

Care Quality Commission

Inspection Evidence Table

Nova Scotia Medical Centre (1-5203212320)

Inspection date: 3 January 2019

Date of data download: 13 December 2018

Overall rating: Good

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 workers. to support and protect adults and children at risk of significant harm.	Y

Explanation of any answers and additional evidence:

- We saw minutes from a variety of meetings between other health professionals, such as the health visitor, palliative care nurses and district nurses.
- Meetings with the health visitor were held on a quarterly basis. All children, under the age of five years, who were classed as being 'children in need' or on the child protection plan were discussed.
- There was a record of all MARAC meetings. (Multi-Agency Risk Assessment Conference – this is a meeting where people who are at the highest risk of domestic abuse and are known to various agencies, such as health or the police, are discussed). Information arising from MARAC was discussed at the safeguarding meeting held in the practice.
- The practice arranged for three yearly DBS checks to be undertaken on all staff.
- Staff had direct access via the computer, to safeguarding policies and who to contact should the need arise.

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

Explanation of any answers and additional evidence

- All staff were named on a provider paid for medical indemnity insurance.
- Checks were undertaken regarding staffs' professional registration when they were due for renewal. All staff registrations were up to date at the time of inspection.
- The practice had recently recruited a new member of administration staff and we saw that all recruitment checks had been undertaken in line with their policy.
- It was noted at the time of inspection the immunisation status of all staff was not available. We were informed by the practice manager that this would be reviewed.

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 11.06.2018	Y
There was a record of equipment calibration. Date of last calibration: 26.06.2018	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. Date of last check: 21.08.2018	Y
There was a log of fire drills. Date of last drill: 06.12.2018	Y
There was a record of fire alarm checks. Date of last check: 28.12.2018	Y
There was a record of fire training for staff. Date of last training: 05.12.2018	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: 29.01.2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence	
<ul style="list-style-type: none"> Weekly checks were undertaken of fire equipment, such as fire extinguishers. We saw records which were kept to evidence this. We were informed of the plans to undertake another fire drill in the coming months. The practice manager had liaised with a GP practice (out of the Leeds area) who had encountered a fire in their practice. They had shared learning to ensure they were as equipped as possible in such an event. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 13.07.2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 13.07.2018	Y
Explanation of any answers and additional evidence	
<ul style="list-style-type: none"> We saw a legionella risk assessment had been undertaken in July 2018. As a result, the practice undertook weekly flushing of taps and recording of hot water temperatures. We saw records to evidence this. 	

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: 31.05.2018	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

Explanation of any answers and additional evidence

- We saw that two members of staff were overdue infection prevention and control (IPC) update training. We were informed that those staff would complete their training before the end of January 2019.
- The practice had a contract with an external cleaning company. We were informed that any issues regarding cleaning were raised with the company as appropriate.
- The IPC audit had identified that some of the sinks needed to be replaced to accommodate elbow level taps in line with guidance. There were plans to replace these.

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 any 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 impact on safety.	Y

Explanation of any answers and additional evidence

- We were informed that locums were not used very often, as the GPs and the advanced nurse practitioner would do extra shifts as needed to ensure cover and continuity of care. However, there will be a new locum GP commencing in January who will be regularly working one day a week. All relevant checks had been undertaken, such as evidence of qualifications, indemnity insurance and DBS checks.
- We saw that all clinicians had undertaken training in sepsis and there were plans for administration staff to do training between January and March 2019. All staff we spoke with had a good understanding of sepsis and the importance of being aware of potential symptoms and acting on them accordingly.
- We saw that there were posters around the practice, highlighting what sepsis was. Reception staff

had access to a quick prompt of sepsis symptoms, which was located next to the telephones.

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

Explanation of any answers and additional evidence

- The GP had developed a template to support GP referrals to secondary care. The template populated information direct from a patient's record into a letter which could be emailed directly to the appropriate consultant. Information incorporated included a summary of the issue, any active problems, current and repeat medication and details of any allergies the patient may have. We were informed that this template was now being used by other practices within the city.

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.08	0.94	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to	4.82%	6.2%	8.7%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
30/06/2018) (NHSBSA)				

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.	Y
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
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.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	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

Explanation of any answers and additional evidence

- There were no controlled drugs kept on the premises.
- We saw a spreadsheet kept on the computer which recorded all the medicines kept in the practice, such as those used in the case of emergency. The location where they were kept in the practice and the expiry date was recorded. When a medicine was due to expire a task was sent to the nursing team, who organised replacement medicines and disposal of the ones which were out of date. The practice manager had sight of all tasks and could easily identify any which were outstanding.
- Daily vaccine refrigerator temperature checks were undertaken and we saw records to confirm this. Any anomalies in temperature were acted upon. There was a data logger which could be downloaded to the computer to check if there were any instances of temperature abnormalities outside of the working hours of the practice.
- There was a process in place which enabled any newly issued high risk medicine issued by the practice to automatically generate a patient safety alert to the patient home screen with the correct bloods monitoring advice. Each drug was attached to one of the 64 searches which was generated on monthly. This ensured that patients were recalled for review in a timely manner.

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:	38
Number of events that required action:	38

Explanation of any answers and additional evidence

The local Clinical Commissioning Group (CCG) encourages practices to report all incidents and near misses, both clinical and non-clinical. Consequently, incident reporting in Leeds may appear higher than other areas.

- Staff were encouraged and supported to report all incidents or near misses within the practice.
- We were informed of an incident which had involved a patient's details. The practice had contacted the patients involved and reported the incident to the Information Commissioner's Office (ICO), to support being open and transparent regarding any errors. No patient came to harm as a result of the incident.

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

Event	Specific action taken
Testing of fire alarm	It was noted that during the testing when the key was used to override the alarm, it did not actually activate the alarm. This

	was reported to the fire alarm maintenance company, who reviewed and serviced the alarm to ensure it was in correct working order.
A member of staff had locked their computer, prior to leaving work, whilst a patient record was still open.	As a result, a clinician was unable to access to record to authorise a prescription. All staff were made aware of the importance of ensuring patients' records were closed before logging off the computer.

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	
<ul style="list-style-type: none"> The practice could demonstrate how they managed patient safety alerts. We saw that they systematically searched for patients who could potentially be affected. Reviews of patients' care and treatment were undertaken in line with the safety alert. All actions were documented. We were shown examples where they had identified and reviewed patients regarding the most recent alerts. 	

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
Explanation of any answers and additional evidence	
The practice utilised a computer based system that identified patients who were on medication which required regular monitoring and blood tests. This enabled clinicians to ensure that patients were recalled for their tests and were on the appropriate level of medication in line with guidance.	

We reviewed a random sample of patient records and it was noted that:

- Care and treatment was provided in line with guidance.
- Referrals were made in a timely way.
- There were recorded actions in relation to test results.

Older people

Population group rating: Good

Findings

- Older patients received a clinical review of their care and medication as appropriate.
- Patients who had been either admitted to hospital or had attended emergency care services, were followed up by the practice.
- The practice used a clinical tool to identify patients aged 65 years and over who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Patients aged 65 years and over were offered the seasonal influenza vaccination.
- Clinicians ensured that the care plans and prescriptions of those patients recently discharged from hospital were updated to reflect any changes.
- End of life care was provided, taking into account patients' wishes and those of their families or carers, as appropriate.
- Those patients who resided in a local care home were visited on a regular basis by clinicians, to ensure they received optimal care and treatment.
- The practice worked collaboratively with other local GP practices to support patients in reducing their social isolation.

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. For patients with the most complex needs, clinicians worked with other health and social care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Clinicians ensured that the care plans and prescriptions of those patients who had recently received treatment in hospital or through out-of-hours services were updated to reflect any changes.
- Staff were able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Care and treatment was provided in line with local and national guidance.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- The lead GP was the cardio-vascular disease (CVD) GP lead for Leeds. As a result, the practice had promoted the reduction of the gaps in treatment citywide for patients with atrial fibrillation. Patients were assessed for risk of a stroke and treated appropriately.
- The practice had increased prevalence in patients who had a long-term condition by using a range of health checks.

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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/L or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	85.9%	78.6%	78.8%	No statistical variation
Exception rate	10.3%	14.1%	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)	90%	76.7%	77.6%	Statistical variation (positive)
Exception rate	9.3%	10.6%	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)	89.5%	78.1%	80%	No statistical variation
Exception rate	13.6%	15.1%	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)	91.8%	76.7%	76%	Statistical variation (positive)
Exception rate	1.8%	7.5%	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)	98.1%	89.1%	89.7%	Statistical variation (positive)
Exception rate	12.4%	9.7%	11.5%	N/A
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)	91.9%	83.2%	82.6%	Statistical variation (positive)
Exception rate	2.2%	4.7%	4.2%	N/A
In those patients with atrial fibrillation with a	97.8%	90.9%	90.1%	No statistical variation

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)				
Exception rate	13.5%	9.8%	6.7%	N/A

Explanation of any answers and additional evidence

We discussed the exception rate regarding 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. We were informed that there had been coding issues which had resulted in some patients being coded as exempted, when they had actually received a review and had information recorded in their notes. We reviewed a sample of records and saw evidence to support this. We saw evidence that those patients had also received their 2018/19 review.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) target.
- The practice offered childhood influenza vaccination in line with guidance.
- Clinicians worked with health visitors and midwives to identify early signs of delayed development or failure to thrive in children and babies.
- 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.
- There were arrangements in place to identify and review the treatment of newly pregnant women who were prescribed long-term medicines. Patients were provided with advice and post-natal support in accordance with best practice guidance.
- Those patients who experienced maternal anxiety were signposted for other support as needed.
- Sexual health and contraception services were available for young people.

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 influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	96%	94	90.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received	100%	76	92.2%	Met 90% minimum (no variation)

Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)				
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	94%	76	94%	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)	94%	76	94%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice participated in catch-up vaccination programmes, such as meningitis, measles, mumps and rubella (MMR), for students ages 17 years and over. The human papilloma virus (HPV) vaccination was also offered to teenage girls.
- Patients were advised and encouraged to attend cancer screening programmes, such as breast, bowel and cervical.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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)	81.3%	74.1%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	63%	68.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	89%	56.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	100%	67.3%	71.2%	N/A

Explanation of any answers and additional evidence

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People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Annual health checks were offered for those patients who had a learning disability. Their carer or family member was encouraged to attend with them as appropriate.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.
- The GP had developed a search tool used to identify vulnerable young adults. The tool identified younger patients who may not have ordinarily been identified using conventional tools. This allows staff to be aware of any 'vulnerable' issues, such as being reliant on a family member to take them out.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The physical and mental health of these patients was assessed and reviewed.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Those patients who had complex mental health needs or dementia had their care and treatment reviewed in a face-to-face consultation with an appropriately trained clinician.
- Patients were signposted to other services and interventions for obesity, diabetes, heart disease, substance misuse and mental health, to access additional support.
- There was a system for following up patients who failed to attend for administration of long-term medication. The practice monitored the ordering and collection of prescription for anti-psychotics and other medications used for treating severe mental illness.
- Clinicians ensured that the care plans and prescriptions of those patients who had recently received treatment in hospital or through out-of-hours services were updated to reflect any changes.
- The practice was dementia friendly and all staff had received training in dementia and had a good understanding of how to support patients.
- The practice had access to a memory support worker, who could support patients whilst waiting to be seen by a specialised consultant.

Mental Health Indicators				
Indicator	Practice	CCG	England	England

		average	average	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)	92%	89.1%	90.3%	No statistical variation
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	3.8%	9.6%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96%	90.1%	90.7%	No statistical variation
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	3.8%	8.9%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.8%	86.6%	83.7%	No statistical variation
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	10%	7.2%	6.8%	

Explanation of any answers and additional evidence

We discussed the exception rate regarding patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months. We were informed that there had been coding issues which had resulted in some patients being coded as exempted, when they had received a review which had been recorded in their notes. We reviewed a sample of records and saw evidence to support this. The practice had rectified the coding issues and we saw evidence that those patients had received their 2018/19 review.

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)	557.29	553.8	554.2
Overall QOF exception reporting (all domains)	8.9%	10.1%	10.1%

	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

We saw several audits, which included quarterly antibiotic audits to monitor quality improvement. We reviewed two full-cycle audits. A full-cycle audit is where an audit has been repeated to monitor if any improvements have been made or maintained.) These were:

1. Audit on proactively assessing need and determining correct dosage for patients on vitamin B12 injections. There had been 33 patients identified as being appropriate for a review of their diagnosis, care and treatment using national guidance. It was found that 15 patients in total had normal test results, could stop their treatment and would be followed-up in four months' time (April 2019). One patient had been referred to secondary care, as a result of their blood tests.
2. Audit on proactively improving health outcomes in obese patients. There had been 60 patients identified who had a BMI above 35 and had never had blood glucose testing. Out of the 60 patients, 40 patients had relevant tests undertaken; two were found to be hypertensive (high blood pressure) and three found to be pre-diabetic. These patients were managed appropriately. All 40 patients were also signposted to weight management services. The practice intended to undertake a third cycle of audit in March 2019.

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.	Y
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Explanation of any answers and additional evidence

- All staff appraisals were up to date, with the exception of the practice manager. We were informed that this would be undertaken within the next three months. The practice manager also informed us that they were currently looking at accessing an external practice manager appraiser, to ensure they were carrying out the role effectively.
- The advanced nurse practitioner had undertaken 360-degree reviews on all the nursing staff, as part of their appraisal process. (A 360-degree feedback is a process through which feedback is gathered from the employee's colleagues and manager, as well as undertaking a self-evaluation themselves.)

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.	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
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

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

Explanation of any answers and additional evidence

- The practice encouraged patients to attend for the NHS health checks. As a result of underperformance in this area and to encourage uptake in their patients, they had offered patients who attended the opportunity to be placed into a prize draw. This had supported a considerable uptake in the health checks from 67 to 250 patients in the preceding 12 months. The practice was

currently ranked 4th out of the Leeds GP practices for their uptake.

- Patients who had chronic obstructive pulmonary disease (COPD) had been contacted to alert them to a weekly exercise class at the local community centre. The exercises were specifically aimed at patients with COPD. In addition, they had access to peer support in managing their condition.

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) <small>(QOF)</small>	98.9%	95.2%	95.3%	No statistical variation
Exception rate	0.7%	0.7%	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

Explanation of any answers and additional evidence

- The practice routinely audited records to ensure that consent was sought appropriately.
- When a member of staff acted in the capacity of a chaperone, this was also recorded by that member of staff and the clinician who was present.
- Patients undergoing minor surgical procedures were seen by the GP initially, to explain the procedure, ensure the patient had a good understanding and to obtain consent.

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
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CQC comments cards	
Total comments cards received.	28
Number of CQC comments received which were positive about the service.	26
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comment cards	<p>“Staff are always caring”</p> <p>“I always feel at ease with all staff being caring and pleasant”</p> <p>“Doctors, nurses and receptionists are very caring and questions answered politely”</p>
Patients	Patients we spoke with told us they thought that staff were caring, kind and respectful.
NHS Choices	“I have been to see a particular doctor today and was treated with courtesy and respect. I was asked for my input and I was listened to and my opinion was taken onboard.”

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
5,629	323	126	39%	2.23%
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)	82%	89.4%	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	84%	88.0%	87.4%	No statistical variation

(01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98%	95.4%	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)	75%	84.9%	83.8%	No statistical variation

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

Explanation of any answers and additional evidence
<ul style="list-style-type: none"> A questionnaire had been developed to give to patients who attend the surgery in January 2019 to run alongside the national GP Patient Survey questionnaire to get a greater view of the patient. The patient participation group had agreed with the questionnaire. The practice monitored patient feedback and responded accordingly. There was a “you said we did” board in the patient waiting area. Actions arising from this included changing the “on the day” appointments to become available from 8am in response to patients’ comments.

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

Source	Feedback
Patients	Patients told us they were involved in decisions about their care and treatment. Explanations were given in a way they could understand.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
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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)	97%	94.0%	93.5%	No statistical variation

	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
Explanation of any answers and additional evidence	
<ul style="list-style-type: none"> We were informed that the practice had extremely low number of patients who were non-English speaking. However, the use of translation and interpretation services were available should the need arise. A hearing loop was available in the practice to support any patients who were hearing impaired. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 114 patients who were acting in the capacity of a carer. This equated to approximately 2.5% of their practice population.
How the practice supported carers.	A carers' newsletter was available. The practice participated in the Leeds yellow card scheme for carers. (The card informs health professionals that the individual is a carer for another person and to take this into consideration if the carer becomes ill, has an accident or is admitted to hospital.) Carers were offered health checks and the seasonal influenza vaccine.
How the practice supported recently bereaved patients.	Patients were signposted 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
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

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

Explanation of any answers and additional evidence

- The practice participated in home phlebotomy services provided by a consortium of local GP practices. Housebound patients were visited at home to have their blood taken for testing as appropriate. This alleviated the need for the practice's own staff to attend.
- There was an arrangement in place with a family who were hearing impaired. They could communicate with the practice by email and had a direct link to the practice manager. There were contingency arrangements when that individual was not available. Longer appointments were given and, preferably at the end of the clinic session to allow extra time should the need arise.
- The practice worked collaboratively with other local GP practices to offer a leg ulcer club, which provided care for leg ulcers and also advice regarding health.

Practice Opening Times

Day	Time
Opening times:	
Monday	07:30 to 19:00
Tuesday	07:30 to 18:00
Wednesday	08:00 to 18:00
Thursday	07:30 to 18:00
Friday	08:00 to 18:00
Appointments available with a clinician:	
Monday	07:30 to 13:30 14:00 to 18:50

Tuesday	07:30 to 12:30	14:30 to 17:20
Wednesday	08:00 to 12:20	14:00 to 16:50
Thursday	07:30 to 12:20	14:30 to 17:20
Friday	08:40 to 12:20	14:30 to 17:20

Urgent care appointments were available Monday to Friday.

Patients also had access to weekend appointments at a local NHS service hub between the hours of 8am and 2pm. There was also access to evening appointments via the hub between the hours of 6.30pm to 8pm.

When the practice is closed, out of hours cover for emergencies are provided by local care direct.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,629	323	126	39%	2.23%

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)	98%	95.3%	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.
- 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.

People with long-term conditions

Population group rating: **Good**

Findings

- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for patients with long-term conditions, who were approaching the end of life, was coordinated with other services.
- Joint injections were administered by a GP at the practice, to avoid patients having to attend secondary care services.
- Patients with multiple conditions had their needs reviewed in one appointment.

Families, children and young people

Population group rating: Good

Findings

- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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 if offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours were available one evening and three mornings per week. Patients also had access to weekend appointments at a local NHS service hub.
- Patients could speak with a clinician over the telephone to seek further advice or help.
- Patients could book an appointment or order a repeat prescription via the practice online system, accessible through their website.
- Test results could be communicated by text with the consent of the patient and confirmation of their mobile telephone number.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- People who lived in vulnerable circumstances, such as those who were of no fixed abode, were able to register with the practice.
- The practice responded to the needs of this patient population group and liaised with local safeguarding teams as appropriate.
- Patients were signposted to other services to support with their health and social care needs.
- Patients who had difficulty in carrying out self-care or supporting themselves in their home setting were referred to social services.
- Longer appointments were available for those patients who had complex needs.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those patients experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.
- Staff were aware of support groups within the area and signposted patients and/or their carers to these accordingly.
- The practice had close working links with their assigned social worker and the local mental health team, which enabled positive communication regarding patients.

Timely access to the service

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

	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

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)	50%	74.4%	70.3%	Statistical 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)	61%	68.9%	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)	57%	67.3%	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)	74%	73.7%	74.4%	No statistical variation

Explanation of any answers and additional evidence

- In response to lower than average patient satisfaction regarding getting through the practice on the telephone, the practice had undertaken their own survey. The practice manager had also undertaken extensive work looking at telephone access. These included auditing the numbers of calls that had

been answered before 8am, after 8am, after surgery, rest of the day. This enabled them to identify times of higher demand and the percentage of calls being answered. As a result, they had increased the number of staff available to answer the telephone during peak times. In addition, the practice had increased the number of clinical appointments available. The practice manager looked at figures relating to telephone access on a daily basis and addressed any issues as they arose.

- The practice also audited the number of appointments which patients had not attended for (DNAs) and did this on a quarterly basis.

Source	Feedback
CQC comment cards	Out of 26 cards, we received one negative comment regarding not being able to get an appointment.
Patients	Patients we spoke with told us they were able to get an appointment when needed.
NHS Choices	Comments were mixed regarding access to appointments. However, it was noted that the practice responded to comments left on the site, giving patients additional information regarding appointments.

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.	13
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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Any additional evidence or comments

The practice recorded both written and verbal complaints. It was noted that during the 12month period preceding the inspection, there had been nine written and four verbal complaints. There was evidence that all complaints had been dealt with in line with the practice policy and apologies given to patients where appropriate.

We reviewed a sample of complaints and saw that complainants had been written to with an apology, an explanation of the issue and what actions/learning had arisen from it. All letters contained details of the Parliamentary and Health Service Ombudsman, should they wish to escalate their complaint.

Example(s) of learning from complaints.

Complaint	Specific action taken
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Patient not happy with the length of their appointment time to discuss their issues.	The patient was advised to book a double appointment in future, which would allow them more time to discuss multiple issues during a consultation with the GP.
Access to appointments	As a result of a patient complaint, the terminology regarding emergency appointments had been changed to the term 'urgent for today'. Staff explained to patients that if it is urgent they will be seen on the day. If it is not urgent an alternative appointment will be offered.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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

Explanation of any answers and additional evidence

- We were informed of the challenges the practice had encountered with the loss of two GP partners in late 2017. However, the remaining GP and practice manager could demonstrate a good understanding of those challenges and any they may face in the future.
- During the preceding 12 months, the practice had continued to perform well in relation to QOF achievements and in maintaining service delivery and good quality patient care.
- Staff were being trained to support them in taking on other responsibilities within their role.
- The practice manager had undertaken an NHS England's general practice development programme; Time to Care. The programme offered expertise and support for practices to implement innovations which can release time for care.

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	Y

them.	
Progress against delivery of the strategy was monitored.	Y
Any additional evidence or comments	
<p>The practice vision was: To provide service users with effective, timely and evidence based healthcare in a holistic and patient-centred manner. Whilst giving utmost importance to patient confidentiality and adhering to GMC (General Medical Council) good medical practice principles. To help patients make well informed choices about their healthcare and help them in leading healthy and happy lives.</p>	

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

Explanation of any answers and additional evidence

The practice demonstrated an awareness and understanding of statutory requirements in relation to Duty of Candour (DoC).

The GP and manager clearly demonstrated a caring and supportive attitude towards the practice staff. They were praised for working together as a team during the period of difficulty. The practice staff had recently received formal recognition of their work.

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

Source	Feedback
Staff	<p>Feel supported by the GPs and manager.</p> <p>Feels that the practice support patients and provides good care.</p>

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
Explanation of any answers and additional evidence	
<ul style="list-style-type: none"> • There were read receipts on all policies to support the practice manager in being aware of who had read the policies as they were updated. • There were very organised and comprehensive systems in place to support good governance. 	

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
Explanation of any answers and additional evidence	
The business continuity plan was easily accessible for staff on the computer system. In addition, both the GP and practice manager could access an electronic copy offsite and kept a paper copy.	

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
Explanation of any answers and additional evidence	
The practice maintained oversight of their key performance indicators, such as prescribing, referral rates and Quality and Outcomes Framework (QOF).	

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

Explanation of any answers and additional evidence

- The practice had engaged with the patient participation group (PPG), who had supported the change of the access hours to three earlier mornings and one late evening.
- Members of staff had provided suggestions, which they had facilitated, such as charity bake events.
- The practice was part of a local GP cooperative, where they shared specific workstreams to support improvements in quality of service delivery and patient care.
- Whole practice team-working events were planned quarterly in 2019.

Feedback from Patient Participation Group.

Feedback

Members of the PPG informed us how they worked with the practice to support good quality service delivery. They felt engaged with the practice and had noticed positive changes over the preceding six months. At the most recent meeting in December, information regarding access (including telephone access) had been shared with the group. The practice manager had presented information which could identify peak times and how the practice was continually looking at ways to improve access.

The PPG members were very complimentary and positive about staff who worked at the practice and the care they received from clinicians.

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

- The practice used a care navigation template to signpost patients to an appropriate service. For example, some ailments could be seen by the local pharmacist rather than requiring a GP or nurse appointment. Should it be appropriate for the patient to be seen by a clinician, an appointment was made at that time.
- The practice had recently become part of the pilot for a local musculoskeletal service to be based within a GP practice. This was a service which patients could self-refer to without the need to be seen or referred by a clinician.

- The GP was developing a city-wide hypertension protocol which was in the process of being implemented in the practice, using it as a testing area for wider dissemination.
- We were informed of the plans for developing a ‘pop-up’ café for patients and carers to support any feeling of isolation. This was currently in the early stages of development.

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.