

Care Quality Commission

Inspection Evidence Table

Gladstone Medical Centre (1-646669600)

Inspection date: 3 October 2018

Date of data download: 24 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(s) 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	No
Explanation of any 'No' answers: Staff who acted as chaperones were trained for their role and had received a DBS check with the exception of two non-clinical staff. However, the practice informed us their DBS applications were in the process. The practice had not carried out a documented risk assessment to ensure patients safety.	

Recruitment Systems	Y/N
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
Explanation of any answers:	

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 03.01.2018
There was a record of equipment calibration Date of last calibration:	Yes 03.01.2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes, but some gaps
Fire marshals	Yes
Fire risk assessment Date of completion	Yes Previous: 22.02.2017 Recent: 05.10.2018
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes February 2017
Health and safety risk assessment and actions Date of last assessment:	Yes February 2017
Additional comments: Electrical installation check – 03.10.2018 Gas safety check – 01.10.2018	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: None	Yes 28.09.2018 None
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

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.	Not all
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, but not for Sepsis
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
<p>Explanation of any answers:</p> <p>One of the clinical staff members we spoke with demonstrated lack of understanding to deal with medical emergencies.</p> <p>Some non-clinical staff we spoke with were not sure how to identify symptoms of sepsis in an acutely unwell patient. Staff had not completed formal sepsis awareness training.</p>	

Information to deliver safe care and treatment

Question	Y/N
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
<p>Explanation of any answers:</p>	

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)	0.74	0.64	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)	12.8%	10.6%	8.7%	Comparable with other practices

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 Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	No
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
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	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.	No
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> <p>The practice kept prescription stationery securely. On the day of the inspection, we saw blank prescription forms for use in printers were not handled in accordance with national guidance as these were not recorded and tracked through the practice at all times.</p> <p>We noted paediatric defibrillator pads were out-of-date and written records were not maintained for a defibrillator checks.</p>	

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.	4
Number of events that required action	4

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

Event	Specific action taken
Cold chain breach	A delivery of vaccines to the practice was not noticed till beyond storage safety rules and had to be discarded. This was reported as per the cold chain policy and appropriate actions were taken as required.
Two week wait referrals breach	Following introduction of obligatory e-Referral Service (eRS) for 2ww we picked up a number of patients whose referral had not gone through. We reported, initially dismissed, the incident to NHS IT but eventually they acknowledged there were patient safety issues which now do appear fixed.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place:	
There was an effective system in place to receive and share all safety alerts. If action was required this was assigned to an appropriate member of staff and it was recorded when this action complete.	

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)	0.21	0.43	0.83	Significant Variation (positive)

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)	93.7%	77.0%	79.5%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions) 30.9% (171)	CCG Exception rate 11.4%	England Exception rate 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)	84.6%	80.1%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 29.8% (165)	CCG Exception rate 8.3%	England Exception rate 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)	88.5%	79.0%	80.1%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.0% (155)	9.0%	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)	74.8%	80.2%	76.4%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4% (28)	2.2%	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)	95.4%	92.8%	90.4%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	34.3% (34)	8.6%	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)	76.0%	83.0%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (67)	4.0%	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, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	84.2%	81.7%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (2)	13.7%	8.2%	
Any additional evidence or comments				
The exception rates for a number of indicators were significantly higher than the CCG and national averages.				

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)	100	115	87.0%	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)	104	130	80.0%	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)	105	130	80.8%	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)	105	130	80.8%	Below 90% minimum (variation negative)
Any additional evidence or comments				
<p>The practice was aware of the above figures and taking steps to increase the uptake. The practice had increased the numbers of clinical rooms with fridges to allow more opportunistic immunisation.</p>				

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)	58.9%	63.6%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	56.9%	60.3%	70.3%	Variation (negative)
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	37.5%	42.7%	54.6%	Variation (negative)
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)	82.8%	74.9%	71.2%	Comparable with other practices
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)	61.9%	51.8%	51.6%	Comparable with other practices
Any additional evidence or comments				
According to the unverified Quality Outcome Framework (QOF) results for 2017/18 the practice's uptake for cervical screening was 80%.				

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)	90.0%	92.1%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.1% (18)	7.4%	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)	78.6%	92.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.7% (19)	6.7%	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)	78.2%	84.9%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (1)	3.0%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554	538	539
Overall QOF exception reporting (all domains)	14.0%	5.9%	5.7%

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

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)	90.7%	96.4%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (17)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice obtained consent to care and treatment in line with legislation and guidance.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	40
Number of CQC comments received which were positive about the service	35
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Five CQC comment cards we received were neutral and raised some concerns regarding access to the service.

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
8949	430	99	23%	1.11%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	74.7%	85.6%	89.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	70.6%	82.8%	87.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	87.5%	93.1%	95.6%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	59.0%	78.2%	83.8%	Variation (negative)
Any additional evidence or comments				

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

Date of exercise	Summary of results
last six months	We noted the NHS friends and family test (FFT) results for the last six months showed 98% of patients were likely or extremely likely recommending this practice.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with a patient, the patient participation group (PPG) members and comment cards	Feedback suggested that patients felt they were always involved in making decisions about their care and treatment and they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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)	85.0%	89.9%	93.5%	Comparable with other practices
Any additional evidence or comments				

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	The practice had identified 839 patients as carers (9% of the practice patient list size).
How the practice supports carers	The practice's computer system alerted GPs if a patient was also a carer. They were being supported by offering health checks and referral for social services support.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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	Staff recognised the importance of patients' dignity and respect. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	7am-6.30pm
Tuesday	7.30am-6.30pm
Wednesday	7.30am-6.30pm
Thursday	7.30am-6.30pm
Friday	7.30am-6.30pm

Appointments available	
Monday to Friday	Between 8am to 5.50pm
Extended hours opening	
Monday morning	from 7am to 8am
Tuesday to Friday	from 7.30am to 8am
Monday evening	from 6.30pm to 7pm

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	
<p>The practice had a documented home visit requests protocol. Staff recorded requests for home visits in the visit book and on the online appointment system with as much information as possible as to the reason for the request. This allowed the GPs to consider the urgency of the home visit. If staff felt the request was urgent, they would interrupt the duty doctor.</p> <p>The practice had identified patients who were vulnerable or who would have difficulties accessing the service and had flagged them on their computer system. They would offer those patients home visits as a priority.</p>	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8949	430	99	23%	1.11%

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)	91.5%	91.3%	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)	47.9%	66.5%	70.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	31.2%	63.3%	68.6%	Variation (negative)
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)	36.3%	65.0%	65.9%	Variation (negative)
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)	47.0%	67.5%	74.4%	Variation (negative)
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
For example, comments cards, a patient and two members of the patient participation group (PPG)	Feedback from a patient and two members of the patient participation group (PPG) was positive and reflected that patients were satisfied with the appointment booking system and were able to get appointments when they needed them. They informed us they had seen improvement in last few months.
NHS choices	The practice had received a number of positive comments on the NHS Choices website regarding the good quality clinical care provided by the staff in the last 12 months. However, some patients had raised concerns regarding the poor access to the service and customer service's skills of the reception staff.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	11 (2017-18) 5 (2018-19)
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	

Example of how quality has improved in response to complaints
<p>The practice had made necessary arrangements to source infant hepatitis B testing kit at short notice if not available in the stock.</p> <p>The practice had increased capacity in order to be able to communicate rapidly and proactively with patients.</p>

Well-led

Leadership capacity and capability

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

The practice had undergone considerable transition in the last 15 months. The practice had demonstrated improvements in last few months. Staff and patients, we spoke with confirmed this.

The practice identified leads for various aspects of the work. The practice had three senior administrators working together to ensure the smooth running of the practice and to be the first point of contact.

Staff information disseminated through several mechanisms including:

- Practice meetings
- Minutes of meetings
- Posters in reception and across the practice
- Desk top icons to lead staff towards practice resource centres

The practice was working with the K&W Healthcare network (a GP-led organisation made up of 28 GP practices in the Brent CCG) care navigator team to facilitate patient care where this overlaps with community mental health, social, nursing and speciality services.

The management team we spoke with was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

Practice Vision and values

There was a clear vision to deliver high quality care and promote good outcomes for patients. This included the delivery of high quality patient centered care, improve the health, well-being and lives of those we care for. The practice had a good strategy which reflected the vision and values.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
<p>The practice had a culture of high-quality sustainable care. Staff we spoke with informed us the management was approachable and they had confidence that their concerns would be addressed in a timely manner.</p> <p>The practice was embedding a culture of audits and encouraging all staff to be involved in audit activity.</p> <p>The practice was using Care Information Exchange (CIE) - Patients Know Best to direct access patient's pathology and radiology results and clinical letters from the Imperial campus, freeing administration time for more face to face activity. The practice informed us that they were the only practice in Brent taking part in this pilot programme. They informed us this programme had helped the practice to deliver safe patient care due to reduction in uncertainty because of failed or delayed hospital to primary care communications.</p> <p>The practice had worked with the NHS England resilience programme.</p> <p>The practice was involved in the National Diabetes Prevention pilot programme in Brent.</p>

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

Source	Feedback
Staff	Staff we spoke with informed us leaders were approachable and encouraged them to raise issues.
Staff	Staff were aware of whistleblowing policy.
Staff	The practice had purchased new seating across the practice for health professionals and patients.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Yes, available to all staff.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Finances	The provider informed us they were financially insecure in early 2017 but they had worked closely with the accountant to ensure and achieve financial stability.
Prescribing	The practice was working with a clinical pharmacist to both review patients on multiple medications and ensure routine and urgent prescribing processes were in place.
Building / Premises	During 2017 all documentation relating to the building was missing. The practice had worked hard to make sure all necessary safety checks were performed and certification in place.

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

Examples of methods of engagement

	Method	Impact
Patients	Engagement with the patient participation group (PPG) Friends and Family Test (FFT) Suggestion box Surveys MJog (text message communication)	Improved patient satisfaction with the overall service provided. Ongoing assessment of services and discussion of any suggested improvements.
Public	Practice website Local Church	Improved flow of information to and from the practice. The practice had arrangement in place with the local Church to provide accommodation for the practice in emergency.
Staff	Open door policy Appraisal and staff meetings	Open and transparent communication. Staff felt able to raise concerns and involved in service development. Improved staff morale and development goals.
External partners	Regular programme of meetings. Good communication channels, for example email and electronic software systems. The practice informed us they had worked closely with the CCG to support and improve their IT infrastructure and developments. The practice had hosted and worked closely with the Improving Access to	The practice worked with the multi-disciplinary teams in the local area. Staff at the practice attended regular meeting with colleagues from the local CCG. Improved IT infrastructure. The service offered a multi-disciplinary assessment of patients needs.

	Psychological Therapies (IAPT) team and supported the patients experiencing poor mental health.	
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Feedback from Patient Participation Group;

Feedback
Two members of the patient participation group (PPG) we spoke with was happy with the service offered by the practice. They reported they felt they were kept informed by the practice. They said the doctors were caring and receptionists were friendly and helpful. They said they had noticed improvements in the last few months.
The practice had reviewed and updated website and notice board in the waiting area.

Continuous improvement and innovation

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

Audit area	Improvement
Minor ops	The practice had carried out two audits looking case by case at all procedures performed to monitor the rate of success of minor surgeries performed on patients.
Cancer audit 2018	This audit was created to look to see whether retrospective analysis of clinical notes could pick up the delay between onset of presentation of symptoms and eventual diagnosis of cancer and tools developed to reduce this.

Any additional evidence
<p>There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, the service was using innovative approaches to accessing relevant patient information in conjunction with other providers, through the use of a system called the Co-ordinate My Care (CMC) which provided wider access to palliative care records such as advanced directives and in some cases preferred a place of death. There were systems to support improvement and innovation work.</p> <p>The practice was part of the pilot programme and working with London North West Healthcare NHS Trust Information Technology team to develop the MESH (Message Exchange for Social Care and Health) communication system.</p> <p>The principal GP had been involved in research studies and the practice had facilitated research across Brent and supported the development of wider local systems.</p>

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 practices 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](#)).