

Care Quality Commission

Inspection Evidence Table

Silverlock Medical Centre (1-4919207297)

Inspection date: 22/08/2019

Date of data download: 06 August 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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	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.	Y
Explanation of any answers and additional evidence:	
In response to a safeguarding concern raised at another CCG the practice had developed a failsafe system to ensure that all new born children requiring a six to eight-week check were contacted and called into the practice. If children did not attend then this was flagged to the clinicians as a possible	

Safeguarding	Y/N/Partial
cause for concern	
The practice had developed a template in the clinical system to ensure that the staff were recording the identity of the person accompanying children to their appointments. This was presented to the CCG and has been rolled out across practices in Southwark.	

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 if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence:	

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: 19/09/2018	Y
There was a record of equipment calibration. Date of last calibration: 19/09/2018	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: May 2019	Y
There was a log of fire drills. Date of last drill: 31/05/2019	Y
There was a record of fire alarm checks. Frequency of check: weekly. Last service 16/07/2019	Y
There was a record of fire training for staff. Date of last training: various dates	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: May 2019	Y
Actions from fire risk assessment were identified and completed.	Y

Explanation of any answers and additional evidence:

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Disability access audit May 2019,	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Lone working risk assessment 31/12/2018. Falls risk assessment and stairs risk assessment and asbestos risk assessments also completed.	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 28 May 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	

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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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.	Y
There was a process in the practice for urgent clinical review of such patients.	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:	

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.	Y
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 and 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.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
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:	
In addition to a system to monitor two week wait referrals, the practice had developed a failsafe system for referrals made for vulnerable patients. Practice staff ensured that these patients received notification of their appointments and that appointments were attended.	

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	0.50	0.57	0.88	Significant Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
PU) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)				
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). (01/04/2018 to 31/03/2019) (NHSBSA)	6.4%	7.0%	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 (01/10/2018 to 31/03/2019) (NHSBSA)	4.09	5.18	5.61	Variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	1.47	1.50	2.07	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.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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

Medicines management	Y/N/Partial
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.	Y
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.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence:	

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.	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.	Y
Number of events recorded in last 12 months:	27
Number of events that required action:	27
Explanation of any answers and additional evidence:	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Urine sample left in decommissioned Sample Fridge	A sign has been placed on the decommissioned sample fridge to advise staff not to use this. The practice also acknowledged that this change was not well communicated to staff.
Correspondence found in junk inbox;	Inbox now checked twice weekly and added to the rota of tasks.

earliest dating back to October 2017	
--------------------------------------	--

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
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) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.35	0.36	0.77	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

- The practice had undertaken an engagement exercise with their elderly population in relation to the impact of them moving premises and also in an effort to better understand how they could meet their health and care needs; including frailty, polypharmacy and social isolation. The practice appointed a community paramedic practitioner to better address these needs. In addition to completing holistic health assessments and care co-ordination along with nurses, healthcare assistant and pharmacists; the community paramedic practitioner could also undertake Carer Health Checks when visiting a vulnerable or elderly patient at home and could be utilised to see patients at home with acute illnesses where appropriate. The practice had completed 93

assessments for patients against a target of 84.

- 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 followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. The practice had held an event to encourage the uptake of the shingles vaccine.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. The practice had reviewed 166 patients with pre-diabetes against a target of 103.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring (ABPM). The practice was targeted to complete ABPM for 66 patients and had done this for 84 in 2019/20.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice had asthma/COPD inhaler technique review with 197 patients against a CCG target of 40.
- The practice had over 500 patients on their diabetic register. Using a multidisciplinary approach with their clinical pharmacist and GPs, the practice achieved 90% target for diabetic eight care processes and 55% for the diabetic triple target. This was compared to the local averages at 77% and 47% respectively.

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>	82.6%	74.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	14.2% (43)	7.6%	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>	86.1%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.6% (8)	6.9%	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>	83.8%	81.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.3% (25)	8.0%	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>	72.1%	76.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.3% (11)	2.1%	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>	90.8%	91.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	8.4% (7)	5.7%	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)	83.8%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.0% (20)	3.3%	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)	90.2%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.4% (1)	6.3%	6.7%	N/A

Any additional evidence or comments

--

Families, children and young people

Population group rating: Requires Improvement

Findings

- Childhood immunisation uptake rates below the World Health Organisation (WHO) targets. The practice provided data from open Exeter which indicated that performance has improved in this area.
- Following the inspection, the provider submitted information to state that in response the practice had carried out with the local primary school, to promote five healthy behaviours, one of which was having your immunisations.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointments including six to eight-week baby checks and appointments in secondary care or for immunisation. They would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with preconception advice, including those with long term conditions including diabetes and epilepsy, and post-natal support in accordance with best practice guidance.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus,	109	133	82.0%	Below 90% minimum

Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2018 to 31/03/2019) (NHS England)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	92	118	78.0%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	94	118	79.7%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	95	118	80.5%	Below 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice said that they had found it challenging to meet immunisation targets due to the anti-vaccination movement, because the practice had a high turnover rate (between 20 – 25% per annum) and the fact that the surgery was located in an area of high deprivation.

However, the practice said that this had been a focus of quality improvement work across AT Medics and they were in the process of developing tools to address this. We were told plans were in place to do an audit of languages spoken by the guardians of children requiring immunisation and that posters would be produced to advertise the importance of immunisations. We were also told that the nursing staff had produced a quiz which they would ask parents to complete which aimed to combat the dis information around the risks from vaccines.

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. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice was targeted to complete 209 health checks and had completed 282 in 2018/19.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery; 24% of the practice's patients were registered for online services.
- The practice provided contraceptive and sexual health services including STI screening

--

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) <small>(Public Health England)</small>	62.2%	66.0%	71.7%	Tending towards variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) <small>(PHE)</small>	55.5%	60.8%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(01/04/2017 to 31/03/2018) <small>(PHE)</small>	41.9%	40.5%	54.4%	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) <small>(PHE)</small>	66.7%	73.1%	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) <small>(PHE)</small>	71.4%	53.6%	51.9%	No statistical variation

Any additional evidence or comments
<p>The practice had held an open evening in partnership with Jo's cancer trust where 10 patients had cervical screening undertaken. Staff were given a two-hour training session prior to the event to teach them about the importance of cervical screening. The practice had also undertaken a cervical screening language audit where they had reviewed their database of eligible women and compiled information of the languages most commonly spoken by these patients. The practice then produced posters in the five most commonly spoken languages advertising the benefits of cervical screening and text all patients in their chosen language to encourage them to attend for screening.</p> <p>The practice had also increased the number of evening nursing appointments to accommodate working age women.</p> <p>The practice exception reporting rate for cancer overall was 33.3% compared to the CCG average of 22.5% and the National average of 25.6%. The practice analysed their exception reporting data and provided a report which showed five patients had been exception reported. The practice said this was a possible coding issue. The reason given for exception reporting was "Date of cancer malignancy diagnosis" which the provider said was not a valid exception reporting code on their system.</p>

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. The practice had 26 patients on their learning disability register and 25 had a health check in the last 12 months. The practice's community paramedic practitioner was able to complete these checks in patient's homes and patients were provided with a copy of their care plan after the assessment.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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. The practice had completed physical health checks for 54% of patients with serious mental illness against a CCG target of 49%.
- Same day and longer appointments were offered when required.
- 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.
- Patients with poor mental health, including dementia, were referred to appropriate services. Alerts were placed on patient record to ensure that clinicians had considered capacity issues.

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	93.7%	92.2%	89.5%	No statistical variation

31/03/2018) ^(QOF)				
Exception rate (number of exceptions).	3.7% (3)	7.4%	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)	94.2%	91.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	15.9% (13)	7.4%	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)	89.7%	82.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.5% (2)	5.2%	6.6%	N/A

Any additional evidence or comments

The practice provided an analysis of their exception reporting data which showed that of the 13 patients were exception reported for the recording alcohol consumption for SMI patients. The report provided showed that 10 patients declined to provide the alcohol screening information and three of the patients registered with the service three months before the end of the QOF year and were therefore automatically exception reported.

The practice's overall exception reporting for dementia was 11.1% compared with the CCG average of 10.1% and the national average of 10.0%. The practice provided a report which indicated that only two patients had been exception reported and this was due to those patients having been diagnosed within three months of the end of the QOF year and were therefore automatically excluded.

The practice's overall exception reporting for patients with depression was 38.6% compared with the CCG average of 24.6% and the national average of 22.7%. the practice provided a report which showed that 26 patients were automatically exception reported as they had either been diagnosed or newly registered with the practice within three months of the end of the QOF year.

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)	557.8	539.2	537.5
Overall QOF score (as a percentage of maximum)	99.8%	96.5%	96.2%
Overall QOF exception reporting (all domains)	6.6%	4.4%	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
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

<p>The practice had undertaken a number of quality improvement projects:</p> <ul style="list-style-type: none"> • The practice had reviewed patients at potential risk from certain medications. Twenty-seven patients had been found as a result of the search and action was taken to reduce the risks identified. As a result of the project the practice had instituted periodic searches to identify trends in prescribing behaviour, alerts were added to the clinical system to ensure that clinicians were mindful of risks prior to prescribing and the monitoring of patients requiring monitoring or interventions was centralised across AT Medics. • After identifying that the practice was located in an area with an above average number of referrals; the service had centralised the referral function across the AT Medics practices in Southwark to the site at Silverlock Medical Centre. The project aimed to better handle the rise in referrals, make best use of alternative care pathways and provide a data which could be shared with other agencies and learned from. The review of referrals produced a number of outcomes. For example, the practice was able to identify trends in referral rates and specialities where referrals were more likely to be rejected with an opportunity to manage these referrals differently. They identified that 30% of referrals where alternative actions would have been appropriate and during the pilot phase there had been a 7% reduction in referrals. The practice had identified possible avenues for exporting benefits of the project including developing joint working groups between primary and secondary care to produce alternative primary care pathways and provide CCG wide educational sessions around high-volume referral pathways. • The practice had done one cycle of a cervical screening audit with a view to identifying the most commonly spoken languages among eligible patients. The practice had developed posters, held screening events and text patients in their own language in an effort to increase the numbers of patients attending for screening. The impact of this work was to be assessed after 12 months. • The practice had assessed the impact of their paramedic practitioner. Results found that since the appointment of the paramedic practitioner in January 2019 the practice had increased the percentage of learning disability healthchecks by 11%, SM healthchecks by 35% and had undertaken 15 carer healthchecks compared to 1 the previous year. • Reviews of deaths of patients of the practice were undertaken to see if there could be improvement in the practice's identification of palliative care needs. • AT Medics had developed a document management system that enabled non-clinical staff to review and workflow documents to clinicians that required action and file and/or code documents that did not need to be seen by a clinician. Staff worked to a protocol and their work was periodically audited to ensure that documents were sent to the correct person within the practice and if the coding was accurate. Feedback and further training would be given where required.

Any additional evidence or comments

--

Effective staffing

The practice was able 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.	Y
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.	Y
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)	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	Y

processes to make referrals to other services.	
Explanation of any answers and additional evidence:	

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
Patients had access to appropriate health assessments and checks.	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:	

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>	93.3%	94.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (7)	0.5%	0.8%	N/A

Any additional evidence or comments

--

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	Y

consent and decision making. We saw that consent was documented.	
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
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence:	

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.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	9
Number of CQC comments received which were positive about the service.	6
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	All but one of the comment cards said that the care and treatment provided by staff was of a high standard and that staff treated them with respect, the mixed feedback related mostly to issues around appointment access.
NHS choices	Sixty-two patients had left reviews on NHS choices. The practice scored four stars overall and four stars for treating patients with dignity and respect. Most of the comments from the last 12 month spoke of how friendly helpful and supportive staff were.
Friends and Family feedback	The practice averaged 85% on Friends and Family feedback in the previous quarter of 2019/20.

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
11638	459	87	19%	0.75%

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 (01/01/2019 to 31/03/2019)	91.8%	87.0%	88.9%	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 (01/01/2019 to 31/03/2019)	83.3%	83.6%	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 (01/01/2019 to 31/03/2019)	97.9%	94.2%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	74.6%	79.3%	82.9%	No statistical variation

Any additional evidence or comments

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

Any additional evidence

The practice had developed an action plan in response to the national GP patient survey. One element of the plan was to undertake a survey of patients once the practice had implemented various changes to see if satisfaction had improved.

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: Easy read and pictorial materials were available. Including invites for appointments.	

Source	Feedback
Comment cards	All comment cards were either positive about involvement in decisions around care and treatment or did not raise any concern in this regard.
NHS choices	The practice scored four stars for involving patients in decisions around 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 (01/01/2019 to 31/03/2019)	94.7%	90.8%	93.4%	No statistical variation

Any additional evidence or comments

The practice had reviewed feedback and planned to complete a training needs assessment and develop a training programme for clinicians to help improve patient interaction.

	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.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	275 (2%)
How the practice supported carers (including young carers).	At the practice's last 'Carers Fair' the practice reached out to older patients in partnership with local carers organisations. The practice's paramedic practitioner undertook carer's health checks in their own home. The practice provided vaccinations for carers. The practice developed a pop up within the clinical record system which prompted staff to record if patients were carers. This popup would continue to show each time the record was accessed until the question was answered. The practice had increased the percentage of identified carers by 170 since August 2018.
How the practice supported recently bereaved patients.	Local bereavement services were advertised in the reception area. We were told that GPs who had been caring for a person who passed away would contact their family to offer support. Staff could also provide patients with bereavement information packs.

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
Explanation of any answers and additional evidence:	

If the practice offered online services:

	Y/N/Partia I
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
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
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8 am – 6.30 pm
Tuesday	8 am – 8 pm
Wednesday	8 am – 8 pm
Thursday	8 am – 8 pm
Friday	8 am – 6.30 pm
Appointments available:	
Monday	8.30 am – 5.30 pm
Tuesday	8.30 am – 7.30 pm
Wednesday	8.30 am – 7.30 pm
Thursday	8.30 am – 7.30 pm
Friday	8.30 am – 5.30 pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11638	459	87	19%	0.75%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	87.8%	93.7%	94.5%	Tending towards variation (negative)

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All patients had a named GP. There was a multi-disciplinary team within the practice who could support patients 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 provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment. The practice would provide 15- or 30-minute appointments to enable holistic care plans to be drafted.
- 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

- Additional nurse appointments were available outside of working hours for school age children so that they did not need to miss school.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary either at the surgery or at the local extended access hub which provided appointments from 8am to 8pm seven days a week.
- In response to a 30% rate of childhood obesity amongst 10-year olds in the CCG, the practice had undertaken a outreach project at a local primary school teaching children about “5 Healthy Behaviours” including the benefits of immunisations. The practice ran a competition for the children to produce a health promotion poster. The winner’s poster was printed and displayed in and around the surgery to promote health behaviours and the practice donated £500 of their own money for books. The practice planned to extend this outreach to other schools in the area.

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’s telephone triage system allows patients to speak to a pharmacist without having to take time off work.
- The service provided extended hours access three evenings each week or could offer appointments at the local GP hub between 8am and 8pm seven days a week.

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, learning disability, victims of domestic violence and women who may be isolated due to cultural factors. Flags were placed on the clinical system so staff seeing these patients were aware of any potential vulnerabilities
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.

- The practice had developed a template in the clinical system to ensure that the staff were recording the identity of the person accompanying children to their appointments. This was presented to the CCG and has been rolled out across practices in Southwark.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability including leaflets and letters with easy to understand information and longer appointments.

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.
- Review for patients with dementia could be carried out in the patient’s own home by the community paramedic practitioner.
- The practice had created a community garden which was accessible to all patients but particularly those with mental health problems. The practice had engaged with a local charity that focused on reducing social isolation to set up the garden.

Timely access to the service

Most people reported being able to access care and treatment in a timely way. The national GP patient survey and some comment cards indicated problems around access. However the practice had developed an action plan to improve patient satisfaction.

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
Explanation of any answers and additional evidence:	

Indicator	Practice	CCG average	England average	England comparison
-----------	----------	-------------	-----------------	--------------------

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	54.4%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	62.5%	60.2%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	49.1%	60.2%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	66.2%	65.4%	73.6%	No statistical variation

Any additional evidence or comments

The practice had considered patient feedback and developed an action plan to improve patient satisfaction with access. The practice was due to get a new telephone systems on 29 August 2019 and there were posters in the surgery advertising the change. The practice had also focused on increasing the uptake of online booking facilities to reduce congestion on the phone including staff supporting patients to register for the service using a tablet. The practice had also created a poster explaining the role of the clinical pharmacist so that patients would be happier when offered this type of appointment.

The practice had also changed the access and appointment types in response to feedback from patients. Patients had expressed dissatisfaction at receiving a telephone call back from a pharmacist who, when appropriate, would triage patients prior to them seeing a GP. Consequently, the practice had increased the number of same day face to face appointments available with a GP or an advanced nurse practitioner.

The practice was increasing the number of GP sessions from 25 to 31 from September 2019.

The practice advertised the improvements made in a “you said, we did” focusing on feedback around getting through on the phone, getting access to a GP and getting a same day appointment.

Source	Feedback
NHS Choices	Feedback around access particularly access to telephone access was mixed. The practice scored 3.5 stars for appointments and telephone access but 4 stars overall.
Comment cards	Some of the mix feedback in comment cards said that getting through on the

	telephone was difficult.
--	--------------------------

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.	17
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

Example of learning from complaints.

Complaint	Specific action taken
Patients felt that staff member did not adhere to infection control guidelines	Staff member apologised and confirmed they would always follow proper infection control procedures in the future.

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.	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:	

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.	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:	

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.	Y
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
When people were affected by things that went wrong they were given an apology and	Y

informed of any resulting action.	
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	

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

Source	Feedback
Staff interviews	All staff spoken to at the practice said that they were well supported in their role and felt happy working there. Staff reported having a comprehensive induction and continued support with their professional development. They felt that they were able to raise any issues or concerns at any level of the organisation. There was a benefits package which included discounts, free cinema tickets and a confidential telephone support 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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	

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.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y

There were effective arrangements for identifying, managing and mitigating risks.	Y
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:	

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.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
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:	

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
The practice had an active Patient Participation Group.	N
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:	
The practice told us that they had struggled to establish a patient participation group. However, the practice provided alternate avenues to encourage patients to engage with them. For example, the practice held a surgery with the practice manager for an hour each week. During this time any patient or group of patients could come into the surgery to speak with the manager. The practice had also held a	

number of engagement events including an event to celebrate the NHS turning 70 and also to provide shingles immunisations. The event was also attended by various voluntary organisations including carer support services and a charity which supported the elderly.

The practice also held a carers event which was attended by local carer support services.

Feedback from Patient Participation Group.

Feedback

Any additional evidence

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

The practice had held an open evening in partnership with a cancer charity trust where 10 patients had cervical screening. The practice had also undertaken a cervical screening language audit where they had reviewed their database of eligible women and compiled information of the languages most commonly spoken by these patients. The practice then produced posters in the five most commonly spoken languages advertising the benefits of cervical screening and encouraging patients to book appointments.

The nursing team at the practice had produced a quiz which they would ask parents to complete regarding the risks of vaccines. This was aimed to combat disinformation and improve the uptake of childhood immunisations among patients.

The service had created a number of bespoke IT systems. One system enabled the practice to monitor operations both at site level and across all of AT Medics services and compare performance with other sites and data sets across the UK. This system was also used to optimise care and prescribing. The practice had also developed a tool for non-clinical staff which ensured that staff answering calls were asking the correct questions when taking details from patients and that were able to direct patients to local support services or book them with appropriate clinicians.

The practice was in the process of piloting virtual clinics for patients with serious mental illness. The clinic

included staff from the practice and other local health and voluntary organisations. This aimed to provide a more holistic package of care for patients.

In response to a 30% rate of childhood obesity amongst 10-year olds in the CCG the practice did an outreach project at a local primary school teaching children about “5 Healthy Behaviours”. The practice ran a competition for the children to produce a health promotion poster. The winner’s poster was printed and displayed in and around the surgery to promote health behaviours and the practice donated £500 of their own money for books. The practice planned to extend this outreach to other schools in the area.

The practice had developed a template in the clinical system to ensure that the staff were recording the identity of the person accompanying children to their appointments. This was presented to the CCG and has been rolled out across practices in Southwark.

AT Medics provided staff with regular internal clinical update training. For example, they offered a fortnightly consultant led web-based training on specialist areas for pharmacists and GPs and quarterly face to face training for nursing staff. In addition, web-based training was offered to enable administrative staff to develop their skills. The practice was a training practice and at the time of our inspection hosted a medical student.

The practice was in the process of becoming a “Pride in practice” accredited organisation; offering services that met the needs to LGBT patients.

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.