

Care Quality Commission

Inspection Evidence Table

Bankfield Surgery (1-568208092)

Inspection date: 1 August 2019

Date of data download: 22 July 2019

Overall rating: Good

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

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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• New guidance was received by the practice and formally discussed at team meetings. These meetings were minuted and were available on the practice shared computer drive.• Since June 2018 the practice population had risen by 12% due to the closure of a nearby practice. Consequently, this had led to a greatly increased demand on the practice at all levels. The practice took steps to manage this influx of patients and had worked cohesively as a team to support continuity of service for both their existing and newly registered patients. It was noted	

that as a result of this rapid increase in patient numbers there was a backlog of patient summarising, and that at the time of inspection 73% of the summarising of new patient records had been completed. The practice had implemented a number of measures to increase capacity and improve care. This included:

- Risk assessing and prioritising as required new patients immediately on registration, including reviewing all new patients on medication, and inputting their details into a new patient record. This included setting up appropriate recalls.
- Increasing clinical sessions for doctors, practice nurses and health care assistants.
- Employing a temporary member of staff to assist with patient recalls.
- Training a receptionist to summarise and seeking to recruit additional staff to increase capacity.
- Creating a new consultation room by altering internal structures, and reconfiguring non-clinical areas to improve patient confidentiality.

The practice aimed to have 80% of new patient records summarised by the end of 2019.

- Despite this increase in patients we saw, via unpublished QOF data for 2018/19, that overall performance had not been greatly impacted upon. In 2017/18 the practice had achieved a QOF overall points attainment score of 551 out of 559. In 2018/19 we were informed that performance achievement was 539 points out of 559.

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) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.31	0.72	0.77	Variation (positive)

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 who were assessed as being in need. These patients were reviewed, and the practice ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice hosted a local lifestyle improvement and advice service on a once weekly basis.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

- The practice had arrangements in place to deliver care to patients in residential care, and clinicians were given time to carry out visits to these patients.
- The practice had a holistic approach to patient treatment and supporting ongoing need. For example, they had developed a number of social prescribing interventions such as walking and running clubs and a befriending service which were delivered in conjunction with their own Practice Champions.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. The recall process had recently been changed to call in patients for reviews based on their month of birth. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. The practice also hosted services which supported patients with complex needs.
- Patients with a number of conditions were able to receive a multi-condition review at one appointment.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, one of the practice nurses had received additional training and a qualification in diabetes care.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with asthma were offered an asthma management plan.
- Patients with more complex needs were referred on to other services. In addition, the practice hosted services such as a nurse-led diabetic service with colleagues from secondary care, this included insulin initiation.

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>	84.3%	76.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	13.8% (61)	8.2%	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>	84.7%	74.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	3.6% (16)	7.2%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.1%	77.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	13.8% (61)	11.8%	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>	84.7%	73.8%	76.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	4.7% (24)	5.5%	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>	80.6%	85.7%	89.7%	Tending towards variation (negative)
Exception rate (number of exceptions).	2.7% (6)	9.6%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.4%	83.2%	82.6%	Variation (positive)
Exception rate (number of exceptions).	2.7% (31)	3.1%	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>	96.9%	88.0%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	9.3% (13)	6.0%	6.7%	N/A

Any additional evidence or comments

- The practice had an exception reporting procedure in place. The practice attempted contact with the patient for a minimum of three times prior to exception reporting taking place. Contact was made via text, letter and telephone calls. The decision to exception report was made after a case assessment by a GP and was noted in the patient record.
- General performance in relation to long-term conditions was either at or above local and national averages. It was however, below average in relation to the percentage of patients with COPD who have had received a review in the preceding 12 months. We discussed this with the practice who informed us that many of their COPD patients were housebound and the practice was reliant at the time for members of the district nursing team to carry out the reviews in the patients own home.
- The practice hosted focused group support sessions. In the past the practice has hosted a coeliac support session and had planned a diabetes support session.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- The practice contacted by text messaging the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had 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.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	85	87	97.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	122	125	97.6%	Met 95% WHO based target
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) <small>(NHS England)</small>	122	125	97.6%	Met 95% WHO based target
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) <small>(NHS England)</small>	123	125	98.4%	Met 95% WHO based target

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

- The practice nurse contacted parents/guardians to remind them directly that an immunisation was due.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice staggered appointment availability to improve patient access. For example, appointments were available over the lunchtime period.

- The practice had promoted online access to patients and at the time of inspection 39% had signed up to 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) (01/04/2017 to 31/03/2018) (Public Health England)	80.4%	76.3%	71.7%	Tending towards variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	77.0%	66.9%	69.9%	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)	59.0%	57.6%	54.4%	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)	77.1%	65.2%	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)	53.7%	49.1%	51.9%	No statistical variation

Any additional evidence or comments

- The practice told us that they worked hard to promote cancer screening programmes. For example:
 - They discussed participation in these programmes with patients opportunistically.
 - They repeatedly contacted patients who had missed screening opportunities.
 - The practice had hosted the breast screening vehicle in the practice car park.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- The practice offered carers of vulnerable patients' flu vaccinations.
- The surgery supported an active Patient Champions group of DBS checked and vetted volunteers who helped meet the non-clinical needs of patients and the wider community. Activities which assisted vulnerable patients included a befriending service and organising a weekly coffee morning for those who were socially isolated. We heard from the practice about a patient who was new to the area and quite isolated. They had attended a flu session and following this became aware of other activities on offer. They were now a Practice Champion themselves and regularly joined in other social activities. Other activities which were delivered by the Practice Champions which could impact on this population group included the befriending service.

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

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Staff had received dementia training.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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)	80.3%	88.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	13.4% (11)	12.9%	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)	95.9%	88.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.8% (8)	11.9%	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)	93.8%	80.2%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.5% (1)	6.7%	6.6%	N/A

Any additional evidence or comments

N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	551.2	536.2	537.5
Overall QOF score (as a percentage of maximum)	98.6%	95.9%	96.2%
Overall QOF exception reporting (all domains)	4.9%	4.8%	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
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

- We reviewed a number of clinical audits, some of which were two cycle, and which demonstrated improvements made regarding the treatment of patients. One of these related to bariatric surgery (weight loss) and in the initial audit it was identified that only five of eight identified patients had received appropriate follow up. As a result of this audit the practice formulated and implemented an action plan to ensure improved services for these patients. A re-audit carried out identified improvements had been made and that there was greater assurance that effective follow up measures were in place. Other audits we reviewed included a two-cycle audit into coeliac disease, a single cycle prescribing audit and a review of the appropriateness of appointments.
- It was noted that there was no formal audit programme or plan in place, although we saw that audit findings were regularly discussed at practice meetings and that learning was being shared.
- We saw that performance was being monitored and was reported at meetings and that clinicians had designated leadership roles for defined conditions.

Any additional evidence or comments

- Clinical governance meetings were held on a monthly basis. Outcomes of these meetings were then discussed and disseminated to the wider staff group.

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.	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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We reviewed the recruitment files of a selection of staff and found them to contain all the appropriate documentation and checks. There was a comprehensive induction checklist and programme for new starters. The practice held regular meetings with staff during their probation period. • We reviewed the induction pack and found this to cover all necessary areas. • We saw that mandatory training requirements which were expected of all staff to undertake were being monitored and that records of training were being kept. • The practice hosted medical students and was an accredited teaching practice. In addition, the practice supported the training of student nurses. • The practice carried out observed clinical practice of staff which gave assurance of competence. • We saw that protected learning time training sessions were available. However, we had some feedback that due to capacity issues, training was sometimes carried out in the staff members' own time with the option, if capacity allowed, to take time off in lieu at a later date. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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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.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice used a computer system which was compatible with the majority of other practices and allied health professionals in the locality. • There were shared care processes in place with secondary care services. • The practice held regular multi-disciplinary team meetings with other local health and social care professionals. We heard that these were well attended. Meetings followed a set agenda and minutes were kept to track patient cases. 	

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
Patients had access to appropriate health assessments and checks.	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> <ul style="list-style-type: none"> The practice had a passionate approach with regard to promoting activity across the local community. Staff and Practice Champions organised and ran: <ul style="list-style-type: none"> A weekly walking group – with a rota of clinical staff who attended. Ad hoc walking groups. A weekly running group – at the time of our inspection into its third cohort of participants. We heard from the practice that this group was popular with patients. <p>This physical activity focus was supported by other activities such as a weekly coffee morning, social befriending and support groups which supported the mental health and social needs of patients.</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>	97.6%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (6)	0.6%	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.	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
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw evidence to support that written consent was sought from patients prior to invasive treatment, such as the fitting of coils and implants. We were told that such procedures were discussed fully with the patient prior to consent being sought. Staff had received mandatory Mental Capacity Act training. 	

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	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: <ul style="list-style-type: none"> From June 2018 the practice patient list size has increased by approximately 12% due to the closure of a local practice (this equated to around 1,000 new patients). This added significantly to the workload of the practice both with regard to levels of patient demand, and logistically integrating the new patients into the practice. The process was proactively managed, and additional capacity and facilities were put in place to meet this demand. This included risk 	

assessing and when necessary prioritising new patients on registration, if it was identified that they required an intervention, increasing clinical staff resources, utilising temporary staff, bringing into use a new consultation room and reconfiguring non-clinical areas. This also included supporting the development and training of staff within the practice to take on more advanced roles. Due to the physical limitations of the current building the practice was examining future options to improve the building and site. It was noted that as a result of this rapid increase in patient numbers that there was still (at the time of inspection) a backlog of patient summarising, with 27% of the summarising work still needing to be completed. There was a programme in place to continue to reduce this figure.

- The practice had developed a business plan which covered key organisational developments.
- The management team had examined succession planning challenges for key members of staff and were developing their approach to this. This included supporting the further training of staff into more advanced roles. For example, a practice nurse was being assisted to qualify as an advanced care practitioner.
- GP partners were actively involved in the local health community. As examples, one partner was a CCG Board member, and others were a GP appraiser and a GP trainer.
- The practice worked with other local practices to facilitate joint working as Calderdale Group Practice, and is now involved in the development of their local Primary Care Network.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • In 2018 the practice had developed a mission statement for Bankfield Surgery “Providing outstanding care and promoting a healthy future for our community”. This encapsulated their views and values with regard to the provision of clinical care and their approach to promoting and supporting healthy lifestyles. • Staff informed us that they felt part of the overall team and were closely involved in the operation and future direction of the practice. • The practice held a monthly business meeting and used this to steer and monitor developments. 	

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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice informed us that they encouraged staff to raise concerns, and this was corroborated in feedback we received from staff. There was an effective process in place for acting on concerns and incidents and we saw that these were properly recorded, analysed, and when necessary actioned with any learning being shared. Staff were involved in wellbeing activities which included social events, family walks and park runs. Staff also supported the walking and running groups delivered by the practice. 	

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

Source	Feedback
Staff Feedback	<ul style="list-style-type: none"> Staff felt well informed and attended monthly team meetings. Non-clinical staff unanimously informed us that the relationship with the management team was either very good or excellent

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice held a number of meetings to support good governance, these included: <ul style="list-style-type: none"> ○ Weekly partner meetings ○ Monthly business meetings ○ Monthly clinical meetings ○ Monthly managers meetings ○ Monthly nurse meetings ○ Other meetings including multidisciplinary meetings and those which involved the Practice Champions. • These meetings operated to standard agendas and were minuted. • Policies and procedures were updated in line with guidance. Staff had access to these through the practice computer system. • The GPs had a division of responsibilities and defined leadership roles. 	

Managing risks, issues and performance

There were 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Risk assessments were in place, and staff had received mandatory emergency training. • There was an updated business continuity plan in place and accessible for staff. • We saw that since the last inspection the practice had acted to improve processes and procedures in the following areas which were highlighted in the last inspection report: <ul style="list-style-type: none"> ○ Fire drills were being undertaken – the last being carried out on 23/07/2019. ○ Staff had received fire training. ○ Training records were in place and indicated that training targets were generally on track with only a limited amount of training being due to be updated. ○ Staff appraisals were in place and were being carried out on a regular basis. 	

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.	Partial
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> <ul style="list-style-type: none"> • Due to the influx of new patients from June 2018 onwards there was a backlog of summarising. At the time of inspection this was at 27%. The practice was managing this backlog and it was being dealt with in a priority focused manner. • Oversight of key performance indicators, such as prescribing, referral rates and QOF was maintained and discussed within the practice. 	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had registered 39% of patients for online services.	

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
The practice had an active Patient Participation Group.	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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Bankfield Surgery had developed their Practice Champions in response to identified local need. Volunteers from the community were recruited, and appropriately vetted, to support activities such as befriending and social prescribing-based walking groups. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> We spoke with a member of the PPG and were informed that they worked closely with the practice management team. They said they were kept informed by the practice and were regularly consulted for their views on key developments.

Any additional evidence
<ul style="list-style-type: none"> The practice reviewed patient satisfaction feedback such as via the NHS Friends and Family Test (results for the previous 12 months showed that 94% of respondents would strongly recommend or recommend the practice to others. This positive view was supported by CQC comment cards we received prior to the inspection).

Continuous improvement and innovation

There was 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
Explanation of any answers and additional evidence:	
<p>There was a clear practice ethos of learning and improving service delivery and patient outcomes:</p> <ul style="list-style-type: none"> The practice supported staff training and development and offered mentoring support to staff such as to the advanced nurse practitioner. The practice welcomed feedback regarding services and we were informed by a member of the PPG that they felt that the practice was open to suggestions. 	

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Examples of continuous learning and improvement

- The practice used clinical audit to identify and implement service improvements.
- The practice had trained and supported staff development, this included mentoring and training staff in new areas of work such as care navigation.
- The practice had a passionate approach with regard to promoting activity across the local community.

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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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.