

Care Quality Commission

Inspection Evidence Table

Enderley Road Medical Centre (1-566451134)

Inspection date: 18 September 2018

Date of data download: 19 September 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes*
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Additional comments: <ul style="list-style-type: none">Unverified practice data showed the practice's catchment area of patients in Wealdstone was one of the highest sources of new referrals to children's services. The practice had a register of all children with a child protection plan and child in need plan. The practice proactively contacted social services every two weeks to receive an update on patients on the safeguarding register. We were told by staff this was to ensure safety given the transient population.Any concerns regarding new vulnerable children or families were discussed at the weekly multidisciplinary meeting. The safeguarding lead attended external meetings every two to three months. The practice held educational sessions where safeguarding scenarios and case studies were discussed between clinical staff.The practice had produced a patient leaflet on domestic violence. This offered information and contact details of local support services.	

Recruitment Systems	Y/N
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Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes. 06/09/18
There was a record of equipment calibration Date of last calibration:	Yes 06/09/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes. 01/05/18
Fire procedure in place	Yes
Fire extinguisher checks	Yes. Dec 2017
Fire drills and logs	Yes. Twice a year.
Fire alarm checks	Yes. Weekly.
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes. External company 08/08/17.
Actions were identified and completed	Yes
Additional observations: <ul style="list-style-type: none"> • Five yearly electrical safety check of the premises. Date of last test 07/10/17. • Emergency lighting checked monthly and logged. Date of last test 14/09/18 • Emergency lighting serviced every six months. Date of last service 26/04/18 • Gas safety check annually. Date of last service 27/08/18 	
Health and safety Premises/security risk assessment? Date of last assessment:	Annual maintenance of alarm system 12/12/17
Health and safety risk assessment and actions Date of last assessment:	Yes 27/07/18

Additional comments:

- Calibration of equipment and portable appliance testing was ongoing and carried out throughout the year. In 2018, these tests were carried out on 06/09/18; 21/03/18; and 15/03/18.
- Three staff had received fire marshal training. A list of the fire marshals was displayed in the reception office.
- The practice had booked the annual fire risk assessment for 26/09/18.
- Health and safety risk assessments had been carried out for employees. For example, during pregnancy.

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Yes. June 2018. None identified.
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Any additional evidence	
<ul style="list-style-type: none"> • External water hygiene survey, including legionella assessment, done 18/1/18. Risk assessment summary updated with action taken. For example, the practice kept a 'Legionella logbook' where water temperatures were logged monthly. Date of last test was 06/09/18. 	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Additional comments:	
<ul style="list-style-type: none"> • A GP had undertaken a quality improvement project on sepsis with the aim of updating clinicians on the latest guidelines and improving the recognition of sepsis by clinical staff. As a result of the project, all clinical rooms had a copy of the sepsis toolkit on display for quick reference. The practice also raised awareness of sepsis by displaying information in the waiting area and reception office. 	

Information to deliver safe care and treatment

Question	Y/N
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Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Any additional comments: The practice looked after patients in two large nursing homes. We spoke with a manager from one of the nursing homes and a clinical nurse specialist in palliative care. Both individuals spoke positively about the practice and the care provided by the GPs.	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.13	0.85	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	22.8%	12.6%	8.7%	Significant Variation (negative)

Any additional evidence

- The practice was aware they had higher rates of non-first line antibiotic prescribing compared to local and national averages. They told us a contributing factor was the complexity of the patients managed. In particular, a large high dependency care home population where many residents were fed via gastrostomy and were prone to recurrent infections due to frequent hospital admissions.
- The practice undertook a quality improvement project to assist clinicians in making appropriate antibiotic choices in line with local guidelines. A new protocol was designed and embedded within the computer system. A template was activated when a clinician started the process of prescribing co-amoxiclav, ciprofloxacin or a quinolone antibiotic.
- The practice also undertook clinical audits to review the prescribing of these antibiotics in July and August 2018. Action had been taken to ensure appropriate prescribing in line with guidelines.

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including	Yes

Patient Group Directions or Patient Specific Directions).	
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Stored securely. Not always monitored.
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
The practice held appropriate emergency medicines.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> • Prescription paper was stored securely. Prescription paper was logged when taken out of the practice for home visits. However, there was no monitoring when they were distributed in the practice. Following our inspection, the practice sent us a template they had implemented to monitor prescription paper distributed in the practice. • Since our last inspection, the practice had implemented a new electronic system to monitor temperatures for all three medicine fridges. 	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	19
Number of events that required action	19

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

Event	Specific action taken
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Patient incorrectly told by reception staff that referral was made	<ul style="list-style-type: none"> All queries relating to referrals to be sent to secretaries.
Direct oral anticoagulant (DOAC) continued for longer than the initial intended duration of treatment.	<ul style="list-style-type: none"> The notes of all patients on DOACs (133) were reviewed and the prescriptions amended to include duration of course and when the next blood test was due. A policy was initiated to ensure clinicians documented the above in the patient record.
Hospital letter requesting medication change and ECG scanned to incorrect patient record.	<ul style="list-style-type: none"> All letters to be checked against three identifiers: name, date of birth, and address.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>A GP partner was the lead for managing safety alerts received. This involved disseminating the information to relevant staff and contacting patients affected by the alert. The practice carried out monthly searches of medicines highlighted in the alerts to minimise any unintentional harm to patients and ensure safe prescribing. The practice kept a log of historic alerts including what action had been taken in response.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.80	0.58	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QOF)	87.0%	79.9%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.8% (132)	8.1%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	80.4%	77.8%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2% (155)	7.0%	9.3%	

Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QOF)	85.3%	80.8%	80.1%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (106)	9.2%	13.3%	

Other long term conditions				
Indicator	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 (01/04/2016 to 31/03/2017) (QOF)	80.3%	77.2%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (13)	3.6%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	92.4%	92.5%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.9% (23)	8.3%	11.4%	

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 (01/04/2016 to 31/03/2017) (QOF)	81.5%	83.4%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (102)	2.9%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more,	83.2%	81.3%	88.4%	Comparable with other practices

the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.4% (26)	9.8%	8.2%	

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	120	141	85.1%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	117	136	86.0%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	117	136	86.0%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	119	136	87.5%	Below 90% minimum (variation negative)

Any additional evidence or comments

The practice was aware their child immunisation rates were below the required standard of 90%. We were told a wide ethnic background of patients and a high turnover presented challenges in patient engagement with the vaccination programme.

The practice reviewed their processes to identify areas for improvement and implemented the following:

- The secretaries conducted monthly searches for the three main age groups (new-born, one year and pre-school booster) and the nurses contacted the parent / guardian to book an appointment. If the child did not attend the appointment the nurse would make contact via phone to rebook the appointment.
- Immunisation history was requested and recorded for all new children registering with the practice. The nurse then coded this on the patient record and booked an appointment if any immunisations

were missing.

- Flexible appointment times for children unable to attend dedicated immunisation clinics.
- Continue regular meetings with the health visitor and the nurses to feedback on children who had not been immunised.
- Patient immunisation leaflets which could be translated into various languages relevant to the patient population.
- The practice planned to include a vaccination planner on the website to improve patient education and health promotion.

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	61.1%	62.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	64.4%	69.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	53.7%	48.5%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	97.7%	76.2%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	57.5%	58.4%	51.6%	Comparable with other practices
Any additional evidence or comments				
The practice's uptake for cervical screening was 61%, which was below the 80% coverage target for the national screening programme. We were told the patient demographic, where there was a wide ethnic mix and high turnover of patients, had contributed to low uptake rates. To engage these patients the practice carried out opportunistic reminders during consultations and at reception, offered appointments at different times including during the commuter clinic, ensured a female sample taker was available, text message reminders for non-responders, and displaying health promotion material in the waiting area.				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	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 (01/04/2016 to 31/03/2017) (QOF)	96.4%	92.1%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.6% (42)	8.0%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.7%	92.5%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.3% (43)	6.5%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	89.3%	89.2%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (10)	5.2%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	535	539
Overall QOF exception reporting (all domains)	7.5%	5.3%	5.7%

Any additional evidence or comments

- In 2016/17 clinical exception reporting was 12% (CCG average 7%; England average 10%). Exception reporting for the following clinical domains was high: atrial fibrillation (12%); heart failure (13%); peripheral arterial disease (12%); stroke and transient ischaemic attack (15%); diabetes mellitus (14%); dementia (12%); depression (26%); mental health (25%); and rheumatoid arthritis (29%).
- Unverified practice data for 2017/18 showed clinical exception reporting was 11% and exception rates had improved in the following areas although some remained high: atrial fibrillation (9%); heart failure (12%); stroke and transient ischaemic attack (14%); diabetes mellitus (12%); dementia (3%); depression (25%); and mental health (21%).
- Unverified practice data for 2017/18 showed exception rates had increased in the following areas: peripheral arterial disease (17%); cancer (20%); chronic obstructive pulmonary disorder (12%); and rheumatoid arthritis (32%).
- The practice was aware they had higher than average exception rates for some clinical domains. We were told that a GP would review the patient record annually to assess whether the patient's circumstances had changed and confirm if the exemption was appropriate. We were told that whilst many high dependency patients from the nursing homes had chronic conditions and were frail, they were not appropriate for QOF reporting due to spinal injuries and other neurodegenerative conditions. The practice had also experienced difficulties with incorrect coding especially for depression and mental health. This had been reviewed with relevant staff but the practice identified it remained an area for improvement.
- The practice monitored QOF data regularly to improve performance.
- The practice used online technology to support patients' independence. For example, the new website allowed for patients to complete health reviews and assessments which were then submitted electronically to the practice for monitoring or in preparation for an appointment. Health review forms were available for asthma, blood pressure, breathlessness, contraception, epilepsy and smoking. Assessment forms were available for alcohol consumption, COPD, hypothyroidism, male urinary tract review, knee pain, sleepiness, hip pain, and general health.

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes
Any additional evidence or comments We received feedback from other health and social care professionals (health visitor, clinical specialist nurse, and nursing home manager) that was very positive. Practice staff were complimented for their partnership working, accessibility and communication.	

Helping patients to live healthier lives

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 (01/04/2016 to 31/03/2017) (QOF)	94.9%	96.4%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (19)	0.6%	0.8%	

Any additional evidence or comments

The practice was proactive in helping patients to live healthier lives. For example:

- Exercise: Patients were encouraged to attend weekly walks (organised by the local council) which commenced at the practice and were followed by a Tai Chi session in a local park. Further training was provided to clinicians on exercise prescribing. Staff and patients also engaged in a sponsored walk in September 2018.
- Diet: Patients had access to an in-house dietician. Information leaflets were available for pre-diabetes, fatty liver and cholesterol. Patients at risk of pre-diabetes could be referred to a diabetes prevention programme.
- Smoking cessation: Patients could access smoking cessation clinics in-house. Smoking cessation advice for relevant patients was documented on correspondence to patients and repeat prescription forms.
- The practice's new website had a dedicated area for wellbeing.

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

Written consent was obtained for minor surgery procedures and intrauterine contraceptive device (IUCD) insertions.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	30
Number of CQC comments received which were positive about the service	24
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comment cards	<p>The comment cards received were largely positive. Patients said they felt all staff were caring, friendly and helpful. They described examples where they were listened to and treated with respect, dignity and kindness. The GPs received praise for their respectful, caring, and professional approach to consultations.</p> <p>Six cards provided mixed feedback, with the negative elements relating to difficulties accessing the practice by phone and delays getting an appointment with the GP of their choice.</p>
Clinical specialist nurse and nursing home manager	<p>The GPs were described as having excellent knowledge of their patients and were complimented for their holistic approach to care.</p> <p>We were told how the GPs frequently worked with and supported patients, families and staff to achieve the best outcome for patients.</p>

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12289	320	106	33.1%	0.86%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time	93.3%	87.4%	89.0%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)				practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	91.7%	84.6%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	99.1%	94.6%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	81.6%	79.7%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
October 2017 and April 2018	<p>Patient survey - 57 respondents. Patient survey - 17 respondents.</p> <p>Improvements were noted between the 2017 and 2018 survey. The results from the 2018 survey showed:</p> <ul style="list-style-type: none"> • Patients were 'reasonably happy' with the phone service, making an appointment, waiting times and online services. • Patients were 'very happy' with their GP and nurse consultations, reception staff, repeat prescriptions and the clinics (asthma, diabetes and flu) <p>The practice planned to change the telephone message to signpost patients and improve access and satisfaction.</p> <p>To improve patient satisfaction with online service, the practice launched a new website (September 2018) where patients could utilise interactive features including requests for appointments, repeat prescriptions, health reviews, and referrals. Patients could also complete health review forms and send these to the practice in preparation for their assessment.</p>

August to September 2018	<p>Allied health professional survey – 16 respondents including nursing home managers and nurses, district nurses, pharmacists, rapid response team, and virtual ward members.</p> <p>The results showed high satisfaction with the practice and staff. For example, the ease of communicating with GPs and nurses, the quality of referrals, the responsive of clinicians, and the general relationship with practice staff.</p>
<p>Any additional evidence or comments</p> <ul style="list-style-type: none"> • The practice had reviewed the results from the national GP patient survey 2017 and created a detailed action plan to improve areas of low performance. • The practice had recently reviewed the results from the national GP patient survey 2018 and reflected on the effectiveness of the previous actions undertaken. A further action plan had been created in response to the 2018 survey and included improving access and staff training. • Feedback received via the NHS Choices website was also reviewed and responded to. • The practice also reviewed feedback received for individual GPs via their annual appraisal and trainee feedback. 	

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients were positive about the involvement they had in their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	95.3%	91.7%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	163 carers identified (approximately 1.3% of practice population)
How the practice supports carers	<ul style="list-style-type: none"> The practice had implemented a carers passport scheme. This was a record which identified carers by a unique serial number and led to provision of support, services and other benefits relevant to carers. Patients were provided with a card which contained the practice's contact details, their unique serial number, and other useful contacts.
How the practice supports recently bereaved patients	<ul style="list-style-type: none"> A GP usually contacted the family to convey their condolences. Flexible appointments were available on request and the practice signposted patients to support services. Bereavements and whether the family had been contacted were discussed at the weekly 'case discussion / vulnerable adults' meeting.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>Patients had access to a separate room should they need to discuss anything in private. There were notices in the waiting room informing patients of this.</p> <p>A notice requested patients queueing at reception to stand behind a line to provide privacy for the person speaking with staff at the reception desk.</p>

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes.

Examples of specific feedback received:

Source	Feedback
CQC comment cards and patients spoken with on day of inspection	Patients told us their privacy and dignity was respected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00 – 18:30
Tuesday	08:00 – 18:30
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30

Appointments available	
Monday - Friday	08:00 – 18:30
Tuesday	18:30 – 21:00 (booked appointments only)
Extended hours opening	
Tuesday	18:30 – 21:00

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes

If yes, describe how this was done

- A duty doctor was available in the morning and afternoon to triage and allocate home visits with reference to the doctors available, patient preference, and continuity of care.
- A separate evening rota for home visits was implemented due to demand, and involved an evening slot (at approximately 17:30) being allocated to a GP for a home visit where necessary.

Any additional evidence or comments

- The practice participated in a local improvement scheme for the enhanced practice nurse (EPN) pilot. The remit of the EPN was to case manage high risk patients, provide care for them in their own homes and assist in reducing unscheduled hospital admissions. Many of the patients were housebound and had complex chronic conditions. The EPNs provided management as well as anticipatory care and assisted patients with medicine compliance, optimising self-management, identifying resources/services required and ensuring these were delivered in a timely manner, and signposting on who to contact in times of crisis. The EPNs liaised closely with the GPs and presented cases during the weekly multidisciplinary team meeting.
- The practice had reviewed the effectiveness of EPNs on the health and well-being of these patients and the impact on unscheduled hospital admissions. Unverified practice data from the past 12 months showed a reduction in unscheduled hospital admissions despite an increase in the list size of this vulnerable patient group over the same period. For example:

Time period	Patients on caseload	% of patients having an unscheduled admission
3 months	74	5.4
6 months	90	5.5
9 months	133	4.5
12 months	162	3.7

- The practice cared for residents in two large nursing homes (approx. 75 - 94 beds each). Both homes received biweekly ward rounds with two dedicated GPs. The nurses and manager at the home had access to the GPs direct mobile number which meant the GP could be accessed quickly to avoid ambulance call-outs.
- The practice was involved in the 'red bag' pilot scheme at one of the nursing homes to improve patients' transition between care homes and an inpatient hospital setting, and reduce the amount of time taken for ambulance transfer and A&E assessment times. Patients each had a red bag to transfer paperwork, medication and personal belongings, and this stayed with the patient during their hospital stay and when they returned home. It also helped alert hospital staff that the patient was a nursing / care home resident.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12289	320	106	33.1%	0.86%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	96.9%	93.3%	94.8%	Comparable with other practices

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	45.7%	67.4%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the	55.3%	64.8%	68.6%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
overall experience of making an appointment (01/01/2018 to 31/03/2018)				practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	62.6%	63.1%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	66.8%	69.0%	74.4%	Comparable with other practices

Any additional evidence or comments

- The practice identified that some patients were dissatisfied with the phone system and reported difficulties getting through to the practice during peak times. A learning exercise was carried out in August 2018 to consider different options for the phone message. A plan had been proposed and was due to be discussed with the wider practice team and the patient participation group in Autumn 2018.
- The practice also promoted the new website, which enabled requests for appointments, health reviews, and referrals, to improve telephone access.

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	<p>The comment cards received were largely positive with some patients commenting on improvements getting an appointment with their named GP and reduced waiting times.</p> <p>Six cards provided mixed feedback, with some patients still reporting delays getting an appointment with the GP of their choice and difficulties accessing the practice by phone.</p> <p>The practice was aware of this feedback and had launched a new website and planned to change the telephone message to improve telephone access.</p> <p>Some GPs had reduced their teaching and nursing home commitments to increase the number of clinical sessions available to patients.</p>
Patient interviews	Patients we spoke with told us they were satisfied with telephone access and getting an appointment when they needed one.

Any additional evidence or comments

Feedback received from the liaison health visitor stated they were always able to telephone to discuss any concerns or arrange emergency appointments for mothers or children when needed.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	11
Number of complaints we examined	6
Number of complaints we examined that were satisfactorily handled in a timely way	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Example of how quality has improved in response to complaints	
We saw examples of letters which were sent to patients and there was evidence of shared learning and action taken to prevent recurrence. For example, following a patient complaint regarding how their blood test was carried out, the venepuncture policy had been reviewed and amended in line with national guidelines, and staff were advised of the change in policy during a practice meeting.	

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

- The practice manager had been in post since August 2018 and was previously the assistant practice manager.
- The GP partners and management team were visible in the practice and staff told us they were approachable and took time to listen to all members of staff.

Vision and strategy

Practice Vision and values

Practice's Mission Statement

"We aim to improve the health, well-being and lives of those we care for within a safe, caring and responsive environment"

Practice's Vision

"To work in partnership with our patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations"

The practice's mission statement was displayed in the waiting room. Staff knew and understood the practice's vision.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

- The practice was a training and teaching practice for registrars completing their GP specialist training, newly qualified doctors, and medical students.
- The practice regularly assessed the learning needs of staff and offered weekly educational meetings where guest speakers were invited to present. Meetings scheduled in 2018 included presentations from specialists in cardiology; urology; respiratory medicine; renal care; breast surgery; paediatrics; and pain management.
- The practice GPs with specialist interests also provided inhouse training for staff.
- The practice had undertaken 16 audits in the past two years, three of these were completed audits.

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> • Many staff had worked at the practice for a long period of time. Staff reported a positive working environment and described practice leaders as supportive and approachable. • Staff described a positive learning environment where they were encouraged to complete training and professional development. • We were informed that the practice culture was one of being open, supportive and respectful of one another.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice's policies and procedures were up to date and all staff we spoke with knew how to access these.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes
Any additional comments	
The practice held a range of meetings for staff to attend. These included:	
Meeting type / Staff group	Frequency
Whole practice	Weekly
Reception	Weekly
Case discussion / vulnerable adults	Weekly
Joint tutorials for trainees	Weekly
Nursing staff	Monthly
Health visitor	Monthly
CCG peer group (external)	Monthly
Practice manager network (external)	Monthly
GP forum (external)	Monthly
Partners	Every two months

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The patient participation group, known as Enderley Road Patients Association or ERPA, played an active

role in representing patients' views and developing services in collaboration with the practice. Members felt they could make comments and suggestions to the practice and these would be taken into consideration. Practice priorities, local initiatives and patient survey results were discussed with the patient group.

Any additional evidence

- ERPA met as a group every eight weeks, with the practice manager in attendance at these meetings.
- ERPA members were invited to practice meetings every three months to engage with staff and agree key initiatives.

The practice worked with ERPA to produce an annual newsletter containing practice updates and health promotion. There was also collaboration in organising and implementing the following initiatives:

- Health and well-being fair (October 2017) – To improve patient empowerment. Including medical talks by doctors; health checks; flu vaccines; health and social care advice from voluntary agencies.
- Specialist talk by consultant cardiologist (April 2018)
- Sponsored walk with proceeds donated to a hospice (September 2018)
- Launching a health application specific to health and care services in Harrow (in progress)

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Antibiotic prescribing audit of Augmentin, ciprofloxacin and cephalosporin's	<ul style="list-style-type: none"> • Augmentin prescriptions were reduced in the second audit cycle to 45, compared with 58 in the first audit (22% reduction). • Ciprofloxacin prescriptions remained the same (15 in both audits) • Cefalosporins prescriptions were reduced in the second audit cycle to 12, compared with 24 in the first audit (50% reduction). • Action points: <ul style="list-style-type: none"> • A top 10 antibiotic prescribing card had been produced and all GPs, including locums, had access to this. • National guidelines in self-care of urinary tract infections and chest infections were utilised to reduce future antibiotic prescriptions. • Antibiotic guidelines for suspected urinary tract infections were obtained from the local medicines management team and circulated to all clinicians to review.
To assess the safe prescribing of Direct oral anticoagulants (DOAC). 2017 and 2018	<ul style="list-style-type: none"> • Results from the second audit cycle met the standards set with a high number of patients having the appropriate renal function calculation, appropriate blood test monitoring, and the correct anticoagulant dose. • Patients who required changes to their medication were invited for a review with their named GP. • Learning / action points:

	<ul style="list-style-type: none"> - A new DOAC template was demonstrated to clinical staff. - A new DOAC counselling checklist was embedded into the computer system to assist GPs initiating DOACs. - The re-call system was altered to improve patient compliance with blood test monitoring. - To improve safety, patients taking these medicines had the indication and duration of treatment, and when their next blood test was due documented on the medication screen of their medical record and printed on their prescription.
<p>Indication for the use of high vaginal swabs.</p> <p>2017 and 2018</p>	<ul style="list-style-type: none"> • The first audit cycle showed that out of 20 swabs taken, the management of one case was affected by the results of the swab. The second audit showed three out of 22 swabs had positive results for candida; two patients were treated after the results were received. • In terms of management of these patients, the results from both audits suggested that if a clinician suspected thrush clinically, swab confirmation was not required. • Learning points: <ul style="list-style-type: none"> - Clinicians to consider the value of swabs in older women as the management of these patients did not change. - Further education for clinical team to decrease the number of swabs taken.

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 comparable, 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 comparable to other practices.

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

The following language is used for showing variation:

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

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

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

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

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

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ([See NHS Choices for more details](#)).