

# Grove Medical Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Outstanding	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grove Medical Centre on 29 July 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting, recording and investigating significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance; however the practice was an outlier for exception reporting for several indicators in relation to the Quality and Outcomes Framework (QOF).
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and a strong focus on continuous improvement at all levels. There were high levels of staff satisfaction and staff felt supported by the practice's leaders. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

There were some areas of outstanding practice:

- The practice engaged with the local community through being a member of South London Citizens (SLC), an organisation that organises communities to

# Summary of findings

act together for social justice and the common good. Their work with SLC included successfully approaching Lewisham council with to repair faulty street lighting in order to improve security in the local area, and being accredited as a 'City Safe Haven' where they could keep people who were fleeing threatening situations safe until the police or other appropriate support arrived. In addition, staff had received in-house training to enable them to identify female patients who may be at risk of undergoing female genital mutilation, and to understand the legal implications of this practice and their responsibilities in reporting such cases to

the appropriate bodies. The lead GP visited multi-faith communities in the locality to raise awareness of the legal, moral and psychological implications of this practice.

There is one area in which the practice should make improvements:

- Whilst acknowledging the practice's high patient turnover rate, the practice should put into plan actions to address the high levels of exception reporting.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting, recording, investigating and learning from significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had very robust processes to ensure staff were adequately prepared to respond to emergencies.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or above local and national averages for several indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff participated in a variety of activities to meet the needs of, and improve outcomes for, people in the local community and their staff. For example, they raised awareness of the dangers and legal implications of Female Genital Mutilation (FGM) through staff training and in local Islamic centres.
- Travel vaccines, for which there would usually be a fee, were provided free to patients in order to encourage patients from deprived areas of the community to ensure they were adequately vaccinated before travelling.
- Data from the national GP patient survey published in July 2016 showed patients rated the practice in line with others for several aspects of accessibility, and significantly above average for telephone access to the practice. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The provided phlebotomy (blood taking) and blood pressure monitoring in-house.
- The practice offered a range of online services such as appointment booking and repeat prescription ordering.
- Extended hours appointments were available every Tuesday and Wednesday until 7.30pm for working patients that were unable to attend during normal opening hours.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. The practice had analysed trends in complaints and shared learning from complaints with staff and other stakeholders.
- Staff had received in-house training delivered by a GP on delivering good customer service and telephone manner to improve patients' experiences of the service.

Good



# Summary of findings

## Are services well-led?

The practice is rated as outstanding for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for both patients and staff. Staff were clear about the vision and their responsibilities in relation to it, and there were high levels of staff satisfaction.
- There was a clear leadership structure and staff told us they worked collaboratively and had high levels of support. Staff at all levels were engaged in the running of the practice and encouraged to identify areas for improvement and raise concerns.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on; they demonstrated positive examples of where they had done this to improve their service. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice's leaders had a proactive approach to seeking improvements to benefit patients and staff within the practice, and people in the local community. Staff had received training to improve their awareness of the risks of Female Genital Mutilation and radicalisation and their responsibilities in relation to it, and the practice was accredited as a city safe haven for vulnerable people fleeing actual or perceived threat of violence. They had worked with local organisations to improve street lighting in the immediate area.

Outstanding



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients aged over 75 years had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. They provided care to patients in two local care homes where they had scheduled a joint visit with a consultant geriatrician to address any complex care needs.
- The practice had a red light reminder system beside the staff exit which ensured that all scheduled home visits were completed for each day.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for showed that outcomes for patients with diabetes were above national averages. For example in the previous 12 months, 86% of patients with diabetes had well-controlled blood sugar (national average 78%). However, exception reporting was higher than expected.
- Nationally reported data showed that outcomes for conditions commonly found in older people were in line with national averages. For example in the previous 12 months, 81% of patients with hypertension had well-controlled blood pressure (national average 83%). However, exception reporting was higher than expected.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and the majority had received a structured annual review to check their health and medicines needs were being met.
- In the previous 12 months, 85% of patients with asthma had an asthma review. This was above the national average of 75%).

Good



# Summary of findings

- In the previous 12 months, 91% of patients with chronic obstructive pulmonary disease had a review of their condition. This was in line with the national average of 90%; however, exception reporting was higher than expected.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- Staff had received training to enable them to recognise signs of radicalisation in young people and adults.
- There were systems in place 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 attendances to Accident & Emergency.
- Immunisation rates for vaccines administered to young children were relatively high in comparison with local averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- In the previous 12 months, 86% of women aged between 25 to 64 years had a cervical screening test. This was in line with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



## Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students 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 proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours opening was available until 7.30pm every Tuesday and Wednesday for working people who were unable to attend during normal opening hours.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice participated in activities that raised awareness of the legal and psychological implications of Female Genital Mutilation in the local community.
- The practice had been accredited as a 'City Safe Haven' where they could keep people who were fleeing threatening situations safe until the police or other appropriate support arrived. They gave us examples of where this service had been successfully used by two patients.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, and 69% of 29 patients with a learning disability had received a review of their care in the previous 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff had received training to improve their awareness of the risks of radicalisation and their responsibilities in relation to it.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- The practice provided training to raise awareness of mental health issues in the local community and in Africa.
- In the previous 12 months, 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting, which was above the national average of 84%. However, exception reporting was higher than expected.

# Summary of findings

- In the previous 12 months, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan in their record. This was in line with the national average of 89%. However, exception reporting was higher than expected.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed that for the majority of responses, the practice was performing in line with, or above, local Clinical Commissioning Group (CCG) and national averages. They were significantly above average for ease of telephone access. Three hundred and sixty-eight survey forms were distributed and 85 were returned. This represented approximately 1% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone (CCG average 67%, national average 73%). This was an improvement from 84% in the previous year.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 71%, national average 76%).
- 90% of patients described the overall experience of this GP practice as good (CCG average 84%, national average 85%).

- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 78%, national average 80%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Patients commented that the practice provided a caring, safe service and staff were helpful and kind.

We spoke with five patients during the inspection. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the practice's May 2016 NHS Friends and Family Test showed that 80% of patients were likely or extremely likely to recommend the practice and 20% were unlikely or extremely unlikely to do so.

# Grove Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser

## Background to Grove Medical Centre

The practice operates from one site in Deptford, South East London. It is one of 41 GP practices in the Lewisham Clinical Commissioning Group (CCG) area. There are approximately 8,700 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services, and treatment of disease, disorder or injury.

The practice has a personal medical services contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, dementia, extended hours access, improving online access for patients, influenza and pneumococcal immunisation, learning disabilities, risk profiling and case management, rotavirus and shingles immunisation, and unplanned admissions.

The practice has an above average population of male and female patients aged from birth to nine years and from 20 to 44 years. Income deprivation levels affecting children

and adults registered at the practice are above the national average. The practice identified through their own analysis that they had a high patient turnover rate of 33% per year due to a highly transient local population.

The clinical team includes a female GP partner and a male GP partner, three female salaried GPs (one of whom is on maternity leave), four female long term locum GPs and a male long term locum GP. The GPs provide a combined total of 28 to 30 fixed clinical sessions per week. There are three female long term locum practice nurses. The clinical team is supported by a practice manager, a finance manager, and six reception/administrative staff. The practice was accredited as a training practice for doctors in their final year of training.

The practice is open from 8.00am to 6.30pm Monday to Friday. It is closed on bank holidays and weekends. Appointments with GPs are available from 9.00am to 12.20pm and from 2.30pm to 6.20pm Monday to Friday. Appointments with nurses are available from 9.00 am to 1.00 pm and from 2.00pm to 6.00pm. Extended hours are available from 6.30pm to 7.30pm every Tuesday and Wednesday.

The premises operates over two floors of a purpose built building. There are 10 consulting rooms, two treatment rooms, and five clinical rooms which are used by external health professionals such as health visitors, midwives, a dietician, physiotherapists and smoking cessation advisers. There is a waiting area, a reception area, and three toilets on the ground floor, and a training centre which is used for training and meetings. There are administrative rooms and staff toilets on the first floor. There is wheelchair access throughout the ground floor, disabled parking and baby changing facilities available.

The practice directs patients needing urgent care out of normal hours to contact the local contracted out of hours service South East London Doctors On Call.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice had not previously been inspected by the Care Quality Commission.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 July 2016. During our visit we:

- Spoke with a range of staff including reception and administrative staff, nursing staff, the GPs and managers.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice performed quality alert reporting to Lewisham Clinical Commissioning Group regarding any safety concerns. For example, they had previously reported concerns regarding non-attendance of district nurses, and issues they had experienced with a local pharmacy. The practice had conducted their own analysis which identified that they were the third highest user of quality alert reporting compared to other practices in the locality.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident involving an aggressive patient who threatened violence against a member of staff, the incident was discussed with clinical and non-clinical staff members; administrative staff were advised to contact clinical staff regarding agitated patients and learning from the incident was shared at a neighbourhood locality meeting.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings attended by health visitors every six weeks and they always provided reports where necessary for other agencies. They had conducted an audit on safeguarding children which resulted in improved read coding of vulnerable young patients on the practice's computer system (Read Codes are clinical terms that provide the standard vocabulary by which clinicians can record patient findings and procedures). Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses were trained to level 2 and non-clinical staff were trained to level 1. All staff had also completed safeguarding adults training.
- A notice in the waiting room and in all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse and the practice manager shared the role of infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. An audit on the prescribing of cytotoxic medicines (medicines that have a toxic effect on cells in the body) resulted in updated training of administrative staff on the cytotoxic protocol, improved monitoring of patients on cytotoxic medicines and recording of alerts on their records, and improved read coding of shared care documents.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice had worked closely with two local care homes for which they provided care, to develop an improved repeat prescribing protocol following previous issues with ad-hoc and intermittent requests. Their new protocol ensured that residents received a month's worth of their regular prescribed medicines, and that all requests were issued on the same date of each month.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP).
- Recruitment checks undertaken prior to employment included proof of identification references, qualifications, registration with the appropriate body and DBS checks. We reviewed personnel files of two recently recruited staff and found appropriate recruitment checks had been undertaken prior to employment.

### Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety.

- The practice had a variety of up to date risk assessments in place to monitor safety of the premises such as for the

control of substances hazardous to health, infection control, asbestos, Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), fire safety and health and safety.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice carried out regular fire drills that included an assessment of the effectiveness of each drill an action plan of any improvements needed; the practice manager emailed feedback from these drills to all staff. Fire alarms were tested on a daily basis.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had conducted projections for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- Following participation in an emergency preparedness pilot in 2012, the practice conducted an audit of their emergency equipment. From this audit they improved the organisation of their emergency equipment and medicines, developed a 'smart plan' protocol for managing medical emergencies and for using emergency equipment safely. They incorporated aspects from the pilot to ensure all staff were regularly kept up to date with emergency procedures. For example, they regularly encouraged staff to explore emergency equipment and medicines to familiarise themselves with it, and they included role play of various medical emergency scenarios in regular staff meetings. All staff received emergency preparedness training in addition to annual basic life support training. Staff we spoke with reported that they had found the preparedness training useful and that it had enabled them to feel better-prepared in dealing with emergencies.

## Are services safe?

- The practice had a defibrillator available on the premises, and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- There was an instant messaging system on the computers in all the consultation and treatment rooms, and panic buttons, which alerted staff to any emergency.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and the GPs and managers kept copies of it at home.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice discussed these guidelines and monitored that they were followed through risk assessments and audits. They conducted regular audits of consultations performed by nurses and all locum clinicians, one of which resulted in the practice raising an alert with the appropriate organisation.
- The GPs reviewed consultations performed by newly recruited GPs and trainee doctors for their first two weeks in the practice to ensure their consultations and records met the necessary quality standards.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.4% of the total number of points available with 15.2% exception reporting, which were above the national average of 94.8% with 9.2% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice was in the process of revising their clinical system to contact patients earlier in the year and opportunistically, before they were scheduled to attend their review appointments, in order to reduce non-attendance and their exception reporting rate. They had a highly transient population and a high patient turnover rate of 33% per year, which may have contributed to slightly higher than average non-attendance and exception reporting.

This practice was an outlier for QOF (or other national) clinical targets relating to dementia, and for exception reporting for several indicators. Data showed that in the previous 12 months of 2015/2016:

- Performance for dementia related indicators was above average. For example, 96% of patients with dementia had a face-to-face review of their care compared to the local Clinical Commissioning Group (CCG) average of 85% and the national average of 84%. Exception reporting for this indicator was above the CCG and national figures by an average of 6%.
- Performance for diabetes related indicators was above average. For example, 86% of patients with diabetes had well-controlled blood sugar (CCG average 71%, national average 78%). This was an improvement from 77% in the previous year. Exception reporting for this indicator was above the CCG and national figures by an average of 14%.
- Performance for mental health related indicators was average. For example, 94% of patients with schizophrenia, bipolar affective disorder, and other psychoses had a comprehensive, agreed care plan in their record (CCG average 88%, national average 89%). This was an improvement from 89% in the previous year. Exception reporting for this indicator was above the CCG and national figures by an average of 11%.
- Performance for asthma indicators was above average. For example, 85% of patients with asthma had an asthma review (CCG average 76%, national average 76%). Exception reporting for this indicator fell within the expected range.
- Performance for indicators relating to chronic obstructive pulmonary disease (COPD) was average. For example, 91% of patients with COPD had a review of their condition (CCG average 90%, national average 90%). Exception reporting for this indicator was above the CCG and national figures by an average of 11%.

The practice told us they had achieved all improvements by ensuring a robust system of recalls and reminders that included letters and phone calls. For diabetes specifically, the practice had joined Lewisham CCG's Diabetes Enhanced Care scheme whereby patients who had been recently diagnosed with diabetes received two follow-up telephone calls from receptionists, and one from GPs to check on their

# Are services effective?

## (for example, treatment is effective)

progress and find out if they needed any additional support. They produced dedicated patient information leaflets on pre-diabetes (a condition with elevated blood sugar levels which do not meet the threshold for diabetes diagnosis) that advised pre-diabetic patients on making lifestyles changes to avoid developing diabetes, and referred the patients to an intensive intervention scheme which involves support sessions every fortnight for a period of over a year. In addition, the practice created unique alerts and Read Codes which enabled them to identify, and provide support to, an additional 15 pre-diabetic patients (Read Codes are clinical terms that provide the standard vocabulary by which clinicians can record patient findings and procedures).

There was evidence of quality improvement including clinical audit.

- We reviewed seven clinical audits that had been conducted in the previous two years, four of which were completed two cycle audits where the improvements made were implemented and monitored. Three of these completed audits had been led by the practice, and one had been led by Lewisham Clinical Commissioning Group.
- Findings were used by the practice to improve services. For example in June 2015, the first cycle of an audit on the prescribing of cytotoxic medicines (medicines which have a toxic effect on cells in the body) identified poor adherence to their cytotoxics protocol. Only 50% of 24 patients that had been prescribed cytotoxic medicines were receiving blood monitoring within the specified time period, and only 54% of patients had an appropriate alert on their record to inform clinicians they were taking cytotoxic medicines. The practice implemented an action plan and in June 2016, the second cycle of the audit showed blood monitoring had improved to 77%, and recording of alerts had improved significantly to 97%. The practice had discussed the findings of the audit with staff, provided training on the cytotoxic protocol for administrative staff, improved read coding of shared care documents (Read Codes are clinical terms that provide the standard vocabulary by which clinicians can record patient findings and procedures). The practice also updated their protocol to align better with local guidelines and local guidelines and protocols from the British National Formulary.

- Following another audit on testing for the Human Immunodeficiency Virus (HIV) the practice whereby patients were offered HIV tests based on specific clinical symptoms, the practice increased HIV tests offered from five to seven tests (50% increase) over a period of two months. This audit was initiated by the practice after identifying that Lewisham has the eighth highest prevalence of HIV infection in the UK.
- The practice participated in local audits, local and national benchmarking, accreditation, and peer review.

Information about patients' outcomes was used to make improvements. For example, the practice initiated and funded a pilot project on the management of 61 patients that had medically unexplained symptoms (MUS) such as fatigue, pain and heart palpitations. As a result of the audit, the practice:

- Increased Read Coding of patients with MUS by 159% over a 15 month period and improved psychological support for them.
- Facilitated the return to work for a patient following counselling, and a reduced attendance rate to the practice of a child with reported improved mood. Feedback from patients included comments that they had found consultations helpful and they were able to understand the link between physical and psychological symptoms.
- Increased GP consultation of patients newly diagnosed with MUS by 50% at longer appointments in order to improve the management of these patients, and avoided unnecessary referrals to secondary care in 40% of cases.
- Developed a toolkit and implemented interactive training and support for its clinicians on the effective management of patients with MUS. Feedback sought by the practice showed that 100% of their clinicians felt the training had improved their confidence and improved patient care. A trainee doctor told us during the inspection that it had helped them to develop stronger relationships and more effective consultations with patients with MUS.

Although the pilot concluded in 2012, the practice has continued to apply the principles, training and learning from the pilot to current patient care.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for clinical staff reviewing patients with long-term conditions. There were also positive examples of non-clinical staff being trained to take on additional roles. For example, the practice manager and finance manager had progressed from the roles of receptionist and secretary respectively to managing the practice. Two receptionists had been trained to provide phlebotomy (blood taking) in-house and one was in the progress of completing training to become a health care assistant. Another receptionist had taken on the role of leading the practice's Patient Participation Group.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attendance to training sessions and discussions at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included basic life support, chaperoning, customer service, emergency preparedness, fire safety awareness, infection prevention and control, information governance, moving and handling, radicalisation awareness, and safeguarding. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals every six weeks when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood and had received training on the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through regular audits of patient records.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on weight management and alcohol cessation. These patients were signposted to the relevant services.

# Are services effective?

(for example, treatment is effective)

- A dietician was available on the premises to support patients that needed advice on maintaining a healthy diet, and those at risk of developing diabetes.
- The practice acted as a hub for their own patients and other patients in the locality that needed physiotherapy services and smoking cessation advice. The practice stopped receiving funding for this when funding was cut in April 2016. They had carried out a search of all smokers aged over 40 and had reviewed their care in the previous 12 months. They had devised a script for the smoking cessation advisor to call these patients and advise them that their GP had identified them as being at high risk of developing chronic obstructive pulmonary disease, and to offer them a spirometry test to assess their lung health.
- The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages, and they ensured a female sample taker was available.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In the previous three years, 56% of females aged 50 to 70 were screened for breast cancer; this was below the national average of 72%. In the previous two and a half years, 43% of patients were screened for bowel cancer; this was below the national average of 58%. The practice had discussed this with local public health officials and they were opportunistically verbally encouraging patients to attend screening tests. We noted during the inspection that they displayed leaflets informing patients of the importance of breast and bowel screening.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the local Clinical Commissioning Group (CCG) average of 81% and the national average of 82%.

- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given varied in comparison to local CCG averages. For example, childhood immunisation rates for the vaccinations given to children aged under two years ranged from 86% to 92% (CCG average 71% to 93%) and for five year olds from 97% to 98% (CCG average 71% to 94%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service they had experienced. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients commented that they felt the practice offered an excellent service and staff were caring and treated them with dignity and respect.

We spoke with five patients who were also members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. A patient told us their GP had visited them regularly at home during a period of serious illness, without them needing to request this.

Results from the national GP patient survey published in July 2016 showed the majority of patients felt they were treated with compassion, dignity and respect. The practice was comparable to local Clinical Commissioning Group (CCG) averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them (CCG average 87%, national average 89%).
- 82% of patients said the GP gave them enough time (CCG average 84%, national average 87%).
- 94% of patients said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).

- 85% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 91%).
- 88% of patients said they found the receptionists at the practice helpful (CCG average 87%, national average of 87%).

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local Clinical Commissioning Group (CCG) and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 83%, national average 86%).
- 82% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%).

The practice provided facilities to help involve patients in decisions about their care:

- Staff told us that translation services were available for patients who did not speak or understand English. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of their patient

list as carers. There was written information was available to direct carers to the various avenues of support available to them, and the practice referred carers to local support groups if needed.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. A bereavement counsellor was available at the practice once a week.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had joined Lewisham CCG's Diabetes Enhanced Care scheme whereby patients who had been recently diagnosed with diabetes received two follow-up telephone calls from receptionists, and one from GPs to check on their progress and find out if they needed any additional support. They produced dedicated patient information leaflets on pre-diabetes (a condition with elevated blood sugar levels which do not meet the threshold for diabetes diagnosis) that advised pre-diabetic patients on making lifestyle changes to avoid developing diabetes, and referred the patients to an intensive intervention scheme which involves support sessions every fortnight for a period of over a year. In addition, the practice created unique alerts and Read Codes which enabled them to identify, and provide support to, an additional 15 pre-diabetic patients (Read Codes are clinical terms that provide the standard vocabulary by which clinicians can record patient findings and procedures).

The practice also participated in a pilot that involved the facilitation of record sharing with Guys and St Thomas hospital.

- The practice offered a 'Commuter's Clinic' on two evenings a week until 7.30 pm for working patients who could not attend during normal opening hours.
- Female patients of working age were able access a year's worth of contraceptive medicines from the practice, in order to avoid the need for repeated visits. The medicines were only issued following an assessment of their tolerance of the medicines and the necessary health checks. These patients were advised to inform their GP of any changes in their family's health history or certain lifestyle changes so that a re-assessment could be made.
- There were online facilities available such as appointment booking and repeat prescription ordering.

- There were longer appointments available for patients with a learning disability, and any other patient that needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Following an incident involving a forgotten home visit, the practice installed a red light reminder system beside the staff exit to ensure all home visits were completed daily; it remained lit if there were any home visits that had not been conducted and clinical staff signed in a book each time they completed a visit. The practice also provided care to 120 patients who resided in two local care homes; the care homes gave us positive feedback about their working relationship with the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. Travel vaccines for which there would usually be a fee were provided free to patients, and anti-malarials were issued via a prescription; the practice told us they offered the free vaccines to encourage patients from their deprived community to ensure that they were adequately vaccinated before travelling. They had recognised that some patients avoided being vaccinated to avoid the associated costs. The practice had administered free travel vaccines to 1044 patients in 2015/2016.
- There were accessible facilities, a hearing loop and translation services available. The practice had identified that they had a large number of Vietnamese patients, and that between 5% and 10% of these patients required an interpreter, so they employed a Vietnamese interpreter to attend the practice on Tuesday, Wednesday and Friday mornings. There was a check-in screen which was translated into 11 different languages. Staff spoke a range of languages including English, Italian, Gujarati and Chinese.
- The practice offered a phlebotomy service in-house Monday to Friday between 9.00am and 10.20am. This service enabled patients to avoid potentially long waits in secondary care and was advertised in English and Vietnamese.

# Are services responsive to people's needs?

(for example, to feedback?)

- There was a pod in the waiting area which patients used to measure their blood pressure, height and weight; the machine informed patients if they needed further consultation with a GP if any readings were out of range. Patients were also able to borrow the practice's 24 hour mobile blood pressure monitoring machine; this avoided potentially long waits for this service from secondary care services.

The practice pro-actively participated in activities which were tailored to meet the needs of, and improve outcomes for, the local community, its patients and staff:

- The practice had been accredited by South London Citizens (an organisation that organises communities to act together for social justice and the common good and to empower citizens) as a 'City Safe Haven' where they could keep people who were fleeing threatening situations safe until the police or other appropriate support arrived. This service came about as a result of discussions with local people in 2012 on what they wanted from local GP practices, and the gang-related murder of a young person. They gave us examples of where this service had been successfully used by two patients, one of whom had fled from the threat of domestic violence and another who was experiencing a decline in their mental health.
- Staff had received in-house training from the practice's lead GP to enable them to identify female patients who may be at risk of undergoing female genital mutilation, and to understand the legal implications of this practice and their responsibilities in reporting such cases to the appropriate bodies. The lead GP visited multi-faith communities in the locality to raise awareness of the legal, moral and psychological implications of this practice.
- The lead GP had provided staff training on delivering good customer service and telephone manner to improve patients' experiences of the service.

## Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday, and was closed on weekends and Bank holidays. Appointments with GPs were available from 9.00am to 12.20pm and from 2.30pm to 6.20pm Monday to Friday. Appointments with nurses were available from 9.00am to 1.00pm and from 2.00pm to 6.00pm. Extended hours appointments were available from 6.30pm to 7.30pm

every Tuesday and Wednesday. Appointments could be pre-booked up to eight weeks in advance, and daily urgent appointments were available for people that needed them via a 'sit and wait' clinic. People told us on the day of the inspection that they were able to get appointments when they needed them.

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local Clinical Commissioning Group (CCG) and national averages.

- 84% of patients were satisfied with the practice's opening hours (CCG average 79%, national average 79%).
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 71%, national average 76%).
- 54% of patients felt they did not normally have to wait too long to be seen after arriving for their appointment (CCG average 53%, national average 58%).

The practice was rated above average in one area:

- 89% of patients said they could get through easily to the practice by phone (CCG average 67%, national average 73%). This was an improvement from 84% in the previous year. The practice told us they had introduced a policy to answer telephone calls within three rings, and administrative staff provided additional assistance with answering calls during busy periods. This policy was regularly monitored by the reception manager who fed back on any issues to staff at team meetings. They also actively promoted the use of their online appointment booking facility; there was an automated message on their telephone system informing patients who were placed on hold of this.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The GPs telephoned patients or their carers in advance to gather information to allow for an informed decision to be made on prioritisation of these visits according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.



# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- A poster and complaints leaflet were available to help patients understand the complaints system. This information was also displayed on the practice's website.

We looked at three complaints received in the previous 12 months and found they were handled in a timely manner and with transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends, complaints were regularly discussed at meetings, and action was taken to as a result to improve the quality of care. For example, following a complaint regarding a referral error, the practice investigated the complaint, discussed it with staff, reviewed and updated their referral processes and protocol and provided in-house training on the new protocol to prevent a similar occurrence.

# Are services well-led?

Outstanding



(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They had developed values that included continuous learning, integrity, whole system working, transparency, and valuing diversity.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision. The vision and values and were regularly and proactively monitored and reviewed.

### Governance arrangements

The practice had an overarching governance framework and collaborative working culture which supported and drove the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, but exception reporting was higher than expected for several indicators in relation to the Quality and Outcomes Framework.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

There was a clear leadership structure in place and staff told us they worked collaboratively towards achieving excellent care for patients, and creating a positive work environment. They felt there were high levels of support from management, the partners and colleagues.

- The practice held regular team meetings and weekly clinical meetings which were documented. There were agendas for meetings which ensured any outstanding issues or actions from previous meetings were monitored. Staff attended annual Christmas celebrations.
- Staff told us there was an open culture; the partners were approachable and always took the time to listen to them. They said they had opportunities to raise any issues at team meetings and felt confident and supported in doing so.
- There were high levels of satisfaction. Staff said they felt proud to work at the practice; they said they felt respected, valued and supported, particularly by the practice's leaders. Staff described positive examples of how the practice had supported them during periods of serious illness. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had a gym room and shower for its staff; exercise equipment in the gym had been donated by a GP, a receptionist and the practice manager.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

# Are services well-led?

Outstanding



(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) of 10 active members and approximately 55 virtual members, and through surveys and complaints received. They regularly monitored and responded to feedback received on the NHS Choices website.
- An in-house Vietnamese interpreter promoted the PPG to Vietnamese patients attending the practice. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following a request from the PPG to keep patients informed of any late running by clinicians, the practice implemented this via an electronic screen in the waiting area. They advised clinical staff to inform receptionists if they were running more than 30 minutes late so that patients could be informed. They also created a poster advising patients to approach receptionists if they had been waiting over 30 minutes. The PPG organised regular coffee mornings to raise money for cancer research for which they raised over £200 in 2015. They used these opportunities to promote the PPG. They worked together with South London citizens to liaise with organisations in the local community regarding improvements that were needed, such as street lighting.
- The practice had gathered feedback from staff through informal discussions, meetings and appraisals. Staff told us they felt involved and engaged to improve how the practice was run, and that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice's administrator gave us a positive example of how practice leaders had responded to feedback from them by revising their appointment system to make more appointments available immediately before and after public holidays to meet the increased patient demand during these periods. They had also responded to concerns from receptionists regarding security

following an incident involving a patient that was aggressive towards a lone worker, by introducing a policy to always have two people at the reception desk after 5.00pm.

- The practice sought feedback from every locum staff that worked in the practice on their perceptions of the service, and also from staff on their perceptions of the locums in order to identify any areas for improvement. All staff told us they worked collaboratively and had high levels of support. Staff at all levels were engaged in the running of the practice and encouraged to identify areas for improvement and raise concerns. The practice's leaders had a proactive approach to seeking improvements to benefit patients and staff within the practice, and people in the local community.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and proactive at participating in local pilot schemes and incentives to improve outcomes for its patients, staff, and people in the local community.

- During the flu vaccination season, the practice updated its clinicians on their achievements in weekly clinical meetings, and displayed each clinician's vaccination figures on their display board on a weekly basis as a form of encouragement to improve and to recognise good performance.
- A GP partner helped to set up, and chaired, a federation of 12 local practices that met on a regular basis and with whom they shared good practice. For example, they had shared examples of how they had encouraged patients to attend their practice to receive vaccines, and how they had achieved good performance with annual flu vaccinations.
- The practice had worked closely with local care homes for which they provided care, to develop an improved repeat prescribing protocol following previous issues with ad-hoc and intermittent requests. Their new protocol ensured that residents received a month's worth of their regular prescribed medicines, and that all requests were issued on the same date of each month. One of the care homes we spoke with gave us positive feedback regarding this improvement.

# Are services well-led?

Outstanding



(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- The practice had performed projections of their demographics, population list size up to 2025, and staffing needs up to 2019 to enable them to plan adequately to meet patient needs in the future.
- They participated in Lewisham Clinical Commissioning Group's Enhanced Diabetes Care scheme and could demonstrate how they had improved their management of patients that were at risk of, or had been diagnosed with, diabetes. They also participated in a pilot that involved the facilitation of record sharing with Guys and St Thomas hospital, and they had scheduled a joint visit to a local care home with a consultant geriatrician to improve their management of elderly patients with complex care needs.
- The practice was a member of the strategic arm of South London Citizens (an organisation that organises communities to act together for social justice and the common good and to empower citizens). They regularly liaised with this organisation on improving outcomes for people in the local area and had successfully jointly approached Lewisham council to repair faulty street lighting to improve security in the local area. South London Citizens informed us that the practice was the first GP practice in London to commit to the London Living Wage in order to improve outcomes for its staff, and they had received accreditation for this. The practice also had been accredited by South London Citizens as a 'City Safe Haven' where they could keep people who were fleeing threatening situations safe until the police or other appropriate support arrived.

This service came about as a result of discussions with local people in 2012 on what they wanted from local GP practices, and the gang-related murder of a young person. They gave us examples of where this service had been successfully used by two patients, one of whom had fled from the threat of domestic violence and another who was experiencing a decline in their mental health.

- The lead GP and finance manager had funded and provided 'Presenting with Presence' and leadership development programme sessions to women in Islamic centres in the locality, to improve their confidence, leadership, communication and presenting skills. They had also provided this training in-house to two of their GPs to improve their communication skills, one of whom informed us that the training had helped them to improve their posture and tone of voice. They had also delivered training to practice staff on delivering good customer service and telephone manner to improve patients' experiences of the service, the risks and implications of female genital mutilation and radicalisation in patients and their responsibilities in relation to it.
- The practice's leaders used the principles of neuropsychology to assess the working style that best suited various staff members within the practice, in order to better understand their staff, to allocate roles and tasks accordingly wherever possible, and to motivate them to succeed in their roles.