

# Care Quality Commission

## Inspection Evidence Table

### Flixton Road Medical Centre (1-570960496)

**Inspection date:** 22 October 2018

**Date of data download:** 12 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

## 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

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: <b>January 2018</b>	Yes
There was a record of equipment calibration Date of last calibration: <b>January 2018</b>	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 <b>Last completed October 2018 and completed annually</b>	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion <b>September 2018</b>	Yes
Actions were identified and completed.	Yes
Additional observations: Staff had been trained and understood the requirements in relation to fire safety	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: <b>March 2018</b>	Yes
Health and safety risk assessment and actions Date of last assessment: <b>March 2018</b>	Yes

Infection control	Y/N
Risk assessment and policy in place Dr Gill is infection control lead with the long term practice nurse overseeing duties and carrying out audit.  Date of last infection control audit: <b>8 February 2018 – Score 97% (2017 – 97%)</b>	Yes
The practice acted on any issues identified Detail: Action plan in place – domestic cleaners' room requires a dedicated handwash basin and the practice is waiting for costings. Carpeted flooring surface was visually unclean – frequency of deep cleaning was increased during winter months.	Yes

The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: Nurses and reception staff were responsible for maintaining clinical waste safely. Sharps bins were checked by nurses.	

Any additional evidence
<p>There were logs to evidence that:</p> <p>All spirometry equipment was calibrated and disinfected weekly</p> <p>Carpets and furniture were cleaned every three months</p> <p>Each room was checked for cleanliness and tidiness</p> <p>Minor operations audits were completed monthly and reviewed quarterly (seen)</p> <p>The cold chain was audited quarterly</p>

## 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:  There was information about sepsis and infection management in each clinical room with a detailed workflow for each clinician to follow. C-reactive protein (CRP) blood testing was available at the practice as a marker for inflammation in the body.	

## 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
Explanation of any answers:	
*Improvements were required around clinical coding to ensure that patients received appropriate and necessary interventions.	

## 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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.90	1.04	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	11.5%	13.0%	8.7%	Comparable with other practices

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.	No
The practice monitored the prescribing of controlled drugs. (For example audits for	No

unusual prescribing, quantities, dose, formulations and strength).	
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.	NA
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 transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> <li>• There was no formal review of antibiotic prescribing.</li> <li>• Action had not been taken following advice from medicines management.</li> <li>• The practice was unaware of higher than average prescribing of hypnotic medicines (medicines prescribed to sedate or calm).</li> <li>• There was no protocol or policy in place for the management of high risk medicines.</li> <li>• There was no risk assessment for emergency medicines</li> <li>• Asked to review security management because blank scripts found in a trolley drawer</li> <li>• *Antibiotic prescribing was not monitored and there was an example where guidelines were not followed.</li> </ul>	

### 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.	11 submitted
Number of events that required action	11

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

Event	Specific action taken
Ill person with slurred speech attending surgery when no GP available. Receptionist directed to urgent care. Patient brought back by another member of staff and nurses interrupted to attend to patient.	Possible stroke victim. Information for receptionists on what to do in emergency updated. Nurse discussed the event with the team. Fully explained the rationale behind the decision-making process. Dr Gill reviewed the process moving forward = interrupt the GP/nurse, ask for immediate intervention from them / call ambulance.
Patient script not issued	Discussion with reception staff about why and learning points applied. All reception staff aware.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	No
Staff understand how to deal with alerts	No
Comments on systems in place: There was no formal process to disseminate, log and review whether appropriate action was taken when medical alerts were received.	

# 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) (01/07/2017 to 30/06/2018) (NHSBSA)	1.15	0.91	0.83	Comparable with other practices

## 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 (01/04/2017 to 31/03/2018) (QOF)	87.6%	84.0%	78.8%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (37)	10.8%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	81.4%	77.3%	77.7%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.8% (32)	8.6%	9.8%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	89.0%	81.8%	80.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.6% (40)	13.1%	13.5%	

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, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	81.5%	77.1%	76.0%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.5% (86)	5.9%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.9%	93.0%	89.7%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.1% (35)	11.7%	11.5%	

Exception reporting for asthma and COPD was high. We reviewed records in relation to this and found instances where patients had been mistakenly excepted from care. The GPs were not aware that nurses were also excepting patients from care.

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 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	89.8%	84.1%	82.6%	Variation (positive)
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (41)	3.5%	4.2%	
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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.4%	89.1%	90.0%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (3)	6.0%	6.7%	

## Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	48	49	98.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	61	64	95.3%	Met 95% WHO based target (significant variation positive)
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) (01/04/2017 to 31/03/2018) (NHS England)	61	64	95.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	61	64	95.3%	Met 95% WHO based target (significant variation positive)

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 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) (01/04/2016 to 31/03/2017) (Public Health England)	77.0%	76.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.2%	70.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.4%	56.0%	54.6%	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)	78.3%	74.3%	71.3%	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)	60.5%	50.3%	51.6%	Comparable with other practices

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 (01/04/2017 to 31/03/2018) (QOF)	97.2%	93.0%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (2)	8.8%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	100.0%	92.0%	90.0%	Variation (positive)

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9% (3)	8.0%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	100.0%	81.8%	83.0%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (1)	6.0%	6.6%	
Any additional evidence or comments				
Exception reporting for dementia reviews was high. We were told that this was due to a clinical coding error by GP registrars.				

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	-	-	-
Overall QOF exception reporting (all domains)	6.1%	5.0%	5.8%

### 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 (01/04/2017 to 31/03/2018) (QOF)	Yes

### Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.3%	95.3%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (6)	0.6%	0.8%	

## Consent to care and treatment

### Description of how the practice monitors that consent is sought appropriately

During discussion with the GPs and the practice nurses they were able to demonstrate how consent was sought appropriately.

Regular audits were undertaken for minor ops and consent was monitored.

Clinicians knew about Gillick competencies, mental capacity and applied consent specifically when dealing with patients with learning disabilities or dementia.

# 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
For example, comments cards, NHS Choices	<p>Feedback on CQC comments cards included praise for all the staff. Many commented that it was one of the best surgeries they had ever been to. They were always able to get appointments and very happy with reception staff.</p> <p>There were five reviews on NHS choices and they were mixed. There were some negative comments about reception staff and inability to get appointments.</p>

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5321	302	128	42.4%	2.41%

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 (01/01/2018 to 31/03/2018)	96.0%	90.2%	89.0%	Comparable with other practices
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	92.2%	88.3%	87.4%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
good at treating them with care and concern (01/01/2018 to 31/03/2018)				
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 (01/01/2018 to 31/03/2018)	97.3%	96.2%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	92.7%	85.6%	83.8%	Comparable with other practices

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

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We did not speak to any patients on the day of the inspection. However the feedback on all the CQC comments cards was positive about involvement in decision making of treatment.

### National GP 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 (01/01/2018 to 31/03/2018)	93.7%	94.1%	93.5%	Comparable with other practices
<b>Any additional evidence or comments</b> The practice did not pro-actively offer all patients copies of their care plans.				

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 identified carers through questioning and provided links to carers associations and support within the community. However, currently under 1% of the patient population had been identified, as many who were asked did not respond as seeing themselves as a carer.
How the practice supports carers	Carers were offered free flu injections and health checks.
How the practice supports recently bereaved patients	-There was a process in place when the practice was informed that patients had died. All staff were informed, the pharmacy was contacted and each case was dealt with in an individual way dependent on how well the patient and family were known to the practice.

### Privacy and dignity

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

	Y/N
Arrangements to ensure confidentiality at the reception desk	Yes

Question	Y/N
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

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.00am to 6.30pm
Tuesday	8.00am to 6.30pm
Wednesday	8.00am to 6.30pm
Thursday	8.00am to 6.30pm
Friday	8.00am to 6.30pm
Early morning and late evening appointments are available by pre-booking with the practice	

Appointments available	
Dr Gill	Monday to Friday morning and afternoon
Dr Khan	Monday, Tuesday and Friday mornings Thursday morning and afternoon
Dr S Mahmood	Monday, Tuesday mornings Wednesday morning and afternoon
Dr A Mahmood	Thursday and Friday morning and afternoon
Nurse	Monday to Friday morning and afternoon except Tuesday morning.

Extended Hours
<p>Weekend and evening appointments are available with a GP, nurse or Phlebotomist at a number of practices for all Trafford patients. Appointments are available at Old Trafford, Urmston, Sale and Altrincham.</p> <p>A GP can be seen for new or existing conditions. The nurse can perform blood pressure checks, annual reviews, smear tests and contraception reviews, and there is a phlebotomist for a routine blood test.</p> <p>Appointments are made at the practice.</p> <p>When the practice is closed Out of Hours Services are provided by Mastercall.</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	
Clinical and administration staff were able to demonstrate the protocol for requesting and assigning home visits. Triage was undertaken by GPs during a telephone consultation with the patient.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5321	302	128	42.4%	2.41%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	99.4%	95.9%	94.8%	Variation (positive)

## Timely access to the service

### National GP 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 (01/01/2018 to 31/03/2018)	94.8%	77.0%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	75.0%	70.7%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	73.9%	67.0%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	83.9%	75.1%	74.4%	Comparable with other practices

### Examples of feedback received from patients:

Source	Feedback
For example,	CQC comments cards were positive about appointments but there was some

NHS Choices	negative comments from feedback on NHS choices.
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### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	8 submitted
Number of complaints we examined	8
Number of complaints we examined that were satisfactorily handled in a timely way	8
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Structured and reflective audits were carried out by the practice on complaints. Learning was evidenced.	

Example of how quality has improved in response to complaints
In house protocols for reception updated and implemented to enhance emergency situations. Evidence that other services were contacted and lessons learned specifically with regard to referrals.

# Well-led

## Leadership capacity and capability

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

The registered provider and manager and practice leaders were aware of their responsibilities and requirements in relation to the Health and Social Care Act.  
 The practice trained junior GPs and medical students and had received a five-star rating in relation to this.  
 Feedback from trainees was positive.

## Vision and strategy

### Practice Vision and values

- To provide the best quality Primary Care service for all the patients in a safe and confidential environment at all times.
- To ensure patients are seen by the most appropriate person.
- To show courtesy and respect at all times, irrespective of ethnic origin, religious beliefs, etc.
- To treat patients as individuals with the same respect expected by self.
- To work in partnership with patients, families and carers.
- To focus on disease prevention by promoting good health through education and information.
- To involve other health care professionals and best interests for patients.
- To ensure staff are sufficiently trained.
- To have a zero tolerance for all forms of abuse.
- To ensure staff and patients are in an environment that is safe and friendly.

## Culture

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

The practice had an embedded culture of caring for patients and staff. All staff demonstrated an awareness of health values. Staff said they felt well supported and valued and were proud to work at the practice. There was an open and honest approach by everyone we spoke to.

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

Source	Feedback
Interviews with GPs	GPs were proud of the practice and what they had achieved. They were aware of areas where improvement was required and strived to implement systems to support patients.
Interviews with Nurses.	Nurses were caring and proud of their position. They knew their patients well and provided continuity of care.
Interview with Practice Manager	The practice manager took pride in their work and was the underpinning contact between all the staff.
Interview with	Reception staff felt valued and understood their role. They were not afraid to

reception staff	seek help when required.
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### Governance arrangements

#### Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	Structures, processes and systems to support good governance and management were clearly set out and understood.  Some systems and ways of working needed to be reviewed to ensure they remained effective.
Other examples	A staff newsletter distributed weekly ensured that staff were kept up to date about necessary changes within the practice.
<b>Y/N</b>	
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

### Managing risks, issues and performance

<b>Major incident planning</b>	<b>Y/N</b>
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
Incidents	Incident management was good with evidence of a full explanation, investigation, action taken, learning implemented and review to ensure that learning had been achieved.
Complaints	Complaints were encouraged and each complaint was investigated and audited to ensure that reflection and learning was achieved.
Safety monitoring	Some protocols required review, for example exception reporting, safety alerts and record monitoring, to ensure that all clinical staff were consistent in their approach.
Communication	Nurses were not involved clinical meetings.

### Appropriate and accurate information

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

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

### Feedback from Patient Participation Group;

#### Feedback

The practice acknowledged that the patient participation group was not reflective of the practice population.

#### Any additional evidence

The practice offered regular educational meetings for patients. The most recent patient information evening was on the 10th October 2018 at 6.30pm. Dr Keshavarzi, Consultant Cardiologist from the Spire Hospital, gave a talk on "High Blood Pressure & Hypertension". Places were available through the practice.

On 10th July 2018 at 6.30pm Mr Alkhaffaf, Consultant General Surgeon from the Spire Hospital, gave a talk on "Acid Reflux, Heartburn & Indigestion".

## Continuous improvement and innovation

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

Audit area	Improvement
Stroke : Audit on patients with stroke history and have Clopidogrel as their first line treatment.	Outcome : Better prescribing of Clopidogrel initiated.
An audit to assess if Flixton Road Medical Practice is up to date on the patients who require their statement of intent (SOI) renewed and if Master Call, the out of hours provider, has been informed.	This audit was undertaken after an incident. Outcome : A new way of working was implemented and patients with Sol are listed. This will highlight when a patient needs to be reviewed and if Master call have been informed. Due for re-audit in three months.
Audit on the use of Amlodipine and Simvastatin 40mg : August 2016 to date.	The results of this search revealed 5 patients still taking this combination of medication. Of these five patients, there were three that were new patients. They were contacted and the dose changed of their simvastatin, or they were given an alternative statin. Outcome : Better prescribing of medicines

### 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 comparable, 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 comparable 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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.cgc.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](#)).