Care Quality Commission

Inspection Evidence Table

Tregenna Group Practice (1-567859473)

Inspection date: 10 January 2019

Date of data download: 09 January 2019

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
There were policies 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
There were systems 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

Safeguarding	Y/N/Partial

Explanation of any answers and additional evidence:

The practice had been through some partnership changes in the last two years and there was a new designated safeguarding lead in place. A review of the practice's safeguarding registers had been undertaken and following liaison with social services and health visitors these registers had been updated to ensure they were accurate and up to date. Written feedback following an external audit undertaken by Manchester Health and Care Commissioning in November 2018 recorded that the practice provided an 'excellent example of great overall knowledge of safeguarding'. The feedback also referred positively to the practice's referencing (coding) of families within the patient electronic record so that additional support could be offered.

Staff had had IRIS (Identification and Referral to Improve Safety) training for domestic abuse. Staff confirmed this had helped them recognise and respond to patients who were also potential victims of domestic abuse.

Monthly safeguarding meetings were held at the practice, and the register of patients with safeguarding plans and those identified at risk were reviewed and updated as required.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y

Explanation of any answers and additional evidence:

We reviewed a sample of staff files and noted that the two GPs recruited to the practice partnership were previously trained at the practice and recruited following this as salaried GPs. The practice had not obtained or supplied references for these GPs. In addition, another staff file lacked recruitment references, although there was evidence that attempts to obtain these had been made. All other documentation, including DBS and evidence of identification was available.

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: June 2018	Y
There was a record of equipment calibration. Date of last calibration: 12 December 2018	Y

There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 18 November 2018	Y
There was a log of fire drills. Date of last drill: 8 August 2018	Y
There was a record of fire alarm checks. These were undertaken weekly Date of last check: 9 January 2019	Y
There was a record of fire training for staff. Date of last training: Face to face training was undertaken in 2016. Staff had undertaken online fire safety training in 2018	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 19 August 2018	Y
Actions from fire risk assessment were identified and completed. 24 November 2018	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: June 2018	Y
Explanation of any answers and additional evidence: The health and safety risk assessment reviewed a several areas within the practice, including the office working space and included risk assessment for work station safety and the use of visuals display units. A lone worker policy was available and risk assessment to support staff undertaking home visits.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 9 January 2019	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:
A new employee had recently been appointed the clinical lead for infection control and was learning the requirements of this role.
The practice was implementing a planned programme of extension and refurbishment and they advised that they ensured the environmental improvements complied with current best practice guidance on infection control and prevention.

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 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

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

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)	1.44	1.02	0.94	Variation (negative)
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)	8.4%	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.	Y
Staff had the appropriate authorisations 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.	NA
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y

Medicines management	Y/N/Partial
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 for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Partial
For remote or online prescribing there were effective protocols 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 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: The practice was aware of the local high levels of social deprivation and the associated high levels health care needs. The practice monitored it prescribing of medicines including antibiotics and worked with the clinical commissioning group (CCG) medicine optimisation team to ensure prescribing was appropriate. The practice had initiated a system that prevented local pharmacy service ordering patient medicines. This enabled the practice to obtain a clearer overview of its prescribing practice and to implement action to improve and streamline their management of medicines. The impact of this increased patient uptake of online access for medicine ordering, reduced the practice expenditure on medicines and allowed the practice to implement a safe system of medicine ordering for vulnerable patients. For example, the practice identified their vulnerable patients, such as elderly frail, dementia and mental health and introduced a personal telephone call each month to each of these patients to ask them what medicines they required and these were ordered and sent to the patient's designated pharmacist. Feedback from the practice indicated this service was very well received and popular with patients. In addition, the practice recognised those patients with weekly prescriptions benefited best with the continued support of a direct pharmacy service.	

Medicines management	Y/N/Partial
The GPs used the scheduled patient medicine review to also carry out health reviews of long term conditions.	

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:	4
Number of events that required action:	4
Explanation of any answers and additional evidence: Staff were aware of how to report concerns and incidents. The practice had a policy and procedure and a dedicated significant incident recording form. We noted that there had been four significant incidents in 2018 recorded. However, the recording form was not always completed fully following investigation and action. Evidence was available demonstrating the practice did respond and take action when incidents were identified as significant. The practice held monthly GP and nurse meetings and some meeting minutes showed that outcomes from significant event investigations were shared with team members. However significant incidents and events were not a standing item on the practice meeting agenda.	

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

Event	Specific action taken
A clinician visited a patient at home and did not have any medicines with them to treat the patient.	Following review and discussion with the team about the incident and how to prevent reoccurrence the practice agreed that GP medicine bags should be stocked with a standardised set of medicines and equipment. A member of the practice team undertook research into what was the most appropriate type of medicine to carry in GP bags and the outcome of the research shared with the clinical team. An agreed set of medicines to carry in GP bags was established.
The symptoms a patient presented with	The practice reviewed and updated their guidelines for

at the surgery were not immediately recognised as a potential stroke.	recognising and responding to suspected trans-ischaemic attack. A clinical teaching session was held at practice level. A letter was sent to the patient's carer acknowledging the areas where the practice needed to improve and the learning that had been undertaken because of the incident.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial

Explanation of any answers and additional evidence:

The practice manager sent relevant clinical patient safety alerts to the practice lead GP who confirmed they implemented the necessary action. However, a log of these actions was not maintained and it was therefore difficult for the practice to assure themselves that these had been responded to. We observed good evidence such as emails that the recent patient safety alert in relation to epi-pens (used by diabetics) had been actioned.

The assistant practice manager maintained a folder of all alerts in relation to possible unregistered doctors and the reception manager maintained a folder of alerts about members of the public trying to obtain prescriptions from different practices.

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
There were 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

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)	1.13	1.19	0.81	No statistical variation

Older people

Population group rating: Good

Findings
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.   - The practice followed up on older patients discharged from hospital. It ensured that their 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. For patients with the most complex needs, the GP worked with other health and 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.   - GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice had employed a practice nurse specifically to undertake asthma reviews one day each week. In addition, the practice had signed up to offer increased practice nursing support for patients with chronic obstructive pulmonary disease (COPD).   - The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, COPD, atrial fibrillation and hypertension.   - Adults with newly diagnosed cardio-vascular disease were offered statins.   - Patients with suspected hypertension were offered ambulatory blood pressure monitoring.   - Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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)	83.6%	78.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	18.8% (79)	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)	87.2%	77.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	12.6% (53)	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)	95.5%	81.4%	80.1%	Significant Variation (positive)
Exception rate (number of exceptions).	16.2% (68)	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)	75.2%	75.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.6% (16)	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)	85.1%	87.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.4% (16)	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)	84.9%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.3% (59)	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)	92.6%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.5% (10)	6.0%	6.7%	N/A

Any additional evidence or comments

- 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 similar to the clinical commissioning group (CCG) and national averages.
- Systems for calling and recalling patients for appointments to monitor their long-term health condition were established. The practice monitored patient attendance at reviews, sending at least three letters and or texts to remind patients of the importance of attending appointments.
- The practice held monthly reviews of their performance in achieving the QOF indicators.

Families, children and young people   **Population group rating: Good**

Findings
- All but one of the childhood immunisation uptake rates were just below the World Health Organisation (WHO) targets of 95%.   - 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 participated in the 'winter resilience scheme' that offered extra appointments for school aged children.   - 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 had taken action to ensure safeguarding registers were up to date. The lead GP for safeguarding was implementing a programme of weighing children identified at risk.

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)	64	66	97.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	73	80	91.3%	Met 90% minimum (no variation)
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)	74	80	92.5%	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)	72	80	90.0%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)   **Population group rating: Good**

Findings
- 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. 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) (01/04/2017 to 31/03/2018) (Public Health England)	71.8%	64.7%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	69.8%	58.8%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	48.7%	45.1%	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. (01/04/2017 to 31/03/2018) (PHE)	91.7%	74.0%	70.3%	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)	31.0%	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 considered the needs of those whose circumstances may make them vulnerable. Monthly palliative care meetings were undertaken with the palliative care team.   - The practice provided access to a 'cancer champion' to offer advice, support and signposting to those patients nearing end of life and their carers.

- Regular multi-disciplinary meetings were held where representatives from community support services attended. The practice used the high impact primary care (HIPC) neighbourhood support service provided by Manchester Local Care Organisation (MLCO). This provided comprehensive community based and health and social care support for those with complex health and care needs.
- 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.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- 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.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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.
- 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.

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)	83.1%	87.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.7% (5)	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)	89.0%	88.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.8% (6)	9.6%	10.5%	N/A
The percentage of patients diagnosed with	82.7%	83.4%	83.0%	No statistical

				variation
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)				
Exception rate (number of exceptions).	28.8% (21)	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)	554.3	537.3	537.5
Overall QOF exception reporting (all domains)	6.3%	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.	Partial

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

The practice had participated in research with the CCG and funded by Macmillan Cancer Improvement Partnership in Manchester for detecting lung cancer early.
There were some clinical audits available, however a clinical audit plan was not established.

We viewed audits for the patient prevalence of Atrial Fibrillation (AF); following the initial audit and action prevalence increased from 97 to 116.
Other audits included new cancer diagnosis, not identified through the two week wait pathway and an audit of patients with raised blood platelets was being undertaken.

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.	Y
Induction 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
The practice was a teaching and training practice, both for post graduated doctors and doctors training to be a GP. The practice also offered teaching to medical students.	

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 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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence:	
Regular multidisciplinary team meetings were undertaken with a range of professionals to ensure patients received coordinated safe and effective care.	

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 provided weekly access to the Citizens Advice Bureau (CAB) service.	

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)	94.6%	94.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (15)	0.9%	0.8%	N/A

Consent to care and treatment

The practice 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

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
• 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.	

CQC comments cards	
Total comments cards received.	1
Number of CQC comments received which were positive about the service.	1
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
Source	**Feedback**
Comments cards.	The single CQC comment card we received described the service, GPs and the reception team positively. The service was described as 'first class.'
Patient feedback	We spoke with five patients the day after the inspection. All provided positive feedback about the service they received. One patient felt the practice was not 'friendly' for working people, in that the offer of a screening service was very limited and reception staff were unclear of alternative avenues of access for this service. One patient was very complimentary regarding how a GP supported patients with a learning disability. The service described was one of respect and inclusion.
NHS choices	There was one feedback report for the practice dated January 2018. This offered positive feedback and rated the practice four stars out of the available five.

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
6526	364	101	27.7%	1.55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	90.1%	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)	93.1%	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)	96.6%	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)	92.8%	82.5%	83.8%	No statistical variation

Any additional evidence or comments
The GP patient survey results also showed the practice to be performing above local and national averages.

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

Any additional evidence
The practice monitored and analysed the friends and family test results. They confirmed since the

introduction of the text messaging service to obtain feedback, response rates had improved. They confirmed that the results from this feedback were positive.

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
Interviews with patients.	We spoke with patients from different age groups with differing healthcare needs. All five people described being listened to by clinicians and being kept fully informed about their care and treatment. The GP patient survey results also showed the practice to be performing above local averages.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	93.1%	91.6%	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

Carers	Narrative
Percentage and number of carers identified.	The practice had 81 carers registered. This equated to 1.2% of the patient population.
How the practice supported carers.	The practice had a designated carers champion who was building a resource of information and support to guide and direct patients. The 'champion' confirmed that the list of patients who were also a carer was growing. The practice offered carers an annual health check and flu vaccination.
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

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 offered weekly appointments with the Citizens Advice Bureau (CAB) service. - The practice team had recently received a gold award for Pride in Practice. The aim of the quality assurance award was to provide reassurance and promotion of positive relationships with lesbian, gay, bisexual and trans (LGBT) patients. - The practice offered their patients an in-house counselling service. - The practice used the patient electronic record to identify the patient's usual GP. This enabled the reception team to offer an appointment with the appropriate GP and this provided continuity of care.	

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	08:00 to 18:30
Tuesday	08:00 to 18:30
Wednesday	08:00 to 13:00 and 14:00 to 18:30
Thursday	07:10 to 18:30
Friday	08:00 to 18:30
Appointments available:	
Monday	8.30-11.00 and 14:00 to 17:00
Tuesday	8.30-11.30 and 14:00 to 17:00

Wednesday	8.30-11.00 and 14:00 to 17:00
Thursday	7:10-11.00 and 15:00 to 17:40
Friday	8.30-11.00 and 14:00 to 16:40

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6526	364	101	27.7%	1.55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	93.8%	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.
- Patients over the age of 70 years could order their prescriptions over the telephone.
- 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 multiple conditions had their needs reviewed in one appointment where possible.
- The practice provided dedicated nursing staff to undertake asthma reviews and reviews of patients with chronic obstructive airways disease.
- The practice liaised regularly with the different community health care professionals to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people   Population group rating: Good

Findings

- The practice participated in the 'winter resilience scheme' that offered extra appointments for school aged children outside school times.
- 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.
- 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 it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours on a Thursday morning, telephone consultations and weekend appointment through the GP federation extended access service.

People whose circumstances make them vulnerable   Population group rating: Good

Findings

- The practice maintained a register of vulnerable patients and provided a monthly telephone call to these patients to offer support with their medicine requirements.
- The practice had a 'cancer champion' that proactively offered a dedicated telephone number and access to support for patients nearing end of life and their carers. Feedback from patients was that they found this support invaluable.
- Practice GPs provided their mobile contact numbers to patients nearing their end of life.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice was part the vulnerable migrants scheme which offered extra support to migrants. A comprehensive recording template to capture the patient details and circumstances was in place.
- 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.

People experiencing poor mental health (including people with dementia) **Population group rating: Good**

Findings
- 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 aware of support groups within the area and signposted their patients to these accordingly.

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)	58.5%	N/A	70.3%	No statistical variation
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)	62.2%	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)	69.4%	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)	69.9%	71.0%	74.4%	No statistical variation

Any additional evidence or comments

The practice had undertaken reviews of their appointment availability and alongside patient demand. In response to the review they had amended the availability of appointments ensuring that both on the day urgent appointments and pre-bookable appointments were available.

The practice had implemented action to improve telephone access and this included encouraging and supporting patients to use the online appointment booking and prescription ordering service. The practice had over one third of their patient register (2266 patients) signed up for the online service. The practice had also restricted the telephone ordering of prescriptions, promoted the use of texting to cancel appointments and clinicians used AccuRx Chain SMS to send results and information to patients. (AccuRx Chain SMS sends messages and information to patients quickly with NHS Choices advice if relevant and a full audit trail is saved in the patient's medical record).

Source	Feedback
Patients we spoke with.	There was no recent feedback on NHS Choices. Patients we spoke with confirmed they could access on the day urgent appointments and they said they usually saw their regular GP. One patient advised that the availability of screening appointments outside day time / core hours was not flexible to allow them to attend after work.

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.	5
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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
The records we reviewed demonstrated the practice responded promptly to issues and offered apologies appropriately to the relevant people.	

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, including a succession plan.	Y

- 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.
- The practice had a stable work force. 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.

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 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

- The practice aims and objectives were 'to continue to strive to provide the highest standard of care and respect to our patients' and 'to ensure our practice is a safe and accessible environment for any patients, carers and other visitors who need our help and/or support.'
- The practice strategy was underpinned with a development plan supported with a comprehensive overview of local and national health and social care priorities. The practice confirmed their plan for the future was not fully recorded. However, staff we spoke with were aware of the plans for the practice building and expansion of the services to patients.

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

- Staff stated they felt respected, supported and valued.
- 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.
- There were processes for providing all staff with the development they need. This included appraisal. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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. Staff said the practice team was open in its approach, friendly and willing to listen.
Meeting Minutes	Meeting minutes showed regular practice team meetings took place. However, meeting agendas did not include set items such as significant events, patient alerts and updated guidance.

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 which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

- Structures, processes and systems to support governance and management were established.
- Appropriate policies, procedures and activities to ensure safety were established and monitored

to ensure effectiveness.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

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 which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Partial
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

- The practice undertook a range of audits, including clinical audits. However, a clinical audit plan was not established.

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

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- 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

- The practice had 43 patients on their patient participation group and usually held annual meetings. The last meeting undertaken was in November 2017. The assistant practice manager confirmed they were planning a meeting very soon. However, we viewed a number of emails sent to members of the PPG in 2018, inviting feedback and views about a number of issues or to provide information updates. These included a survey from the Manchester Health and Care Commissioning (MHCC) group, invitations to attend the Wythenshawe partnership meeting and information about Healthy Manchester.
- The practice monitored patient feedback through the friends and family test and feedback recorded on public websites such as NHS Choices.
- Regular staff meetings were held where staff were encouraged and supported to share their opinions and views.

Feedback from Patient Participation Group.

Feedback
• Patients we spoke with were also members of the PPG and they confirmed they received emailed correspondence from the practice.

Continuous improvement and innovation

There were 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

- The practice had recently participated in research to identify early detection of lung cancer.
- The practice was implementing its plans to extend and refurbish the practice facilities.
- The GP team had a strong commitment and skill mix to teach and train doctors and future GPs.
- The practice worked collaboratively with the Manchester Local Care Organisation.

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 ≤-3
2	Variation (positive)	-3 < Z ≤ -2
3	No statistical variation	-2 < Z < 2
4	Variation (negative)	2 ≤ Z < 3
5	Significant variation (negative)	Z ≥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.
- 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 uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG 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.