

Care Quality Commission

Inspection Evidence Table

Edge Hill Health Centre (1-768775295)

Inspection date: 29 January 2020.

Date of data download: 02 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:	
<ul style="list-style-type: none">The practice used relevant and current evidence-based guidance, standards and practice to ensure effective care and treatment was delivered (this included from NICE and other expert and professional bodies). Where relevant, they were completing local audits and patient searches to	

confirm the use of relevant evidence-based guidance, standards and practice. For example, a comprehensive audit had been undertaken by the practice for patients who had received end of life care amongst others.

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>	1.08	1.04	0.74	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Registers were in place for vulnerable patients many of whom were 75, their needs were discussed regularly at multi-disciplinary (MDT) meetings.
- 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. If patients were housebound these reviews were carried out in their own homes.
- 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

- The practice had a robust recall system for patients with long term medical conditions. The patients were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. New members of staff were supported with the relevant training before they treated patients.
- 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. Regular MDT meetings took place to discuss those patients with complex 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. All patients who were flagged as having a potential long term condition were followed up by the practice nurse.

- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Appropriate treatments were delivered in line with best practice. for example, 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>	75.6%	79.0%	79.3%	No statistical variation
Exception rate (number of exceptions).	3.8% (21)	13.5%	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 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	77.6%	78.4%	78.1%	No statistical variation
Exception rate (number of exceptions).	4.8% (27)	10.0%	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) <small>(QOF)</small>	87.2%	83.5%	81.3%	No statistical variation
Exception rate (number of exceptions).	6.1% (34)	12.3%	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) <small>(QOF)</small>	77.1%	74.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.5% (8)	9.2%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an	90.9%	88.6%	89.6%	No statistical variation

assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	0.9% (3)	9.3%	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)	84.2%	82.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.3% (31)	4.8%	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)	93.9%	90.5%	91.1%	No statistical variation
Exception rate (number of exceptions).	6.4% (9)	6.0%	5.9%	N/A

Families, children and young people

Population group rating: Good

Findings

- The practice performance in terms of childhood immunisations were below target as shown below. The practice was aware of this and explained there had been some challenges faced by the practice nursing team however, an action plan was in place to improve this target. This included working with a local Immunisation Nurse to support the practice nursing team at the practice.
- 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 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.
- 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	61	66	92.4%	Met 90% minimum

doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)				
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)	102	115	88.7%	Below 90% minimum
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)	102	115	88.7%	Below 90% minimum
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)	102	115	88.7%	Below 90% minimum

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.

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)	53.3%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	55.7%	64.0%	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)	45.4%	50.1%	58.0%	N/A
The percentage of patients with cancer,	68.3%	74.9%	68.1%	N/A

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) <small>(PHE)</small>				
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) <small>(PHE)</small>	50.0%	47.4%	53.8%	No statistical variation

Any additional evidence or comments

The practice was aware that their target for achievement relating to cervical screening was not in line with local or national averages. The practice explained that the local population which included multiple ethnicities were not fully concordant with the cervical screening national programme. They were aware of the possible barriers that may contribute to explaining lower cervical screening coverage for some ethnic groups. The practice had explored ways to improve this and an action plan had been developed. Direct contact was made with patients who did not attend to establish if the screening had been done elsewhere. To support patients whose first language was not English, written information and leaflets was produced in a variety of languages. Translator services were used, and invitation letters were sent in different languages. Staff had been trained to respond to these patients sensitively and with respect knowing their cultural differences. Part of the actions planned to improve uptake for cervical screening was to work with neighbouring practices within the Primary Care Network with the same population characteristics to share best practice.

To further increase coverage of cervical screening for the whole population the practice offered early morning and evening appointments, opportunistic screening, alerts were placed on patient records and the importance of this screening was publicised at the practice. Outside of this the practice promoted the use of Abacus where patients could have their screening carried out at different opening times.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- 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 demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

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.
- 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.
- The practice had a dementia care lead and all staff had received dementia training in the last 12 months.
- 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) <small>(QOF)</small>	93.9%	88.8%	89.4%	No statistical variation
Exception rate (number of exceptions).	6.4% (9)	8.8%	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) <small>(QOF)</small>	93.4%	87.9%	90.2%	No statistical variation
Exception rate (number of exceptions).	2.9% (4)	6.6%	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) <small>(QOF)</small>	82.8%	83.1%	83.6%	No statistical variation
Exception rate (number of exceptions).	1.7% (1)	6.8%	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)	533.6	534.0	539.2
Overall QOF score (as a percentage of maximum)	95.4%	95.5%	96.7%
Overall QOF exception reporting (all domains)	6.4%	6.6%	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

- There was evidence of clinical audit including how findings were actioned and reviewed. We found that quality improvement activity was targeted at the areas where the practice had concerns. For example, audits for opiate and anti-biotic prescribing, patient records and consultations, minor operations, end of life care, diabetes management and high risk medicine prescribing amongst others. Records showed that action plans were put into place following the audit and they were discussed at monthly staff meetings. The practice had a comprehensive audit plan for the year.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	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> <ul style="list-style-type: none"> • Training records and interviews with staff demonstrated they had the right skills, knowledge and experience to deliver effective care, support and treatment. • A training matrix was in place and monitored by the practice manager. • All new staff completed a thorough induction programme, those we spoke with said they felt very supported during their induction period. • Staff had protected learning time to complete mandatory training. Staff we spoke with told us the practice was very good at supporting them to undertake additional courses for their ongoing training needs. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Effective links were in place for monitoring the needs of vulnerable patients and those with mental health needs. The practice had access to a community care team and the most vulnerable adult patients were referred into this for assessment. • Regular meetings took place with the district nursing teams. • The Gold Standard Support Framework was recently refreshed and supportive care registers (SCR) were set up and monitored. 	

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 actively identified people who may need extra support to live a healthier lifestyle. Staff provided advice and information i.e. leaflets, so people can self-care. This included information in a range of languages to support the local population. Regular meetings took place with other members of the primary healthcare team to support patients in the last 12 months of their lives. 	

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>	92.7%	94.3%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.5% (10)	0.9%	0.8%	N/A

Consent to care and treatment

The practice always obtained to demonstrate that it 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"> All staff were aware of the Mental Capacity Act and what it means for their role. Staff we spoke with demonstrated a good understanding of 'best interests' decision making and when this was applicable. 	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
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
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Local translation services were used by staff for patients whose first language was not English. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	7am – 6.30pm
Friday	7am – 6.30pm
Appointments available:	
Monday	8am – 6.30pm

Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	7am – 6.30pm
Friday	7am – 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9230.0	466.0	115.0	24.7%	1.25%
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 (01/01/2019 to 31/03/2019)	97.1%	95.2%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- All older vulnerable patients were given a direct access telephone number to the practice.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- 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 provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice actively promoted referrals to a Health Trainer who runs a clinic at the practice. lifestyle and weight management clinics were provided by the practice.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Same day emergency appointments were available for babies and young children.
- The practice worked with an Immunisation Nurse from the local CCG to respond to increasing the vaccinations for babies and young children.
- 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.
- The GPs provided educational sessions at the local Sure Start Centre.
- The practice had Safeguarding Lead GPs and they regularly met with the local health visiting team to monitor vulnerable children.

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. For example, the practice had recently started on-line booking appointments.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice offered extended hours to support patients who worked during the day.
- The practice was open from 8am for appointments with the practice nurse.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Same day appointments and longer appointments were offered when required.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental

**health
(including people with dementia)**

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice worked closely with the local mental health team, this included cross referencing patient information from secondary and primary care records. They also worked together to support vulnerable patients with a joint care plan which was reviewed at regular meetings with the team.
- The practice had a dementia care lead and they were proactive in responding to the challenges family and carers faced. For example, staff were aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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 necessary.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • In response to concerns raised by members of the public and patients about access to appointments, the practice had undertaken a detailed investigation into the causes. Several factors were identified as root causes of these problems and remedial action was taken. This included an increase in GP capacity, increased clinical appointments by developing the advance nurse practitioner roles; and rigorous changes made to the appointment systems in place. • The practice undertook a patient survey in December 2019 to review the impact of these actions. The results showed an increase in patient satisfaction for ease of contacting the practice and an increase in the ease of making an appointment over the telephone. • Home visits appointments were embedded in the working day to facilitate a more proactive approach to supporting the housebound. • With their consent, patients received text reminders for appointments and obtained results and bespoke messages via text. We were told this had helped to create a closer more immediate bond with patients who had appreciated the additional communication channel. • Waiting times, delays and cancellations were closely monitored by the practice and were minimal. Clinicians told us that patients with the most urgent needs had their care and treatment prioritised. • The practice closely monitored the appointment systems in place and the consultations recorded. Regular audits were taking place to assess the consultations recorded on the clinical system, to 	

highlight any areas for development and training and to ensure data was recorded to a high standard using appropriate and consistent read codes.

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 (01/01/2019 to 31/03/2019)	43.7%	N/A	68.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	57.8%	70.3%	67.4%	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 (01/01/2019 to 31/03/2019)	55.8%	68.0%	64.7%	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 (01/01/2019 to 31/03/2019)	60.6%	74.2%	73.6%	No statistical variation

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	9
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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
A number of complaints were made about telephone access to appointments.	The practice undertook a detailed analysis of all complaints. Remedial actions were put into place, for example releasing all appointments at 8am, increasing clinical staff and changing

	staff rotas to meet peak demand times.
--	--

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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">Practice leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of the service. The GP partners and managers were contactable during the full operational period and staff knew how to contact them. There had been partnership changes in recent years and a succession plan had been put into place.	

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">The leadership team gave us an overview of the practice vision and strategy with their supporting values.The practice was working closely with the newly formed primary care network group, so the practice strategy was in line with health and social priorities across the neighbourhood.	

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Staff we spoke with told us they felt proud to work at the practice and they spoke positively about the open culture and management of the leadership team. Policies were in place to support staff for this. We were told that there were positive relationships between staff and teams. • A review of patient's complaints showed the practice encouraged candour, openness and honesty when things went wrong. 	

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:	
<ul style="list-style-type: none"> • Governance arrangements were proactively reviewed and reflected best practice. • Staff we spoke with were clear about their roles and who to go to for support. • An annual appraisal system was in place for all staff and at this time training was discussed related 	

to how these roles might develop. All appraisals had been completed for the year and staff said it was a positive experience.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • There was a systematic programme of clinical and internal audit with good clinical oversight of results and patient outcomes. Those completed often targeted areas where performance needed to improve. Audit reports were detailed with clear outcomes to drive improvements. • The practice had a detailed assurance framework that brought together systems, procedures and processes to manage patient safety risks. This included regular meetings with managers and staff, significant event and complaints monitoring and clear staff structures and accountabilities. • Significant events and patient complaints were discussed at monthly meetings and at an annual staff meeting. Detailed minutes were kept showing that actions taken at the time of the event and when changes had been implemented were reviewed and monitored. 	

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • There were clear and robust service performance measures, which were reported and monitored at monthly practice meetings. • Records we viewed were well presented and were accurate, valid, reliable and up to date. 	

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:	
<ul style="list-style-type: none"> • The practice did not have an active Patient Participation Group (PPG). • Patient views were obtained when services were changed, for example, opening times for the practice. • The leadership team were aware that concerns had been raised by patients about the difficulty of gaining a GP appointment. When changes were made to try to improve this, a survey was sent to patients to monitor their response and to note if the changes made had a positive impact for patients. • The practice demonstrated positive and collaborative relationships with the newly formed primary care network. They spoke positively about the opportunities to build a shared understanding of challenges across the neighbourhood and in supporting each other to deliver services to meet 	

those needs.

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:	
<ul style="list-style-type: none">• The practice reviewed the needs of its patient population and adjusted services accordingly. For example, they had reviewed access to appointments and made changes to better meet the needs of patients.• The practice had undertaken comprehensive audits and reviews to better understand the root causes of negative patient feedback about patient access.• The practice demonstrated positive and collaborative relationships with the newly formed primary care network. They spoke positively about the opportunities to build a shared understanding of challenges across the neighbourhood and in supporting each other to deliver services to meet those needs.• During 2018/19 the practice Data Facilitator, represented Edge Hill Health Centre as a member of the steering group working alongside representatives from Liverpool CCG, Liverpool City Council and Public Health England for the Bowel Screening Volunteer Project (Liverpool City Council's Inequalities in Bowel Cancer Screening Intervention). As part of this work the staff member designed a template for participating practices to use during the project.	

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.