

Care Quality Commission

Inspection Evidence Table

Dr Ngan and Partners (1-549984853)

Inspection date: 19/02/2019

Date of data download: 05 February 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

Safeguarding	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had dedicated safeguarding leads for both clinical and non-clinical staff for child and adult safeguarding matters. • 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 in information folders. • We noted that the safeguarding adult's policy needed to be updated to include the name and contact details of the safeguarding lead. However easy read flow diagrams with contact details were displayed in the practice. The practice manager assured us that she would update the policy to include this information. • 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. 	

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"> • We examined three staff files and noted that these contained most of the information required under schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In one file for a locum GP there was no reference to confirm satisfactory evidence of conduct in previous employment. A reference was later located by the practice manager to address this issue. • Likewise, in another file we noted that a reference was on file which was not dated or signed. Again, the practice manager was able to provide assurance of the date the letter was received and the original source via email records. 	

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: 07/09/2018	Y
There was a record of equipment calibration. Date of last calibration: 26/04/2018	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: September 2018	Y
There was a log of fire drills. Date of last drill: 26/11/2018	Y
There was a record of fire alarm checks. Date of last check: 29/01/2019	Y
There was a record of fire training for staff. Date of last training: 19/03/2018 to 12/02/2018	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 08/01/2019	Y
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence: All actions identified in the fire risk assessment were being addressed in accordance with the level of risk.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 23/11/2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 23/11/2018	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> A health and safety audit / inspection document had been completed which served as a risk assessment for the practice and premises. We noted that the comments box for each section of the audit had not been completed. The practice manager told us that she would update this section of the report to provide a commentary and analysis of the findings for each section of the risk assessment. The practice had a contract with Peninsula Business Services who were also scheduled to undertake a routine annual health and safety audit and review on 07/03/2019. 	

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: 10/01/2019	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The last infection control audit tool / risk assessment dated 10/01/2019 included brief details of any actions taken in response to issues identified. The practice manager told us that she would be introducing a more detailed action plan to include the date that actions were completed. All practice staff (both clinical and non-clinical) completed infection control training via Blue Stream Academy e-learning. 	

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:

- The staff team received at least 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.
- Receptionists had access to an 'emergency telephone call handling protocol' and 'prioritisation of urgent calls handling guidance' to ensure they understood the triage process to follow if a patient was unwell.

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"> • All communications coming into the practice were viewed by the GPs. At this inspection, we saw all test results were dealt with in a timely way. • Systems to monitor patient referrals to secondary care, including the two-week pathway were established and monitored. Each GP kept a log of their own referrals and an overarching overview of the referral was held and monitored by the assistant practice manager. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.34	1.03	0.94	Significant Variation (positive)
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)	7.9%	8.4%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	6.59	5.58	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	0.95	2.39	2.22	Variation (positive)

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
The practice had a process and clear audit trail for the management of information about	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	NA
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Systems had been established to ensure all prescriptions were logged, allocated and stored in a systematic and safe way. • The practice had undertaken an audit of patients prescribed high risk medication between October and December 2018 to review the standard of care provided and check the required health care monitoring had been undertaken. • Data available showed that the practice had a lower than average number of antibacterial prescription items prescribed between dates 01/10/2017 and 30/09/2018. However, data provided by the medicine optimisation team identified the prescribing of antibiotics specifically for urinary tract infections was higher than the local average. The practice took action to review and reduce the prescribing of these antibiotics. • The practice continued to monitor their antibacterial prescribing. • An automated external defibrillator, oxygen and emergency medicines were accessible to enable an appropriate response in the event of a clinical emergency. 	

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:	12
Number of events that required action:	9
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • All significant events were reviewed to identify areas for improvement and action. • All staff had access to the practice shared drive, where the significant incidents policy and incident recording forms were available. We saw completed recording forms. A log book was also located in the reception area and the utility room for staff to record incidents. • 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. • The practice coordinated an annual review of significant events and had also established an internal audit system. The audit process included a description of each incident; people present at the review; reflections on the incident and learning; changes carried out in response and their effect and outcome. 	

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

Event	Specific action taken
Fault with fridge storing vaccinations	Clinical staff notified NHS England and the manufacturers were notified of the event. Vaccines were quarantined and later disposed of safely. New fridge purchased.
A GPs house was broken into. Prescriptions were stolen.	Policy amended so that all handwritten prescriptions were locked away and not stored in a doctor's bag. Prescriptions taken for home visits are now locked away securely.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	

- A safety alerts protocol had been developed to ensure designated staff were clear on their roles and responsibilities for retrieving, distributing and managing safety alerts received via the Central Alerting System (CAS). This included a range of information such as MHRA notifications. All safety alerts were recorded electronically on an audit spreadsheet and subject to a comprehensive review. The audit process included a review of background information, methodology, analysis of findings; compliance rate and recommendations. Annual second review cycles were also completed to review practice.
- Systems had been established to monitor and confirm that staff had read safety alerts received via the Central Alerting System (CAS). Staff we spoke to were clear on their responsibilities regarding the management of safety alerts and we noted that safety alerts were well documented, acted upon, discussed and reviewed.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Clinicians had access to NICE and best practice guidance from their desktop computers. The practice implemented a range of regularly monitoring audits to ensure patients received a consistent standard of quality care and service. Several clinical audits were available that demonstrated the practice was reviewing different health care conditions to ensure optimum treatment was provided. Each GP provided clinical leadership or expertise on specific areas and they were supported by clinical nursing and administrative leads. 	

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) <small>(NHSBSA)</small>	0.28	1.19	0.81	Variation (positive)

Older people

Population group rating: Good

Findings

- The practice patient population had a much lower proportion of older patients when compared to local and national averages.
- Older patients who were frail or vulnerable received a full assessment of their physical, mental

and social needs. Those identified as living with moderate or severe frailty received a full assessment of their physical, mental and social needs.

- The practice followed up on older patients discharged from hospital or those who had attended A&E with a telephone call to discuss their needs. 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.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: **Good**

Findings

- The practice patient population was generally younger than most GP practices and therefore had a lower prevalence of patients with a long-term condition.
- Those 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 all 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, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice promoted the one stop clinic approach to enable patients to receive all their required health checks at one appointment.

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>	81.5%	78.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	7.1% (15)	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>	72.1%	76.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	12.9% (27)	11.2%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.0%	81.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.1% (17)	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) <small>(QOF)</small>	79.2%	75.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	11.3% (19)	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) <small>(QOF)</small>	91.3%	87.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	9.8% (5)	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) <small>(QOF)</small>	78.1%	81.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.5% (6)	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) <small>(QOF)</small>	84.6%	89.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.5% (1)	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. The practice received approximately 96% of the available points for 2017/18. (This was reflective of both local and England averages). However, the practice had lower clinical exception reporting (6.6%) compared to the local average of 7.3% and England average of 9.7%.
- The practice manager showed us data that demonstrated regular monitoring and checks on current achievement for this QOF year 2018/19 was undertaken.
- 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 to remind patients of the importance of attending appointments.
- The practice also worked with the clinical commissioning group (CCG) and used the monitoring data supplied by them to assess their performance and benchmark their achievement.

Families, children and young people

Population group rating: **Good**

Findings

- The number of babies and young children under four years of age on the practice register (1.6%) were below local and national averaged 6.3% and 5.6% respectively.
- The low numbers of children did impact on the practice' achievement in childhood immunisation uptake rates, with achievement for immunisations for the under two years olds missing the national target of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice monitored attendance of under five year olds at A&E department and offered support to families as required.
- The practice safeguarding registers were monitored and were up to date.
- The practice had recently extended its registration to include family planning so that young people in the locality had easier access to long-acting reversible contraceptives (LARC) which include injections, intrauterine devices (IUDs) and subdermal contraceptive implants.
- Young people could access services for sexual health and contraception services

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>	23	24	95.8%	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)	27	31	87.1%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	27	31	87.1%	Below 90% minimum (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)	27	31	87.1%	Below 90% minimum (variation negative)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice promoted meningococcal, MMR and ACWY vaccinations to university students.
- The practice had created an HPV awareness leaflet and this vaccination was offered to international students.
- 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)	41.4%	65.3%	71.7%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	54.9%	59.0%	70.0%	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)	38.3%	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	90.9%	72.4%	70.2%	N/A

occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) <small>(PHE)</small>				
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) <small>(PHE)</small>	60.0%	48.5%	51.9%	No statistical variation

Any additional evidence or comments

- The practice told us that getting patients to attend for cervical screening was challenging and that it had been this like this for several years. The practice recognised that further improvements were required in encouraging women to attend for this screening and undertook a number of activities to encourage and promote this screening.
- This included in October 2018 working with Jo’s Cervical Cancer Trust to target and invite eligible women in for this screening. The practice used coloured writing paper to flag up the importance of this screening and included information leaflets translated into different languages including Chinese. Nine out of ten patients invited to attend this screening did so.
- In addition, the practice displayed and promoted cervical awareness in the waiting room during the cervical awareness week commencing 27 January 2019.
- The practice clinical team also encouraged women to attend for this screening with telephone calls and opportunistic screening.
- Unverified information supplied by the practice after the inspection visit, indicated that smear uptake rates had increased from 38% to 45% between October 2017 and March 2018.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Regular palliative care meetings were undertaken with the palliative care team.
- The practice held a register of patients living in vulnerable circumstances including migrants, asylum seekers and those with a learning disability.
- One GP partner offered extended appointments of up to one hour on a Friday morning to patients who were vulnerable or had complex needs to help guide, support and signpost them to the appropriate services.
- Mencap supported the practice to raise awareness of learning disabilities during one week in June 2018.
- The patients with a learning disability received an annual health check and review.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice referred patients to social prescribing services such as Buzz.

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.
- The practice recognised that the mental health needs of their student population and referred them to self-help support services such as Zion. The practice also provided a consultation room to 42nd Street, a charitable service to support people between the ages of 13 and 25 years with mental health issues.
- The GP partners had recognised gaps in available services for patient with eating disorders and gender dysmorphia and were lobbying the CCG to provide funding so that services to support these patients could be established.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- Those patients with drug or alcohol dependency issues were referred to one of the neighbouring practices within the Vallance centre.
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- 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. Staff were trained and recognised as dementia friendly.

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) <small>(QOF)</small>	95.7%	87.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	4.2% (1)	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>	95.7%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.2% (1)	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%	83.1%	83.0%	Variation (positive)
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)	536.9	535.1	537.5
Overall QOF exception reporting (all domains)	5.9%	7.3%	5.8%

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

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

<p>The practice team undertook a range of audits including clinical audits. These included audits of clinical drug monitoring and near patient testing, an antimicrobial audit, audit on the A&E attendance and an audit of platelet count for patients over the age of 40 years. Other audits included:</p> <ul style="list-style-type: none"> The practice audited all children attending A&E during January and February 2016 and took action including ringing parents to advise them that the GP practice was accessible and possibly more appropriate. A re-audit of the same patients and their attendance at A&E two years later was undertaken in 2018. The analysis of the findings indicated that there had been no discernible reduction in attendance at A&E and a minority repeatedly attended A&E despite advice offered by the practice. An audit of the assessment and treatment of acne identified the required standards of achievement in the grading and treatment of acne. The audit involved reviewing patients records to identify those with diagnosis of acne. The audit identified that the practice was providing the right prescriptions (in line with best practice guidance) in 79% of cases for mild acne, 85% for moderate acne and 100% for severe acne. Follow up monitoring of patients for mild, moderate and severe acne was 29%, 46% and 75% respectively. Actions to improve this were identified.
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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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • A comprehensive training matrix was available and this demonstrated staff had attended a wide range of both mandatory and specialist training. This was further supported with staff training files which contained individual training certificates. • The practice held full practice meetings every month and this was also used to deliver training and share good practice. • The practice was a training practice for recently qualified doctors and had been accredited to provide training placements to undergraduate 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff at the practice met every month with staff from other health and social care agencies to discuss vulnerable patients. We saw minutes of these meetings. Actions taken as a result of meetings were recorded on patient medical records. 	

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: <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 practice attended the university freshers' week to promote health campaigns such as meningitis vaccinations and safe sexual health. 	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.5%	94.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (1)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y

Caring

Rating: Good

Kindness, respect and compassion

Staff treated 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 practice team demonstrated good insight and understanding of their patient demographics, including the ethnic and cultural diversity and the challenges people faced locally. 	

CQC comments cards	
Total comments cards received.	22
Number of CQC comments received which were positive about the service.	19
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards.	All 22 comment cards recorded positive feedback about the quality of care and treatment respondents had received. The service was described repeatedly as 'excellent' and 'very good' and comments stated that the GPs and the practice team listened to them. Three comment cards all praised the service they received but mentioned they had to wait on occasion when patient appointment times ran over.
Patient feedback	We spoke with one patient at the time of the inspection and they provided positive feedback about the service they received. They told us they could get appointments when they needed them, that the reception staff, GPs and nurses were supportive and they felt they received a safe effective service.
NHS choices	The practice had not received any comments on NHS Choices website in 2018.

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
9843	420	51	12.1%	0.52%

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)	85.3%	88.2%	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)	75.6%	86.2%	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)	95.1%	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)	85.3%	82.3%	83.8%	No statistical variation

Any additional evidence or comments

- The practice manager had reviewed the results of the GP patient survey, compared these alongside the practice in house patient survey and the results from the friends and family test. The practice results from their own patient survey showed higher levels of satisfaction than recorded in the published GP patient survey. However, an action plan was developed which reviewed the areas that the practice could further improve to enhance the quality of services it provided to patients. Actions implemented following the GP patient survey and in-house patient questionnaire included an audit of appointment times and delays; action to recruit a salaried GP, and a review of the telephony system.

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

Any additional evidence
<ul style="list-style-type: none"> The practice manager provided results data for in house patient surveys undertaken between July and October 2018 and November 2018 and February 2019. Both surveys provided mostly positive responses with respondents rating the practice either, good, very good or excellent for consultations with GPs, the helpfulness and friendliness of staff. Areas identified as poor or fair were highlighted for review and action. Positive feedback was shared with staff and with those staff members respondents identified by name.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice was aware their patient population included a high number of Chinese and ethnically diverse students. Members of the practice team spoke a variety of languages and there was access to online translation services and a pre-bookable face to face translation service. Some staff spoke other languages and the practice website could be accessed in languages other than English. There was information available on the practice website and in the patient waiting areas and this was available in a range of other languages including Chinese. 	

Source	Feedback
Interviews with patients.	The patient we spoke with told us they felt they were always listened to. They said staff always answered questions and their needs were met. They said they felt involved in making decisions about their medicines and treatment. Comments we received on the CQC feedback cards reflected this information.

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)	92.3%	91.8%	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 a high number of university students many of whom were living away from home. The majority of patients were between the ages 16 and 45 years. However, the practice had identified 21 patients as carers, (0.01% the practice population).
How the practice supported carers.	<p>One staff member was the designated carers champion and had recently held the first carers group meeting. Further meetings were planned and the practice manager confirmed that support from the Manchester Carers Support group would be requested at the next carers meeting.</p> <p>All carers were offered a flu vaccination and a health check and given information about local support organisations. Carers were coded on the electronic record system to allow staff to easily recognise patients who were carers and enable them to offer convenient appointments.</p>
How the practice supported recently bereaved patients.	The practice provided support to patients on an individual basis and this included a visit or telephone call if it was appropriate. They signposted patients to bereavement support services. We noted information leaflets signposting patients to bereavement services were available in other languages including Chinese.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The Citizens Advice (CAB) had held a pop up workshop at the practice in October 2017 and a dedicated private telephone line was available for patients to use. The practice manager received feedback monthly from the CAB which showed who and how the service was being used. For example, in January 2019 CAB received four calls, two of which were resolved during the call and two callers were offered appointments. Issues related mainly to welfare benefits. The practice was a LGBT friendly practice and had been awarded silver status. The practice produced a quarterly newsletter which was available online and in paper format from the practice. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00 to 18:30
Tuesday	08:00 to 18:30
Wednesday	08:00 to 18:30
Thursday	08:00 to 18:30
Friday	08:00 to 18:30
Appointments available:	
Monday	08:30 to 12:30 and 13:30 to 18:30
Tuesday	08:30 to 12:30 and 13:30 to 18:30
Wednesday	08:30 to 12:30 and 13:30 to 18:30
Thursday	08:30 to 12:30 and 13:30 to 18:30
Friday	08:30 to 12:30 and 13:30 to 18:30
Extended access: Telephone Consultations	

Monday	18:30 to 19:30
Tuesday	18:30 to 19:30

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9843	420	51	12.1%	0.52%

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)	79.1%	93.1%	94.8%	Significant Variation (negative)

Any additional evidence or comments

- The practice monitored patient feedback through a range of methods including in-house surveys, national surveys and the friend and family test. In response to feedback the practice monitored appointment availability and had undertaken an appointment capacity and demand audit during the month of October 2018 to identify whether they were providing sufficient appointments. The audit identified that the practice was providing enough appointments to meet patient demand. At the time of our inspection routine appointments were available the same day and for the following days.
- The practice offered same day access for those with urgent needs.
- Telephone triage and appointments were undertaken by GPs.
- On Wednesday mornings the practice offered an open surgery to anyone requiring an appointment. These were told were popular with students and older patients.
- The practice could also offer patient appointments outside core hours to people living in the local community at designated hub locations. This also included evening and weekend appointments.
- The practice nursing team had been reduced in recent months due to maternity leave and emigration. However, the practice had recruited new nurses who were about to start working at the practice.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

People with long-term conditions

Population group rating: Good

Findings

- Systems were in place to ensure all patients requiring a review of their long-term condition

received a comprehensive review and this included medication reviews. Patients with multiple conditions had their needs reviewed in one appointment where possible.

- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- Longer appointments and home visits were available when needed

Families, children and young people

Population group rating: Good

Findings

- 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 were established. The practice had undertaken audits of this and tried to offer advice and support to families regarding this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice team undertook a fund-raising day for Save the Children in December 2018.

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.
- Later evening telephone consultations were available two evening each week and pre-bookable appointments were available.
- The practice could also offer patients appointments at local hub locations through the local federation GP extended access service.
- In response to demand, and poor access locally, the practice had extended their registration and now provided a more comprehensive range of contraception both to their own patients and to others living locally.
- The practice team attended university freshers' fairs to raise awareness of health campaigns.

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, and those with a learning disability.
- Mencap had held a learning disability awareness day at the practice in June 2018.
- Patients with complex needs were offered longer appointments and there were regular meetings with other health and social care professionals to discuss the care and treatment of vulnerable patients.
- One GP offered extended appointments to patients with complex health and social care issues one morning each week.
- The practice worked with health and wellbeing services referring patients to Buzz and other support services.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Some staff were dementia friendly trained.
- The practice team had participated in a dementia walk in September 2018 and raised over £1000 for the dementia charity.
- The practice proactively signposted patients to support organisations for those with mental health needs. The charity supporting young people with mental health issues (42nd Street) used a room at the practice.
- The practice referred people to social prescribing services.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff were aware of patient symptoms that required immediate attention, and they had access to an 'emergency telephone call handling protocol' and 'prioritisation of urgent calls handling guidance' and would interrupt the GP if necessary to pass on information. 	

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)	84.0%	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)	71.3%	65.6%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or	67.1%	64.5%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)				
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)	78.1%	70.2%	74.4%	No statistical variation

Source	Feedback
Comments cards	Three of the 22 patient comments cards indicated they sometimes had to wait to see a GP because the surgery was running late. However, all cards praised the service overall. Patients said it was excellent and praised the staff and GPs for providing a caring, listening service.
Interviews with patients	The patient we spoke with told us they were always able to get an appointment when it was needed.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	13
Number of complaints we examined.	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.	1

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Complaint investigation and the learning outcomes were discussed at the monthly practice meeting. Complaints were a standing agenda item for discussion at these meetings. The practice carried out an annual review of all complaints they received. Information on how to complain was available in the practice, on the practice website and briefly within the practice leaflet. 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.

- The outcome of the complaint sent to the health ombudsman was found to be not upheld.

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained regarding lack of travel vaccination appointments.	The practice acknowledged to the patient there was limited access to these appointments because of the reduction of practice nurses available. An apology was provided and the patient reassured the practice was in the process of recruiting more nurses. Advice was offered to the patient on alternative places to get travel vaccination.

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 leaders were aware of the different needs of their patient population and adapted services to improve and meet these needs. • The practice was one of three GP practices located on the ground floor of the Vallance centre. The GP partners worked very closely with one of these practices and shared the practice manager and other back room staff. This provided increased resilience and support to deliver services to patients. • The practice building was provided through NHS LIFT Programme (Local Improvement Finance Trust). This created challenges for the practice to develop and improve their building facilities as any changes or adaptations required prior approval from the building management team and this they reported took long lengths of time. • Staff told us managers were always approachable. They said they could interrupt a clinician any time when needed and could always rely on leaders for support in any circumstances. 	

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 vision stated: "...our relationship with our patients is based on a promise to do the 	

very best for them when they seek help and to always go that extra mile.” The vision was supported by a comprehensive range of values that included, “Practising truly patient-centred care where what is important to the patient is fundamental to any decision making”.

- The practice vision and values was supported with a business development strategy and actions plans to help the practice achieve its objectives.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • 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 and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. • 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, at the practice and with the neighbouring practice.
Staff survey	The practice manager had surveyed the staff team in September 2018. The practice received seven responses which provided mainly positive feedback. The practice manager stated they planned to expand the staff survey in 2019 and hoped to get more responses from the team.

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"> • Policies and procedures were available to all staff on the practice shared computer drive. Paper copies were also available in the practice manager's office. The policies we saw were up to date and reflected best practice. • There was a meeting structure in place to aid discussion and share learning. This included practice meetings and clinical meetings. • Regular meetings were undertaken with multi-disciplinary teams. • The practice used rotas to minimise the risk of understaffing and to provide opportunities to cover staff absence. The practice worked closely with the neighbouring practice and shared some members of staff. • There was management overview of clinical and non-clinical staff training. • Systems of comprehensive monitoring and audit (including significant events, complaints, patient safety alerts and safeguarding) were in place and this was used to ensure services that were provided were safe, effective and reflected good practice. 	

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.	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

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had signed up to the Manchester Standards – a set of objectives for practice to achieve to deliver safe and effective services. • The practice reviewed performance regularly and bench marked themselves to improve performance. • Clinical achievement and quality improvement were discussed with staff and at practice meetings. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had three members in their patient participation group. The practice manager stated they were promoting the PPG to patients to increase membership. • The practice monitored patient feedback through the published GP Patient Survey, their own in-house patient survey, the friends and family test and feedback recorded on public websites such as NHS Choices. • The staff attended team meetings, and were staff were encouraged and supported to share their opinions and views. • The partners and the practice were committed to neighbourhood and locality working. 	

Feedback from Patient Participation Group.

Feedback

- We spoke with one patient who was a member of the PPG. They confirmed the group was very small and that the practice was trying to recruit further patients to this and was looking for patients from different age groups.
- PPG meeting minutes were available for April and December 2018. These showed the meetings provided opportunities for the practice and patients to share information.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• The practice had recently been accredited to expand its training to include doctors training to be GPs.• The practice had extended its contraception service to offer LARCs to the practice and the local population as there was insufficient alternative provision in the locality.• The practice team were aware of the changing landscape of health care and the changing patient demographic and were looking at ways to provide more flexible patients consultations through the use of email and skype.• The practice had identified gaps in health care provision for patients with eating disorders and gender dysmorphia and was lobbying for funding to develop these services.• Plans were in place to provide a minor surgery service later in 2019• One GP was involved in a project to deliver a student health programme in the summer at Manchester University.	

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.
- 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.