

Care Quality Commission

Inspection Evidence Table

Dr Amobi and partners (1-542858918)

Inspection date: 23 January 2019

Date of data download: 23 January 2019

Overall rating: Requires Improvement

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

Safe

Rating: Requires Improvement

Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse. However, monitoring of documentation was required.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Partial
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The practice held weekly meetings with members of the multidisciplinary team where safeguarding	

Safeguarding	Y/N/Partial
<p>was discussed. However, we saw limited evidence of recorded practice clinical meeting minutes where safeguarding was discussed. A clinical meeting report provided by the practice for the last year showed that safeguarding had been discussed on one occasion.</p> <ul style="list-style-type: none"> There were no multidisciplinary team meetings with the health visitors, due to their unavailability. However, collaborative working took place where required and contact was made via email. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	N
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We saw evidence of an infectious disease notification relating to mumps. However, we did not see evidence that an effective employee immunisation programme was in place in line with the PHE guidance, for all staff who had direct contact with patients, including reception staff. For example, there was no evidence that all staff were up to date with their routine immunisations such as mumps, diphtheria, tetanus and rubella (MMR) as per PHE guidance. 	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 2 August 2018	Y
There was a record of equipment calibration. Date of last calibration: 19 July 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 23 July 2018	Y
There was a log of fire drills. Date of last drill: 22 January 2019	Y
There was a record of fire alarm checks. Date of last check: 21 December 2018	Y
There was a record of fire training for staff. Date of last training: adhoc on bluestream	Partial
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 27 June 2018	Partial
Actions from fire risk assessment were identified and completed.	N
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was evidence of equipment calibration; however, monitoring was required to ensure that equipment had the most up to date calibration record on them, as some appeared overdue. • The practice had carried out their own fire risk assessment; however, this was not effectively implemented. For example, it did not fully assess emergency routes and exits, fire detection and warning systems, or the needs of vulnerable people. • There were gaps in fire safety training for staff. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: November 2017	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • An inhouse health and safety risk assessment had been carried out in November 2017 and was due a review in November 2018. Following the inspection, the practice provided evidence to show 	

that an updated health and safety risk assessment was carried out.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were mostly met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 13 September 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Sharps bins were not signed and dated. 	

Risks to patients

There were gaps in systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Partial
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Partial
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Explanation of any answers and additional evidence:

- While there were procedures in place to manage staff absence, monitoring was required, as the practice had not ensured that relevant staff carried out the necessary vaccines fridge temperature checks when designated staff were absent.
- Not all staff were aware of the clinical emergency procedures in relation to ensuring urgent review of acutely unwell patients. The medical emergency response procedure stated that a duty doctor or nearest available clinician should be called immediately and they would take responsibility for the patient and the management of the event. However, when we spoke to one non-clinical member of staff, they told us that they would place the patient on the practice nurse triage list, then alert the duty doctor once the patient had been triaged by the nurse.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment; however, monitoring was required to ensure they were handled in a timely manner.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Partial
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Partial
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.	Y

Explanation of any answers and additional evidence:

- Monitoring was required to ensure information was kept secure at all times. When we checked the clinical rooms, we found that information required to access clinical data was left on the desk and not kept securely.
- The practice was a part of the Five Year Forward View, employing medical assistants in a new role to relieve workload pressure. They were trained to manage incoming letters and take appropriate action including forwarding to the GP for information, clinical assessment or onward referral to another service, recalling the patient and inviting for diagnostic tests. However, the practice need to ensure that any outstanding routine filing was actioned in a timely manner.

Appropriate and safe use of medicines

The practice did not always have effective systems for the 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) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA</small>	0.65	0.63	0.94	Variation (positive)
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). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	6.4%	10.7%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	N
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	n/a
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial
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.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a

Medicines management	Y/N/Partial
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	N
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial

Explanation of any answers and additional evidence:

- The serial numbers for blank prescriptions kept in clinical room printers and the reception area were not recorded. Prescription pads were not securely locked away when the rooms were not in use. There was a confidential waste bin in each clinical room; however, in one clinical room, we saw the bin was not covered and there was a visible prescription with patient identifiable information. Following the inspection, the practice placed lids on the confidential waste bins.
- There were Patient Group Directions (PGDs) in place; with the exception of the BCG (tuberculosis) vaccine which had not been signed. The practice told us that this vaccine was not administered at the practice and patients requiring this vaccine were referred externally.
- There was evidence of structured medicines reviews for patients on repeat medicines, carried out by the clinical pharmacist. However, there were no repeat limits for patients on long term medicines. Following the inspection, the practice made changes to ensure that when a repeat prescription was set up, the number of issues would be entered into the appropriate box of their clinical system.
- The monitoring of stock levels and expiry dates of emergency medicines was not appropriately managed. We saw that the recorded stock levels did not accurately reflect the actual stock levels.
- The practice did not hold all recommended emergency medicines; however, we saw evidence that the practice had carried out a risk assessment to determine the range of medicines held.
- The vaccines were not appropriately monitored. There was no recording of the vaccines fridge temperature when the designated staff member was not available. No action had been taken when the temperature was out of range on three separate occasions. Following the inspection, the practice told us that they made improvements to ensure that that all vaccine fridges were being monitored on a daily basis and a weekly assurance check performed by management to sign off that every day had been recorded.
- The practice needed to ensure the system to check the defibrillator was at routine intervals. The checks were not carried out at regular intervals.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong; however, improvement was required.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	17
Number of events that required action:	17
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice needed to review their significant events log to ensure that all significant events were recorded. When we reviewed this log, we found that one reported paediatric anaphylaxis incident had not been recorded. The significant events analysis log also recorded actions taken and outcome but it did not always record what learning took place as a result. We saw evidence of significant events being discussed at the different types of meetings held by the practice; however, significant event analysis was not a standing agenda item. Reception staff told us that significant events were also discussed at reception meetings, although these were not minuted meetings. 	

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

Event	Specific action taken
Blood pressure readings not reviewed by GP	The GP had not been alerted to abnormal blood pressure results. The results had been documented. No adverse incident to the patient. New protocol implemented and audit of notes carried out to ensure protocol was being followed.
Cancer diagnosis	Patient diagnosed with cancer and after notes review found that every consultation may have resulted in earlier diagnosis, although prognosis would not have changed. Changes made to ensure patients with unusual symptoms were checked for this type of cancer.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	N

Explanation of any answers and additional evidence:

Although the practice had a system to receive and act on safety alerts, they did not have a system in place to ensure that all relevant staff had received and acted on these alerts. We saw that one clinical member of staff did not read or action safety alerts when they arrived and was unable to recall the last safety alert received.

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. However, monitoring was required in some areas.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice had some systems and processes to keep clinicians up to date with all current evidence based practice. However, monitoring was required to ensure that all the clinical staff could access guidelines from the National Institute of Clinical Excellence (NICE) guidelines. One clinician was unable to demonstrate clear knowledge of these guidelines. 	

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) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.17	0.44	0.81	Significant Variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice had a care co-ordinator and patients with complex needs had care plans and were referred to the complex patient management group and the integrated care service for additional support.

- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age. An annual audit was carried out by the practice to ensure that all patients over 75 years of age had been seen in the last 12 months.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had an annual review to check their health and medicines needs were being met. The practice told us that annual reviews were carried out on an adhoc basis. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Clinical leads worked closely with the local diabetic pathway team and their pre-diabetic patients were monitored annually and encouraged to make life style change changes and self-care.

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/mole or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.2%	77.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	24.9% (184)	11.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.9%	79.3%	77.7%	No statistical variation

Exception rate (number of exceptions).	19.8% (146)	8.1%	9.8%	N/A
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	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	79.8%	78.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.0% (74)	8.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	76.1%	78.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (6)	2.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.3%	93.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.5% (4)	9.5%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	83.6%	82.6%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.3% (65)	3.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	86.2%	85.4%	90.0%	No statistical variation

Exception rate (number of exceptions).	9.7% (7)	10.6%	6.7%	N/A
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Any additional evidence or comments

The practice had taken action to improve patient outcomes for those with diabetes. They had a high population of diabetic patients and there were two diabetes leads in the practice. There was a joint diabetes clinic with the diabetes specialist nurse. The clinics comprised of insulin initiation and review of poorly controlled diabetes patients.

There was insufficient monitoring of high exception reporting rates. The practice told us that patients who did not attend their appointments were exception reported. This was after patients were invited for their appointments by letter and telephone.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were significantly below the World Health Organisation (WHO) targets. The practice was aware of the low uptake and explained that they encountered resistance to immunisation from some of their community groups, such as their Somali population, who made up 10% of their practice population and who had concerns that childhood immunisations were linked to autism. The practice worked together with other local practices in the community to provide education and support and increase uptake.
- The practice needed to improve their arrangements to identify and review the treatment of newly pregnant women on long-term medicines. We found that no action had been taken to identify and review the treatment of pregnant women on sodium valproate (medicine to treat epilepsy and bipolar disorder), after a patient safety alert regarding this medicine had been received.
- One of the GPs had a lead role at the Brent Centre for Young People, which provided support and counselling for young people with mental health issues.
- The practice did not routinely provide ante-natal care as this was mostly being carried out in children's centres. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. As there was limited communication with the health visitors, the practice would liaise with their local safeguarding leads or consultant paediatrician.
- Young people could access services for sexual health and contraception, except for coil insertions, which was carried out at the local family planning clinic.

Child Immunisation	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) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	98	107	91.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	107	139	77.0%	Below 80% (Significant 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) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	118	139	84.9%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	116	139	83.5%	Below 90% minimum (variation negative)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

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

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	64.5%	63.7%	71.7%	No statistical variation

were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	57.1%	61.8%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	41.6%	42.0%	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. (01/04/2017 to 31/03/2018) (PHE)	76.9%	79.2%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	35.3%	55.2%	51.9%	No statistical variation

Any additional evidence or comments

The practice was aware of their low performance of cervical and cancer screening. They told us that patient engagement was an issue and this made cancer screening targets difficult to achieve. They had a practice improvement plan in place to help improve uptake. This included undertaking education programmes, as well as a smear awareness campaign reaching out to the specific community groups with low uptake, offering opportunistic cervical screening smears and working with their network to provide access to cytology on Saturday and Sunday, plus weekday evenings for patients unable to attend during core hours.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- There was notable practice in relation to the care of vulnerable patients. The practice had a significant number of patients who were residents at a local Travellers site (3% of the patient list). The practice had put arrangements in place to support this population group. A flexible appointment system had been adopted which was suited to the needs of the Travelling Community. For instance, when an appointment was booked, the practice would arrange for longer than normal appointments so that several health-related matters could be discussed during the appointment. The practice would also arrange to have other services available for the same time, including immunisations, cervical screening and long-term condition review. The practice's mental health assistant worked closely with a specialist community support worker, visiting travellers at home to promote better engagement with health care providers and to help patients access other support organisations.
- Care was delivered holistically and this included addressing social issues.

- 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 held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- 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.
- Complex patient cases were often taken for discussion at the local multi-disciplinary team meeting which included staff from the memory clinic and geriatricians.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	99.0%	88.6%	89.5%	Variation (positive)
Exception rate (number of exceptions).	29.1% (43)	7.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	98.2%	90.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	23.6% (35)	5.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	78.8%	84.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.9% (1)	4.1%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552.0	536.7	537.5
Overall QOF exception reporting (all domains)	8.5%	5.9%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

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

- The practice carried out a Coeliac disease (digestive condition) audit to ensure that patients with

Type one diabetes were tested for this disease. Initial audit findings showed that of the 35 patients with Type one diabetes, only 8 patients had received the screening. They took action to ensure that diabetic patients were contacted for screening. Improvements were made because the audits showed that patients with Type one diabetes were now being automatically tested for coeliac disease at the target rate of 80%.

Effective staffing

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

	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.	Partial
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Partial

Explanation of any answers and additional evidence:

- There was a GP lead for education who led weekly educational sessions. These educational sessions involved guest speakers.
- In some areas, there was an insufficient approach to supporting and managing staff when their performance was poor or variable. For example, when a member of the clinical team was not reading incoming patient safety alerts, we did not see evidence of appropriate action to rectify this.
- The practice trained two staff members to be healthcare assistants.

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 (01/04/2017 to 31/03/2018) (QOF)	Y
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice held smoking cessation clinics twice a week. 	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.4%	95.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (9)	0.6%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was mostly positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	16
Number of CQC comments received which were positive about the service.	11
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comment cards	Patients felt they were treated with respect and staff were friendly and informative. They also felt that staff listened to them and were caring and polite. Mixed comments highlighted issues with access.
Patient Participation Group (PPG)	We spoke to one member of the PPG who was happy with the service and felt the GPs were attentive and involved them in their treatment.
NHS Choices	There was mixed feedback where some patients highlighted issues with staff attitude, whereas some patients felt that staff were kind and helpful. The practice responded to this feedback and advised patients to contact the surgery and speak to the practice manager.

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 changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9118	403	93	23.1%	1.02%

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)	92.6%	85.6%	89.0%	No statistical variation
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)	87.8%	82.8%	87.4%	No statistical variation
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)	94.9%	93.1%	95.6%	No statistical variation
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)	86.7%	78.2%	83.8%	No statistical variation

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

Any additional evidence

The practice worked collaboratively with the Patient Participation Group (PPG) to gather patient feedback. They also carried out Friends and Family Tests (FFT) and results for 2018 showed that, 82% of patients would recommend the practice to their friends and family.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Explanation of any answers and additional evidence:

- The practice worked closely with their local foodbank to support and identify vulnerable individuals or families that had not registered with a GP. The practice together with the foodbank would support these individuals or families in registering with the practice and accessing vital medical care.
- In order to increase and support care navigation and self-care and awareness, the practice decorated their waiting room every month with a different campaign; for example, stop smoking campaign, to promote awareness and to support their health and wellbeing strategy.

Source	Feedback
Interviews with patients.	Patients told us that they felt involved in decisions about 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)	88.9%	89.9%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Partial
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	
There was no information displayed in different languages; however, the practice told us that staff spoke multiple languages. There was a google translate option on the practice website that had a range of different languages for patients to select from.	

Carers	Narrative
Percentage and number of carers identified.	90 (1% of the practice population).
How the practice supported carers.	<ul style="list-style-type: none"> The practice held annual carers coffee mornings since 2015, in conjunction with the PPG and the Brent carers centre. This was held to provide carers information on what was available in the community, such as, respite care, legal advice and support for young carers. This was also an opportunity for the practice to build a rapport with the patients. Carers were offered annual health checks and flu immunisations.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The provider had a procedure in place for patients who had suffered bereavement. The GPs would call the patient's family or send letters to the family.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:30am – 6:30pm
Tuesday	8:30am – 6:30pm
Wednesday	8:30am – 6:30pm
Thursday	8:30am – 6:30pm
Friday	8:30am – 6:30pm
Extended hours:	
Monday	6:30pm - 7:00pm
Friday	6:00am - 8:00am Telephone consultations
Extended nurse clinic every first Saturday	9:00am – 1:00pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9118	403	93	23.1%	1.02%

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)	92.6%	91.3%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. 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. The practice worked closely with their local pharmacies who provided a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. 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

- The practice carried out two childhood immunisation clinics every week, including Saturday mornings.
- The practice provided a paediatric phlebotomy service, to save families often with no transport and large families having to attend local hospitals.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients could access GP advice using the practice generic email address if they had a query. They encouraged the use of digital technology and the use of mobile health application systems in self-care.
- 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.
- The practice offered extended hours and early morning telephone consultations were offered. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP hub pilot, which also included e-consultations.

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, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- 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 was aware of support groups within the area and signposted their patients to these accordingly.
- The practice offered an inhouse counselling service.

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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	64.6%	N/A	70.3%	No statistical variation
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)	58.7%	63.3%	68.6%	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 (01/01/2018 to 31/03/2018)	66.2%	65.0%	65.9%	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 (01/01/2018 to 31/03/2018)	66.5%	67.4%	74.4%	No statistical variation

Any additional evidence or comments

- The practice had taken steps to improve access. They had recently introduced extended hours telephone consultations on a Friday morning.
- They were part of a Clinical Commissioning Group (CCG) led pilot to provide e-consultations since September 2018. Patients could request an online consultation via the practice website and could access a GP within one day. The practice told us that there were up to four consultations a day and audits were being carried out to determine the effectiveness of this pilot. The practice worked with the Patient Participation Group (PPG) to set up a volunteer desk to encourage patients to take up this service.
- The practice was also a part of a CCG led e-hub pilot, whereby GPs had full access to patient records and patients could be seen at any of the hub sites.

- The practice recruited a clinical pharmacist and staff roles were developed and this included a junior clinician being trained to a medical assistant role.
- The practice introduced a nurse-led Saturday clinic every first Saturday of the year.

Source	Feedback
Patient feedback	Patients found the e-consultation service to be efficient. One patient stated that as a result of the consultation, they were invited for a follow-up GP appointment and a further referral for treatment, all within 24 hours.

Listening and learning from concerns and complaints

Complaints were listened and responded to; however, we did not see evidence that they were used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	16
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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Partial

Explanation of any answers and additional evidence:

- There was insufficient information recorded on the complaints log provided by the practice. We were provided with one detailed account of a complaint. The log reviewed by the inspection team omitted information relating to the complaint, action or learning as a result of the complaint.
- There was no evidence from the meeting minutes provided that complaints were discussed and learning shared.

Example(s) of learning from complaints.

Complaint	Specific action taken
Parent complaint regarding care of unwell child	We saw evidence that the practice investigated and responded to this complaint. We saw that when the parent was dissatisfied with the complaint response, the practice invited them for a meeting at the practice to resolve this issue.

Well-led

Rating: Requires Improvement

Leadership capacity and capability

There was compassionate and inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice manager was the lead for the primary case network development, as well as a commission lead and director for network development for many years. They were working with Brent CCG on the development of an integrated care partnership. The practice took part in the e-consultation and e-hub pilot to improve patient access to the service and to ease the pressure off the urgent care centres. 	

Vision and strategy

The practice had a 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.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a vision 'to make a positive contribution to the health of the local community'. The practice was awaiting the outcome of an improvement grant application to redesign the premises and increase consulting capacity for patients. 	

Culture

Further improvement was required to ensure 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.	Partial
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence:	
The practice needed to monitor and improve on any behaviour inconsistent with their visions and values. For example, ensuring all relevant staff were proactive in reading circulated patient safety alerts and clinicians had clear knowledge of evidence based guidelines.	

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

Source	Feedback
Clinical staff	Staff felt there was a good culture within the practice which promoted good teamwork. They felt management listened to their concerns and were taking steps to address challenges; for example, recruiting additional nurse support.

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	N
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Some of the structures, processes and systems to support good governance required effective oversight. For example, not all staff were clear on their roles and accountabilities in respect of understanding the emergency response procedure and ensuring they read incoming patient safety alerts. Processes for information governance required monitoring. There were gaps in mandatory staff training. 	

- Although there were regular education, practice and nurse meetings, they were not always recorded and learning shared in relation to significant events and complaints was not always clear.

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	N
There were processes to manage performance.	Partial
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • In some areas, there were no systems to identify and monitor risks to patient safety. During the inspection, we identified risks in relation to staff immunisations, equipment maintenance, fire safety, sharps bins, cold chain, medicines management including emergency medicines, significant events and patient safety alerts. • The practice needed to ensure that all non-clinical staff were aware of the emergency response procedure in place. 	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Partial
Our inspection indicated that information was accurate, valid, reliable and timely.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

- The practice used data to adjust and improve performance. For example, peer review of prescribing data. They were a positive outlier for prescribing.
- There was high level of use of the North West London Whole system integrated care dashboard including, peer review with neighboring practices of outpatient referral, use of urgent care services and non-elective admission. The dashboard was used to identify patients on watch lists to bring into proactive care.
- The practice was addressing the challenges relating to childhood immunisations and were working closely with local practices.
- However, monitoring of high clinical exception reporting was required.

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.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice took part in a local charity initiative, 'Under One Roof', in partnership with the local council and NHS health partners. This initiative aimed to improve the health and wellbeing of patients with long term conditions that were exacerbated by the cold and damp. These patients would be eligible for a possible grant to help make their homes warmer and reduce damp. The practice identified 79 people who would be eligible for this scheme and who ultimately received support either through grants or free home surveys and further support to identify potential risks to health. 	

Feedback from Patient Participation Group (PPG).

Feedback
<ul style="list-style-type: none"> • The PPG was actively involved in working collaboratively with the practice. They took part in an annual McMillan coffee morning by hosting a coffee morning in the waiting room area, together with a cake stand, raffles and best cake competition. All proceeds went towards the charity. • There was a Patient Engagement plan for 2019 which showed the PPG and the practice planned to hold educational asthma peer support coffee mornings, as well as a shingles party so patients could receive the vaccination and attend a coffee morning.

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The practice implemented a Practice Improvement Plan, in conjunction with the PPG and regularly updated. This included maintaining and developing the workforce to have capacity and capability to meet patient needs, implement a staff survey and to ensure a positive patient experience for accessing care. Priority areas included improving in cytology and immunisation targets.	

Examples of continuous learning and improvement

- The practice made plans to recruit senior practice nurse to lead the nursing team.

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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.