Care Quality Commission

Inspection Evidence Table

Streatham High Surgery (1-497344567)

Inspection date: 07 February 2020

Date of data download: 21 January 2020

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe Rating: Good

This was a focussed inspection based on a quality change from an Annual Regulatory Review (ARR) and we did not inspect this key question. Therefore, the rating for this key question remains the same.

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics	0.06	0.39	2	Significant Variation (positive)

Prescribing	Practice performance	CCG average	England average	England comparison
prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHSBSA)				
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2019 to 31/12/2019 (NHSBSA)	0.50	0.58	0.87	Significant 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). (01/01/2019 to 31/12/2019) (NHSBSA)	8.5%	9.3%	8.3%	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2019 to 31/12/2019)(NHSBSA)	1.09	1.18	2.06	Tending towards variation (positive)

Older people — Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice held a register of patients over the age of 75.
- The practice pharmacist followed up on older patients discharged from hospital. This ensured that patients' care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice pharmacist carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- The practice participates in Lambeth Care Coordination Services, which helps identify elderly patients and their needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

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.
- 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, such as diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. For example, the practice performed audits to help identify patients who were more likely to have these conditions; and ensure that these patients were recalled and reviewed when clinically indicated.
- Patients who were identified as being at risk of developing diabetes were given an early referral to NHS Diabetes Prevention Programme.
- The practice had begun a quality improvement project to improve outcomes for patients with diabetes.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring; and could be referred elsewhere if equipment not available.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with asthma were offered an asthma management plan.

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 (01/04/2018 to 31/03/2019) (QOF)	83.4%	76.4%	79.3%	No statistical variation
Exception rate (number of exceptions).	16.2% (85)	9.1%	12.8%	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 (01/04/2018 to 31/03/2019) (QOF)	82.9%	77.7%	78.1%	No statistical variation
Exception rate (number of exceptions).	4.4% (23)	6.6%	9.4%	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 (01/04/2018 to 31/03/2019) (QOF)	87.9%	81.9%	81.3%	Tending towards variation (positive)
Exception rate (number of exceptions).	5.7% (30)	8.8%	12.7%	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 (01/04/2018 to 31/03/2019) (QOF)	75.8%	81.3%	75.9%	No statistical variation
Exception rate (number of exceptions).	4.2% (30)	2.5%	7.4%	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 (01/04/2018 to 31/03/2019) (QOF)	92.6%	93.2%	89.6%	No statistical variation
Exception rate (number of exceptions).	2.1% (2)	7.2%	11.2%	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 (01/04/2018 to 31/03/2019) (QOF)	83.8%	81.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.0% (52)	3.7%	4.0%	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 (01/04/2018 to 31/03/2019) (QOF)	87.2%	89.5%	91.1%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	7.2%	5.9%	N/A

Families, children and young people Population group rating: Good

Findings

- The practice has a team dedicated to contacting the parents or guardians of children due to have childhood immunisations.
- The practice held a 'drop in' immunisation session.
- 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.
- 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.
- Young people could access services for sexual health and contraception.
- 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, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	239	288	83.0%	Below 90% minimum
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)	238	318	74.8%	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)	238	318	74.8%	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)	233	318	73.3%	Below 80% uptake

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

We have seen more recently published data for childhood immunisations that shows an improving trend for the period 2019/20:

Child Immunisation	Q1	Q2	Q3
Children aged 1 who have completed corse of DTaP/IPV/Hib/HepB	87	87	84
Children aged 2 who have received PCV booster	72	81	83
Children aged 2 who have received Hib/MenC booster	73	85	83
Children aged 2 who have received MMR	73	81	83

The practice has supplied additional unpublished data for Q4 which shows a further improvement in immunisation rates.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who 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). (Snapshot date: 01/07/2019 to 30/09/2019) (Public Health England)	66.0%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	54.5%	61.0%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	40.8%	43.9%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	57.9%	69.8%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	52.9%	54.9%	53.8%	No statistical variation

Any additional evidence or comments

- The practice had updated their inhouse medical analytics tool to allow better monitoring of cervical screening.
- The practice introduced more appointments in the evenings and weekends.
- The practice offered Saturday and Sunday nurse clinics for cervical screening, which is beyond what they are contracted to offer.
- A cervical screening recall team had been put in place to improve uptake, and steps had been taken to proactively identify patients who had moved away and remove them from the patient list.
- Data from PHE shows that the uptake of cervical screening at the practice has been slowly increasing since December 2018.
- The practice stated there has been an improvement in cervical screening in the period 2019/20, however the data they submitted was not comparable.
- The practice had implemented a Bowel Cancer Screening Improvement Project. The aim was to increase the uptake of bowel screening by 15% within 12 months. The practice performed an audit as part of the project. In the first cycle of audit the practice identified that the uptake for screening in May 2019 was 42%. The practice identified the possible causes and prepared an action plan. In the second cycle of audit in January 2020 the uptake had increased to 59%. This was an improvement of 17%.
- There is evidence that practices across the organisation have reported an increased uptake in bowel cancer screening as a result of the project.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- The practice was signed up for the learning disability direct enhanced service (DES).
- All patients with a learning disability were offered an annual health check.
- 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

Population group rating: Good

health
(including people with dementia)

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 held a register of patients experiencing poor mental health.
- Same day and longer appointments were offered when required.
- 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.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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 (01/04/2018 to 31/03/2019) (QOF)	90.3%	91.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	7.9% (8)	5.8%	12.3%	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 (01/04/2018 to 31/03/2019) (QOF)	95.8%	90.7%	90.2%	No statistical variation
Exception rate (number of exceptions).	5.0% (5)	5.7%	10.1%	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 (01/04/2018 to 31/03/2019) (QOF)	78.3%	85.1%	83.6%	No statistical variation
Exception rate (number of exceptions).	11.5% (3)	5.8%	6.7%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	557.9	543.0	539.2
Overall QOF score (as a percentage of maximum)	99.8%	97.1%	96.7%
Overall QOF exception reporting (all domains)	5.9%	5.0%	5.9%

	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.	Partial[1]

Any additional evidence or comments
1. There was no formal process in place, however all discharge summaries were seen by clinicians who might bring cases to clinical meetings for discussion. Lambeth Care Coordination Service also assisted the practice in identifying recurrent admissions.

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

The practice had undertaken 14 clinical audits within the last two years where changes were implemented and monitored.

For example, the practice had undertaken an audit to increase the uptake of bowel screening by 17% within 12 months. In the first cycle of audit the practice identified that the uptake for screening in May 2019 was 42%. The practice identified the possible causes and prepared an action plan. In the second cycle of audit in January 2020 the uptake had increased to 59%.

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.	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

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 (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
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

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 (01/04/2018 to 31/03/2019) (QOF)	93.3%	94.3%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (24)	0.8%	0.8%	N/A

Consent to care and treatment

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

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

Caring Rating: Good

This was a focussed inspection based on a quality change from an Annual Regulatory Review (ARR) and we did not inspect this key question. Therefore, the rating for this key question remains the same.

Responsive Rating: Good

We rated the practice as **good** for providing responsive services because:

- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care, particularly for working age people.
- There were innovative approaches to providing integrated person-centered care.
- Appointments are available at Streatham High Surgery from 8am to 8.30pm on Mondays to Thursdays, 8am to 6.30pm on Fridays, and 9.30am to 12 noon on Saturdays. The practice also offers appointments with the nurse until 7.30 on Wednesdays, and on Sundays for cervical screening. Clinicians had 'catch up slots' during their sessions to help ensure appointments ran on time.
- The practice has signed up to the Safe Surgeries Initiative to help reduce barriers to registration.

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: • The practice had a large number of Spanish speaking patients. They had a number of administration staff members who spoke Spanish, and this was indicated on the practice website within staff profiles. The practice had received feedback that Spanish speaking patients had registered with them for this reason. The practice website was also available in many languages.	

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am – 8:30pm
Tuesday	8am – 8:30pm
Wednesday	8am – 8:30pm
Thursday	8am – 8:30pm
Friday	8am – 6:30pm
Saturday	9:30am – 12pm
Sunday	Closed
Appointments available:	
Monday	8am – 8:30pm
Tuesday	8am – 8:30pm
Wednesday	8am – 8:30pm
Thursday	8am – 8:30pm
Friday	8am – 6:30pm
Saturday	10am – 12pm
Sunday	Closed

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
19,350	468	89	19.0%	0.46%

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)	90.9%	94.0%	94.5%	No statistical variation

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 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 provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice created the Lambeth Diabetes Improvement Project to improve methods for identifying and supporting patients with diabetes. The practice took the lead in implementing this across the CCG.
- The practice holds Virtual Clinic Meetings for mental health, diabetes, asthma, COPD and heart failure.

Families, children and young people — Population group rating: Good

Findings

- Additional nurse appointments were available until 7.30pm on a Wednesday and on Saturday from 9:30am until 12pm for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice has organised a Childhood Asthma Group Consultation to support parents in managing their child's condition.
- The practice has launched a school outreach programme to promote healthy living amongst school age children.

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 8.30pm Monday to Thursday. Appointments were available Saturday 9.30am until 12pm.
- Appointments for cervical screening were available on Saturdays and Sundays to help working aged women attend their screening outside normal working times.
- The practice offered same day access to young working population.
- The practice had developed an online consultation platform, which gave patients access to audio or visual consultations, including evenings and weekends.
- The local Lambeth GP Hub was in the same building; and replaced the walk-in clinic which was available at the time of the last inspection.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers. The practice has signed up to the Safe Surgeries Initiative to help reduce barriers to registration.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. This included home visits with longer review times, flexible appointments to suit the patient and carer, and a named GP.
- The practice layout allowed patients to move around easily and to be near the door.
- The practice had distributed a video to clinical staff giving advice on how to support patients with special needs during a review.

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 keeps a register for patients with learning disabilities and mental health conditions. The practice also has a recall system in place for these patients.
- The practice was aware of support groups within the area and signposted their patients to these accordingly. Reception staff were trained to use an inhouse patient navigation tool, which assisted them when signposting patients.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	77.9%	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)	77.7%	69.8%	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)	67.8%	66.1%	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)	80.3%	72.6%	73.6%	No statistical variation

Source	Feedback
NHS Choices	65 ratings since 08 February 2018. 5 stars- 45 4 stars- 7 3 stars- 1 2 stars- 3

	1 star- 9 The practice has responded to all comments.
Interview with patients	During the inspection we spoke to six patients and they indicated the following: • All patients said they could get an appointment when needed. • All patients said they could get a GP of their choice. • Two patients indicated appointments may run slightly late. • All patients felt they were given enough time during consultations.

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.	13
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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

Example(s) of learning from complaints.

Complaint	Specific action taken
Practice referral templates contained inaccurate contact details, resulting in test results not being received by practice.	Apology provided to patient affected. Templates reviewed and updated. Incident discussed in Admin Team Meeting.
Patient complained of long waiting time, rushed appointment and poor examination.	Clinician responded with written apology, explanation and proposed resolution. Complaint discussed in Clinical Team Meeting.

Well-led Rating: Outstanding

We rated the practice as **outstanding** for providing well-led services because:

- The culture of the practice, and the way it was led and managed, drove the delivery and improvement of high-quality, person-centred care.

- There were excellent examples of how the practice's vision and ethos were implemented by the staff team working together to maintain high standards, deliver positive health outcomes for patients and foster a supportive work environment.

- The practice has used an inhouse analytical tool to improve the prevalence of patients with learning disabilities on the diabetes and hypertension registers.

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:

- All staff we spoke to said management were approachable and fostered an open-door policy.
- The practice employed a mix of long serving and new staff. The staff we spoke to indicated that the practice management were encouraging when employees wanted to take on new responsibilities; or become involved in practice initiatives (such as events for carers).
- There was a clear route for career progression and investment in staff. This included frequent online training available to both clinical and non-clinical staff.
- The practice has offered staff attractive award packages to promote staff retention. The practice has adopted an online platform which gives staff access to benefits and allows them to submit anonymous feedback to their employer.
- As a training practice, they have been asked to assist students who have had difficulty in securing places, as well as high performing students.

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

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 informed of any resulting action.	Y
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
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

Explanation of any answers and additional evidence:

- There was evidence of a strong focus on the well-being of staff. Staff said that management were receptive to requests for flexible working and they had access to a counselling service as an employment benefit.
- Staff told us that there was a learning culture rather than a blame culture.

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

Source	Feedback
Staff interviews	• Staff felt supported by peers and senior colleagues, and that they all worked well together. They were also comfortable with raising issues. • Staff had clear roles and responsibilities and were aware of these. • Staff had access to policies and procedures through the practice's mobile app. • The practice held regular team meetings for clinical and administration/reception staff.

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

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

- The practice was aware that the uptake for cervical screening was below average; and was taking action to address this.

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:

- Examples of innovation were observed. The practice has used an inhouse analytical tool to improve the prevalence of patients with learning disabilities on the diabetes and hypertension registers. This has been shared with CCGs, who use the tool to identify patients who could be added to the hypertension registers for 60 other practices.
- The practice has developed a prescribing dashboard to monitor prescribing indicators which has been shared with the CCG.
- The practice has also worked with the CCG to analyse the needs of the local population; and has identified areas of focus including medicines management and chlamydia.

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	N/A

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.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Feedback from Patient Participation Group.

Feedback
• The Patient Participation Group (PPG) meet three times a year. Meetings are led by a Practice Manager or Senior Manager. • The PPG members we spoke with indicated that the practice was responsive to their views. • The practice introduced changes in response to suggestions from the PPG including name badges for staff and a new telephone system.

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

- The practice had launched a Diabetes Improvement Project. We saw evidence that this project was replicated across the Lambeth CCG and led to improvements in care delivered by 41 practices.
- The practice demonstrated an improvement in the attainment of 8 Care Processes from 71% in 2016/17 to 96% in 2018/19. The attainment of Three Treatment Targets increased from 38% in 2016/17 to 54% in 2018/19 (data drawn from National Diabetes Audit).
- The average attainment of 8 Care Processes for Lambeth CCG was 62% in 2017/18. This increased to 77% by 2018/19 after the project was implemented (data drawn from National

Diabetes Audit).

- The average attainment of Three Treatment Targets for Lambeth CCG was 72% in 2017/18. This increased to 83% by 2018/19 after the project was implemented (data drawn from National Diabetes Audit).
- The project led to the practice receiving the HSJ Award for Medicines Optimisation and a commendation from QIC Diabetes Quality in Care Programme 2019.
- The practice had implemented a Bowel Cancer Screening Improvement Project. The aim was to increase the uptake of bowel screening by 15% within 12 months. Actions included putting a bowel screening lead in place to focus on recalls, contacting patients who did not have a screening result and training staff on how to explain the screening process to patients. The practice assisted participating patients who had not received a kit.
- Clinicians spoke to patients who did not want to participate to ensure they had made an informed decision. Alerts were also added to the clinical system, which prompted clinicians to discuss screening with patients during appointments.
- The practice performed an audit as part of the project. In the first cycle of audit the practice identified that the uptake for screening in May 2019 was 42%. The practice identified the possible causes and prepared an action plan. In the second cycle of audit in January 2020 the uptake had increased to 59%. This was an improvement of 17%.
- There is evidence that practices across the organisation have reported an increased uptake in bowel cancer screening as a result of the project.
- The practice had developed a mobile app which provided access to audio and visual consultation, and enabled patients to manage long term conditions and receive notifications when a review is indicated. The app also allows patients to book appointments, request repeat prescriptions and access to their patient records. In the four months since the app was launched 1500 patients have registered and 1117 remote consultations have taken place. The practice has recorded that out of these patients, 48% of face to face consultations and 44% of potential A&E and UCC presentations were prevented.
- The practice also uses online tools to guide staff when signposting patients.
- The practice has used an inhouse analytical tool to improve the prevalence of patients with learning disabilities on the diabetes and hypertension registers. This has been shared with CCGs, who use the tool to identify patients who could be added to the hypertension registers for 60 other practices.

Examples of continuous learning and improvement

- The practice plans to expand its premises to accommodate an increase in population.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as 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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.