

Care Quality Commission

Inspection Evidence Table

Longsight Medical Practice (1-4648668416)

Inspection date: 19 July 2018

Date of data download: 04 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data from external websites has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
<p>Additional comments:</p> <p>All practice staff were IRIS (Identification and Referral to Improve Safety) trained to recognise and respond to domestic abuse. Posters available in English and other languages were displayed with easy tear off contact telephone number slips. The practice provided a number of examples where they had supported family members and referred them to the IRIS service.</p> <p>There was a full range of comprehensive safeguarding policies and procedures in place including practice-specific easy-read safeguarding contact telephone numbers.</p>	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>Five staff files were reviewed (including two locum GPs) and these contained all the required information.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 17/08/2017	Yes
There was a record of equipment calibration Date of last calibration: June 2017 Evidence was available to demonstrate the practice had arranged for the annual calibration tests to be undertaken. The service provider cancelled this appointment and the next available appointment was 3/08/2018. A risk assessment had been undertaken in the interim to ensure potential risks to patients were minimised.	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: October 2017 and Fire safety plan recorded 23/11/2017.	Yes
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment?	Yes
Health and safety risk assessment and actions Date of last building assessment: January 2018 Practice based assessment with supporting action plan January 2018	Yes
Additional comments: The practice had evidence all appropriate safety checks and risk assessments had been carried out. There was a building electrical safety certificate and gas safety certificates dated March 2018.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: January 2018 The practice acted on any issues identified	Yes

Detail: A hand washing audit was undertaken following the infection control audit.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers:	
GPs working in other practices within the provider group of practices (Beacon Care) could be used when additional cover was needed.	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

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).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	No data	No data	0.98	Comparison not available
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	No data	No data	8.9%	Comparison not available

Medicines Management	Y/N
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
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management 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 audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to 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.	3
Number of events that required action	3

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

Event	Specific action taken
Locum GP cancelled at last minute. Practice unable to find GP cover resulting in cancellation of patient appointments	Systems reviewed regarding GP cover at the practice. Resulted in implementing a system of checking GP availability with the nine practices that were part of the Beacon Care before seeking locum cover from external agencies.
The receipt of urgent results was scanned into the patient notes without notifying the GP of the 'urgent' status of the results.	System reviewed and protocol amended so that all 'urgent' results were taken to the GP so that they were aware of the results immediately.

Any additional evidence
Significant events were discussed and managed not only in the practice itself, but also shared with the other practices in the group at joint meetings. This enabled learning to be shared by all practices. Discussion of significant events was a standing agenda item at meetings.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>A comprehensive system of logging and responding to alerts was in place, which was supported by a protocol, designating who was responsible for responding to alerts.</p> <p>Clinicians, including the Beacon Care pharmacist, responded to patient safety alerts for medicines and equipment and the practice management team responded to general awareness alerts. For example, we saw alerts for 'Hot Weather' with laminated information displayed around the practice to raise awareness and the recent alert issued by Public Health England regarding nerve agent poisoning had been shared with all staff.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	No data	No data	0.90	Comparison not available

As this was an inspection of a new provider, any Quality Outcomes (QOF) figures from 2016/2017 in relate to the previous provider, however, the practice staffing and patient list generally, remain the same, including the GP.

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	68.9%	78.0%	79.5%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.8%	13.2%	14.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	70.0%	77.6%	78.1%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4%	10.8%	9.2%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total	78.8%	81.1%	80.1%	Comparison not available

cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7%	12.7%	13.2%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	74.7%	77.0%	76.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0%	8.3%	4.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.3%	90.1%	90.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.0%	12.2%	11.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	80.8%	81.9%	83.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0%	5.0%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	93.3%	86.8%	88.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.0%	6.8%	8.2%	

Families, children and young people

Indicator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	93.1%	Below the WHO target of 95%
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	89.0%	Below the WHO target of 95%
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) (01/04/2016 to 31/03/2017) (NHS England)	90.4%	Below the WHO target of 95%
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	90.4%	Below the WHO target of 95%
Any additional evidence or comments The practice concluded that the one indicator scoring below 90%, was probably down to a coding error.		

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	68.6%	64.7%	72.1%	Comparison not available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	57.3%	61.1%	72.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	35.5%	45.6%	57.4%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	72.7%	76.6%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	60.0%*	51.3%*	51.0%*	Comparison not available

Any additional evidence or comments

Two staff had recently attended training from Public Health England to be the practice cancer champions. The purpose of the training and champion role was to support and encourage patients to participate in cancer screening programmes.

* There is a data quality issue with this value.

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.2%	89.7%	90.3%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions) 4.5%	CCG Exception rate 12.5%	England Exception rate 12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	87.5%	90.7%	90.7%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions) 4.5%	CCG Exception rate 9.8%	England Exception rate 10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	83.3%	82.6%	83.7%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions) 0.0%	CCG Exception rate 7.0%	England Exception rate 6.5%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	523	535	539
Overall QOF exception reporting	8.3%	10.5%	9.6%

Any additional evidence
<p>Staff demonstrated a good understanding of the challenges they faced in encouraging patients to attend appointments for reviews of their health. The practice told us that they had found text reminders to be more effective than letters in improving patient attendance at these appointments. In addition, the clinical nursing team said they undertook health care reviews opportunistically to ensure patient monitoring was undertaken.</p> <p>The practice provided unverified data for 2017/18 indicating they had achieved 505 points out of 532 for QOF</p>

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Y

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.9%	94.8%	95.3%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1%	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The practice implemented protocols in place to ensure consent was sought and recorded appropriately. This included reviewing patient records when investigating significant events and complaints.</p> <p>The practice was aware of and complied with the new General Data Protection Regulation (GDPR). The practice maintained data safely in accordance with the data protection legislation.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	10
Number of CQC comments received which were positive about the service	10
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards.	All ten CQC comment cards described the service, GPs and the reception team positively. Comments described the practice, GPs and reception team as welcoming, helpful and caring.
Patient feedback	We spoke with four patients. All spoke positively about the quality of care received. Patients described the practice, and GP care as 'excellent' and 'very good'. Two patients commented on telephone access stating the telephone just 'rings and rings' which they said they found 'very frustrating'.
NHS Choices	There were three ratings left on the NHS Choices between June 2017 and April 2018. Two of these provided one-star ratings identifying concerns with telephone access and reception staff. One person rated the practice five stars complimenting the staff and service provided by the practice.

National GP Survey results

As this was an inspection of a new provider, any GP patient survey results from 2017 relate to the previous provider, however, the practice staffing and patient list generally remain the same, including the GP.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,749	384	102	27.0%	2.14%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to	56%	75%	77%	Comparison not available

someone who has just moved to the local area (01/01/2017 to 31/03/2017)				
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	77%	89%	89%	Comparison not available
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	93%	95%	95%	Comparison not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	79%	86%	86%	Comparison not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	90%	91%	91%	Comparison not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	88%	90%	91%	Comparison not available

Any additional evidence or comments

The practice was aware of the GP patient survey feedback and had implemented an action plan in 2017 following the publication of the results. Action undertaken included upgrading the telephone system to improve patient telephone access and increasing staffing. The telephone upgrade was completed in April 2018 and a new staff member was recruited and trained on reception from July 2017.

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

Date of exercise	Summary of results
June 2018	The practice manager stated she sent out patient feedback questionnaire twice yearly to patients in the practice patient reference group. We reviewed the returned six questionnaires and these provided a mixed review of the quality of service, two rated the practice excellent across a range of areas, one rated the practice poor and the remaining three questionnaires provided a mixed feedback. The practice manager stated they analysed the results and tried to seek solutions to improve service delivery.

Any additional evidence

The practice provided a patient comments box in the waiting room for patients to post their comments and queries. The practice contacted patients directly if they provided their details to discuss their comments.

The practice manager provided a copy of their recently developed patient newsletter.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	The four patients we spoke with confirmed they were involved in the decisions regarding their care and treatment. We heard examples where appropriate referrals to secondary care were undertaken quickly. The patients we spoke with were satisfied with the standard of care they received.

National GP 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 saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	81%	86%	86%	Comparison not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	74%	82%	82%	Comparison not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	84%	90%	90%	Comparison not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	90%	86%	85%	Comparison not available

Question	Y/N
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 easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice had 35 patients which equates to less than 1% (0.7%) of their patient population registered as a carer.
How the practice supports carers	<p>The practice had recognised that this was an area that needed development and implemented action to improve this. The practice had a designated carer's champion and displayed posters and information for patients to identify themselves as a carer to the practice. The practice was working with the charity Manchester Cares to help identify patients who were also carers. A carers pack with useful information on support services was provided to carers. The practice advertised information about carers on their TV and Jayex board (patient calling and information screen).</p> <p>Carers were offered information on support services, an annual flu vaccination, and an annual health and wellbeing assessment.</p>
How the practice supports recently bereaved patients	The practice provided support to patients on an individual basis and this included a visit if it was appropriate. They signposted patients to bereavement support services.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	The practice patient waiting reception area had recently been refurbished. The practice had a self-service check in screen and the practice reception desks had protective screening to help assist in providing some privacy for conversations with patients.

Question	Y/N
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Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
Interviews with patients.	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception, they could do so.
Staff interviews	Staff told us they responded to patients according to their needs. They had a good understanding of promoting patient privacy and responding to people with consideration and respect.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30 – 18:00
Tuesday	08:30 – 18:00
Wednesday	08:30 – 15:00
Thursday	08:30 – 18:00
Friday	08:30 – 18:00

Appointments available	
Monday to Friday	09:00 – 11:30 and 15:00 -17:30
<p>The practice manager confirmed that Mastercall Out of Hours (OOH) service provided telephone coverage for each morning between 08:00 and 8:30. OOH cover was provided by Go-to-Doc on Wednesday afternoons. The practice manager also stated that the practice opening hours were being reviewed with a view to extending these. The practice was currently negotiating with the building landlord to ensure security was available when the practice was open.</p>	
Extended hours opening	
Tuesdays	07:00 and 08:00 hours with both practice nurses.

Any additional evidence	
<p>The practice monitored patient demand by undertaking audits of appointment availability measured against demand for these. The practice provided evidence that since October 2016 they had increased the number of available appointments for patients from 50 appointments for every 1000 patients to 72 appointments for every 1000 patients.</p>	

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
<p>Patients' requests for home visits were allocated out between the GPs on duty each day. Staff knew when to interrupt a GP consultation if they had concerns about a patient.</p>	

Timely access to the service

National GP Survey results

As this was an inspection of a new provider, GP patient survey results from 2017 relate to the previous provider, however, the practice staffing and patient list generally remain the same, including the GP.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,749	384	102	27.0%	2.14%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	68%	76%	76%	Comparison not available
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	44%	69%	71%	Comparison not available
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	60%	81%	84%	Comparison not available
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	43%	70%	73%	Comparison not available

Any additional evidence or comments

Patients reported that telephone access was poor and this was reflected in the GP patient survey. The practice was aware of this and had installed an up graded telephone system in April 2018. The practice thought this had improved patient telephone GP access, however data was not yet available to support this belief. The practice manager confirmed they actively promoted the availability of same day appointments at one of the Primary Care Manchester's hub sites. These are local surgeries who offer extra appointments with GPs and practice nurses seven days a week.

Examples of feedback received from patients:

Source	Feedback
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Patient conversations	The four patients we spoke with stated they had on occasion difficulty getting through on the telephone. One stated this was 'frustrating'. However, they confirmed they could always get an appointment to see a clinician. Two patients said they usually walked over to the practice to book an appointment.
CQC Comment cards	None of the feedback recorded on the ten comment cards indicated patients had experienced problems booking appointments. All comment cards referred positively to the service provided by the practice.
NHS Choices website	One out of the four feedback comments posted on the NHS Patients Choices indicated there were issues with telephone access. Two comments mentioned problems with car parking.

Listening and learning from complaints received

Complaints	
Number of complaints received in the last year. Eight complaints since June 2017	8
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice responded to all complaints including those made verbally.	

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

The practice was part of a group of nine GP practices, located within the Greater Manchester conurbation with separate CQC registrations. The group was referred to by the GP provider and staff as Beacon Care. The registered GP partners provided leadership for both this practice and the other practices. Clear systems were established promoting joint collaborative working across the nine GP practices. Staff roles were clearly defined with leaders having responsibility for different areas of the management across the practices in the group. Staff we spoke with were knowledgeable about these roles.

Vision and strategy

Practice Vision and values

The practice's vision stated, 'Caring with Passion' which was supported with; 'To provide the highest quality patient-centred healthcare for all our patients through innovation and collaboration. We aim to provide the best level of patient satisfaction and deliver high healthcare targets, supported by friendly professional team.' The practice vision was shared with staff at regular practice meetings where opportunities to share learning was a standing agenda item.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice ensured joint learning and development was shared across all the practices in the group. This was achieved with monthly practice level meetings, monthly meetings between practices located or clustered together and bi-monthly meetings of all the practice managers. Standing agenda items were discussed at these meetings and these included significant events, safeguarding and QOF. This enabled the practices to share learning and identify solutions at local and group level.

Staff were supported and there was a strong emphasis on staff training and development. We heard examples of where staff had been encouraged to develop.

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

Source	Feedback
Interviews with staff	Staff we spoke with told us they felt they were a good team that worked well together, helped each other and were supported by management. They said managers were approachable and helpful. Staff told us they felt comfortable raising any concerns and that managers were open to any suggestions for improvement.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Practice specific policies were available and these were reviewed at regular intervals. The provider was in the process of aligning all the policies and procedures across the whole group.
Staffing	Systems were established to offer staff within the group of practices the opportunity to cover staff absence. This reduced the practice need to use locum staff.
Practice meetings	There was a meeting structure with set agendas that allowed for discussion of all areas of quality improvement. Meetings were undertaken at practice level, cluster or local level and at group level.
Staff training	There was good management overview of staff training and development. Training and development was planned to support future development of the service.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Systems and processes to respond to potential risks to patients.	Systems to respond to patient safety alerts, significant incidents and complaints were established and embedded. Appropriate action in response to potential risks was implemented and systems to look back and analyse these were in place.
Quality Improvement	The practice reviewed performance and worked in partnership with the other eight practices within the group. Regular planned meetings reviewing and comparing practice performance in several areas provided a supportive framework for all the practices to review and develop their services at practice level.
Staffing	Performance of all staff was monitored supportively within a culture of learning and development.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

Feedback from Patient Reference Group;

Feedback
The practice had a virtual patient reference group of 13 patients who they consulted with formally every six months by sending a questionnaire out. The practice manager reviewed this feedback from the group and implemented a plan of improvement.

Any additional evidence
<p>The practice participated in the locality development scheme and they liaised with the Clinical Commissioning Group. The practice participation at these meetings enabled them to contribute to mapping out service provision and plan for future developments.</p> <p>The practice was working with the local community to develop opportunities to improve health education to people living in the area.</p> <p>The practice had just developed a patient newsletter.</p>

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Audit of patients taking Lithium	Patients prescribed this medication were reviewed in December 2017 to ensure patient records alerted clinicians to this medication and to see if the required blood tests had been undertaken. Three out of six patients required alerts and five patients required blood tests. The re-audit in June 2018 identified all patients had an alert on their record and all had the required health checks in place.
Other medicine audits included those of high risk medicine (DMARDS)	This audit was conducted to ensure that all patients were being monitored appropriately. The results showed that all monitoring arrangements were in place and were being carried out.

DO NOT DELETE THE NOTES BELOW

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD**: Chronic Obstructive Pulmonary Disease
- **PHE**: Public Health England
- **QOF**: Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP**: Royal College of Physicians.
- **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. ([See NHS Choices for more details](#)).