

Care Quality Commission

Inspection Evidence Table

Rooley Lane Medical Centre (1-540313361)

Inspection date: 20 February 2019

Date of data download: 20 December 2018

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>Patients newly registered with the practice were reviewed to identify any existing or potential safeguarding issues. Practice staff liaised with other agencies as necessary when indicated.</p> <p>There were clear checks in place to verify identity before patients were able to register for online access.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff recruitment processes included the completion of a health assessment form which included details of immunisation status. Additional checks or interventions were followed up by occupational health when required.</p>	

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:	Y February 2019
There was a record of equipment calibration. Date of last calibration:	Y June 2018
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check:	Y December 2018
There was a log of fire drills. Date of last drill:	Y 14 February 2019
There was a record of fire alarm checks. Date of last check:	Y 19 February 2019
There was a record of fire training for staff. Date of last training:	Y June 2018
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion:	Y December 2018
Actions from fire risk assessment were identified and completed.	Partial
<p>Explanation of any answers and additional evidence: We saw that a fire risk assessment had been completed in December 2018. However, during our visit, we found that the exterior access route for one of the fire exits was not suitable for people with limited mobility, as the ground was uneven and overgrown. In addition, the internal corridor leading to this exit was cluttered. The fire risk assessment had not identified these issues. Following our feedback, the practice responded immediately by removing the clutter, and making contact with a building contractor to arrange for works to be carried out to remedy the external escape route to ensure easy access for patients using wheelchairs or with limited mobility. We received confirmation that the work would be completed before the end of March 2019.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y January 2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y January 2019

Workstation risk assessments had been carried out for all staff.

In addition, following an incident where a patient had become violent during a consultation with a GP, a premises risk assessment had been completed, and CCTV had been fitted, along with appropriate signage.

The risks associated with lone working had also been highlighted. A 'Whatsapp' group had been developed, which enabled staff to notify the group members that they had safely left the building, when they had been working alone in the building, to ensure their safety.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were mostly met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control (IPC).	Y
Date of last infection prevention and control audit:	February 2019
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw that an IPC audit had identified that not all sinks were fitted with elbow taps. These were awaiting fitting when funds became available. During our visit we saw that the audit tool did not specify the checking of individual rooms, however after the inspection the provider informed us that each room was checked and any issues identified would be recorded under each type of room. We saw that flooring in one of the patients' toilets was in need of some improvement, and the light pull was grubby. Following our feedback, the practice immediately amended the tool to specifically include the checking of individual rooms. They told us they would re-audit using this tool, and ensure any identified shortfalls were addressed. Following the inspection, we received confirmation that the flooring in the toilet was due to be replaced on 23 March 2019, and the light pulls had been replaced.</p>	

Risks to patients

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

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

other clinical emergency.	
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All staff, including non-clinical staff had received sepsis awareness training. They also had access to a care navigation tool, which guided them in assessing patients' needs.</p> <p>Panic alarms were fitted to walls in clinical rooms, as well as on the computer system, to improve staff safety measures.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had purchased computer software which provided clinicians with access to clinical care pathways, formularies and patient information tools, which incorporated current clinical guidelines. In addition, they had developed a number of bespoke care planning templates and protocols, for example for use with diabetic patients.</p>	

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)	0.99	0.97	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	7.0%	5.3%	8.7%	No statistical variation

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

Medicines management	Y/N/Partial
checks and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice had employed two sessional practice pharmacists through a third party. They supported the practice in relation to optimising their prescribing patterns. We learned that they had reduced their opioid prescribing by 17% in the previous year.</p> <p>We checked vaccine refrigerator logs, and found that a number of entries showed temperatures higher than the recommended maximum of 8 degrees centigrade. The records did not include any narrative in relation to actions taken in response to this. However, the practice provided evidence that the vaccine manufacturers had been contacted following these episodes, and that they had been advised by them that no additional action was required. Following our feedback, the practice improved their systems, by reminding staff to complete narrative around any temperature anomalies to indicate any action required and/or taken. In addition, they purchased a data logger device for installation into the refrigerators which recorded temperatures continuously, and could be downloaded to give a clear and complete picture of vaccine refrigerator temperatures. This would give further assurance in relation to the integrity of vaccine storage arrangements.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	43
Number of events that required action:	40
Explanation of any answers and additional evidence: The practice collated all significant events and they were themed in relation to the nature of the incident; clinical treatment, pharmacy issues, procedures/staff, communication, clinical and estates. Third party events were also themed, showing where significant events, occurring in other services, had been recorded by the practice, as having an impact on their patients. This enabled them to identify themes more easily and develop action plans when necessary.	

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

Event	Specific action taken
A patient had contracted measles, practice learned they had not followed the appropriate protocol.	All clinicians refreshed their knowledge of measles and chicken pox protocols, an apology offered to the patient and the protocol was added to the clinical tree for future reference. No harm was caused to the patient.
Following instructions from a GP a non-clinical member of staff contacted a patient to advise them to stop taking one of their prescribed medicines (a medicine used to reduce the fluid in the body). The patient misunderstood the instruction and instead stopped taking a medicine for treating diabetes.	The misunderstanding was discovered and the patient made aware of the initial instructions. Following this, staff at all levels were reminded to always check that patients had understood fully any instructions given to them.

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:

All medicines and patient safety alerts were received by the practice manager. They were then disseminated to all relevant staff, including the IT/data manager. The IT/data manager liaised with relevant clinicians and ran reports to identify affected patients. When action was required immediately it was addressed, or was added to the agenda for the next clinical meeting for discussion and dissemination. Locums were also included in all safety alerts, and had access to all meeting notes.

Staff were able to describe recent examples from practice to demonstrate that appropriate actions had been taken in response to such alerts.

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.61	0.60	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- 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.
- Health checks were offered to patients over 75 years of age.
- Patients approaching end of life were visited by GPs every two weeks as a minimum, to monitor their changing needs and adapt care and treatment plans appropriately.
- Before the inspection we sought feedback from a residential home for older people. They told us the practice provided a comprehensive and effective service to their residents, and liaised with staff

and family members as appropriate. A weekly 'ward round' was carried out by the named GP. This had continued despite funding for this service having been withdrawn.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had an annual review to check their health and medicines needs were being met. The practice was working towards offering one appointment for more than one condition, for example, hypertension and COPD reviews. Practice staff liaised with the multidisciplinary team to plan and deliver effective care management for this group of patients.
- Staff who were responsible for reviews of patients with long-term conditions had received appropriate training and updates.
- 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, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. The practice participated in 'Bradford Breathing Better', aimed at improving patients' knowledge and understanding of conditions affecting breathing, such as COPD and asthma.
- The practice participated in the diabetes 'nine care' programme, benchmarking achievement against nine parameters relating to diabetes management. The practice showed evidence that they had improved from being one of the lowest achievers in Bradford, to reach fourth from top. They had achieved this by introducing new protocols, with 'pop us' to remind clinicians to review several aspects of patients' lives to monitor their management of their diabetes.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	84.0%	78.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	24.4% (117)	12.9%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	80.9%	81.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	19.2% (92)	11.0%	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) (QOF)	85.5%	81.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	18.3% (88)	17.3%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	81.9%	77.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	8.6% (32)	7.9%	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)	95.3%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.5% (11)	10.4%	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)	86.9%	84.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.8% (48)	5.2%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	86.8%	92.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	13.6% (12)	9.9%	6.7%	N/A

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates as reported, were slightly below the World Health Organisation (WHO) targets.
- 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. A code 'was not brought' was in use. Practice staff liaised with health visitors when necessary.
- Regular meetings were held with health visitors to oversee and monitor children and families with more complex needs and agree joint care packages.
- Young people's sexual health and contraception services were available locally.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	101	114	88.6%	Below 90% minimum (variation negative)
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)	106	122	86.9%	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)	108	122	88.5%	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)	104	122	85.2%	Below 90% minimum (variation negative)

Any additional evidence or comments

We explored the reasons for slightly lower than average achievement in relation to childhood immunisation uptake. The practice told us their catchment area did not fit completely under the local child health catchment area, as some addresses came under Calderdale or Leeds child health catchment area as well as those with Bradford addresses. The practice provided evidence which showed that they had achieved 90% or above in all areas.

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. We saw that 29% of the practice population were registered for, and made use of, online access.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	71.2%	73.0%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	58.0%	67.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	48.1%	53.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	48.4%	69.5%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	44.1%	58.7%	51.9%	No statistical variation

Any additional evidence or comments

The practice ran a self-care week each year supported by the practice health champions. This year they had promoted bowel screening amongst their patient group. The practice promoted a strong ethos of self-care and management.

A mobile breast screening van visited the practice on a three-yearly basis, and the practice monitored and followed up those women who failed to attend for their appointment.

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. We saw that in the previous year, 100% of patients approaching end of life had died at their preferred place of death.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according

to the recommended schedule.

- People who were experiencing substance misuse issues were identifiable on the patient record. Local services were available to support these people

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 smoking cessation 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 access to mental health crisis teams to support their recovery.
- Patients at risk of dementia were identified and offered an assessment, using recognised tools, to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	93.4%	89.5%	Variation (positive)
Exception rate (number of exceptions).	13.6% (6)	12.6%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	94.0%	90.0%	Variation (positive)
Exception rate (number of exceptions).	18.2% (8)	10.7%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	79.3%	85.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.7% (1)	7.1%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.15	556.15	537.5
Overall QOF exception reporting (all domains)	8.3%	6.3%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a 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 carried out annual cervical smear audits, reviewing the number of inadequate samples reviewed by the laboratory. Results showed only a small number of samples were inadequate. An annual review of minor surgery was undertaken, to monitor post-operative complications. In the previous year none of the procedures carried out had resulted in post-operative infections or complications.

In addition, a number of medicines management audits were carried out, in line with Bradford CCG requirements, monitoring antibiotic prescribing and opioid prescribing levels. We saw that the practice had reduced antibiotic prescribing for patients with sore throats in the previous year. They made use of a patient information leaflet providing information on how and when antibiotics were needed, and when they were not required to improve patient understanding and help reduce antibiotic resistance. They had also reduced opioid prescribing by 17% in the previous year.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

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

Helping patients to live healthier lives

Staff were 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
<p>Explanation of any answers and additional evidence:</p> <p>Practice health champions worked alongside the practice to support patients in managing their own health and choosing healthy lifestyles.</p> <p>In-house smoking cessation was provided by the health care assistant.</p> <p>Staff were able to refer patients to 'BEEP' - Bradford Exercise Education Programme to help combat obesity and increase activity levels.</p>	

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)	99.0%	95.8%	95.1%	Variation (positive)
Exception rate (number of exceptions).	0.1% (2)	0.8%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: Verbal consent was sought and recorded on the clinical system for procedures such as childhood immunisation and cervical screening. Written consent was obtained for more invasive procedures, such as minor surgery. Staff we spoke with demonstrated their understanding of issues pertaining to patients lacking capacity, or people under the age of 18 years.	

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

CQC comments cards	
Total comments cards received.	45
Number of CQC comments received which were positive about the service.	43
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment card	Receptionists really friendly and helpful.
Comment card	Staff are super. More parking would be useful.
Comment card	Doctors are very good, give time when they can.

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
7591	372	114	31%	2%

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)	87.8%	88.5%	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)	85.9%	87.0%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	92.0%	95.3%	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)	87.9%	81.2%	83.8%	No statistical variation

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

Any additional evidence
<p>The practice carried out Family and Friends (FFT) surveys which included the option for patients to add additional comments. They reviewed the results from these in conjunction with the patient participation group.</p> <p>In addition, during flu clinics, patient feedback was sought on a new method of leaving messages unrelated to illness, for GPs. It was found not to be appropriate for their patient population and therefore was not introduced.</p>

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice understood and had adopted the Accessible Standards requirements. Patient specific information, such as hearing or visual impairment was recorded on the home screen of patients' records, to guide staff. A hearing loop was available in the practice.</p> <p>We saw that a bespoke invitation letter had been developed to provide pictorial guidance to patients with learning disability in relation to their annual reviews, and what to expect during the appointment.</p> <p>Information could be printed in larger font when required.</p>	

Source	Feedback
Interviews with patients.	<p>(1) Both GPs and nurses are friendly, kind and listen.</p> <p>(2) Often able to see a GP on the same day.</p>

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	90.5%	91.6%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	234 people. This equated to just over 3% of the practice population.
How the practice supported carers.	A carers' notice board was placed in the patient waiting area. Carers, once identified, were offered annual health checks and a seasonal flu vaccination. Sessions were held on Saturday mornings and school holidays to help accommodate carers' responsibilities, including young carers.
How the practice supported recently bereaved patients.	GPs made contact as appropriate. Personalised condolence cards were sent to families. The community partnership enabled patients to access social support sessions, such as the 'lost friends' group to help tackle isolation and grief.

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> <p>A sign adjacent to the reception desk advised patients to stand back to aid confidentiality. Ambient music also minimised conversations being overheard.</p>	

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	7am to 6pm
Tuesday	7am to 6pm
Wednesday	7am to 6pm
Thursday	8am to 6pm
Friday	7am to 6pm
Appointments available:	
Monday to Friday	<p>GP appointments were morning and afternoon sessions. The lunchtime period enabled home visits to be carried out. Nurse and ANP appointments were available throughout the day.</p> <p>An on-call GP each day provided urgent appointment slots in the afternoon when needed. Appointments could be made up to 9.20am each morning, with pre-bookable appointments available up to one week in advance. Patients with online access were able to book appointments two weeks in advance. From April 2019, a new system was being introduced which would enable the 111 service to auto-book patients into two available appointments during normal opening hours.</p> <p>In addition, appointments were available as part of Bradford Care Alliance at two nearby surgeries from 6.30pm to 9.30pm Monday to Friday, and on</p>

	<p>Saturday between 9am and 12 midday. In addition to GP appointments, patients were able to access physiotherapy, cervical smear, asthma and spirometry appointments through this service. These appointments were bookable one week in advance.</p>
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National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7591	372	114	31%	2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	93.3%	94.6%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- Through the Community Partnership Group nursing and residential homes had been allocated on a pro rata basis to participating practices. This enabled the practice to focus more fully on the needs of these residents.
- A weekly 'ward round' was carried out to routinely review the care of all allocated patients. In addition, urgent or unexpected needs were responded to by the practice.
- We sought feedback from one residential home for older people before the inspection. They told us the practice responded appropriately to the needs of residents, their families, and staff.

People with long-term conditions

Population group rating: Good

Findings

- The practice was developing a system to enable patients with more than one long-term condition to receive one review appointment for all conditions.
- The practice participated in the diabetes 'nine care' programme, benchmarking achievement against nine parameters relating to diabetes management. The practice showed evidence that they had improved from being the lowest achiever in Bradford, to reach fourth from top. They had achieved this by introducing new protocols, with 'pop us' to remind clinicians to review several aspects of patients' lives to monitor their management of their diabetes.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for 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 followed up on children who 'were not brought' to appointments. Alerts were in place on patient records to indicate children and young people living in disadvantaged circumstances.
- The practice held regular meetings with health visitors to review families in greater need and plan a shared care approach. All accident and emergency attendances by children aged under five years were reviewed and discussed during these meetings.
- Children were given priority access to same day appointments when parental concerns arose.
- Seasonal flu clinics were held on Saturday morning to enable school age children to attend.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Access to online services was available. The practice had registered just under 30% of their practice population for this service.
- Early morning appointments were available from 7am on Monday, Tuesday, Wednesday and Friday to accommodate working age people.
- Extended hours access was available, delivered from two nearby practices until 9.30pm Monday to Friday, and from 10am to 12 midday on Saturday.

People whose circumstances make them vulnerable
group rating: Good

Population

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Longer appointments were offered, and a bespoke, pictorial based appointment letter had been developed to help illustrate what to expect during the appointment.

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

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff we spoke with demonstrated 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
<p>Explanation of any answers and additional evidence:</p> <p>Staff had access to care navigation software to guide them in gaining information they needed to best signpost patients to appropriate avenues of care.</p> <p>They had access to an urgency assessment policy. All requests for home visits were assessed by the GP and any required visits were shared between available clinicians. Staff were able to speak with a GP when needed for advice and assistance.</p>	

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)	71.9%	59.9%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	76.5%	62.8%	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)	78.7%	61.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	78.8%	69.6%	74.4%	No statistical variation

Source	Feedback
NHS Choices	(1) Superb service.

	(2) Fantastic care and treatment.
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Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	5
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy that their request for an MRI scan was denied by the GP	Explanation and apology sent to patient. Patient was under the care of a specialist who had indicated and MRI scan was not indicated at that time.
Communication/misunderstanding	Patient felt full explanation as to why paediatric opinion had been sought during a routine GP appointment had not been given. Explanation given to patient and staff reminded to ensure patients fully understand reasons for second opinions at all times.

Well-led

Rating: Good

Leadership capacity and capability

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

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

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Staff we spoke with demonstrated their understanding of the practice vision, values and ethos. They told us they were proud to work at the practice.	

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
The safety and well-being of staff was considered.	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> <p>The practice had developed a '3 Cs' system where complaints, comments and compliments were collated. These were reviewed during appraisals or more often when necessary, and enabled the leadership team and individual staff members to be aware of behaviours and modify or encourage behaviours as appropriate.</p>	

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

Source	Feedback
Staff member	Relationships are healthy and supportive.
Staff member	Everybody does their best to make it a good 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 in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had employed a third party to provide them with a full suite of practice policies and protocols applicable for their use. In addition, they made use of bespoke pathways and protocols developed in-house, to assist clinicians during consultations.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice carried out some quality improvement activity, including medicines optimisation activities. A member of the management team was part of a data quality super user group. Quarterly meetings were held to consider new data applications and evaluate their effectiveness for general practice.</p> <p>The practice reviewed current and future risks and took mitigating action to address these; for example, by participating in Community Partnership and federation models to facilitate working at scale across the wider health economy.</p>	

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 entailed.	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

Feedback from Patient Participation Group.

Feedback
The practice listen to suggestions. For example, a new telephone system, which includes a queuing system has been installed. Facilities to allow patients to check their blood pressure, weight and height has been installed to support patients to monitor their own health.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: Staff described how they were being supported to develop and gain new skills. Regular staff meetings were held to share knowledge and information.	

Examples of continuous learning and improvement

The practice had made a number of funding bids; for example, to purchase a digital self-care tool designed to help people experiencing social isolation to access guided self-care interventions. The practice was part of a Community Partnership including two other local practices, and developed initiatives and services to help manage social prescribing schemes, including 'All About Men' and a reminiscence group.

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 practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

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