

Care Quality Commission

Inspection Evidence Table

FALLOWFIELD MEDICAL CENTRE (P84639)

Inspection date: 23 January 2019

Date of data download: 08 January 2019

Overall rating: Good

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data is for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

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

Safeguarding	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Safeguarding registers were maintained for both children and vulnerable adults and all staff were appropriately trained. Policies, procedures and contact information was readily available to the whole staff team both on the practice shared drive and information folders. Clinicians we spoke with were able to provide recent examples when the safeguarding procedures were implemented. Clinicians followed up children and young people who did not attend appointments both at the practice and for secondary care appointments. Staff had had IRIS (Identification and Referral to Improve Safety) training, which staff confirmed had helped them recognise and respond to patients who were also potential victims of domestic abuse. Further training was planned for early in 2019. 	

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
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Three staff files were reviewed and these contained all the required information. 	

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: 03/08/2018	Y
There was a record of equipment calibration. Date of last calibration: 03/08/2018	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: April 2018	Y

There was a log of fire drills. Date of last drill: January 2019	Y
There was a record of fire alarm checks. Date of last check: January 2019	Y
There was a record of fire training for staff. Date of last training: Staff had undertaken online fire safety training in 2018. Face to face fire safety training along with basic life support training was scheduled for February 2019	Y
There were fire marshals.	Partial
A fire risk assessment had been completed. Date of completion: January 2019	Y
Actions from fire risk assessment were identified and completed.	N
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had a basic fire risk assessment in place which required further development to provide a comprehensive overview and response to potential areas of risk. Areas for further development included official designation of fire marshals, a fire evacuation plan and more frequent test of the smoke detectors. The practice supplied an updated action plan to review and improve fire safety at the practice within 48 hours of our visit. Evidence that fire safety equipment was maintained was available and staff had a good understanding of how to respond in the event of a fire alarm sounding. 	

Health and safety	Y/N/Partial
Premises/security risk assessment.	Y
Health and safety risk assessments had been carried out. Date of last assessment: January 2019	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice implemented procedures daily to ensure the premises remained secure during opening times and when closed. Following the inspection, the practice team supplied an updated and comprehensive health and safety risk assessment. 	

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: 24/04/2018	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:	
<ul style="list-style-type: none"> An annual infection control and prevention statement was available and this reviewed performance. This referred to a significant event and the incorrect disposal of sharps and the actions taken to mitigate reoccurrence. 	

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The staff team received annual face to face training for basic life support, which was underpinned with on line training. Evidence available showed staff had received training in sepsis and information was displayed in the practice and through the patient electronic record to flag potential risks of sepsis. Records of significant events showed that the reception team had responded quickly to support a patient calling with chest pain and the whole team had responded quickly to care for a patient having a severe asthma attack. Some emergency equipment to respond to a cardiac arrest was available, however a 	

defibrillator, as recommended by the Resuscitation Council (UK) was not available. We discussed this with the practice and they supplied a risk assessment which considered the risk, detailed the actions the practice staff team would take to mitigate and respond to a cardiac arrest. We asked the practice to review this decision considering the best practice guidance.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • GPs working in other practices within the provider group of practices (Beacon GP Care) could be used when additional cover was needed. This increased the practice's resilience to respond to sudden shortages of clinicians. • Systems to monitor patient referrals to secondary care, including the two-week pathway were established and monitored. 	

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	2.73	1.02	0.94	No comparison available

Indicator	Practice	CCG average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)				
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)	7.8%	8.4%	8.7%	No comparison available

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.	Y
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
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.	Y
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.	Partial

Medicines management	Y/N/Partial
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.	Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice was aware of the local levels of social deprivation and the associated high levels health care needs. The Beacon GP Care group employed pharmacists and these supported the practice to ensure prescribing was appropriate. 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. • Following our inspection, the practice queried the antibacterial data we held, and identified a potential issue with how the information had been recorded or coded. They contacted the CCG medicine optimisation team to request they review the practice prescribing for the date range 01/10/2017 to 30/09/2018. Unverified information supplied by the practice after the inspection identified that there had been a marked increase in antibiotic prescribing between October 2017 and March 2018 but this has reduced to significantly for the remainder of 2018. • The Beacon GP Care group pharmacists also supported the practice with reviewing patient's medicines, including following discharge from hospital. • A number of medicine audits were available and these demonstrated improvements in prescribing practice were made in response to these. • The practice implemented comprehensive systems to monitor repeat prescribing and prescription safety. Patients signed for all prescriptions collected in person from the practice. • At the time of our visit the practice held some emergency medicine to use in the event of a medical emergency. However, a risk assessment to support the decision not to have available all suggested emergency medicines was not in place. The practice manager confirmed after the inspection visit, that the types of emergency medicines available had been reviewed and the range increased to cover almost all medical emergencies. For the three medicines not available at the practice a written protocol provided information to support this decision. • Systems to monitor medical oxygen was in place. The practice did not have a defibrillator. 	

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:	14
Number of events that required action:	14
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> All staff had access to the practice shared drive, where the significant incidents policy and incident recording forms were available. We saw recording forms were completed by staff from clinical and administrative teams. Practice meeting minutes and completed incident investigation forms demonstrated that these were used as tools to improve and develop. Discussion of significant events was a standing agenda item at team meetings. Significant events were discussed and managed not only in the practice itself, but also shared with the other practices in the Beacon GP Care group at joint meetings. This enabled learning to be shared by all practices. 	

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

Event	Specific action taken
Patient called the practice requesting an appointment. Symptoms suggested patient needed urgent hospital treatment.	Reception team member gave immediate advice to family member and patient was taken to hospital by ambulance.
Power cut at surgery.	Emergency action plan implemented. Vaccines removed and taken to another GP practice for safe storage. Appropriate checks with vaccines manufacturer's undertaken. Electrician called to repair electrical fault.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice manager emailed safety alerts to the clinicians working at the practice. The safety alerts were stored on the practice shared drive and copies were printed out and placed in an accessible folder. The pharmacists employed by the Beacon GP Care group undertook the appropriate checks on patients records and instigated the appropriate action to ensure the potential areas of risk identified by the patient safety alerts were responded too. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were 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	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) <small>(NHSBSA)</small>	3.37	1.19	0.81	No comparison available
Any additional evidence or comments				
<ul style="list-style-type: none"> The practice was aware of the high rate of hypnotic prescribing and were seeking solutions to work with patients to reduce this. Unverified information supplied by the practice after the inspection identified that the trend for prescribing hypnotics medicines throughout 2018 was reducing. Medicine audits for some types of hypnotics were available. 				

Older people

Population group rating: Good

Findings

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice worked closely with the multidisciplinary team to ensure those patients identified with moderate or severe frailty received an appropriate package of care

and support.

- 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.
- The practice nurse confirmed that there were some patients who travelled abroad for lengthy periods of time and it was therefore difficult to get these patients to attend reviews.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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) <small>(QOF)</small>	65.9%	78.7%	78.8%	No comparison available
Exception rate (number of exceptions).	2.8% (5)	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) <small>(QOF)</small>	62.3%	77.1%	77.7%	No comparison available
Exception rate (number of exceptions).	6.2% (11)	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) <small>(QOF)</small>	75.9%	81.4%	80.1%	No comparison available
Exception rate (number of exceptions).	4.5% (8)	12.5%	13.5%	N/A

Any additional evidence or comments

- The practice reviewed monthly their achievement in the Quality and Outcomes Framework (QOF). They recognised that their results for 2017/18 were lower than previous years. The practice stated that the practice manager was absent for a length of time in 2018 and this had resulted in a low rate of exception reporting, which impacted on the overall achievement rate for that QOF year.
- The practice provided unverified data which indicated they were on track to improve their achievement for 2018/19. For example, data for the diabetes indicator showed the practice had achieved a total of 68.75 points out 86 with over 9 weeks to go before the end of this reporting year.
- The practice also worked with the clinical commission group (CCG) and used the monitoring data supplied by them to assess their performance and benchmark their achievement.

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)	86.2%	75.7%	76.0%	No comparison available
Exception rate (number of exceptions).	3.3% (4)	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)	96.3%	87.8%	89.7%	No comparison available
Exception rate (number of exceptions).	10.0% (3)	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)	82.4%	81.4%	82.6%	No comparison available
Exception rate (number of exceptions).	5.6% (11)	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	86.7%	89.8%	90.0%	No comparison available

therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>					
Exception rate (number of exceptions).	0	(0)	6.0%	6.7%	N/A

Any additional evidence or comments

- 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.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates for two year olds were below the World Health Organisation (WHO) targets of 95%. The practice provided unverified data which showed they had achieved a 90% target for vaccinations of two years old for the first three quarters for 2018.
- 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. This scheme was scheduled to be available through February and March 2019.
- 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 safeguarding registers were monitored and were up to date.

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) <small>(NHS England)</small>	15	16	93.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	23	27	85.2%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for	23	27	85.2%	Below 90% minimum

Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)				(variation negative)
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)	24	27	88.9%	Below 90% minimum (variation negative)

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.
- The practice believed that the local patient demographic of generally higher levels of deprivation and a high number of patients from a variety of ethnic and cultural backgrounds were barriers preventing patients attending cervical screening appointments. The practice recognised that further improvements were required in encouraging women to attend for this screening and undertook a number of activities including direct telephone calls and opportunistic screening to encourage attendance.
- The practice nurse was also proactive in offering patients an appointment to discuss 'smears and the smear test', to explain the importance of the screening and what the procedure involves. The nurse believed these discussions enabled patients to be more informed about the potentials risk of not having this screening.

	Practice	CCG average	England average	England comparison
Cancer Indicators				
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)	55.1%	64.7%	71.7%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	64.2%	58.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	30.8%	45.1%	54.5%	N/A

The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	50.0%	74.0%	71.2%	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)	0.0%	48.9%	51.9%	No comparison available

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 held a register of patients living in vulnerable circumstances including asylum seekers, homeless and those with a learning disability.
- The practice was a designated 'Homeless Friendly' practice. One of registered GP partners was the founder of the charity and both GP partners were active in the community raising awareness of the plight of the homeless within Greater Manchester.
- 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	91.7%	87.9%	89.5%	No comparison available

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) <small>(QOF)</small>						
Exception rate (number of exceptions).	0	(0)	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) <small>(QOF)</small>			66.7%	88.5%	90.0%	No comparison available
Exception rate (number of exceptions).	0	(0)	9.6%	10.5%	N/A	
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>			100.0%	83.4%	83.0%	No comparison available
Exception rate (number of exceptions).	0	(0)	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)	496	537.5	537.5
Overall QOF exception reporting	9.5%	7.4%	5.8%

Any additional evidence

- Unverified data supplied by the practice for the QOF period April to December 2018 showed they had achieved 419 points out of 559, equating to 74.9%. The QOF period ends in March 2019 and the practice confirmed they were anticipating exceeding last year's achievements.

	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

- The practice provided a number of clinical medicine audits. For example, the clinical audit to monitor whether the appropriate checks on patients receiving blood thinning medicine were in place showed improvement at the re-audit in December 2018. Improvements included a 75% increase in the number of patients with an alert on their medical record and an improvement of an up to date record of the patient clotting factor ratios.
- Another audit of patients prescribed a medicine that required regular health checks showed an improvement from 25% to 50% three months later at the re-audit of patients attending the practice for these health checks.

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

Coordinating care and treatment

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

Indicator	Y/N/Partial
	I

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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	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
Any additional evidence or comments <ul style="list-style-type: none"> The practice provided access to the Citizens Advice Bureau (CAB) service. The practice team also promoted social prescribing schemes to patients. The Beacon GP Care group, offered patients opportunities to attend group education sessions, within the local community. 	

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)	95.1%	94.6%	95.1%	No comparison available

Exception rate (number of exceptions).	0.5%	(2)	0.9%	0.8%	N/A
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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

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The staff team were well established and stable and has a consequence had built relationships with many patients. There was good insight and understanding of the patient demographics, including the ethnic and cultural diversity and the challenges people faced locally. 	

CQC comments cards	
Total comments cards received.	14
Number of CQC comments received which were positive about the service.	8
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards.	Thirteen of the CQC comment cards described the service, GPs and the reception team positively. Comments indicated that patients felt they received a patient centred service where they were listened to. Five comments cards also referred to difficulty getting appointments and one comment card referred to an issue regarding the length of time waiting for a hospital outpatient appointment.
NHS choices	There were two feedback reports for the practice from 2018. One rated the practice five stars and was complimentary about the GP, the practice nurse and reception team. The second comment rated the practice one star and identified concerns with access to appointments and issues with the reception team. The practice management team responded to all comments and requested those patients who were unhappy or dissatisfied with the service to contact the practice to help resolve their issues.

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
2295	395	75	19%	3.26%

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)	85.9%	87.6%	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)	78.2%	85.8%	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)	96.8%	94.7%	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)	75.2%	82.1%	83.8%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> The practice monitored patient feedback from the GP Patient Survey, complaints and comments left on public websites such as NHS Choices and the Friends and Family feedback. We viewed feedback received via the Friends and Family survey for October, November and December 2018. We noted that 12 of the 13 responses identified they would likely recommend or extremely likely recommend the practice to friends and family. Analysis undertaken by the practice for

2018 showed that 63 respondents out of 65 were either highly likely or likely to recommend the practice.

- The comment sheets we viewed also recorded positive comments regarding the quality of service patients had received.

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
Comments cards.	Comment cards referred to the GP at the practice and being listened too and involved in decisions regarding their care.

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)	85.0%	91.4%	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"> • Members of the practice team could speak a range of languages which helped support patients 	

whose first language was not English. The practice also used interpreters and offered extended appointments to ensure patients received the right care.

Carers	Narrative
Percentage and number of carers identified.	The practice had 32 carers registered. This equated to 1.4% of the patient population.
How the practice supported carers.	The practice was actively trying to raise awareness of the support available for carers. The practice advertised the service by sending out text messages and on prescription slips so that patients who were carers could use the return slip to identify themselves. The practice also included information in the new patient information packs, in the practice newsletter, on waiting room notice boards. The practice offered carers an annual health check and flu vaccination.
How the practice supported recently bereaved patients.	The practice recorded an alert of the patient electronic record when recently bereaved. The practice offered signposting to bereavement services and appointments with a GP or practice nurse as required.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> To increase patient privacy the practice provided a partitioned reception desk, a quietly playing radio and a self-check in screen. A private room was available to patients to discuss concerns and to contact the citizen advice via a dedicated telephone line. 	

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

Any additional evidence

- The practice provided patients direct access to a dedicated telephone line in a private room to the Citizens Advice Bureau (CAB) service.
- The practice team also promoted social prescribing schemes to patients such as Buzz, a health and wellbeing service in Manchester.
- The Beacon GP Care group, worked with the local interfaith groups to offer patients opportunities to attend locally, group education sessions. The first group education was held in November 2018 in Longsight and the subject was breathing. A second education session to discuss diabetes was planned and advertised for February 2019 and was to be held at the public library.

Practice Opening Times

Day	Time
Opening times:	
Monday	08:30 to 18:00
Tuesday	08:30 to 18:00
Wednesday	08:30 to 13:00
Thursday	08:30 to 18:00
Friday	08:30 to 18:00
Appointments available:	
Monday	08:30 to 12:00 and 14:30 to 16:50
Tuesday	08:40 to 12:30 and 14:50 to 17:10
Wednesday	09:30 to 11:50
Thursday	09:30 to 12:40 and 13:00 to 16:50
Friday	08:40 to 12:40 and 13:50 to 17:00

Any additional evidence or comments

- Between the hours of 08:00 and 08:30 and 18:00 and 18:30 the practice telephone lines direct patients to the Out of Hours provider Mastercall.
- Mastercall also provides cover every Wednesday afternoon from 13:00 to 18:30 hours.
- The practice can offer patients GP, practice nurse appointments at 'hub' location as part of the extended access service for patients.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2295	395	75	19%	3.26%

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)	88.8%	93.3%	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.
- Older patients who were frail or vulnerable received a full assessment of their physical, mental and social needs.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice 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 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 planned to offer an increase number of appointments from February as part of the 'winter resilience scheme'.
- 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 tried to offer accessible, flexible appointments. The practice is a small practice and there was one GP each day offering morning and afternoon appointments. This provided continuity of care but limited availability of appointments outside core business hours. The practice could offer patients appointments at local hub locations through the local federation GP extended access service.

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, veterans and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The GP partners for the GP practice had set up a Homeless Friendly charity to raise awareness of the plight of the homeless and to promote respect and compassionate care and treatment. The charity, worked closely with the Greater Manchester Homeless Action Network and had built and continued to build a network of support and commitment that included a local hospital, a local authority and a range of other local businesses and organisation.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health

Population group rating: Good

(including people with dementia)

Findings
<ul style="list-style-type: none"> • 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.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	67.4%	69.3%	70.3%	-
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)	54.2%	66.4%	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)	58.7%	65.9%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	58.1%	70.8%	74.4%	No statistical variation

Any additional evidence or comments

- The practice reviewed the practice's capacity and the demand for GP appointments every month and tried to adapt the service to improve capacity. The practice was a small one with one GP working each day and a practice nurse working two days per week. The practice manager confirmed that approximately 90% of appointments were for on the day urgent appointments with the remainder being pre-bookable.
- The GP partner advised that there were plans in place for the whole Beacon GP Care group to improve patient access at this and other registered GP practices within the Beacon group. These included investing in a central telephony system to improve communications for patients and the recruitment of five clinical pharmacist trained to undertake minor illness assessments and long-term conditions reviews. The pharmacists would work between GP practices to provide direct patient support. The practice believed these measures when implemented would improve patient access to appointments.
- Following the inspection, the practice confirmed they intended to improve the telephone system at the practice so that a call queueing facility and the ability to accept more than one call was available for patients.

Source	Feedback
For example, NHS Choices	One of the two comments on NHS choices posted in 2018 referred the lack of appointments and five of the comments cards received by the CQC also referred to difficulty getting 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.	2
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice manager confirmed that they did not receive many complaints but they believed their quick response to resolve issues raised by patients as key to this. • The two complaints we reviewed showed the practice investigated the concerns raised and responded to patients in a timely manner. • The final letter of the complaints we viewed did not include the details of the health ombudsman should the complainant wish to pursue their issue further. The practice manager confirmed that the final letter to a complainant would contain information regarding the ombudsman. 	

Example of learning from complaints.

Complaint	Specific action taken
Complaint regarding rejection of secondary referral and of lack of choice of location for this appointment.	Following investigation, explanation and apology to patient the practice reviewed their protocol regarding how to respond when a secondary referral is rejected. The protocol was amended so that the patient is contacted directly if any referral is rejected by secondary care and an explanation provided.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice was part of a group of nine GP practices, located within the Greater Manchester conurbation with separate CQC registrations. The group was referred to by the GP provider and staff as Beacon GP Care. The registered GP partners provided leadership for both this practice and the other practices. Clear systems were established promoting joint collaborative working across the nine GP practices. Staff roles were clearly defined with leaders having responsibility for different areas of the management across the practices in the group. Staff we spoke with were knowledgeable about these roles.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice's vision stated, 'Caring with Passion' which was supported with; 'To provide the highest quality patient-centred healthcare for all our patients through innovation and collaboration. We aim to provide the best level of patient satisfaction and deliver high healthcare targets, supported by friendly professional team.' The practice vision was shared with staff at regular practice meetings where opportunities to share learning was a standing agenda item.	

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: <ul style="list-style-type: none"> The practice ensured joint learning and development was shared across all the practices in the group. This was achieved with monthly practice level meetings, monthly meetings between practices located or clustered together and bi-monthly meetings of all the practice managers. Standing agenda items were discussed at these meetings and these included significant events, safeguarding and QOF. This enabled the practices to share learning and identify solutions at local and group level. 	

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, at the practice and with a neighbouring practice

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Structures, processes and systems to support governance and management were established. 	

- Practice specific policies were available and these were reviewed at regular intervals. The provider was in the process of aligning all the policies and procedures across the whole group.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- There was a meeting structure with set agendas that allowed for discussion of all areas of quality improvement. Meetings were undertaken at practice level, cluster or local level and at group level.
- 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.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
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: <ul style="list-style-type: none"> • The inspection identified some areas of potential risk including the lack of risk assessment to mitigate the potential risks associated with not having a defibrillator available and lack of risk assessment for the emergency medicines not held by the practice. Following the inspection, the practice manager provided a risk assessment for the lack of a defibrillator and confirmed emergency medicines had been reviewed and the range increased. A protocol was recorded for the management of emergency medicines and this included information regarding three medicines not held at the practice. 	

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

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:	
<ul style="list-style-type: none"> The practice stated they had and continued to try to recruit patients to a patient reference group. The practice confirmed that they did not have any members recruited yet. The practice monitored patient feedback through the friends and family test and feedback recorded on public websites such as NHS Choices. Following this inspection, the practice adapted the friends and family test to make it more accessible to patients. A child friendly version and versions in Urdu and Polish were developed and made available. The staff attended a range of team and organisational meetings, where staff were encouraged and supported to share their opinions and views. The partners and the practice were committed to neighbourhood and locality working. 	

Continuous improvement and innovation

There were 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 GP partners had plans in place to streamline and improve effectiveness of its services to patients registered at all the locations they offered services from. These included providing an improved centralised telephone system and recruiting five pharmacists who had received additional training so that they could provide face to face support for minor illnesses or long-term condition reviews.
- Following our inspection, the GP partners reviewed the telephone system and obtained quotes to deliver a system that allowed for call queuing and accepting more than one caller at a time.
- The GP partners were founders of the charity Homeless Friendly which promoted accessible respectable and compassionate service to homeless people.
- The practice was working with the local community to develop opportunities to improve health education to people living in the area.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

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