

# Care Quality Commission

## Inspection Evidence Table

### Oakwood Lane Medical Practice (1-2000523982)

Inspection date: 21 & 22 July 2022

Date of data download: 14 July 2022

**Overall rating: Good**

**Safe**

**Rating: Good**

#### Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	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: We reviewed the training record held by the practice and saw that all staff had undertaken safeguarding training appropriate to their role. For example, the safeguarding lead for the practice was also the named GP safeguarding lead for the NHS West Yorkshire Integrated Care Board and as such had been trained to safeguarding level 4.  The safeguarding lead was supported by two additional GP partners who were each deputy safeguarding leads, one for adults and one for children.  The practice ran regular reports to ensure patients at risk of or suffering from abuse received regular reviews and intervention. This group of patients were discussed at the in-house clinical policy meetings. The meetings were held on different days every two weeks to ensure all staff were able to attend	

Safeguarding	Y/N/Partial
regularly. In addition, the safeguarding lead attended external child protection reviews and was able to share any learning.	
We reviewed one patient record and saw that the safeguarding alert was visible for any healthcare professional accessing the record. Information was available to out of hours services and other healthcare providers via the computerised clinical system.	
The practice had regular six-weekly meetings with the health visiting team. In addition, the safeguarding lead had been proactive in promoting regular electronic communication via a clinical tasking system as a secure information sharing method in between meetings.	
The provider supported the 'Blossom Clinic' initiative by hosting clinics within the practice. The clinic was for women who had undergone or were experiencing problems as a result of female genital mutilation (FGM). Patients accessing the service had access to support around any physical and psychological health issues as a result of FGM, provided by female healthcare providers. This was available to all patients across the North of England. We spoke to one of the GP partners who told us they were able to refer to seek advice and guidance from the specialist nurses providing this service in order to better support their patients.	
We spoke with the safeguarding lead who told us how they had developed a notification alert for care leavers (young people previously on the looked after patient list but due to reaching age 16 were considered old enough to look after themselves). The alert made practice staff aware of any patient aged between 16 and 25 years of age to ensure a more holistic, responsive approach could be taken to support this group of patients.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence:	
The provider had a recruitment policy in place which clearly outlined the recruitment process. We reviewed two staff files during our site visit and found that these contained all relevant information including proof of identity and disclosure and barring service checks to the appropriate level.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment:	09/07/2022
There was a fire procedure.	Yes
Date of fire risk assessment:	03/09/2021
Actions from fire risk assessment were identified and completed.	N/A

Explanation of any answers and additional evidence:

We were able to review the health and safety risk assessments which covered areas such as lone working, electrical (shocks or burns from faulty equipment) and storage and use of oxygen. We saw that the provider had taken steps to mitigate these risks. For example, to reduce the risk of harm to staff from lone working, the practice policy was to have a minimum of two members of staff on site at all times. In the event that one staff member was leaving, the other staff member must be informed to enable them to leave at the same time. When conducting home visits, staff were required to inform reception where they were going, the expected time of return and an emergency contact number. This information would be documented by the reception team.

The practice had a fire procedure in place which clearly outlined roles and responsibilities in the event of a fire, or the fire alarm sounding.

We saw the provider carried out regular checks of fire equipment such as the alarm, fire extinguishers and emergency lighting, and appropriate records were kept. In addition we saw the practice had carried out a fire evacuation in June 2022 and had increased the number of fire exit signs as a result of this.

We reviewed the practice's fire risk assessment and saw that appropriate steps were in place to mitigate risks to the service, staff and general public.

## 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.	Partial
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit:	March 2022
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Explanation of any answers and additional evidence:

When we carried out our site visit, we saw that the practice was in a good state of repair and was clean and tidy.

The practice held a record of monthly cleaning audits undertaken by the external cleaning company providing cleaning services to the practice. We were able to review these as part of our inspection process and found that these demonstrated that the practice was kept to a high standard of cleanliness. We saw that any areas requiring action were identified and acted upon. For example; the cleaning schedule was updated to include removal of limescale around taps as a result of one of the audits.

The practice had an infection control policy which clearly detailed the infection, prevention and control (IPC) lead for the practice.

There were additional policies to support staff within their roles. For example, clinical waste management, needlestick injury and sample handling.

We saw that a review of the IPC audit had been carried out in July 2022 and all action had been taken to address issues identified. For example, the audit found small sharps bins in clinical rooms which were intended for home use or sites with minimal usage. The sharps bins were removed from the clinical

rooms and disposed of. Mops were not stored correctly to facilitate air dry, the practice had purchased disposable mop heads which were removed and disposed of following each use.

We reviewed the Legionella risk assessment and saw that actions had been identified. The practice had a Legionella maintenance logbook which contained records of water temperature checks in line with findings from the risk assessment.

We saw the IPC training was part of the practices mandatory training schedule. However at the time of our inspection some staff members were overdue on the refresher training. We discussed this with the practice manager who told us that this would be addressed during protected practice learning time.

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Basic life support training was provided for all clinical and non-clinical staff on an annual basis. The practice confirmed that the next training sessions was scheduled to take place on October 2022.</p> <p>All of the staff we received feedback from were aware of the location of the emergency medical equipment and medicines, for example oxygen and the automated external defibrillator (AED). An AED is a medical device used to help people who experience sudden cardiac arrest. They were also able to explain what their role would be in the event of a medical emergency.</p> <p>The practice had an alarm system built into the clinical system which could be used to alert staff if a patient became unwell whilst at the practice. In addition, there were dedicated alarms in each of the consultation and treatment rooms.</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.	Partial
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had systems in place to ensure test results received from secondary care were reviewed. However, when we reviewed the clinical system on as part of our inspection on 21 July 2022, we saw that some abnormal blood test results had not been reviewed by a clinician in a timely way. We saw that four abnormal results dated back to 18 July 2022.</p>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.69	0.82	0.79	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	6.6%	6.7%	8.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	4.67	4.70	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	142.2‰	111.8‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.63	0.48	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	5.8‰	4.9‰	6.8‰	No statistical variation

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

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

Medicines management	Y/N/Partial
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 structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We ran a number of searches of clinical records of eight high risk medicines to ensure the practice was carrying out appropriate monitoring and records were up to date and clear. We found that:</p> <p>Seventy two patients were noted to be prescribed methotrexate (a medicine used to slow down the body's immune system which helps to reduce inflammation). We found that all of these patients had received the required monitoring intervention.</p> <p>A review of lithium monitoring found that all 11 patients had received appropriate monitoring interventions. Lithium is a medicine used to treat mood disorders such as depression and bipolar disorder.</p> <p>Only 1 patient currently prescribed amiodarone and this patient had received appropriate monitoring. Amiodarone is a medicine used to treat or prevent heart rhythm disorders such as atrial fibrillation.</p>	

## Medicines management

Y/N/Partial

71 patients prescribed warfarin (a medicine used to prevent blood clots), and all had received appropriate monitoring in the last 84 days.

However, we found that:

Thirty four patients were prescribed azathioprine (an immunosuppressant to help control your body's immune system). We found some issues frequency of appropriate blood tests with five of these patients.

We discussed this with one of the GP partners as part of our inspection and they advised us that some patients have blood tests at the hospital and the results would download onto the shared clinical system. However, there had been issues with the system and the information had not been populating in the patient record. We reviewed one of the five patients as part of our inspection and saw that blood tests had been carried out in February, May and July 2022. This was in line with three monthly monitoring requirements. We received confirmation from the practice following our inspection that all five patients identified in the search had been reviewed and had received appropriate monitoring.

A review of potassium sparing diuretic found that of the 75 patients prescribed the medication, 12 had not had required monitoring. We reviewed five patient records in more detail and found issues with frequency of appropriate blood tests and the system for issuing blood test reminder to the patient. We received confirmation from the practice following our inspection that patients had received appropriate monitoring.

We looked at medication reviews undertaken by the practice and noted that some reviews had been carried out by non-prescribers. For example some reviews had been completed by a pharmacy technician and some by a practice nurse. However, we received feedback from the practice following our inspection that this was a coding issue and the activity carried out by non-prescribers was reconciling medications from discharge summaries for GP review and sign off.

We reviewed the emergency drugs and equipment and found that these were in date. The practice had a system to check stock levels and expiry dates on a weekly basis.

We looked at the vaccine refrigerators and found that these were adequately stocked and the practice held a record of daily temperature checks and data logger checks. We saw one period where the temperature had been outside of range and the reason for this was clearly documented. UK Health Security Agency guidance states that temperature checks should be documented at least daily (preferably twice daily).



## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	32
Number of events that required action:	30
Explanation of any answers and additional evidence:	
<p>The practice used an electronic system for recording and reporting significant events. The system used by the practice shared information with the NHS West Yorkshire Integrated Care Board to support system wide learning. All of the staff we spoke with and received feedback from, confirmed they knew how to report a significant event.</p> <p>We saw that the provider used learning from significant events to improve processes within the practice. For example, we saw an incident had been highlighted when a patient had been prescribed medication to which they had an allergy. As a result of this, all prescribers were reminded to check sensitivities and allergies on patient records as part of the prescribing process. In addition, they were advised to use the clinical system prescribing settings to ensure automatic checking was carried out.</p> <p>Another incident identified a delay in actioning blood results as they were filed onto the clinical system in the evening and were not immediately picked up the next day. As a result of this the practice changed the process so all laboratory calls were put onto on-call list so they can be triaged appropriately.</p>	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
<p>We spoke with one of the GP partners who told us that safety alerts were managed centrally by the primary care network (PCN). The PCN carried out appropriate searches and advised the practice what action was required. We were able to review a record of searches carried out and action taken.</p> <p>During our inspection we conducted a search of clinical records to assess the practices procedure for acting on alerts. This was undertaken by the CQC GP specialist advisor without visiting the practice. The search was visible to the practice.</p> <p>One of the searches looked at a drug safety alert relating to the use of medicines that were known or suspected to have the potential to increase of birth defects and development disorders (teratogenic potential) when taking during pregnancy. The search identified three patients and we found all had</p>	

appropriate monitoring and intervention. For example, one patient had a documented pregnancy prevention plan.

## Effective

## Rating: Good

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

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
<p>Explanation of any answers and additional evidence:</p> <p>National Institute for Health and Care Excellence (NICE) guidance and updates were discussed at the clinical policy meetings. The clinical lead for a given area was responsible for updating any guidance and communicating this to the rest of the team.</p> <p>Sepsis information was available on staff notice boards to support staff to spot the signs of sepsis. Feedback we received from staff confirmed they were aware of what signs to look for to indicate a patient was deteriorating in health. At the time of our inspection sepsis training was not included in the mandatory training schedule, however this was planned to be delivered over the next 12 months.</p> <p>During the COVID-19 pandemic, the practice worked with the proactive team which was established to provide support for all shielded patients who were at risk of being socially isolated and vulnerable. This service was provided by two community nurses and a healthcare assistant from the practice was</p>	

deployed to support the team. The team contacted patients by telephone and provided home visits where necessary.

The safeguarding lead at the practice worked with the community matron and the data quality team manager from the integrated care board (ICB) to produce a welfare template to support the proactive team. The template enabled prompting of questions to cover the health, social and safeguarding needs of patients and allowed data to be entered and shared with other providers such as Leeds Teaching Hospital Trust, the neighbourhood team and community district nurses via the Leeds Care Records. This ensured that the patient's information would be accessible in the event of hospital admittance and to ensure appropriate support upon discharge.

This work was shared across the city as an example of good practice via a city-wide training session. A video training pack was produced to assist in training other proactive teams across the city and the template was published for citywide use.

## Effective care for the practice population

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.
- Following the initial stages of the COVID-19 pandemic, the practice was the first in Leeds to reintroduce spirometry services to patients, and offered a hub service for all practices in the Leeds area.
- The practice hosted and managed a vaccination clinic for the Seacroft primary care network (PCN) alongside providing general practice services. This involved coordinating the vaccinators and ensuring appropriate infection, prevention and control procedures were in place and adhered to.
- The practice was one of only two sites in Leeds to have an 'evergreen' offer of vaccines. This

meant that any patient, who had not yet received an COVID-19 vaccination, could attend the practice to start the vaccination programme.

## Management of people with long term conditions

### Findings

As part of our inspection we carried out searches of clinical records to review the practice's processes for the management of patients with a long-term condition. Overall, the management of patients with a long-term condition was good.

We looked at patients with asthma who had two or more courses of rescue steroids in the last 12 months. We found that of 1,566 patients on the register, only 93 had required rescue steroids. We reviewed five patient records in detail and found that there was very good clinical note keeping at the point of consultation with good detail and good asthma management.

We ran searches to identify patients with chronic kidney disease (CKD) stages 4 or 5 who had not had appropriate blood monitoring in the last 9 months. Of the 38 patients diagnosed with CKD, we found two had not had appropriate monitoring.

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

We looked at patients with diabetes and saw that the practice had good interventions for high readings, where necessary changing medication or referring to the specialist diabetes team.

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

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.

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)	141	156	90.4%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	158	179	88.3%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	159	179	88.8%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	158	179	88.3%	Below 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)	173	204	84.8%	Below 90% minimum

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

### Any additional evidence or comments

The practice was aware of the lower childhood immunisation uptake in 2021/2022 and had undertaken an audit to identify and address issues contributing to this. As a result of the audit the practice had implemented additional steps to encourage attendance. This included contacting parents of patients to book an appointment, following up any parents that did not attend the appointment and rescheduling the appointment and sending text message reminders of upcoming appointments.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	64.9%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	68.3%	64.0%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	59.8%	65.8%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	57.9%	52.2%	55.4%	No statistical variation

**Any additional evidence or comments**

The practice had taken steps to address the low cervical screening rates achieved during 2021/22. This included setting up text message invitations with automatic booking into designated appointment slots and offering weekend appointments at the extended access hub.

As a result of the work undertaken by the practice, we saw unvalidated data that showed the uptake to as at quarter two of 2022/23 had increased to 74.3% for women aged between 25 and 49 and 81.9% for women aged between 50 and 64.

## Monitoring care and treatment

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

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

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

Following a 'Women's Counselling and Therapy Service (WCTS) Reaching Communities' project, when counselling and therapy services were offered to patients within the community, the practice recognised the benefits to patients and employed the counsellor directly to enable the service to continue.

This provided practice staff with a referral pathway into free long-term counselling and therapy for patients in a local setting. The service was offered in-house on Tuesday and Wednesdays. In addition, evening appointments were available at WCTS premises on other days to ensure appointment flexibility.

At the time of our inspection, a total of 37 women had been referred by the practice and completed their therapy. A further seven patients were in therapy or awaiting assessment. We reviewed feedback from WCTS regarding overall outcomes of service users and this indicated that reliable change had been achieved for 75% of all women using the service. Reliable change means the patient has statistically moved five points on the clinical outcomes in routine evaluation (CORE) measure. The CORE measure is used to monitor change and outcomes when undertaking work to promote psychological recovery, health and wellbeing.

The practice was involved in a domestic violence initiative commissioned by the NHS Leeds Clinical Commissioning Group (CCG) which now forms part of the West Yorkshire Integrated Care Board (ICB). The pilot project commenced in May 2019 and involved eight GP practices in Leeds with the aim being to support domestic abuse victims and survivors. The practice became the hub for the service and supported the development of key partnerships of external domestic abuse specialisms within a primary care setting.

The practice was identified as a safe space where victims and survivors could disclose abuse, seek support and increase safety. A whole team approach was taken to support the project including reception staff recognising a safety concern and the management team developing an in-house service for people to access.

The project ran from April to December 2019, during which time 473 patients across the eight practices were asked about abuse and referred into the Oakwood Lane Medical Practice in-house domestic abuse specialist.

We were able to review feedback from a domestic abuse specialist social prescriber at Linking Leeds which stated the practice had set a standard of responding, reporting and training all staff and had secured domestic abuse training for all practices in the Seacroft Primary Care Network. This enabled collaborative work across the Primary Care Network and work towards achievement of Safer Leeds Partnership accredited 'Domestic Abuse Quality Mark' by December 2022.



## Effective staffing

**The practice was able demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice used a training matrix which clearly outlined training required for each individual, dates training was undertaken and when update training was required.</p> <p>The practice had developed induction programmes to support new staff members upon commencement in the role.</p> <p>One of the GP partners was the lead for supervision of the advanced nurse practitioner and GP trainee. The GP trainee had dedicated supervision session to support them in their role.</p>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff at the practice were able to explain how they worked with other providers and organisations to ensure coordinated person-centred care. This included regular communication with health visitors, and palliative care nurses.</p>	

The practice looked after four care homes and had a dedicated GP lead who carried out weekly visits to each of these with the support of a nurse associate.

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice employed a mental health practitioner to support patients with moderate mental and emotional health issues such as long-term depression, bereavement and loss, asylum seekers, refugees and those at risk of developing more complex mental health difficulties.</p> <p>Patients were referred to this service by the practice and by other services such as Leeds Mental Well-Being Service (LMWS), Healthy Minds, Linking Leeds Domestic Abuse Team and the Community Mental Health Team (CMHT). CMHT referrals are part of a long-term care plan for people recovering from mental illness and who are ready to be discharged from secondary care.</p> <p>Patients referred into the service had access to 50 minute appointments with the mental health practitioner. During the appointment patients have time to talk about their issues so that they can be assessed, and individual needs identified.</p> <p>The mental health practitioner signposted patients to other services as appropriate. For example, Linking Leeds Domestic Abuse Service and Forward Leeds for substance and alcohol misuse.</p> <p>The practice hosted 'The Roost' which was a free community group run by the practice health champions. Patients and local people could attend activities such as move to music, a book club and a coffee morning. The Roost was widely promoted by the practice.</p>	

## Consent to care and treatment

**The practice always obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence:  Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making. We reviewed one patient record and saw documented signed consent relating to a minor surgery procedure.  We reviewed a selection of patient records and found documented discussions and decisions on the do not attempt cardiopulmonary resuscitation (DNACPR) forms. However, some of the forms did not include review dates.	

# Caring

**Rating: Good**

## Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
NHS Friends and Family Test	Words included kind and considerate.
NHS Friends and Family Test	Words included patient, supportive and caring.

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	82.3%	90.4%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	84.2%	89.1%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	93.3%	96.2%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	69.5%	84.6%	83.0%	Tending towards variation (negative)

### Any additional evidence or comments

The practice monitored feedback from the NHS Friends and Family Test, NHS Choices Website, the National GP Survey and social media reviews. This enabled the practice to identify any themes for improvement and work to address these areas.

We were able to review detailed reviews of feedback and action taken. For example, issues were raised regarding the helpfulness of reception staff. In response to this the practice had carried out an audit and identified that abuse of receptionists occurred in approximately one in ten contacts. This caused elevated stress levels and a potential reduction in performance. In order to support reception staff, they were moved to a bigger area of the practice and from the demands of the front desk to ensure they could focus on management of calls. The practice had plans to increase the number of reception staff to provide support to existing staff and increase patient satisfaction.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

### Any additional evidence

The practice worked with the patient engagement champions to gain feedback and provide an advocacy service for patients.

The practice was in the process of re-establishing the patient participation group but were looking to increase membership as following the COVID-19 pandemic, existing membership was no longer representative of the whole practice population.

## 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
National GP Patient Survey	One patient reported that they had been asked if they had any questions and provided with all the information they needed.
National GP Patient Survey	One patient reported their questions had been answered politely and clinician was informative.

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	93.9%	93.4%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	
The practice used a telephone interpreter service to support patients who did not have English as a first language.	
The practice had access to information in large font and easy read materials containing pictures to support patients with a learning disability.	
Information on the practice website could be accessed in a variety of languages and had accessibility tools to support patients. For example, larger font, increased spacing and a dyslexia friendly mode.	

Carers	Narrative
Percentage and number of carers identified.	106 (0.75%)
How the practice supported carers (including young carers).	<p>The practice had invited Carers Leeds to attend an in-house training event to provide awareness training for all staff.</p> <p>The practice had a dedicated carers champion who identified any patients with a caring responsibility to ensure they were added to the carers register.</p> <p>There was a dedicated carers board in the reception area to encourage patients to declare that they acted in the role of a carer. All patients identified as a carer were referred to the yellow card scheme.</p>
How the practice supported recently bereaved patients.	The practice contacted recently bereaved patients and offered support and signposting to support services.

## Privacy and dignity

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

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes



Explanation of any answers and additional evidence:

There was an interview room located on the ground floor which reception staff could use for any patient requesting a private conversation.

## 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:

The practice had an alert on the clinical system to ensure staff were aware of reasonable adjustments required for individual patients.

We spoke with the practice manager during our site visit who advised us that two members of staff had requested to undertake British Sign language training and this had been added to their development plans.

The practice had been involved in an action research project with the West Yorkshire and Humber Health and Care Partnership with the aim of making health services better for people who are neurodiverse. This included completion of surveys and involvement in workshops with neurodiverse people. Representatives from the practice looked at all aspects of the patient journey including making an appointment, reception services, waiting for appointment and the consultation. During the workshops the staff representatives were able to listen to people's experiences of primary care and come up with potential solutions to overcome the issues patients face.

As a result of the research project, the practice acknowledged that every neurodiverse patient is different and appropriate adjustments should be made for each individual in a targeted way. The practice had plans to continue this work to embed change within the practice.

#### Practice Opening Times

Day	Time
Opening times:	
Monday	8am – 6pm
Tuesday	8am – 6pm

Wednesday	8am – 6pm
Thursday	8am – 6pm
Friday	8am – 6pm

The practice offered extended hours appointments from 7am-8am each weekday morning.

In addition; patients could access extended hours appointments on evening and weekends via the extended access hub which was provided by the GP Confederation.

### 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 practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open from 7am each weekday morning. Pre-bookable appointments were also available to all patients as part of local hub services.
- Patients could access evening appointments for specialist clinics, for example cervical smears, via the extended access hub.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## Access to the service

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

*The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice continually monitored the appointment system to ensure feedback from staff and patients was listened to and, where possible, acted upon.</p> <p>The practice operated a system where patients could speak to the GP of their choice when they contacted the practice by telephone, in addition there was an on call GP to ensure all patients contacting the practice were able to speak to a GP on the day. The practice offered a telephone consultation first approach to enable clinicians to prioritise appointments in response to clinical need. The GP would then make the decision as to whether the patient required a face to face appointment and would arrange one for them.</p> <p>In addition, the practice had responded to patient feedback by introducing a small number of routine pre-bookable appointments which patients could request for any non-urgent issues.</p> <p>Patients could access appointments by contacting the practice by telephone. In addition the practice offered an 'eConsult service'. This enabled patients to contact the practice electronically for non-urgent issues and receive a response within 24 hours. The practice had dedicated one GP session daily to deal with all 'eConsult' enquiries received.</p>	

The practice had reintroduced online appointment booking for specific appointments such as cervical smears and long-term conditions reviews. A link would be sent to the patient which enabled them to view all available appointments and book in directly.

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	42.4%	N/A	67.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	55.6%	71.0%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	59.6%	67.4%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	64.8%	82.4%	81.7%	Variation (negative)

### Any additional evidence or comments

The practice was aware of the less positive feedback via the GP patient survey and had taken steps to improve this.

The practice had been affected by staffing issues and had recruited new staff into reception roles. In order to improve access, where part time reception staff had left the practice, they had been replaced with full time staff to increase capacity.

The practice was committed to continually reviewing and improving access to the service.

Source	Feedback
NHS Friends and Family Test	One person reported that there were long queues and they were unable to get through when trying to make an appointment.
NHS Friends and Family Test	One person reported that contacting the surgery had become difficult.

### 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.	30
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a complaints policy in place which clearly outlined the complaints process. This was accessible to patients upon request from reception and on the practice website.</p> <p>The practice kept a record of all complaints received and any action taken as a result of complaints.</p> <p>All of the staff we received feedback from were aware of how to support patients to make a complaint.</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 management and leadership team had a good understanding of local and national challenges to healthcare and had improved and adapted services to ensure the practice provided effective care and treatment to patients. For example, the practice provided a number of services to support the patient demographic such as the mental health practitioner and the women's therapy counsellor. The practice was committed to supporting development opportunities for existing staff. For example, at the time of our inspection one of the health care assistants was being supported to complete nurse training. All of the staff we received feedback from felt supported in their roles. However, some staff thought that communication between the different teams could be improved. We discussed this with the practice manager during our site visit and he advised that following the reintroduction of weekly protected learning time, this was something that would be addressed.	

### Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice had a clear vision to 'ensure patients, their carers and their families would be at the centre of our care and every contact we have with them will be meaningful so that they can have happier and healthier lives.'	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>All the staff we spoke with and received feedback from told us that Oakwood Lane Medical Practice was a good place to work and most felt supported by management and leaders.</p> <p>The practice had a Freedom to Speak Up Guardian. However; some of the staff we received feedback from were not sure who this was or how to contact them.</p>	

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

Source	Feedback
Staff questionnaire	Words used by staff included caring, learning culture, committed to doing the best for patients and staff.
Staff questionnaire	Words used by staff included friendly, supportive.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: The practice had well established governance arrangements in place including clinical meetings and regular communication with other providers such as palliative care nurses and health visitors.  All of the staff we received feedback from were clear about their roles and responsibilities and felt supported by the manager and clinical team.  The practice had policies in place to support staff within their roles and these contained clear information about the designated lead in areas infection, prevention and control and safeguarding. All of the staff we received feedback from were aware of the designated leads in these areas.	



## Managing risks, issues and performance

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

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

**The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic**

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We spoke with one of the GP partners who told us how the practice was taking a targeted approach to long-term conditions reviews following the pandemic. They had a dedicated long-term conditions administrator working alongside a nurse associate. GPs at the practice were supporting this work and all patients with a review date between January and July had been invited to attend for a review.</p>	

## 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: The practice proactively monitored performance and had a clear understanding of areas for improvement via the Quality and Outcomes Framework (QoF), the NHS Leeds Clinical Commissioning Group (CCG) dashboard and CCG engagement visits. The CCG has now been absorbed into the West Yorkshire Integrated Care Board (ICB).	

## Governance and oversight of remote services

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

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Partial
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<p>The practice ran a recognition scheme for staff each month. Every staff member could nominate a colleague and share positive feedback regarding them, and this was rewarded with an award.</p> <p>All of the staff we received feedback from were happy to share their views regarding the practice and that these would be listened to. However, some of the feedback we received indicated that staff views were not always listened to.</p>	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<p>The practice was able to demonstrate a focus on continuous learning and improvement through involvement in a number of projects such as the domestic violence initiative and the women's counselling and therapy service.</p> <p>In addition, the practice proactively identified areas of lower than average performance and took steps to address these. For example, cervical screening and childhood immunisations uptake.</p>	

## 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 CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

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

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

## Glossary of terms used in the data.

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