

Care Quality Commission

Inspection Evidence Table

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Inspection date: 10 December 2019 & 14 January 2020

Date of data download: 22 January 2020

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

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: All members of the practice team had undertaken sepsis training. The practice had a system in place to ensure all patients who were unable to get an appointment on the day requested were contacted by telephone. A clinician would discuss their symptoms and take appropriate action to ensure their needs were met.	

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) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	1.36	0.59	0.74	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> • 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 offered a domiciliary service for housebound patients who required a frailty review. • The practice participated in a care home scheme and provided services for 150 care home patients. • The practice worked with other services to ensure patients had appropriate care plans in place. • 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. • 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. • 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.

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. This included working with the patient to improve education regarding their condition and identify goals.
- The practice funded a self-management support group, from a not for profit organisation, for patients to access to improve understanding of their condition and how best to manage this.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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 suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.4%	78.2%	79.3%	No statistical variation
Exception rate (number of exceptions).	24.3% (122)	15.4%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12	71.2%	77.4%	78.1%	No statistical variation

months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) ^(QOF)				
Exception rate (number of exceptions).	21.7% (109)	9.9%	9.4%	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 (01/04/2018 to 31/03/2019) ^(QOF)	77.1%	79.6%	81.3%	No statistical variation
Exception rate (number of exceptions).	26.9% (135)	15.0%	12.7%	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 (01/04/2018 to 31/03/2019) ^(QOF)	79.9%	75.8%	75.9%	No statistical variation
Exception rate (number of exceptions).	28.7% (188)	7.3%	7.4%	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 (01/04/2018 to 31/03/2019) ^(QOF)	94.8%	90.1%	89.6%	No statistical variation
Exception rate (number of exceptions).	11.8% (31)	10.1%	11.2%	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 (01/04/2018 to 31/03/2019) (QOF)	81.2%	83.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	9.9% (142)	4.6%	4.0%	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 (01/04/2018 to 31/03/2019) (QOF)	82.2%	92.2%	91.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	5.1% (7)	8.6%	5.9%	N/A

Any additional evidence or comments

We noted that the practice had higher exception reporting for some of the long-term conditions indicators. We discussed this during our inspection and were assured that the exception reporting was clinically appropriate. Clinicians within the practice were aware of the areas of high exception reporting and advised that there were a number of contributing factors for this. For example; the practice had a high number of patients who did not attend for their review appointments and some patients were receiving care from the hospital. In addition, the practice had overcome some issues with the nursing team during 2018 when the lead nurse retired and then two additional nurses had left in quick succession (one of which was due to performance issues).

The practice had a process in place to ensure that there were appropriate recall systems in place to invite patients for review. This included contacting the patient in writing, by text message and by telephone call. Patients who did not respond to these invites were reviewed by a GP prior to being excepted.

We also discussed the practice performance against the atrial fibrillation indicator and were advised that this was slightly lower than CCG and national average due to the number of patients with co-morbidities or residing in a care home and at risk of falls, for whom anticoagulation therapy would not be appropriate.

Families, children and young people

Population group rating: Good

Findings

- The practice had exceeded the 90% World Health Organisation (WHO) based national target, and had achieved of 95% (the recommended standard for achieving herd immunity) for all of the childhood immunisation uptake indicators. The practice contacted 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 liaised regularly with health visitors to discuss children and families at risk.
- The practice worked closely with a local primary school and with head teachers from other schools. This enabled them to gather information if there were concerns regarding a child.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice offered the pertussis vaccination to pregnant women and had achieved an 81% update of this vaccination. The pertussis vaccination is used to protect against whooping cough and can be administered from 16 weeks of pregnancy.
- 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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	98	103	95.1%	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) (01/04/2018 to 31/03/2019) (NHS England)	104	109	95.4%	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) (01/04/2018 to 31/03/2019) (NHS England)	105	109	96.3%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	105	109	96.3%	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>

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.
- 31% of patients had active online access accounts where they could book and cancel appointments; order prescriptions and access their medical records.
- 84% of patients were signed up to the electronic prescribing service. This enabled prescriptions to be transferred electronically to a designated pharmacy and removed the need for patients to attend the practice to collect the prescription.
- The practice used text messaging to remind patients about appointments and advertise any health campaigns.

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). (31/03/2019 to 30/06/2019) (Public Health England)	71.4%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	66.1%	68.2%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	57.0%	56.6%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	58.7%	63.8%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	33.3%	51.7%	53.8%	Tending towards variation (negative)

Any additional evidence or comments

We noted that the practice had not achieved the 80% target for cervical screening. We discussed this during our inspection and were advised that there was a system in place to follow up patients who did not respond to the national screening programme invitation. There were dedicated screening champions who contacted patients by telephone and in writing.

The practice had taken steps to improve and encourage uptake. This included easy read information leaflets and in different languages and appointments from 7.30am until 6pm for patients to attend outside of working hours.

In addition; the practice was taking part in a cervical cancer prevention week which ran from 20 until 26 January 2020. This involved displaying information regarding cervical screening throughout the practice.

Uptake of cervical screening had increased from 70.5% during 2017/18,

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 and review, at the time of our inspection the practice had completed 80% of such reviews within the last 12 months.
- The practice took steps to support patients whose first language was not English. For example, they funded an advocacy service to support Eastern European patients to understand how the NHS works, assist with completion of paperwork with the patients' consent and to provide education around cervical smears to improve uptake.
- 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 utilised EPaCCs (Electronic Palliative Care Coordination System) to document the choices and preferences for patients during end of life care. This enabled information to be available to be available to staff at the practice and other services to have access to the information 24 hours a day.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had been awarded the 'Primary Healthcare Domestic Violence and Abuse Quality Mark' and routinely asked female patients if they considered themselves to be a risk of abuse.
- The practice demonstrated that they had a system to identify people who misused substances.

**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 and cancer.
- Patients had access to an on-site mental health nurse, an alcohol worker, a memory support worker and a social prescriber. At the time of our inspection the practice was also working with other practices in the primary care network to provide access to a shared primary care mental health practitioner
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- 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 (01/04/2018 to 31/03/2019) (QOF)	97.0%	90.4%	89.4%	No statistical variation
Exception rate (number of exceptions).	26.7% (24)	10.6%	12.3%	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 (01/04/2018 to 31/03/2019) (QOF)	97.5%	90.6%	90.2%	Tending towards variation (positive)
Exception rate (number of exceptions).	11.1% (10)	9.1%	10.1%	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 (01/04/2018 to 31/03/2019) (QOF)	74.4%	84.8%	83.6%	No statistical variation
Exception rate (number of exceptions).	8.5% (12)	6.3%	6.7%	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)	552.1	539.6	539.2
Overall QOF score (as a percentage of maximum)	98.8%	96.7%	96.7%
Overall QOF exception reporting (all domains)	9.5%	5.9%	5.9%

	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

The practice undertook a number of audits including reviewing outcomes for coils and implant fittings, prevalence and treatment of Atrial Fibrillation, antibiotic prescribing and EPaCCs recording. We reviewed an initial audit looking at information stored within the EPaCCs and found that during the period of April 2018 to October 2018, 75% of records had the place of death recorded. The practice had carried out a further audit during the period of October 2018 to March 2019 and found that 86% of records had the place of death recorded.

Any additional evidence or comments

The practice also took part in the NHS Leeds Clinical Commissioning Group (CCG) Quality Improvement Scheme. This focused on areas such as increasing identification of patients with Atrial Fibrillation and Chronic Obstructive Pulmonary Disease (COPD).

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.	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system in place to carry out daily monitoring of trainees working at the practice.</p> <p>The Advanced Practitioner had support and mentoring from one of the salaried GPs. This time was protected on a weekly basis.</p> <p>All staff had dedicated time to complete mandatory training and the practice encouraged clinical staff to undertake courses relevant to their current role or for development. Costs for the courses were reimbursed by the practice.</p>	

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 (01/04/2018 to 31/03/2019) (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

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
Explanation of any answers and additional evidence:	
The practice had funded self-assessment equipment for patients to access in the waiting room. This enabled them to check their blood pressure, height and weight.	
As part of the primary care network, the practice offered vouchers for eligible patients to attend local commercial weight loss groups.	

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	94.1%	95.4%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.7% (16)	0.8%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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: The practice had systems in place to record consent for procedures such as minor surgery, vaccinations, coils and implants.	

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: <p>The staff members that we spoke with on the day of inspection provided positive feedback regarding working at the practice. We noted that two of the salaried GPs had previously been trainees at the practice and had returned to work with the practice upon completion of training.</p> <p>The partners at the practice informed us how they had been looking at succession planning in preparation for their retirement. The partners had also begun to explore alternative options. At the time of our inspection the practice was employing a locum Advanced Nurse Practitioner (ANP) to assess how this would affect the skill mix and with the intention of recruiting to this post full time in the future.</p> <p>One of the salaried GPs had applied, and been accepted, to become a GP trainer and another salaried GP had recently completed a minor surgery course.</p> <p>A medical secretary in the practice was being trained up to become assistant practice manager to enable them to support the practice manager.</p> <p>The practice had experienced reduced staffing levels within the nursing team during 2018 when the lead nurse retired and then two additional nurses had left in quick succession. The practice had responded to this by recruiting a new lead nurse and two newly qualified nurses to complete the nursing team.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a clear vision to provide high quality, safe, professional primary health care general practice services to patients.</p> <p>This was supported by aims and objectives of how they would achieve this by working with patients and staff.</p>	

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> <p>The practice had a lone worker policy in place and had put steps in place to ensure staff safety. For example, when nursing staff were carrying out diabetic reviews for housebound patients, they always visited in pairs.</p>	

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

Source	Feedback
Staff interview	They have really supported me, I came and was trained up. I really enjoy working here.
Staff interview	I feel well supported by the practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	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: The practice had a clear organisational structure and partners in the practice had dedicated lead areas. For example; safeguarding, minor surgery and Quality and Outcomes Framework (QoF).	

Managing risks, issues and performance

There were / the practice did not have 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

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

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: The practice worked closely with the two other practices within the Armley Primary Care Network (PCN) to provide services tailored to the needs of the local population. The PCN provided joint ventures such as winter roadshows and carers clinics.	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: There was a strong focus on career progressions and the practice actively encouraged learning and development. The practice was a training and teaching practice supporting GP registrars and fifth year medical students. The practice had previously supported student nurse placements but due to low staffing levels within the nursing team and having to recruit new team members, this had been postponed until summer 2020. The practice had recruited a new member to the nursing team via the GPN (General Practice Nursing) Ready Scheme. This scheme incentivised practices to recruit a newly registered nurse and develop them over a two year period to enable them to become a general practice nurse. The lead nurse at the practice was undertaking a leadership course to support her in her mentoring role for the two new practice nurses.	

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.