

Care Quality Commission

Inspection Evidence Table

Church End Medical Centre (1-5438969470)

Inspection date: 11 April 2019

Date of data download: 10 April 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

| Safeguarding | Y/N/Partial |
|--|-------------|
| There was a lead member of staff for safeguarding processes and procedures. | Yes |
| Safeguarding systems, processes and practices were developed, implemented and communicated to staff. | Yes |
| There were policies covering adult and child safeguarding. | Yes |
| Policies took account of patients accessing any online services. | Yes |
| Policies and procedures were monitored, reviewed and updated. | Yes |
| Policies were 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 |
| There was active and appropriate engagement in local safeguarding processes. | Yes |
| There were systems to identify vulnerable patients on record. | Yes |
| There was a risk register of specific patients. | Yes |
| Disclosure and Barring Service (DBS) checks were undertaken where required. | Yes |
| Staff who acted as chaperones were trained for their role. | Yes |
| 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. | Yes |

| Recruitment systems | Y/N/Partial |
|---|-------------|
| 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 |
| There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored. | Yes |
| Staff had any necessary medical indemnity insurance. | Yes |

| 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: 27/07/2018 | Yes |
| There was a record of equipment calibration. Date of last calibration: 27/07/2018 | Yes |
| There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals. | Partial |
| There was a fire procedure. | Yes |
| There was a record of fire extinguisher checks. Date of last check: 25/01/2019 | Yes |
| There was a log of fire drills. Date of last drill: 04/04/2018 | Yes |
| There was a record of fire alarm checks. Date of last check: March 2019 | Yes |
| There was a record of fire training for staff. | Yes |
| There were fire marshals. | Yes |
| A fire risk assessment had been completed. Date of completion: 06/05/2016 | Partial |
| Actions from fire risk assessment were identified and completed. | Partial |
| Explanation of any answers and additional evidence: Most risk assessments were regularly reviewed and up to date. | |
| <ul style="list-style-type: none"> • However, a fire risk assessment had not been carried out since May 2016 despite a recommendation in that assessment that it should be reviewed the following year. All other recommendations had been implemented. After we raised this, the practice provided evidence on the day of the inspection that it had arranged for another fire risk assessment to be carried out. • The practice stored liquid nitrogen on the premises. There was a policy and protocol governing the storage and handling of this hazardous gas but the protocol was out of date. After we raised this, the practice provided evidence, shortly after the inspection, that it had reviewed the protocol and had shared this with staff. | |

| Health and safety | Y/N/Partial |
|---|--------------------|
| Premises/security risk assessment had been carried out. Date of last assessment: 06/03/2019 | Yes |
| Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 06/03/2019 | Yes |

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

| | Y/N/Partial |
|---|--------------------|
| There was an infection risk assessment and policy. | Yes |
| Staff had received effective training on infection prevention and control. | Yes |
| Date of last infection prevention and control audit: 29/03/2019 | |
| The practice had acted on any issues identified in infection prevention and control audits. | Yes |
| The arrangements for managing waste and clinical specimens kept people safe. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <p>The practice produced an annual infection prevention and control statement outlining governance arrangements for infection prevention and control; details of relevant training within the practice; infection control audit results and any other notable issues and actions.</p> <p>The practice lead was also a nurse trainer for the clinical commissioning group. A key part of their role was to act as a visible role model in relation to infection prevention and control.</p> | |

Risks to patients

There were adequate 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. | Yes |
| There was an effective induction system for temporary staff tailored to their role. | Yes |
| Comprehensive risk assessments were carried out for patients. | Yes |
| Risk management plans for patients were developed in line with national guidance. | Yes |
| Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment. | Yes |
| Clinicians knew how to identify and manage patients with severe infections including sepsis. | Yes |
| Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients. | Yes |
| There was a process in the practice for urgent clinical review of such patients. | Yes |

| | |
|--|-----|
| There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency. | Yes |
| There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance. | Yes |
| When there were changes to services or staff the practice assessed and monitored the impact on safety. | Yes |

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

| | Y/N/Partial |
|--|-------------|
| Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. | Yes |
| There was a system for processing information relating to new patients including the summarising of new patient notes. | Yes |
| There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. | Yes |
| Referral letters contained specific information to allow appropriate and timely referrals. | Yes |
| Referrals to specialist services were documented. | Yes |
| There was a system to monitor delays in referrals. | Yes |
| There was 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 and additional evidence:</p> <p>There had been a recent significant event involving a build-up of unactioned tasks on the electronic document management system which was not in line with its policy or protocol. The practice had investigated and had taken action but we found outstanding documents on the system on the day of the inspection suggesting the practice's protocol was still not effective. (None of the outstanding items we saw suggested that patients were at any immediate risk.) As a result, the practice revised its protocol to include more continuous monitoring of the document management system and submitted this to us the day after the inspection visit.</p> | |

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

| 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) (01/01/2018 to 31/12/2018) <small>(NHS Business Service Authority - NHSBSA)</small> | 0.70 | 0.60 | 0.91 | Tending towards 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). (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small> | 11.0% | 10.5% | 8.7% | No statistical variation |
| Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small> | 5.06 | 5.87 | 5.60 | No statistical variation |
| Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small> | 1.31 | 1.13 | 2.13 | No statistical variation |

| Medicines management | Y/N/Partial |
|--|-------------|
| The practice ensured medicines were stored safely and securely with access restricted to authorised staff. | Yes |
| Blank prescriptions were kept securely and their use monitored in line with national guidance. | Yes |
| Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions). | Yes |
| 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. | Yes |
| There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. | Yes |
| The practice had a process and clear audit trail for the management of information about | Yes |

| Medicines management | Y/N/Partial |
|--|-------------|
| changes to a patient's medicines including changes made by other services. | |
| 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. | Yes |
| The practice monitored the prescribing of controlled drugs. (For example, investigation of 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 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 |
| The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance. | Yes |
| For remote or online prescribing there were effective protocols for verifying patient identity. | Yes |
| 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. | Yes |
| The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases. | Yes |
| There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use. | Yes |
| Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <p>The practice was registered with the London Ambulance Service as holding a portable defibrillator and was able to attend emergency call outs in the local area when notified on incidents where a defibrillator might be required.</p> | |

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

| Significant events | Y/N/Partial |
|---|-------------|
| The practice monitored and reviewed safety using information from a variety of sources. | Yes |
| Staff knew how to identify and report concerns, safety incidents and near misses. | Yes |
| There was a system for recording and acting on significant events. | Yes |
| Staff understood how to raise concerns and 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: | 3 |
| Number of events that required action: | 3 |

Examples of significant events recorded and actions by the practice.

| Event | Specific action taken |
|---|---|
| Patient in care home did not receive a visit from a GP following a request. | The practice's 'duty doctor' system was amended to include a designated urgent slot for patients living in the care home. The incident was discussed with staff and managers at the care home and in clinical and staff meetings to ensure that staff understood their responsibilities and promote better communication. |
| Mix-up of patient blood test results following mislabelling of samples. | The incident was communicated to the laboratory and discussed at a clinical team meeting with prompts introduced to crosscheck details provided on samples against the patient record. |

| Safety alerts | Y/N/Partial |
|--|-------------|
| There was a system for recording and acting on safety alerts. | Yes |
| Staff understood how to deal with alerts. | Yes |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Relevant safety alerts were shared and discussed at clinical meetings. Any required action was noted and followed-up. • The practice had access to an attached clinical pharmacist who had audited prescribing of sodium valproate to check this was not being prescribed to women of childbearing age. | |

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

| | Y/N/Partial |
|--|-------------|
| The practice had systems and processes to keep clinicians up to date with current evidence-based practice. | Yes |
| Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. | Yes |
| We saw no evidence of discrimination when staff made care and treatment decisions. | Yes |
| Patients' treatment was regularly reviewed and updated. | Yes |
| There were appropriate referral pathways were in place to make sure that patients' needs were addressed. | Yes |
| Patients were told when they needed to seek further help and what to do if their condition deteriorated. | Yes |
| Explanation of any answers and additional evidence: | |

| 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) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small> | 0.61 | 0.42 | 0.79 | No statistical variation |

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified as at risk received an assessment of their physical, mental and social needs.
- The practice followed up promptly 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.
- The practice carried out annual medication reviews with older patients to reduce the risks associated with drug interactions.

- The practice provided appropriate immunisations for older patients for example against seasonal influenza and shingles.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice routinely offered dedicated clinic sessions for diabetes, asthma and other long-term conditions.
- The practice had a structured approach to diabetes care, for example, making use of standardised templates and other resources (such as patient education courses) and coordinating with the local specialist diabetes nurse.
- The practice had a preventative focus, for example, it identified patients at risk of developing diabetes and provided advice and support to reduce this risk.
- 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.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

| Diabetes Indicators | Practice | CCG average | England average | England comparison |
|---|--------------|-------------|-----------------|--------------------------|
| The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small> | 71.3% | 77.0% | 78.8% | No statistical variation |
| Exception rate (number of exceptions). | 9.6% (55) | 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> | 81.0% | 79.3% | 77.7% | No statistical variation |
| Exception rate (number of exceptions). | 4.2% (24) | 8.1% | 9.8% | N/A |

| | Practice | CCG average | England average | England comparison |
|--|--------------|-------------|-----------------|--------------------------|
| The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small> | 82.3% | 78.7% | 80.1% | No statistical variation |
| Exception rate (number of exceptions). | 8.8% (50) | 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) <small>(QOF)</small> | 76.5% | 78.9% | 76.0% | No statistical variation |
| Exception rate (number of exceptions). | 0.7% (3) | 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) <small>(QOF)</small> | 93.5% | 93.0% | 89.7% | No statistical variation |
| Exception rate (number of exceptions). | 2.1% (2) | 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) <small>(QOF)</small> | 82.7% | 82.6% | 82.6% | No statistical variation |
| Exception rate (number of exceptions). | 1.3% (13) | 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) <small>(QOF)</small> | 84.9% | 85.4% | 90.0% | No statistical variation |
| Exception rate (number of exceptions). | 10.2% (6) | 10.6% | 6.7% | N/A |

Families, children and young people

Population group rating: Good

Findings

- The practice provided data showing that 2018/19 childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets. The practice had held catch-up immunisation clinics during school holidays and immunisation open days.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.

| 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) (NHS England) | 95 | 111 | 85.6% | 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) (01/04/2017 to 31/03/2018) (NHS England) | 111 | 126 | 88.1% | 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) (01/04/2017 to 31/03/2018) (NHS England) | 115 | 126 | 91.3% | Met 90% minimum (no variation) |
| 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) (NHS England) | 114 | 126 | 90.5% | Met 90% minimum (no variation) |

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74 and screening services. 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 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) | 71.7% | 63.7% | 71.7% | No statistical variation |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE) | 59.0% | 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) | 43.3% | 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) | 85.7% | 79.2% | 70.2% | 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) | 58.3% | 55.2% | 51.9% | No statistical variation |

Any additional evidence or comments

- The practice actively encouraged patients to participate in national screening programmes and was performing above the Brent average for its cervical screening coverage. It had achieved this through coordinated action across the practice team in identifying women due for a smear and taking opportunities to engage them about the test.

People whose circumstances make them vulnerable Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had run educational sessions with the nursing home staff and held meetings to discuss any issues as these arose.
- The practice held registers of patients living in vulnerable circumstances including patients with a learning disability. Patients on the learning disability register were called for an annual health review.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- The practice demonstrated that they had systems to identify people who misused substances.
- The practice had developed an electronic template (incorporating structured prompts for clinicians) to use with patients who were housebound or living in residential care. This had been shared with other practices across the primary care network (21 practices).
- A relatively high proportion of practice patients attended the local urgent care centre. The practice was starting to work more closely with the urgent care centre to identify and support patients to use services in a more appropriate way for their needs.

People experiencing poor mental health (including people with dementia)

Good

Findings

- There was a higher than average prevalence of mental health problems in the local population. The practice employed a retired mental health specialist nurse to attend the practice fortnightly and run a regular session for patients with enduring mental health problems.
- The practice worked with a local specialist team to provide joined up care to patients with mental health problems and diabetes to ensure that both their physical and mental health needs were being addressed.
- The lead GP for mental health actively tried to work with patients who showed signs of disengaging with mental health services or who were using services inappropriately.
- 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.

| 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) | 94.4% | 88.6% | 89.5% | No statistical variation |
| Exception rate (number of exceptions). | 22.5% (31) | 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) | 97.6% | 90.4% | 90.0% | Tending towards variation (positive) |
| Exception rate (number of exceptions). | 10.9% (15) | 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) | 79.6% | 84.1% | 83.0% | No statistical variation |
| Exception rate (number of exceptions). | 1.8% (1) | 4.1% | 6.6% | N/A |

Any additional evidence or comments

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) | 534.4 | 536.7 | 537.5 |
| Overall QOF exception reporting (all domains) | 4.6% | 5.9% | 5.8% |

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

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

past two years

- Bowel cancer audit – the practice had trialled the introduction of an additional letter from the practice explaining the purpose of the test kit and how to use it. Uptake rates had increased as a result.
- Aspirin prescription – the practice had reviewed all patients routinely prescribed aspirin against current guidelines and changed or stopped the prescription where appropriate.

Effective staffing

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

| | Y/N/Partial |
|--|-------------|
| Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme. | Yes |
| The learning and development needs of staff were assessed. | Yes |
| The practice had a programme of learning and development. | Yes |
| Staff had protected time for learning and development. | Yes |
| There was an induction programme for new staff. | Yes |
| Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015. | Yes |
| Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation. | Yes |
| The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates. | Yes |
| There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable. | Yes |
| Explanation of any answers and additional evidence: | |

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) | Yes |
| We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. | Yes |
| Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved. | Yes |
| Patients received consistent, coordinated, person-centred care when they moved between services. | Yes |

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

| | Y/N/Partial |
|---|-------------|
| The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. | Yes |
| Staff encouraged and supported patients to be involved in monitoring and managing their own health. | Yes |
| Staff discussed changes to care or treatment with patients and their carers as necessary. | Yes |
| The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. | Yes |
| Explanation of any answers and additional evidence: | |

| 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) (QOF) | 95.6% | 95.9% | 95.1% | No statistical variation |

| | | | | |
|--|--------------|------|------|-----|
| Exception rate (number of exceptions). | 0.7% (12) | 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. | Yes |
| Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. | Yes |
| The practice monitored the process for seeking consent appropriately. | Yes |
| Explanation of any answers and additional evidence: | |
| <ul style="list-style-type: none"> The practice used written consent forms for minor surgical procedures. | |

Caring

Rating: Good

Kindness, respect and compassion

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

| | Y/N/Partial |
|--|-------------|
| Staff understood and respected the personal, cultural, social and religious needs of patients. | Yes |
| Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition. | Yes |
| Explanation of any answers and additional evidence: The practice provided care to a diverse population of patients. Staff were committed to providing care that respected patients' rights, beliefs, preferences and individual autonomy and were able to provide examples. | |

| CQC comments cards | |
|--|----|
| Total comments cards received. | 37 |
| Number of CQC comments received which were positive about the service. | 34 |
| Number of comments cards received which were mixed about the service. | 1 |
| Number of CQC comments received which were negative about the service. | 2 |

| Source | Feedback |
|-------------------|---|
| Comment cards | Patients were very positive about their experience of the practice. Patients commented positively on the kindness and helpfulness of the reception staff and the attentiveness of the doctors and nurses. |
| Comment cards | Several patients commented on the quality of clinical care they had received for longer term conditions. Two comments were positive about the support available for mental health problems. |
| PPG interview | The patient participation group members we interviewed were also positive about patient experience at the practice. They told us that the practice ethos was to provide empathetic care. |
| PPG interview | The practice used part of the patient participation group meetings to present information about particular conditions and health related topics which were open to all interested patients and had proved to be popular. |
| Care home manager | The practice supported patients living in a nearby care home. The manager of the home told us that the GPs and particularly the designated GP for the home were very supportive. They attended the home every week, took time with patients and |

were accessible to patients' families. The lead GP was described by the home manager as having a passion for providing high quality care to older patients with multiple needs.

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 |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 8114 | 424 | 100 | 24% | 1% |

| 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) | 87.4% | 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) | 82.5% | 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) | 94.0% | 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) | 65.9% | 78.2% | 83.8% | Tending towards variation (negative) |

Any additional evidence or comments

The practice scored in line with local and national averages for questions on the national GP patient survey about the quality of consultations. Overall satisfaction with the practice tended to be lower than average. The practice was addressing this with planned improvements to the practice telephone system.

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

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. | Yes |
| Staff helped patients and their carers find further information and access community and advocacy services. | Yes |
| Explanation of any answers and additional evidence: The practice provided information for carers and for young carers (that is patients under 18 with caring responsibilities) in the waiting room. Carers were encouraged to discuss any concerns with their GP. | |

| Source | Feedback |
|-------------------|---|
| PPG interview | The patient participation group members we interviewed were positive about patient involvement. In their experience, the clinical staff had used visual aids, leaflets and diagrams to explain health conditions and treatment options. |
| Care home manager | The local care home manager confirmed that the lead GP for older people attended the home and developed patients' care plans with them and their families. |

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) | 87.9% | 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. | 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 other languages and in easy read format. | Yes |
| Information about support groups was available on the practice website. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The clinical team had online access to printable patient information leaflets in a range of languages. The practice produced a regular patient newsletter which was available in the waiting room. It also publicised news about the service on the practice website. | |

| Carers | Narrative |
|--|---|
| Percentage and number of carers identified. | 202 carers (2.5%) |
| How the practice supported carers. | The practice included alerts on the records system to enable staff to identify patients who were carers. Carers were offered greater flexibility over appointments and an annual health check. |
| How the practice supported recently bereaved patients. | The practice had a bereavement policy. The relevant GP contacted bereaved families following the death to offer condolences. Bereaved patients were signposted to bereavement counselling services. |

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. | Yes |
| 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 |
| There were arrangements to ensure confidentiality at the reception desk. | Yes |
| <p>Explanation of any answers and additional evidence:</p> | |

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. | Yes |
| The facilities and premises were appropriate for the services being delivered. | Yes |
| The practice made reasonable adjustments when patients found it hard to access services. | Yes |
| 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. | Yes |
| Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. | Yes |
| Explanation of any answers and additional evidence: | |

| Practice Opening Times | |
|--|---|
| Day | Time |
| Opening times: | |
| Monday | 8:30am - 6.30pm (Doors open from 9am) |
| Tuesday | 8:30am - 6.30pm (Doors open from 9am) |
| Wednesday | 8:30am - 6.30pm (Doors open from 9am) |
| Thursday | 8:30am - 6.30pm (Doors open from 9am) |
| Friday | 8:30am - 6.30pm (Doors open from 9am) |
| Appointments available: | |
| Monday | Appointments available from 9am. Morning and afternoon sessions (variable times per doctor) |
| Tuesday | Appointments available from 9am. Morning and afternoon sessions (variable times per doctor) |
| Wednesday | Appointments available from 9am. Morning and afternoon sessions (variable times per doctor) |
| Thursday | Appointments available from 9am. Morning and afternoon sessions (variable times per doctor) |
| Friday | Appointments available from 9am. Morning and afternoon sessions (variable times per doctor) |
| The practice also operates an evening session until 8:15pm on alternative Tuesday and Wednesdays and offers pre-9am appointments for patients who find it difficult to attend during normal working hours. | |

National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 8114 | 424 | 100 | 24% | 1% |

| 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) | 87.6% | 91.3% | 94.8% | Tending towards variation (negative) |

Older people

Population group rating: Good

Findings

- 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 now reserved a number of urgent appointments for patients living at a nearby care home following a significant incident.
- The practice had a designated lead GP for patients living in a local care home. The GP carried out weekly visits to the home.

People with long-term conditions

Population group rating: Good

Findings

- 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.
- Longer appointments were available for patients with longer-term conditions.
- The practice told us they were aiming to provide patients with the information and resources to enable patients to become 'expert' patients and to feel they were partners in their care. The practice had provided presentations on long-term conditions to the patient participation group. These sessions were open to all patients of the practice. The most recent event had attracted 63 attendees.

Families, children and young people

Population group rating: **Good**

Findings

- Nurse appointments were available outside of school hours.
- 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.
- Families registering with the practice were registered together and any safeguarding, health or social issues identified at the outset.
- Parents or guardians calling with concerns about a young child were offered a same day appointment when necessary.
- The practice was sensitive to the needs of young adults in its provision of sexual health advice and screening. The practice had recently held an information session on sexual health for young people as part of its patient participation group events.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8.15pm one evening each a week. Pre-bookable evening and weekend appointments were also available to all patients at additional locations within the area.
- The first and last appointments of the day were reserved for working patients.
- The practice was participating in a local scheme to provide online consultations to patients. The practice anticipated that this would be particularly useful for working patients.

People whose circumstances make them vulnerable

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 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.
- The practice utilised the 'Coordinate my care' system to share important information about

palliative patients' preferences with other services. The practice staff met with families to discuss patients' wishes and options towards the end of life.

- The practice had run a session for carers as part of its patient participation group meetings. This session was open to all interested patients.

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 had run a session on dementia as part of its patient participation group meetings. This session was open to all interested patients. As a result of feedback, the practice had put together a directory of relevant services and resources for patients with dementia and their families.

Timely access to the service

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

National GP Survey results

| | Y/N/Partial |
|--|-------------|
| Patients with urgent needs had their care prioritised. | Yes |
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. | Yes |
| Appointments, care and treatment were only cancelled or delayed when absolutely necessary. | Yes |
| Explanation of any answers and additional evidence: The practice had recently reviewed its home visit protocol for patients living at the nursing home following a significant event. | |

| Indicator | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|--------------------|
| The percentage of respondents to the GP | 44.7% | N/A | 70.3% | Significant |

| Indicator | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|--------------------------|
| 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) | | | | 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) | 54.2% | 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) | 61.5% | 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) | 63.8% | 67.4% | 74.4% | No statistical variation |

Any additional evidence or comments

The practice had identified the telephone system as an area for improvement to enable calls to be more effectively queued and patients kept informed while they were on the telephone. The main frustration for patients seemed to be the difficulty in getting through to the practice at 8:30am when many appointments were released on the system.

The practice had put in place measures to vary the ways that patients could access the service. It had previously introduced a walk-in booking system every Friday which was now well established. Patients attending the practice before 10.30am were given an allocated appointment later the same day.

The practice had also increased the number of pre-bookable appointments available on line and had successfully increased the number of patients registered for online services. Patients unable to book an appointment at a time they wanted were offered appointments at the Brent GP extended access service where appropriate. The practice was monitoring the impact of these measures through ongoing engagement with the patient participation group; the national GP patient survey results and the NHS 'Friends and family' feedback survey.

Listening and learning from concerns and complaints

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

| Complaints | |
|---|----|
| Number of complaints received in the last year. | 14 |
| Number of complaints we examined. | 10 |

| | |
|--|---|
| Number of complaints we examined that were satisfactorily handled in a timely way. | 9 |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman. | 0 |

| | Y/N/Partial |
|--|-------------|
| Information about how to complain was readily available. | Yes |
| There was evidence that complaints were used to drive continuous improvement. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <p>The practice recorded both verbal and written complaints. We found that one verbal complaint had been investigated internally but the outcome had not been communicated to the patient involved or documented.</p> <p>The practice lead for complaints periodically reviewed complaints for any trends and had identified communication as an underlying factor in several recent complaints. This was being addressed through individual appraisals, training and team reflection and discussion.</p> | |

Example(s) of learning from complaints.

| Complaint | Specific action taken |
|--|---|
| A patient with an existing condition sought a same day appointment and was offered an evening consultation at the extended GP access service ('hub'). However, by the time of this appointment, their condition had worsened, prompting a complaint. | The practice reviewed its procedures for identifying patients seeking an appointment with conditions or concerns that were not appropriate for the extended GP access service. The administrative and reception team were included in the review and team discussions to reduce the risk of recurrence. |
| A patient complained that their referral to secondary care had not been actioned. | The practice investigated and identified the administrative cause of the delay. As a result, the procedure for processing clinical letters handed in at the reception desk was reviewed and amended so that these would be tasked to the relevant GP as soon as they were received. |

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

| | Y/N/Partial |
|---|-------------|
| Leaders demonstrated that they understood the challenges to quality and sustainability. | Yes |
| They had identified the actions necessary to address these challenges. | Yes |
| Staff reported that leaders were visible and approachable. | Yes |
| There was a leadership development programme, including a succession plan. | Yes |
| Explanation of any answers and additional evidence: | |
| The practice had a system of designating lead roles to appropriate members of the practice team. Individual clinical leads told us they were able to develop and maintain relevant special interests and the practice leaders were open to new ideas and innovation. There were clear expectations underpinning lead roles and associated responsibilities. | |

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

| | Y/N/Partial |
|---|-------------|
| The practice had a clear vision and set of values that prioritised quality and sustainability. | Yes |
| There was a realistic strategy to achieve their priorities. | Yes |
| The vision, values and strategy were developed in collaboration with staff, patients and external partners. | Yes |
| Staff knew and understood the vision, values and strategy and their role in achieving them. | Yes |
| Progress against delivery of the strategy was monitored. | Yes |
| Explanation of any answers and additional evidence: | |

Culture

The practice had a culture which drove high quality sustainable care.

| | Y/N/Partial |
|---|-------------|
| There were arrangements to deal with any behaviour inconsistent with the vision and values. | Yes |
| Staff reported that they felt able to raise concerns without fear of retribution. | Yes |
| There was a strong emphasis on the safety and well-being of staff. | Yes |
| There were systems to ensure compliance with the requirements of the duty of candour. | Yes |
| The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. | Yes |
| Explanation of any answers and additional evidence: | |

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

| Source | Feedback |
|------------------|---|
| Staff interviews | Staff told us that there was a strong team working ethos. The practice had recently experienced a significant change in leadership following the retirement of a longstanding GP partner. Staff at all levels of the organisation told us that this had presented challenges but the practice team had come together with frequent meetings and reallocation of roles and ways of working to improve the service. |

Governance arrangements

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

| | Y/N/Partial |
|--|-------------|
| There were governance structures and systems which were regularly reviewed. | Yes |
| Staff were clear about their roles and responsibilities. | Yes |
| There were appropriate governance arrangements with third parties. | Yes |
| Explanation of any answers and additional evidence: | |
| The practice held regular clinical, administrative and full practice team meetings which were structured and included opportunities for learning from incidents and complaints. Notes were taken and circulated. The practice also organised away days for example to develop the practice strategy. | |

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

| | Y/N/Partial |
|--|-------------|
| There were comprehensive assurance systems which were regularly reviewed and improved. | Yes |
| There were processes to manage performance. | Yes |
| There was a systematic programme of clinical and internal audit. | Yes |
| There were effective arrangements for identifying, managing and mitigating risks. | Partial |
| A major incident plan was in place. | Yes |
| Staff were trained in preparation for major incidents. | Yes |
| When considering service developments or changes, the impact on quality and sustainability was assessed. | Yes |
| Explanation of any answers and additional evidence: | |
| <p>There were generally effective arrangements for identifying, managing and mitigating risks but there had been a significant event involving a build-up of unactioned tasks on the electronic document management system which was not in line with its policy or protocol. The practice had investigated and had identified a performance issue and acted to address this. However, we found outstanding documents on the system on the day of the inspection which showed that the actions taken had not been sufficient to fully prevent a recurrence. (None of the outstanding items we saw suggested that patients were at any immediate risk.) As a result, the practice revised its protocol to include more continuous monitoring of the document management system and submitted this to us the day after the inspection visit.</p> | |

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

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

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

| | Y/N/Partial |
|--|-------------|
| Patient views were acted on to improve services and culture. | Yes |
| Staff views were reflected in the planning and delivery of services. | Yes |
| The practice worked with stakeholders to build a shared view of challenges and of the needs of the population. | Yes |
| Explanation of any answers and additional evidence: The practice had reviewed and amended its appointment system following a significant event involving a patient living at the local care home. The event had involved a missed request for a home visit. As a result the practice now had designated daily urgent appointment slots for patients at the care home. | |

Feedback from Patient Participation Group.

| Feedback |
|--|
| The patient participation group described the practice as responsive to ideas and suggestions and committed to providing patients with a compassionate service and a focus on preventative care and the wellbeing of the community. Members of the group we interviewed were able to describe recent improvements, for example the introduction of the weekly walk-in sessions, the use of text messaging to communicate test results and the educational presentations at the patient group meetings. |

Continuous improvement and innovation

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

| | Y/N/Partial |
|--|-------------|
| There was a strong focus on continuous learning and improvement. | Yes |
| Learning was shared effectively and used to make improvements. | Yes |
| Explanation of any answers and additional evidence: There was a strong educational ethos within the practice. The practice was a GP and nurse training practice. The GP trainees kept a slot free at the end of each clinical session for reflection and discussion with the GP trainers. The practice was an active participant in NHS research projects with relevance to its patients and the local population. | |

Examples of continuous learning and improvement

- The practice used a programme of clinical audit and benchmarking to understand and improve its performance. For example, the practice had worked proactively with the nursing home and other health professionals to reduce the unnecessary use of antipsychotic medication with patients with dementia unless this was clinically indicated.
- The practice was an active member of its local federation and network of practices and took part in local initiatives for the benefit of its patients, for example it had recently started offering online consultations as part of a local initiative.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

| Variation Bands | Z-score threshold |
|--------------------------------------|------------------------|
| Significant variation (positive) | ≤ -3 |
| Variation (positive) | > -3 and ≤ -2 |
| Tending towards variation (positive) | > -2 and ≤ -1.5 |
| No statistical variation | < 1.5 and > -1.5 |
| Tending towards variation (negative) | ≥ 1.5 and < 2 |
| Variation (negative) | ≥ 2 and < 3 |
| Significant variation (negative) | ≥ 3 |

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

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