvements to patient care and prescribing. The practice was a teaching practice and supported medical students on placement from the Hull York Medical School. The provider was involved in a project looking to reduce the management of cardiology patients by specialist services. A new clinic run in conjunction with the secondary care cardiologist and a GP reviewed each patient's care simultaneously. This has had positive results. New project work in relation to an anger management workshop and a menopause support group was being rolled out. 	

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 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.