

# Care Quality Commission

## Inspection Evidence Table

### Barlow Medical Centre (1-549931803)

Inspection date: 13 December 2018

Date of data download: 14 December 2018

## Overall rating: Outstanding

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

### Safe

### Rating: Good

#### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social	Y

Safeguarding	Y/N/Partial
workers. to support and protect adults and children at risk of significant harm.	
<p>Additional evidence:</p> <p>All staff were appropriately trained in safeguarding both for children and adults. Safeguarding registers were maintained for children and vulnerable adults. Policies, procedures and contact flow diagrams were readily accessible through the practice web based record management system (GPTeamNet). Safeguarding was a standing agenda item on the practice's weekly meeting and the monthly board meetings.</p> <p>Clinicians followed up all patients, both children and adults, who did not attend appointments and maintained a written log of the action they had taken.</p> <p>Staff had had IRIS (Identification and Referral to Improve Safety) training, which staff confirmed had helped them recognise and respond to patients who were also potential victims of domestic abuse. Further training was planned for early in 2019.</p> <p>Systems were established so that patients using the practice's online consultation service (an email facility provided by the practice web page) had provided identification and signed the appropriate consent forms to mitigate potential risks.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice rarely used locum GPs and a number of the practice GPs were former trainee GPs.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 06/04/2018	Y
There was a record of equipment calibration. Date of last calibration: 22/08/2018 Spirometry calibration: 16/08/2018 Research equipment calibration: November 2018	Y
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks.	Y
There was a log of fire drills. Date of last drill: 07/06 /2018	Y
There was a record of fire alarm checks. Date of last check: 05/12/2018	Y
There was a record of fire training for staff. Date of last training: Various dates throughout 2018 (online training).	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: 06/06/2018	Y
Actions from fire risk assessment were identified and completed.	Y

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 11/06/2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 11/06/2018	Y
<p>Explanation of any answers and additional evidence:</p> <p>Other environmental assessment and maintenance agreements were available and these included a legionella assessment undertaken in April 2018. This also recorded action undertaken in response to areas of potential risk identified.</p> <p>Other maintenance records included for example those for the passenger lift, the intruder alarm and air conditioning units.</p>	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 08/06/2018 and re-audit 12/12/2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A practice nurse was the lead for infection control and undertook regular monitoring and audit of the practice. The practice had recently invested in an infection prevention and control (IPC) package to upgrade the quality of the monitoring and audit tool.</p>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
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.	Y
When there were changes to services or staff the practice assessed and monitored the	Y

impact on safety.	
<p>Explanation of any answers and additional evidence:</p> <p>The practice used a buddying system so that each member across the practice team was buddied up with a colleague. This provided resilience in times of unplanned absence, ensuring staff picked up or followed up on tasks such as responding to test results, letters and medicine requests and queries.</p>	

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice reviewed the management of all incoming mail as a result of issues identified following significant events. The practice developed a very comprehensive protocol to manage correspondence related to patient care and treatment coming into the practice. This allowed dedicated non-clinical staff to safely remove documents without sight of a clinician when appropriate. There was a regular GP audit in place of documents removed to ensure the protocol was safe and effective. The practice had reviewed the overall effectiveness of the introduction of this system and identified that up to six hours of clinical time had been freed up each week for GPs to focus on clinical care. In addition, coding of patient care and treatment on the electronic patient health record was up to date and accurate.</p> <p>The practice confirmed the protocol had been shared and adopted by other local GP practices. The practice provided dedicated primary medical care to patients accommodated in consultant-led specialist community based care facilities. GPs had access to these patients' records through remote access.</p> <p>The practice team told us they were a driving force pushing the neighbourhood and city-wide working models. Communications between all health and social care parties were established and summary care records (the Manchester Care Record) were available to healthcare professionals through a</p>	

shared care record software programme (Graphnet).

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.70	1.02	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	11.4%	8.4%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y

Medicines management	Y/N/Partial
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice employed a pharmacist and a pharmacist technician who supported the practice to ensure patients' prescribed medicines were reviewed and up to date following changes in patient health and discharge from secondary care services.</p> <p>Prescription paper was stored securely and logs of prescription paper entering the practice were maintained. However specific logs of prescription paper distributed to each printer were not recorded. The office supervisor confirmed that this would be addressed immediately.</p>	

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

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	20
Number of events that required action:	20
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a comprehensive record management system that supported the practice in maintaining accurate and up to date records. The record management system was being used effectively to record and store significant events. All staff spoken with were aware of how to access significant event records and all confirmed these were discussed at regular meetings.</p> <p>The records of significant events showed that these were categorised and risk assessed, with a synopsis of the incident, including cause, reflection, learning points and changes implemented with time scales. In addition, a log of related activities to minimise risks was also maintained.</p> <p>The practice shared learning from significant events at neighbourhood meetings and they also reported incidents via an external reporting system.</p>	

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

Event	Specific action taken
Vaccine fridge failure	The nursing team checked and rechecked the fridge and concluded the fridge was faulty. The vaccines were removed and stored in another vaccine fridge. The vaccine drug companies were contacted to seek advice regarding the viability of the vaccines and the appropriate action undertaken. The faulty fridge was unplugged and an out of order sign placed on it.
Email communication response	The practice received a routine email regarding a patient from secondary care. The practice printed the email and placed it in the documents scanned file and treated this as a routine report. However, the report raised some potential serious healthcare issues. Changes implemented as a result of the investigation included contact with the hospital requesting they flag urgent care issues and the creation of a dedicated email address for incoming email from the hospital. Incoming mail to this address was automatically picked up electronically by the



	practice's document and workflow system so that delays in review and response by a clinician were mitigated.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: The practice manager distributed patient safety alerts to all clinicians and clinicians acknowledged receipt of these. Action was taken if required by the appropriate clinical lead.	

# Effective

# Rating: Good

## Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Clinicians could access national guidance via GPTeamNet, an electronic portal providing current best practice and guidance. Each GP provided clinical leadership or expertise on specific areas and they were supported by clinical nursing and administrative leads. Clinical and administrative leads were responsible for updating practice policy and protocols at least annually or as a result of updated guidance.</p>	

Prescribing	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) (01/10/2017 to 30/09/2018) (NHSBSA)	0.65	1.19	0.81	No statistical variation

## Older people

## Population group rating: Good

### Findings

- Older patients who were frail or vulnerable received a full assessment of their physical, mental and social needs. The practice had undertaken a quality improvement initiative to identify those patients with moderate to severe frailty and assess the practice's effectiveness at achieving these assessments. The audit of the frailty assessment identified the practice was meeting the required standard. This included an assessment of frailty, medication review, a falls assessment and referral and the provision of an enhanced summary care record. The frailty assessment was supported with written protocols and bespoke recording templates.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice had undertaken an audit of older patients to try to identify an effective falls risk prediction tool for primary care. The initial audit identified a positive result, but further auditing was required to validate the initial findings.
- The practice undertook weekly GP visits to a 32-bedded nursing care home that accommodated patients and this also included pharmacist support including review of polypharmacy.
- The practice followed up on older patients discharged from hospital and ensured that patient care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. Systems for calling and recalling patients for appointments were established. Each member of the administration team was allocated leadership of a specific long term health condition and they monitored patient attendance at reviews, sending at least three letters to remind patients of the importance of attending appointments.
- The practice used the Quality and Outcomes Framework (QOF) which is a system intended to improve the quality of general practice and reward good practice. QOF results were generally above the clinical commissioning group (CCG) and national averages.
- The practice was aware that some of their rates of exception reporting were above the local and national average and a plan was in place to review and improve this. Clinicians were aware of the challenges of the local population demographics and these included patients' preference for private health care and the insistence of some patients on secondary care monitoring.
- The practice nursing team provided leadership for different areas. The practice had implemented a plan to identify and subsequently monitor and support patients with a pre-diabetes condition. The initial audit identified 92 patients and the subsequent audit demonstrated an increase of 153 with a total 245 patients on the practice register.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. The practice offered patients with multiple conditions one comprehensive review.

- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. Systems were established to ensure housebound patients were reviewed by the practice clinical team.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Diabetes Indicators	Practice	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)	85.3%	78.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	21.2% (108)	13.7%	13.2%	N/A
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)	72.5%	77.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	24.2% (123)	11.2%	9.8%	N/A
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)	87.1%	81.4%	80.1%	No statistical variation
Exception rate (number of exceptions).	27.1% (138)	12.5%	13.5%	N/A

Other long-term conditions	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)	82.9%	75.7%	76.0%	No statistical variation

Exception rate (number of exceptions).	18.9% (155)	7.4%	7.7%	N/A
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)	97.5%	87.8%	89.7%	Variation (positive)
Exception rate (number of exceptions).	29.2% (50)	11.6%	11.5%	N/A

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) (QOF)	79.3%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.5% (45)	5.2%	4.2%	N/A
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) (QOF)	86.9%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.6% (15)	6.0%	6.7%	N/A

## Families, children and young people

Population group rating: Good

### Findings

- Childhood immunisation uptake rates were just below the World Health Organisation (WHO) targets of 95%
- The twice weekly well baby clinics were organised during the quieter periods of the day at lunchtime.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice provided a comprehensive family planning service including coil fittings and implants. Young people also had access to services for sexual health and contraception.

Child Immunisation	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 influenzae type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	179	191	93.7%	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) (01/04/2017 to 31/03/2018) (NHS England)	167	177	94.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	166	177	93.8%	Met 90% minimum (no variation)
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)	164	177	92.7%	Met 90% minimum (no variation)

## Working age people (including those recently retired and students)

Population group rating: Good

### Findings

- The practice offered patients an online email facility so that patients could email the practice GPs, nurses and administrative teams with issues, concerns and questions. Patients told us they found this a really useful service.
- The practice offered a telephone appointment service.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. The practice had recognised they needed to improve their performance in undertaking these health checks and so employed a health care assistant specifically to undertake these checks.
- There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	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)	69.2%	64.7%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	72.6%	58.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)		-	-	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)	84.2%	76.7%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	60.7%	48.9%	51.9%	No statistical variation

## People whose circumstances make them vulnerable

Population group rating: Good

### Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Monthly palliative care meetings were undertaken with the palliative care team.
- Monthly multi-disciplinary meetings were held where representatives from community support services attended. These included for example the integrated care team, rehabilitation services, intermediate care team and social care services included the voluntary sector.
- The practice offered a dedicated telephone line for nursing and residential care homes, community support teams and the Out of Hours service.
- The practice held a register of patients living in vulnerable circumstances including asylum seekers, homeless and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- GPs followed up adults who did not attend appointments to ensure they were not vulnerable.
- The practice demonstrated that they had a system to identify people who misused substances and offered an in-house alcohol and drugs service.

**People experiencing poor mental health  
(including people with dementia)**

**Population group rating: Good**

Findings
<ul style="list-style-type: none"> <li>• The practice was an active participant in research and had a history of working with a professor of Dementia Studies. This inspection identified ongoing research and support for patients with Alzheimer’s dementia.</li> <li>• The practice offered telephone reminders to patients with dementia of forthcoming appointments and home visits for those who struggled to attend the practice for reviews.</li> <li>• The practice provided GP care and treatment supported by a consultant to residents with advanced dementia living in a community based dementia hospital.</li> <li>• The practice had identified that their exception reporting was high when compared with local and national averages and a plan was in place to review and improve this.</li> <li>• The practice offered access to self-referral for cognitive behaviour therapy (CBT) and inhouse access to a mental health worker.</li> <li>• The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to ‘stop smoking’ services.</li> <li>• There was a system for following up patients who failed to attend for administration of long-term medication.</li> <li>• When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.</li> </ul>

Mental Health Indicators	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)	95.1%	87.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	31.5% (47)	12.1%	12.7%	N/A
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)	93.8%	88.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	24.8% (37)	9.6%	10.5%	N/A
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)	83.1%	83.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	13.5% (13)	6.6%	6.6%	N/A



## Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550.80	548.1	546.55
Overall QOF exception reporting (all domains)	8.6%	7.4%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

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

<p>The practice team undertook a range of audits including clinical audits. These included audits of the use of the medicine Valproate, long lasting contraception, minor surgery and anti-platelet therapy. Other audits included:</p> <ul style="list-style-type: none"> <li>• Following attendance at a neighbourhood meeting the practice undertook an audit of patients with severe mental health illness to review and increase the provision of a physical health check. The initial audit cycle identified the practice was exceeding the set standard when offering the physical health check to patients with severe mental health illness, however the uptake of these health checks was below the set standard. Following re-audit the practice had increased the uptake of physical health checks, exceeding the standard set by 10%.</li> <li>• Audit of the appointment system and the telephone triage system took place. The audit involved reviewing telephone consultations and the outcome of these over a four-week period and involved approximately 3000 records. This was to identify the effectiveness of the practice's duty on call service. The practice offered an on-call duty team of three GPs and a minor illness nurse. The audit identified the system in place was working well for the practice and patient feedback was positive. However, the number of calls to patients each hour and the number of appointments subsequently offered were lower than anticipated.</li> </ul>
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### Any additional evidence or comments

The practice had their own research unit, with specific clinical leads who worked closely with the hospital research unit the national research unit, academics and external companies.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	NA
<ul style="list-style-type: none"> <li>• A comprehensive training plan was in place, this was constantly updated and amended following staff appraisals.</li> <li>• Comprehensive records of GP training were also available.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
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)	Y
We saw records that showed that all appropriate staff, including those in different teams	Y

and organisations, were involved in assessing, planning and delivering care and treatment.	
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>The practice team were actively involved, promoting and facilitating joint working across a range of health and social care services. This included GP leadership in the Manchester Local Care Organisation (MLCO) and local neighbourhood.</p> <p>Regular multidisciplinary team meetings were undertaken with a range of professionals to ensure patients received coordinated safe and effective care. The practice used the Manchester Care Record and an accessible electronic communication platform to share information.</p>	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<ul style="list-style-type: none"> <li>• Following a review and audit, the practice employed a health care assistant specifically to undertake patient health care checks.</li> <li>• The practice promoted and encouraged patients to use social prescribing schemes such as Buzz and Be Well (Health &amp; Wellbeing Services).</li> <li>• The practice provided access to the Citizens Advice Bureau (CAB), available to patients in a private room. In addition, CAB had held a pop-up session for patients at the practice and future pop-up sessions were planned.</li> </ul>	

Smoking 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)	92.9%	94.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (12)	0.9%	0.8%	N/A

### Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
<ul style="list-style-type: none"> <li>The practice's consent process was underpinned by a consent policy which was regularly reviewed and updated as required.</li> </ul>	

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
<ul style="list-style-type: none"> <li>The practice used a text messaging service (integrated with the patient electronic recording system) to update patients with information and results. The text messaging service allowed the practice to attach information leaflets to the text service, so patients received additional supportive information regarding their health care issue.</li> </ul>	

CQC comments cards	
Total comments cards received.	8
Number of CQC comments received which were positive about the service.	8
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards.	The eight CQC comment cards described the service, GPs and the reception team positively. Comments cards described the care as 'outstanding', 'great' and '5 star'. Staff were described as welcoming, caring and compassionate. Comments indicated that patients felt they received a patient centred service where they were listened to.
Patient feedback	We spoke with three patients on the day of the inspection and three patients by telephone. All provided positive feedback about the service they received. GPs and the reception team were complimented. The people spoken with stated they received a high standard of care. The description of the service reflected those we received in the patient comment cards.
NHS Choices	The practice had received 28 ratings on the NHS Choices website, 12 of these were received since January 2018. Eight of these rated the practice 5 stars complimenting the service, with one four star, one three star and two ratings of

	one star. The practice management team responded to all comments and requested those patients who were unhappy or dissatisfied with the service to contact the practice manager to help resolve their issues and improve the service provided.
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## 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 changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15055	320	103	32.2%	0.68%

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)	93.2%	87.7%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	89.2%	86.0%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	94.9%	94.9%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	86.7%	82.5%	83.8%	No statistical variation

### Any additional evidence or comments

The practice analysed the GP patient survey results to identify areas of improvement and implemented action in response to this.

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

### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All GP appointments were 15 minutes in length to enable patients to discuss their health care needs in a timely manner.</p> <p>The practice team told us they were proactive in developing and promoting the availability and accessibility of social prescribing schemes such as BUZZ and Be Well both for their own patients, the local neighbourhood groups and for the wider Manchester community.</p>	

Source	Feedback
Interviews with patients.	<p>We spoke with patients from different age groups with differing healthcare needs. All six people described being listened to by clinicians and being kept fully informed about their care and treatment. One person told us they found the email facility to be very good. They reported they received a response within an hour from their normal GP. This they believed promoted continuity of care.</p> <p>The GP patient survey results also showed the practice to be performing above local averages.</p>

### 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)	94.1%	91.6%	93.5%	No statistical variation

## Any additional evidence or comments

- The practice had reviewed the GP patient survey results and implemented an action plan for the three areas where they performed below local and national averages. The action plan identified their strategy to improve communication with patients.
- This included mailing the virtual patient group, writing to patients and using the patient waiting room TV to advertise the practice website, how to access the appointment system, how to choose a GP of their choice and to provide information to patients on how to access additional community support.
- One recent comment left on NHS Choices website referred to the assistance provided by the practice to enable online access to the services the practice provided.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<ul style="list-style-type: none"> <li>• One clinician was able to use sign language and was therefore able to support patients with hearing impairment.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	The practice had 154 carers registered. This equated to 1% of the patient population.
How the practice supported carers.	<p>The practice had a clinical and a non-clinical carers lead to support carers.</p> <p>The practice had recognised they needed to improve their patient list of patients who were also carers. They were working with the Manchester Carers' network to improve this. The practice together with the carers' network had recently held a drop-in carers' coffee afternoon at Barlow Medical Centre. The drop-in coffee afternoon had been advertised on the practice's carers' notice board and it was attended by 19 patients. Following the success of this meeting, further meetings were planned for 2019, with the first one scheduled for January where first aid for carers training will be offered.</p> <p>The practice offered carers an annual health check and flu vaccination.</p>
How the practice supported 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

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

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<ul style="list-style-type: none"><li>• Staff were able to offer patients a private room next to the reception desk should they wish to discuss anything in private. This private room also had a dedicated Citizens Advice Bureau (CAB) telephone available for patients wishing to discuss or seek additional support with non-healthcare related issues.</li><li>• The patient waiting areas were separate to the reception desk.</li><li>• The patients we spoke with confirmed their privacy and dignity were respected.</li></ul>	

## Responsive

## Rating: Outstanding

The practice was rated as outstanding for responsive services because:

- Services were tailored to meet the needs of individual people, especially for people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia).

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

<ul style="list-style-type: none"> <li>• The GP Surgery offered large spacious facilities. This enabled the practice to offer onsite services to their patient population and to others living in the local community. These included:               <ul style="list-style-type: none"> <li>○ Physiotherapy</li> <li>○ Dermatology</li> <li>○ Ultrasound</li> <li>○ Foot drop service (Foot drop is a muscular weakness or paralysis that makes it difficult to lift the front part of your foot and toes).</li> </ul> </li> <li>• The practice provided a dedicated telephone line to improve access for healthcare professionals and this was available to care homes, community health teams, the GP federation and the out of hours service.</li> <li>• The practice used a range of different technology to support patients and enable improved access to appointments, advice and guidance.</li> <li>• The practice was facilitating and promoting social prescribing schemes both for their own patients and the wider community.</li> <li>• The Citizens Advice Bureau (CAB) had held a pop up session at the practice in early December which was well received by patients. Further pop up sessions were planned for 2019. Feedback for November 2018 from CAB showed that five patients contacted them, four patients' issues were resolved during the telephone call. One caller was referred for an appointment. Issues identified included housing, finances and law.</li> <li>• The practice was part of the clinical research network and had established their own research unit. Previous research included studies for acne, psoriasis, diabetes and lung diseases. The practice had supported and helped develop a locality wide research unit based over three GP</li> </ul>	
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sites and this was managed by the GP federation.

- Technology was used effectively to support patients and this included an online email facility to the practice different departments, text messaging with information leaflets and electronic systems to share patient records to promote continuity of care.
- The local amateur camera club displayed photographs in the practice waiting areas and these were changed every three months.

### Practice Opening Times

Day	Time
Opening times:	
Monday	08:00 to 18:30
Tuesday	08:00 to 18:30
Wednesday	08:00 to 18:30
Thursday	08:00 to 18:30
Friday	08:00 to 18:30
Appointments available:	
Monday	07:30 to 20:00
Tuesday	08:00 to 20:00
Wednesday	07:30 to 20:00
Thursday	08:00 to 20:00
Friday	07:30 to 17:30

### Any additional evidence or comments

The practice was one of the four hub sites providing patient appointments outside core hours to people living in the local community. This also included weekend appointments on a rotational basis.

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15055	320	103	32.2%	0.68%

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)	91.7%	93.4%	94.8%	No statistical variation

## Older people

## Population group rating: Good

### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- Older patients who were frail or vulnerable received a full assessment of their physical, mental and social needs.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice undertook weekly GP visits to a 32-bedded care home that accommodated patients with complex needs. The regular patient monitoring also included pharmacist support. The practice worked with the care home staff to ensure patients preferred place of care and death were respected.
- The practice followed up on older patients discharged from hospital and ensured that patient care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs
- Patients who did not attend appointments were contacted to ensure they were not vulnerable and record of this content logged.

## People with long-term conditions

## Population group rating: Good

### Findings

- Clinicians would opportunistically review patients if necessary when they had failed to attend for reviews.
- Multiple conditions were reviewed at one appointment and consultation times were flexible to meet each patient's specific needs.
- Opportunistic monitoring and screening was undertaken to help identify those patients at potential risk of developing a long-term health condition such as diabetes.
- The practice liaised regularly with the local district nursing team and community services to discuss and manage the needs of patients with complex medical issues. Monthly multi-disciplinary team and neighbourhood team meetings were held, where those with complex needs were highlighted.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- Information sharing through secure electronic pathways was established and this promoted continuity of care.

## Families, children and young people

Population group rating: Good

### Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Children subject to protection plans were highlighted in clinical records.

## Working age people (including those recently retired and students)

Population group rating: Good

### Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered early opening three mornings each week and later opening four evenings each week. Telephone consultations and online email consultations for less urgent issues were also available.
- Patients we spoke with and feedback recorded on the CQC comment cards showed patients were satisfied with the availability of telephone and extended core hours appointments.
- Pre-bookable appointments were also available to all patients at the practice and additional locations within the area, as the practice was a member of a GP federation and a designated hub site.

## People whose circumstances make them vulnerable

Population group rating: Outstanding

### Findings

- GPs followed up adults who did not attend appointments to ensure they were not vulnerable. Written records of the contact were maintained.
- Designated GPs provided daily visits to a 24-bedded continuing healthcare unit that provided consultant-led healthcare to patients with severe medical and nursing needs.
- The practice had a comprehensive palliative and end of life strategy in place and this was supported with clinical protocols. The practice held monthly multidisciplinary team meetings where vulnerable or at risk, patients were identified including those newly diagnosed with cancer.
- A review of patients on the practice's palliative care register who died in the previous year identified all but one died in their preferred place of death.
- Electronic communication systems to ensure vulnerable patients' records were accessible to a

range of health care professional were established.

- The practice offered a dedicated telephone line for nursing and residential care homes, community support teams and the Out of Hours service.
- Drug and alcohol support services were available at the practice.
- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice worked with community support services to signpost patients to community support services, citizen advice and food bank vouchers.

## People experiencing poor mental health (including people with dementia)

Population group rating: **Outstanding**

### Findings

- The practice was actively involved in dementia research. The practice had joined with the Greater Manchester Clinical Research Network and Greater Manchester Mental Health to offer a Dementia awareness day. The dementia awareness day also offered healthy individuals between the ages of 65 and 75 years the opportunity to participate in a trial to try to identify patients at increased risk of developing Alzheimer's disease.
- The practice offered telephone reminders to patients with dementia of forthcoming appointments and home visits for those who struggled to attend the practice for reviews.
- The practice provided GP care and treatment supported by a hospital consultant to residents with advanced dementia living in a community based dementia hospital.
- The practice offered access to self-referral for cognitive behaviour therapy (CBT) and inhouse access to a mental health worker.
- The practice had reviewed its uptake of physical health care assessments by people with severe mental health illness and as a result had increased the number receiving these checks by 10%.
- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was working with social prescribing services including Be Well and Buzz to provide additional avenues of support to patients.

## Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<ul style="list-style-type: none"> <li>Following a review of patient access to the service the practice had changed the way it met patient demand. Each day the practice had one designated lead on call duty GP supported by two additional on call GPs who supported the lead GP with meeting patient demand. A practice nurse had been recruited to provide a minor illness service.</li> <li>A follow up review of the effectiveness of the changes was undertaken and this demonstrated the practice was meeting patient demand. Patients' feedback to the practice and to the inspection team was positive.</li> <li>All GP appointments were a minimum of 15 minutes long and this could be extended if required.</li> <li>The practice had recruited a health care assistant to undertake patient health care reviews.</li> </ul>	

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)	88.0%	69.3%	70.3%	N/A
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)	65.8%	66.6%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	52.4%	66.1%	65.9%	No statistical variation
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)	75.2%	71.0%	74.4%	No statistical variation

### Any additional evidence or comments

- The practice had reviewed the GP patient survey results and implemented a recorded action plan for the areas where they performed below local and national averages. The action plan identified how they had tried to improve communication with patients. This included writing to patients and using the patient waiting room TV to advertise to patients about the practice website and how patients could access the appointment system.

Source	Feedback
For example, NHS Choices	Feedback recorded on NHS Choices regarding patient access to appointments was positive. This reflected the information we received from those patients we spoke with.

### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	9
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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>The practice's comprehensive record management system was being used effectively to record and store complaints. All staff spoken with were aware of how to access complaint investigation records and the learning outcomes from these. Staff confirmed these were discussed at regular meetings and minutes were available demonstrating this.</p> <p>The practice also logged compliments received at the practice in the same way.</p>	



## Well-led

## Rating: Outstanding

We rated the practice as outstanding for providing a well-led service because the leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y

- The GP partnership supported by the management team were a driving force, united in their commitment to deliver person centred care to their patient population. They effectively used the skills and abilities of their staff team and the resources available in the local community to provide innovative and accessible care, treatment and support to their patients.
- The practice leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges affecting their patient population and the local area population and were passionate in involving patients in the management of their own health and wellbeing.
- The practice leaders attended meetings and were actively involved in promoting and facilitating joint working across a range of health and social care services. This included GP leadership in the Manchester Local Care Organisation (MLCO) and the GP local neighbourhood.
- The practice business development plan for 2018 to 2020 was available and provided a comprehensive overview of what the practice aimed to achieve during this period. The business plan covered several areas including: the team, staff skill mix, management, training, IT, patient services, communication and the patient participation group.
- Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences.
- Regular team meetings were undertaken to discuss any issues or complex cases and to offer and receive peer support. The practice had recently held a team away day.
- The practice leadership strategy ensured GPs were responsible for an area of clinical and managerial leadership plus the addition of activity outside the practice. A buddying arrangement was also in place which added an additional layer of resilience in times of unexpected absence.
- The succession plan for the practice management team was being implemented and this included clearly defined timescales.

## Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<ul style="list-style-type: none"> <li>The practice vision was “To work as part of an integrated care system building on our tradition of providing safe, effective and responsive care to our patients”. This was underpinned with a mission statement and a set of values which put patients as the first priority.</li> <li>The practice strategy was supported with a comprehensive overview of local and national health and social care priorities, the practice business development plan, staff appraisal and the staff training plan.</li> </ul>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice’s speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<ul style="list-style-type: none"> <li>Staff stated they felt respected, supported and valued. They were proud to work in the practice.</li> <li>Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.</li> <li>There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.</li> </ul>	

- There were positive relationships between staff and teams.

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

Source	Feedback
Staff	Staff we spoke with were clear about their role and responsibilities at the practice and how they contributed to the delivery of a quality service. Staff said the practice team was open in its approach, friendly and willing to listen.
Meeting Minutes	Meeting minutes showed regular (weekly and monthly) practice team meetings took place. Set agendas included standing items such as significant events, complaints and safeguarding. Minutes from these demonstrated staff views and opinions were actively sought.

### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<ul style="list-style-type: none"> <li>• Structures, processes and systems to support good governance and management were well established, clearly set out, understood and effective. Appropriate policies, procedures and activities to ensure safety were established and monitored to ensure effectiveness.</li> <li>• Governance arrangements were proactively reviewed and reflected best practice. Clinicians had clinical leadership responsibilities and this included ensuring information and best practice guidance was up to date and accessible to the whole practice team.</li> <li>• The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.</li> <li>• Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.</li> </ul>	

### Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<ul style="list-style-type: none"> <li>• The practice used electronic information systems effectively to support the delivery of safe responsive services. GP TeamNet was used as a repository of information including risk assessment that was accessible to the whole practice team.</li> <li>• Risk assessments were in place and actions undertaken to mitigate potential risks to patients, staff and members of the public.</li> <li>• A comprehensive programme of clinical audit was undertaken and the outcome from these reviews was used to improve patient care.</li> <li>• Communication strategies were established internally with all staff teams and externally with the local neighbourhood team and the wider Manchester health and social care services. Learning from clinical audit and incident investigation was shared internally and externally.</li> <li>• The practice had undertaken a review and was implementing an action plan in response to the rates of exception reporting in the 2017/18 Quality and Outcomes Framework (QOF) data.</li> </ul>	

### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<ul style="list-style-type: none"> <li>• Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.</li> <li>• Quality and sustainability were discussed in relevant meetings where all staff had sufficient</li> </ul>	

access to information.

- The practice used information technology systems effectively to monitor and improve the quality of care. Systems established and used effectively included GP TeamNet and a shared care record software programme (Graphnet) to share patient summary care records to ensure continuity of patient care. The practice used a text messaging service that allowed information leaflets to be sent to patients and the practice's new webpage allowed patient to email queries directly to the different teams at the practice, including GPs.
- The practice provided dedicated primary medical care to patients accommodated in consultant-led specialist community based care facilities. GPs had access to these patients' records through remote access.
- The practice team told us they were a driving force pushing the neighbourhood and city wide working models. Communications between all health and social care parties were established.
- The practice submitted data or notifications to external organisations as required.
- There were comprehensive arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<ul style="list-style-type: none"> <li>• Staff feedback highlighted a strong team with a positive supporting ethos.</li> <li>• Staff told us that the regular team meeting provided opportunities to provide feedback and offer suggestions for improvement.</li> <li>• The practice produced a quarterly newsletter with updates on practice news, health promotion and staff changes. The most recent edition updated patients on the recent carers' coffee afternoon and the research being undertaken to identify people at potential risk of developing Alzheimer's dementia.</li> </ul>	

## Feedback from Patient Participation Group.

Feedback
<p>The three members of the patient reference group (PRG) confirmed they participated in supporting the practice with providing feedback on a range of topics. The members told us that the PRG group was recently established following the end of the patient participation group (PPG). The practice team confirmed that the PRG had superseded the PPG but plans were in place to hold a face to face meeting with the current members of the PRG.</p>

The people we spoke with understood the reasons why the group dynamic had changed. All stated they felt involved and able to contribute to the development of the services provided by the practice.

## Continuous improvement and innovation

### There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<p>The practice was an active participant in research and had a history of working with a professor of Dementia Studies to improve the identification and support provided to patients with dementia. This inspection identified ongoing research and support for patients with Alzheimer's dementia. The practice had joined with the Greater Manchester Clinical Research Network and Greater Manchester Mental Health to ask for patient participation in genetic testing to try to identify patients at increased risk of developing Alzheimer's disease.</p>	

### Examples of continuous learning and improvement

- Innovations included the use of technology to effectively to improve communication between health care professionals and between the practice and patients.
- The practice was promoting their new website that allowed patient to email different staff groups at the practice with their queries.
- The practice had structured staff responsibilities that increased the practice resilience and a succession programme was being implemented.
- The practice leaders were leading and promoting joint working with the local and wider community to improve patient access to services.

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Glossary of terms used in the data.

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