

# Care Quality Commission

## Inspection Evidence Table

### MILLGATE HEALTHCARE PARTNERSHIP (P89015)

Inspection date: 20 November 2018

Date of data download: 08 November 2018

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data is for the ODS code noted above has been used to populate this Evidence Table and England statistical comparisons are therefore not available. 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

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>The practice maintained secure electronic staff files and although they had noted they had seen proof of identity including a recent photo they had not kept a record of this. Following the inspection, we were provided with evidence this was being addressed.</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: November 2018	Yes
There was a record of equipment calibration Date of last calibration: November 2018	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: 2015	Yes
Actions were identified and completed.	Yes
Additional observations: Checks were carried out across both sites and documented.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: May 2018	Yes
Health and safety risk assessment and actions: Monthly checks documented and action points noted	Yes

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: March 2018 The practice acted on any issues identified  Detail: The infection control lead had specific training for the role and carried out detailed audits including hand hygiene and staff were trained and observed in relation to the cleaning of clinical equipment such as a spirometer.	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

## 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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.00	1.04	0.95	No comparison available
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)	7.5%	8.5%	8.7%	No comparison 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.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff could 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
*The practice employed a pharmacist and were also supported by a specialist CCG pharmacist. The pharmacist team, overseen by GPs and following robust protocols carried out regular reviews of medication and addressed the risks surrounding polypharmacy, particularly in those patients with multiple co-morbidities. The pharmacists also supported the GPs in reviewing patients living within residential and nursing homes.	

## 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.	13
Number of events that required action	All significant events had actions documented and details of when completed.
We saw that all SEAs were discussed during multi-disciplinary team clinical meetings.	

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

Event	Specific action taken
Empty oxygen cylinder	Paramedics to carry out daily checks of all emergency equipment and document their findings.
Patient admitted to intensive care due to Sepsis. Patient did not attend for blood test. The delayed blood test detected sepsis	Urgent blood test requested to be followed up with patients. Procedure put in place to avoid delays.

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>The practice provided us with a copy of their safety alerts protocol which outlined the process for reviewing all alerts and actioning them. We saw examples of actions from recent alerts for example, Sodium Valproate. Records of alerts and outcomes were stored electronically so they were accessible to 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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.82	1.03	0.83	No comparison available

## 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)	82.5%	78.4%	78.8%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.5% (175)	8.7%	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)	83.3%	77.2%	77.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (54)	6.2%	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)	78.3%	77.7%	80.1%	No comparison available
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.5% (200)	11.7%	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)	76.8%	74.8%	76.0%	No comparison available
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.8% (259)	6.4%	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)	92.1%	89.4%	89.7%	No comparison available
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.5% (120)	11.2%	11.5%	

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>	82.0%	81.7%	82.6%	No comparison available
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (76)	3.3%	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>	94.0%	89.9%	90.0%	No comparison available
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (16)	5.1%	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) ( to ) <small>(NHS England)England</small>	180	195	92.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) ( to ) <small>(NHS England)England</small>	193	203	95.1%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) ( to ) <small>(NHS England)England</small>	193	203	95.1%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) ( to ) <small>(NHS England)</small>	193	203	95.1%	Met 95% WHO based target

## 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) <small>(Public Health England)</small>	74.5%	73.3%	72.1%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) <small>(PHE)</small>	64.0%	67.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) <small>(PHE)</small>	58.7%	54.2%	54.5%	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. <small>(PHE)</small>	80.0%	79.7%	71.2%	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) <small>(PHE)</small>	47.2%	49.7%	51.6%	No comparison available

## 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)	84.4%	90.1%	89.5%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (4)	11.2%	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)	87.1%	89.3%	90.0%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (2)	9.1%	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)	74.5%	83.7%	83.0%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (3)	6.1%	6.6%	

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	Data Unavailable	537.5
Overall QOF exception reporting	5.5%	Data Unavailable	10.1%

## 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)	94.7%	95.2%	95.1%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (26)	0.5%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice monitored the process for seeking consent appropriately and undertook checks of patient records to ensure this was recorded in an accurate and consistent manner.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	34
Number of CQC comments received which were positive about the service	24
Number of comments cards received which were mixed about the service	10
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, friends and family test.	<p>Patients commented that they found the service at the practice to be good and staff were friendly and helpful and the majority found it easy to get an appointment. Patients also commented that they were treated with respect, dignity and kindness. Ten patients also commented on the difficulty getting through on the telephone to access an appointment or speak to someone at the practice.</p> <p>Feedback from the Friends and Family test were positive and the majority of patients would recommend the practice.</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
20600	278	92	33.1%	0.4%

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)	90.4%	87.5%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time	89.9%	86.7%	87.4%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)				practices
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)	96.7%	94.7%	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)	82.6%	81.6%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
Health Watch June/July 2018 Surveys	Health Watch carried out a survey of patients across both sites following which the practice produced a detailed action plan which included: <ul style="list-style-type: none"> <li>Monitoring and improving access, improving the telephone system and promoting online access.</li> </ul>
Patient survey Nov 2018	Because of the lower than average results in relation to telephone access in the 2018 national GP survey the practice carried out their own patient survey (165 patients (1%) to check if the improvements made had had a positive impact.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with five patients who were all members of the patient participation group they all told us they were involved in their care and treatment and given time to discuss their care options. They felt the practice was very responsive to patients needs and open to ideas and suggestion from patients for example setting up morning drop-in blood clinics.

### 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)	94.0%	93.1%	93.5%	Comparable with other practices

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	206 (1%)
How the practice supports carers	The practice identified patients who were carers and all new patients were asked as part of the registration process. The practice's computer system alerted GPs if a patient was also a carer. One of the practice team was the carers champion whose role included monitoring the carers register and inviting carers in for reviews.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, the GP best known to the family contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

## 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	A private room was available and staff were conscious of not discussing or disclosing personal information at reception. Telephone calls including incoming calls, where possible, were answered in the back office to help

	maintain privacy and confidentiality.
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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 – 119 Manchester Road	
Day	Time
Monday	7am to 7:30pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm

Practice Opening Times – Ann St	
Day	Time
Monday	7:30am to 6pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 8pm
Friday	7:30am to 6:30pm

Extended hours opening: In addition to Monday early and late appointments patients could also access appointments with a GP, Nurse or HCA at a local seven-day access hub evenings and weekends.

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
<b>If yes, describe how this was done</b>	
<p>The practice had a system to assess:</p> <ul style="list-style-type: none"> <li>• whether a home visit was clinically necessary; and</li> <li>• the urgency of the need for medical attention.</li> </ul> <p>Home visits were automatically booked in for those patients who were known by the practice to be housebound or a clinician would telephone the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need.</p> <p>The practice employed paramedics who would attend home visits where appropriate and were able to assess patients quickly and where appropriate they would treat the patient, refer to GP or arrange for hospital admission if critical. The addition of paramedic to the team has greatly increased the capacity for the practice to respond to urgent home visit requests.</p> <p>In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for</p>	

a GP home visit, alternative emergency care arrangements were made.

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
20600	278	92	33.1%	0.4%

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)	93.2%	93.6%	94.8%	Comparable with other practices

### 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)	29.0%	65.4%	70.3%	Variation (negative)
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)	57.0%	64.0%	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)	52.0%	61.6%	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)	54.9%	68.6%	74.4%	Variation (negative)

The practice was working to address concerns raised by patients in relation to telephone access and appointments offered.

- They could demonstrate they had appointments available with clinical staff
- They were exploring a call centre approach to improve telephone access as well as increasing

Indicator	Practice	CCG average	England average	England comparison
<p>the number of staff available at peak times.</p> <ul style="list-style-type: none"> <li>Working with the PPG they were helping patients to sign up for online access</li> <li>The practice carried out their own survey following 2018 results and from 165 (1%) patients 51% stated it was easy to get through on the telephone and 67% stated it was easy to access appointments.</li> <li>The practice had also introduced a bypass telephone number for high priority call such as end of life care, clinical colleagues and vulnerable patients.</li> </ul>				

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	9
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
<p>We noted all complaints were appropriately investigated in a timely manner and learning shared with staff and the wider organisation as appropriate.</p>	

# Well-led

## Leadership capacity and capability

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

The practice had successfully merged with another local practice and although they acknowledged there had been some difficulties during the transition period they came together as a leadership team with the same philosophy of providing patient centred care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice had a realistic strategy and supporting business plans to achieve priorities.

## Vision and strategy

### Practice Vision and values

The aim of the Millgate Healthcare is to offer the best healthcare to our patients. We offer a wide range of service from Child Health Surveillance to Minor Surgery.

Aims and objective included:

- We work with the CCG to address areas of need within our locality and always endeavour to have the needs of our patients at the forefront of our decision making.
- We are always keen to change and grow and our team now includes a greater variety of professionals including paramedics, pharmacists, advanced nurse practitioners and Physician associates.
- We also value our PPG as a critical friend and meet regularly to hear their views/suggestions.

## Culture

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

- The practice was conscious of the impact the merger had not only on patients but also staff and wanted to engage with staff wherever possible. They held away days and went for meals out as a team. Staff told us that managers were open to feedback and although changes to systems were made, if they did not work changes would be made again until the processes used were working effectively.
- The practice carried out a wide range of audits to ensure patients were being prescribed medication safely and patient monitoring was being carried out.
- The practice actively engaged with the Clinical Commissioning group. The practice routinely engaged in new ways of working and welcomed other professionals into the surgery to support patients.
- The practice employed a diverse mix of clinical staff to meet the changing needs of the patient's population and embraced developing staff internally. Staff provided us with numerous examples of development opportunities they had had since working at the practice and felt supported.

- The practice worked with the patient participation group to look at ways to gather feedback and to support the practice in increasing the number of patients signing up for online access.
- The practice embraced learning and were an Enhanced Training Practice.

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

Source	Feedback
Staff	Many staff had worked for the practice for a long period of time and felt part of a cohesive team. Newer members of the team felt welcomed and supported, reporting good support from mentors and opportunity for training and professional development.
Staff	Staff reported that the morale within the team was high and that all staff worked together as a team and felt supported by managers.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	There was a system in place for investigating, reviewing and learning from complaints and significant events.
Practice specific policies	There was a range of policies and procedures in place accessible to staff via the internal IT system. There was a system in place to review and update policies as required.
	<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

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

## 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

Examples of methods of engagement		
Patients	Suggestion box Friends and Family survey. NHS Choices.	There were various ways a patient could input their thoughts about the practice which the practice then reviewed and developed an action plan to address any issues.
Patients	PPG	There was a strong core group of patients involved in the PPG. We were provided with numerous examples of where PPG suggestions had been implemented by the practice including setting up drop in blood clinics. The PPG were also working with the practice to look at ways to improve access by running sessions for patients to sign up for online access and drafting a letter to be sent to patients where appropriate who repeatedly failed to attend appointments.
Staff	Meetings	Regular meetings were held with staff in which they

		could input into the agenda. Minutes of practice meetings were circulated to all staff.
External partners	Meetings	The practice met with various external partners to input and engage in local developments, learning opportunities and improve outcomes for patients.

### Feedback from Patient Participation Group;

Feedback
We spoke with five members of the patient participation group who told us they felt valued by the practice and that their views, opinions and ideas were taken on board. They told us, they worked well with the practice on initiative including the practice setting up drop in blood clinics and helping patients sign up for online access.

### Continuous improvement and innovation

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

Audit area	Improvement
To ensure that all patients with a history of Atrial Fibrillation, that had been documented as having resolved, had their case reviewed to ensure that they were not at ongoing risk (of the condition and its associated stroke risk).	<ul style="list-style-type: none"> <li>• All the patients who had been incorrectly coded (according to current guidance) were identified and re-coded</li> <li>• Those needing anticoagulation were seen and medication considered / discussed and commenced if no contraindication.</li> <li>• The findings and intervention were shared with the practice clinical team</li> </ul>
Contraceptive implant removal.	<ul style="list-style-type: none"> <li>• Offer all women with bleeding problems STI screens.</li> <li>• Offer management strategies to women who have unacceptable bleeding.</li> <li>• Offering all women contraceptive options if Implant removed</li> </ul>

Any additional evidence
<ul style="list-style-type: none"> <li>• The practice was one of two enhanced training practices within the north west and as part of the programme they supported not only trainee GPs but also nurses and paramedics.</li> <li>• The practice provided weekly ward rounds, in addition to routine visits to a local residential home. Feedback from the clinicians and home manager was positive and enabled them to be proactive in care and treatment rather than only responding to urgent care needs. For example, having time to work with patients and their family to complete care plans.</li> <li>• Diverse clinical team employed to meet the changing needs of patients and the high demand of the ageing patient population. The practice had appointed two paramedics as a way of responding to urgent care needs and preventing unplanned hospital admission particularly among the frail and elderly. The paramedics also meant the practice could provide home visits more readily especially during the winter when demand was higher.</li> <li>• The practice was also one of the few to appoint a Physician Associate (PA) in primary care. The PA could provide 30-minute appointment with patients and carry out detailed assessments and</li> </ul>

then working with the duty GP develop treatment plans.

## 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.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](#)).