

# Care Quality Commission

## Inspection Evidence Table

**Dr Ishtiaq Gilkar (1-483629339)**

Inspection date: 21 February 2019

Date of data download: 18 February 2019

**Overall rating: add overall rating here**

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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
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.	Yes

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
Explanation of any answers and additional evidence: The practice had considered the vaccination needs of the staff team in line with guidance and for those staff whose records did not show they had the necessary vaccination history a risk assessment was in place. Following our inspection, the practice told us they would begin a programme to ensure that all staff were vaccinated in line with Department of Health (DOH) guidance.	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 12/2018	Yes
There was a record of equipment calibration. Date of last calibration: 01/05/2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 10/2018	Yes
There was a log of fire drills. Date of last drill: 14/01/2019	Yes
There was a record of fire alarm checks. Date of last check: 04/01/2019	Yes
There was a record of fire training for staff.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 20/07/2018	Yes
Actions from fire risk assessment were identified and completed.	None required
Explanation of any answers and additional evidence: Additional monthly fire risk assessments were undertaken by staff members. Date of last assessment 10/01/2019.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 07/01/2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 07/01/2019	Yes
Explanation of any answers and additional evidence: The health and safety policy had been reviewed on 05/04/2018. The practice demonstrated that additional checks for the lift, electrical safety, gas, legionella, and emergency lighting had been completed. The practice manager attended a regular building user group meeting to discuss wider environmental issues.	

### **Infection prevention and control**

**Appropriate standards of cleanliness and hygiene were met.**

	<b>Y/N/Partial</b>
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	05/11/2018
The practice had acted on any issues identified in infection prevention and control audits.	None required
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: A monthly environment report was provided for the building and practice staff also completed a monthly infection prevention and control checklist.	

### **Risks to patients**

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

	<b>Y/N/Partial</b>
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including	Yes

sepsis.	
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.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Non-clinical staff at the practice had recently undertaken care navigation training to enable them to direct patients to the most appropriate clinician to assist them.</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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw that patient information was managed in a timely manner.</p>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	1.22	0.98	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)	3.8%	4.2%	8.7%	Variation (positive)
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)	5.29	5.26	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)	5.08	3.15	2.22	Variation (negative)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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.	Yes

Medicines management	Y/N/Partial
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence: Audits were being undertaken to identify the prescribing rates of individual clinicians by diagnosis and age group to help identify over use.	

## 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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	3
Number of events that required action:	3
Explanation of any answers and additional evidence:	

We saw that significant events were discussed at team meetings and staff were updated on actions and learning points.

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

Event	Specific action taken
A consultation was recorded in the wrong patient notes.	Discussed in clinical and team meeting. Staff advised to use 'triple identifier' name, date of birth and NHS number also to ask patients address as an additional safeguard.
A fast track referral was not sent	Changes to process, discussed with staff, lead clinical staff identified to review new process is happening.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: A spreadsheet was in place to ensure that all alerts were managed and action taken.	

## 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

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>	0.61	0.75	0.81	No statistical variation

## Older people

## Population group rating: Good

### Findings

- 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 health and communication needs. Individual cases were discussed in clinical meetings and with members of the multi-disciplinary team including pharmacists and community matrons.
- Older people at the practice were prioritised for appointments at the location of their choice and were offered a range of vaccinations including shingles, flu and pneumococcal. The community pharmacy team were contacted as necessary to request home visits for older patients to conduct medicines reviews in the persons own home.



## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions had a structured six-monthly review to check their health and medicines needs were being met. For patients with the most complex needs, clinicians worked closely with other health and care professionals to deliver a coordinated package of care. This included community matrons and the 'virtual ward'.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training and were also able to offer diet and lifestyle advice, weight management assistance, alcohol screening and referrals to voluntary care agencies.
- The practice offered a multi-disciplinary Level 2 diabetes and insulin initiation service which gave patients easy access to this specialised care without the need to attend the local hospital. Complex patients could see members of this specialist team at the practice.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Audit showed that 79% of patients were proactively provided with management plans and winter rescue packs between September 2018 and January 2019. Plans were in place to review the remaining patients.
- The practice participated in screening programmes such as Bradford beating diabetes and participated in enhanced services such as smoking cessation. They could demonstrate how they proactively 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 in line with guidance.
- Patients with atrial fibrillation were assessed for stroke risk using a hand-held device provided as part of federation working, any risks were reviewed immediately and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	68.5%	73.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	11.5% (78)	11.0%	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>	83.4%	77.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.0% (34)	7.5%	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>	76.2%	76.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	7.8% (53)	7.9%	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>	74.2%	80.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.9% (5)	3.1%	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>	97.6%	89.0%	89.7%	Variation (positive)
Exception rate (number of exceptions).	8.7% (8)	10.3%	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>	83.7%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	6.3% (45)	5.3%	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>	100.0%	87.7%	90.0%	Variation (positive)
Exception rate (number of exceptions).	32.1% (9)	12.0%	6.7%	N/A

**Findings**

- Childhood immunisation uptake rates were marginally below the World Health Organisation (WHO) targets. Where children were not presented by their parents for vaccination and clinic attendance, we saw that this was discussed in team meetings and that letters and phone calls were used to encourage parents to attend. The team had agreed on further action to ensure that children were not missed.
- 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. Audits undertaken by the practice in July 2018 and repeated in January 2019 showed that the correct action was being taken.
- Young people could access confidential screening and services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	147	165	89.1%	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)	132	148	89.2%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	133	148	89.9%	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)	133	148	89.9%	Below 90% minimum (variation negative)

**Any additional evidence or comments**

The practice could evidence that they were taking steps to ensure that they had a full and up to date vaccination history of children joining the practice. Where the appropriate records were in a language

other than English, staff had been made aware that Child Health were able to translate this record. Vaccinations would be undertaken without an appointment if necessary.

We were told of strong links with the local community and community leaders where health information regarding childhood immunisations and leaflets were distributed in local hubs and religious sites to encourage vaccination.

## 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 were encouraged to book or cancel appointments online and order repeat medication without the need to attend the surgery. The practice had also worked collaboratively to devise a method whereby patients could also leave real time feedback when using on line services.

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)	58.0%	61.2%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	52.5%	55.2%	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)	31.3%	35.6%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	42.9%	73.9%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	36.4%	54.4%	51.9%	No statistical variation

### Any additional evidence or comments

Figures for female patients on the mental health register showed that 93% of patients had undergone a cervical smear test in the preceding five years. (CCG average 68%, national average 70%).

We saw that an action plan which had been returned to the CCG included plans by the practice to improve their screening rates. Opportunistic screening was offered by female clinicians.

During our inspection we saw that a screening representative was talking to patients in the waiting area and the PPG lead discussed with us their ongoing plans to apply for funding to offer transport to patients to attend the surgery from other community groups for screening.

A previous screening event held at the practice had resulted in eight female patients booking in for screening.

### People whose circumstances make them vulnerable

Population group rating: **Good**

#### Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The care and medicines needs of these patients was regularly reviewed and prioritised by the practice pharmacist and their ongoing needs discussed in multi-disciplinary team meetings.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Unplanned admissions were reviewed at the clinical meetings.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

### People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

#### Findings

- Outcomes for patients with mental health issues were better than clinical commissioning group (CCG) and national averages. For example; 92% of patients had an up to date measurement of their blood pressure recorded compared to the CCG average of 85% and the national average of 82%.
- 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.
- 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 and links to the appropriate support teams.
- Older patients at the practice were offered an annual assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice was working to increase their prevalence of dementia and combat the belief of a stigma in relation to mental health issues widely held by parts of the practice population.

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)	93.6%	92.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	7.8% (4)	7.5%	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%	95.6%	90.0%	Variation (positive)
Exception rate (number of exceptions).	5.9% (3)	4.7%	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)	87.5%	83.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	8.7%	6.6%	N/A

#### Any additional evidence or comments

Overall exception rates for mental health indicators were lower than CCG and national averages.

#### 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)	531.5	528.5	537.5
Overall QOF exception reporting (all domains)	7.4%	7.1%	5.8%

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

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

The practice participated in a large number of ongoing national and local initiatives both to improve the quality of the service they offered to patients and the health of the wider community. We saw that this was supported by a comprehensive audit programme which covered multiple clinical areas and reflected the holistic needs of the patient population.

We saw that as a result of audits improvements were made to clinical care. We saw that outcomes from a diabetes audit showed a reduction of 16% in the HbA1c of patients. As a result of the audit the practice conducted additional quality improvement activity and engagement events.

## Effective staffing

**The practice could 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

## 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)	Yes
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.	Yes

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
<p>Explanation of any answers and additional evidence:</p> <p>We found evidence of effective communication between the practice, members of the multi-disciplinary team and voluntary care services. The team also had lead roles within a GP federation which was offering additional services to the local community.</p>	

## 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had identified a patient engagement lead who alongside a lead from another practice had forged strong links with patients, voluntary services and the local community. Patients were informed by text message of regular events and open days which took place and were offered refreshments, leaflets and 1:1 advice. We were told of examples of numerous referrals to voluntary and other services which had taken place because of the visibility of these staff.</p> <p>Patients could also access a social prescriber at the practice.</p> <p>A benefits advisor attended the practice each week.</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) <small>(QOF)</small>	100.0%	96.5%	95.1%	Significant Variation (positive)



Exception rate (number of exceptions).	0.6% (8)	0.9%	0.8%	N/A
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**Consent to care and treatment**

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

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

# 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.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>On the day of inspection, we observed interactions between staff members and patients which were supportive, compassionate and kind.</p> <p>Staff supported a local food bank to supply local people experiencing financial hardship which affected their ability to purchase essential food items.</p>	

CQC comments cards	
Total comments cards received.	37
Number of CQC comments received which were positive about the service.	28
Number of comments cards received which were mixed about the service.	9
Number of CQC comments received which were negative about the service.	0

Source	Feedback
NHS choices	The practice was rated as 3.5/5 on the NHS website.
Friends and family test.	Feedback from the Friends and family test showed that 94% of patients would recommend the service. Information forwarded by the practice after the inspection showed that an analysis of the comments from patients in October 2018 showed that all comments were positive. The practice team was described as helpful, friendly and caring.
Comment cards	Clinical staff were described as kind and professional and patients said they were 'great' and 'excellent'. A large number of comment cards also noted that the reception team were very kind, helpful and always smiling.
Patient interviews	We spoke with three patients during the inspection. Two patients told us they were very satisfied with the services offered. Patients were complimentary of the reception team.
Patient engagement lead	The patient engagement lead told us they were receiving excellent feedback regarding their role from patients. The lead spent time in the reception area and was continuing to build positive relationships with patients.

## 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
9059	425	98	23.1%	1.08%

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)	71.9%	82.4%	89.0%	Variation (negative)
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)	69.5%	79.1%	87.4%	Variation (negative)
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)	86.6%	91.9%	95.6%	Variation (negative)
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)	68.6%	72.6%	83.8%	No statistical variation

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

### Any additional evidence

A quarterly analysis of patient comments took place in the form of 'You said, we did'. These outcomes were displayed for patients to see and improvements included new chairs in the waiting area.

To help capture patient feedback, patients were able to complete a quick pop-up questionnaire or a manual questionnaire which was integral to the computer system used to book online appointments and request prescriptions.

The practice had developed an action plan following a review of the results of the national GP patient survey in August 2018 and their own in-house surveys.

Surveys were undertaken by the practice in March 2018 when 43 patients were surveyed and a second survey was undertaken between September and November 2018. This included actions to ensure that patients felt included in their care and ways of improving clinical communications with patients. The practice was introducing additional methods for patients to leave real time feedback including the use of the computer systems, encouraging the completion of the friends and family test and the use of an app. We saw that patient engagement and patient surveys were discussed in team meetings.

Outcomes from the survey which commenced in September 2018 showed increased patient satisfaction. A maximum of 81 responses were collated to each question at the Little Horton lane site and a maximum of 60 people responded to each question from the Birch branch location site.

86% of patients at the Birch location and 85% of patients at the Little Horton lane site said clinicians were excellent, good or very good at listening, compared to 72% of respondents to the GP patient survey.

90% of patients at the Birch location and 84% of patients at the Little Horton lane site said clinicians were excellent good or very good at taking time to answer questions.

On average 85% of patients rated the clinical care provided by the practice as good, very good or excellent.

### 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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

## 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)	76.1%	87.0%	93.5%	Significant Variation (negative)

### Any additional evidence or comments

We were told that clinicians would use an electronic device with patients which gave a visual representation of the body and could assist in the explanation of presenting problem.

73% of respondents said they had enough support from local services or organisations in the last 12 months to help manage their long-term condition compared with the CCG average of 70% and the national average of 79%.

From survey responses between September and November 2018, 87% of patients at the practice said clinicians were excellent, good or very good at explaining things in a way they could understand.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: The practice issued a monthly newsletter which also included information and tips for patients. The newsletter included information on extended access hours, the roles of specific staff, the services offered and self-care advice. Several team members were multi-lingual and able to communicate with patients in a range of languages relevant to the population. The team also used a telephone translation line when necessary.	

Carers	Narrative
Percentage and number of carers identified.	0.75% 65 carers identified. The practice was working to increase their prevalence of carers. The practice supported very low numbers of people aged 75 and over. 73% of the practice population are under 40 years of age.
How the practice supported carers.	A carers support charity had spent time in the reception area of the practice, and leaflets and support information were available.
How the practice supported bereaved	We saw evidence that the practice offered additional support to bereaved

recently bereaved patients. patients and sent condolence cards.
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## 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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

# 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.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Additional services such as diagnostic ultrasound, an anticoagulation clinic and a fertility clinical were offered at the practice as part of the GP federation. Patient waiting times had been reduced to two weeks for an ultrasound scan through this initiative.</p> <p>From April 2019 an online structured education tool would be available to diabetic patients which could be accessed by smartphone.</p> <p>During 2018 the practice had conducted audits to review the number of patients who did not attend for their appointments or did not stay for their appointment and an additional audit to review waiting times. As a result of this audit we saw that reminders for appointments were sent to patients both before their appointment and on the day of the appointment.</p>	

Little Horton Lane Opening Times	
Day	Time
Opening times:	
Monday	8.30am-6.pm
Tuesday	8.30am-6.pm
Wednesday	8.30am-6.pm
Thursday	8.30am-6.pm
Friday	8.30am-6.pm
Appointments available:	
Monday	9am-6pm
Tuesday	9am-6pm
Wednesday	9am-6pm
Thursday	9am-6pm
Friday	9am-6pm

Any additional evidence or comments

The Birch medical centre branch location was open between 8.30am and 6pm Monday and Friday, and between 8.30am and 1pm on a Wednesday.

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9059	425	98	23.1%	1.08%

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)	84.0%	90.6%	94.8%	Variation (negative)

#### Any additional evidence or comments

The practice offered extended hours appointments as part of federation working at three sites across the city.

Appointments were available between 6pm and 9pm Monday to Friday and between 10am and 1pm on Saturday and Sunday. Patients could see a GP, nurse, physio or have bloods taken.

The practice was offering an increasing number of 'double' appointment times to meet the needs of complex patients.

A patient engagement update was shared with the clinical team at each meeting. Actions from these included a review of the patient newsletter, actively promoting the GP patient survey to improve response rates through sending a text message and a three-monthly analysis of the friends and family test results.

Following feedback from patients and carers who requested better information about local voluntary and social services in the area, the practice participated in training for the reception team including care navigation, signposting and the self-care agenda. We saw investment in IT and iPad technology to improve patient signposting and education regarding self-care.

90% of patients at the Birch location and 82% of patients at the Little Horton lane site said overall, they were satisfied with the practice and rated it as excellent, good or very good.

86% of patients at the Birch location and 87% of patients at the Little Horton lane site said they were satisfied with the overall care from the practice and rated it as excellent, good or very good.

On average 88% of patients said that staff at the practice were helpful, high rates of satisfaction were also noted for courtesy and friendliness.



## 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 health checks, home visits and urgent appointments. Older patients had access to a separate telephone number to contact the practice for any issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.

## People with long-term conditions

Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- 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. Staff had undertaken additional training to allow wounds and leg ulcers, for example, to be managed at the practice.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services, reviewed regularly by the clinical pharmacist and managed in a sensitive manner.
- An engagement event for patients with Diabetes was planned for the week after our inspection.

## Families, children and young people

Population group rating: Good

### Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents could attend the weekly baby clinic, vaccinations would be undertaken without an appointment if necessary. Expectant mothers were offered dietary supplements to improve child and maternal health.

## 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.
- Extended hours appointments were available seven days a week at three hub sites across the city.

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**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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. Patients were offered annual health checks which were undertaken by a GP and the HCA. Blood tests, spirometry and ECGs were carried out if necessary, and regular medication reviews were undertaken.
- We were told of an example of a vulnerable patient who was being abused and was able to access the appropriate support following opportunistic engagement with the patient engagement lead.

**People experiencing poor mental health (including people with dementia)**

**Population group rating: Good**

**Findings**

- Priority, longer appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of local services, contacts and 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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely	Yes

necessary.

Explanation of any answers and additional evidence:  
 On the day of inspection, we saw urgent and on the day appointments were available.

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)	42.6%	N/A	70.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	60.1%	57.7%	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)	62.1%	60.9%	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)	67.6%	66.2%	74.4%	No statistical variation

#### Any additional evidence or comments

We saw that the practice had firm plans to install a new telephone system at the end of their current contract in September 2019 to improve telephone access to the surgery. This would increase the number of available lines from six to 15, with options for patients to choose and queue times.

We saw that non-clinical staff had recently completed care navigation and signposting training to enable them to direct the patient to the most appropriate clinician at the point of contact.

Patients were being encouraged to book and cancel appointments on-line and more on-line appointments had been made available. Online patient registration had increased from 12% to 25% of patients between October 2018 and March 2019. The practice was actively promoting this service and had set a target for 40% of patients to be registered to use this service.

From April 2019, following each appointment, patients would be sent a text message asking for 'real time' friends and family test feedback. Software had been installed that would enable these results to be collated. The practice was also to be a pilot site for 'patient voice' feedback, which via a variety of media, responses would be collated and reported to the practice.

The practice experienced high demand for appointments. National figures show that the average number of times a person visits their GP in a year is five. CCG statistics show that in Bradford City the average number of visits is between nine and 11.

A quarterly analysis of patient comments took place in the form of 'You said, we did'. These outcomes

were displayed for patients to see and improvements included the recruitment of two additional female GPs in 2018 and new chairs in the waiting area.

79% of patients who responded to patient survey between September and November 2018 said their phone call was answered promptly, compared to the GP patient survey data of 42.6%.

Source	Feedback
For example, NHS Choices	3.5/5 star rating. From March 2018, four comments had been made on the NHS website. One of these rated the practice as five stars and three other reviews rated the practice as one star. Comments included staff which were helpful and understanding, but reviews also noted it was difficult to get an appointment.
Patient interviews	We spoke with three patients during the inspection. Two patients told us they were very satisfied with the services offered and could get an appointment when they needed one. One patient told us that could not always get an appointment the same day and that they had to wait for their appointment due to delays.

### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.**

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

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained that they had to wait for their appointment.	Apologies and an explanation for the wait. Discussion with individual clinician and a learning point for staff discussed in the team meeting, to explain the reasons for delays and offer an apology. Letter sent to patient.
Patient marked as 'did not attend' in error which caused distress.	Discussed with clinician who apologised and noted several learning points from the incident. Letter sent to patient. Discussed in team meeting.

## 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Feedback from staff was overwhelmingly positive regarding the leadership of the practice.	

### 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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

### 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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes

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

Source	Feedback
Staff interviews	Staff told us of the high levels of satisfaction they felt working at the practice. All the staff we spoke with told us that they felt exceptionally supported professionally and personally by the lead GP, practice manager and each other. Several staff told us that they felt the practice was 'more like a family'.

## 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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: We saw evidence of good clinical systems in place supported by a good clinical skill mix which acted effectively in all areas. The practice was committed to the development and retention of staff.	

## 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.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

## 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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw that there was good communication between clinicians at the practice which led to clinical improvements.</p> <p>The data quality lead ran regular reports, and maintained an over view of quality outcomes framework (QOF) performance and highlighted any areas for improvement such as the uptake of screening.</p>	

## 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.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice proactively reached out to the wider local community via local mosques and churches to encourage self-care and promote health initiatives to the population. A monthly newsletter included information and tips for patients. The newsletter included information on extended access hours, the roles of specific staff, the services offered and self-care advice.</p> <p>Health promotion and self-care events were regularly held and refreshments offered to encourage uptake.</p>	

## Feedback from Patient Participation Group.

Feedback
<p>We were told that the patient participation group was representative of the practice population. The practice engagement lead attended patient participation group meetings. The Chairman of this group was very complimentary of the practice and their support and commitment to patient needs and the wider community, including that of the lead GP and other practice staff.</p>

## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes

## Examples of continuous learning and improvement

Managers at the practice understood the importance of collaborative working and clinical and non-clinical staff worked within the local GP federation. This enabled them to ensure that patients at the practice were offered enhanced services which met the clinical priorities of the area.

The lead GP was involved in a GP streaming service to direct patients to the most appropriate clinician at the local accident and emergency department.

The practice was also involved with the federation work on quality improvement initiatives for diabetes, COPD, opioid dependence and bone metabolism.

The practice had sourced several different ways to engage and collect feedback from patients. They were aware of the young demographics of the practice and were exploiting this to gain feedback via applications which could be used on a mobile device.

The practice participated in local CCG and national schemes and initiatives to promote the health of their population.



## 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.
- 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.