Woodgrange Medical Practice

Quality Report

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Date of inspection visit: 19 May 2016
Date of publication: 03/02/2017

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
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 Woodgrange Medical Practice on 19 May 2016 Overall the practice is rated as outstanding.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of minor weaknesses in systems to ensure the safety of electrical equipment and contents of a medicines refrigerator.
- The practice used innovative and proactive methods to improve patient outcomes, it worked with other local providers to share best practice.
- Feedback from patients about their care was consistently positive and data showed that the practice was performing highly when compared to practices nationally.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example by substantially increasing GP sessions in response to a patients survey and providing daily GP cover in the reception area, re-organising the reception area, signage and queuing system to improve patients privacy and safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs and 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.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice:

- GPs had led and delivered improved outcomes and care for patients including across the local Clinical Commissioning Group (CCG) and over wide range of clinical areas including chronic obstructive pulmonary disease (COPD), mental health, dermatology, women's health, diabetes and asthma. The practice also ran a weekly citizens advice bureau clinics for its patients that was provided by professional welfare benefit advisers.
- The practice nurse ran various health based community groups to encourage patient's general health, exercise and social interaction and had extended provision to other local practices. The nurse had also extended her work internationally to Kenya and attributed the success of these projects in part to the support received directly from the practice.
- GPs showed leadership and took responsibility at an organisational level to improve local child protection arrangements. For example, both a partner GP and registrar made detailed records of child protection reporting system failures that had resulted in a lack of or delayed response from allied health and social care professionals to protect children. GPs initiated internal significant events protocols and sustained escalation of concerns until they reached persons responsible for the system. The practices ongoing commitment triggered an analysis of the system to improve child protection arrangements in the local area.

However there were areas of practice where the provider should make improvements:

- Review or embed systems electrical equipment safety and medicines refrigerator checks.

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?

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses and there was an effective system in place for reporting and recording 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.
- Practice GPs showed leadership and took responsibility at an organisational level to improve local child protection arrangements.
- Risks to patients were generally assessed and well managed but there were minor weaknesses in checks for contents of medicines refrigerators and electrical equipment safety.
- The practice had an effective and well embedded system for ensuring relevant safety alerts reached the right staff at the right time in accordance with their role.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

- Data showed that the practice was performing highly when compared to practices nationally. For example, data from the Quality and Outcomes Framework (QOF) showed the practice had achieved 100% of the total number of points available, with 7% 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).
- 86% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months compared to 78% within the CCG and 75% nationally. Exception reporting for asthma care was 1% compared to 3% in the CCG and 7% nationally.

Summary of findings

- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 99% compared with the national average of 88%. Exception reporting for diabetes care was 8% compared to 7% in the CCG and 11% nationally.
- Childhood immunisation rates were above local and national averages. For example, for those given to under two year they olds ranged from 82% to 99% (CCG ranged from 82% to 94%), and five year olds from 92% to 97% (CCG ranged from 82% to 94%).
- Clinical audits demonstrated quality improvement.
- The practice had led improvements in patients care within the practice, local group of practices, and across the CCG in areas such as mental health, asthma, ureteric colic (an important and frequent emergency in medical practice most commonly caused by the obstruction of the urinary tract), eczema, polycystic ovarian disease and heavy menstrual bleeding.
- The practice was a finalist in "The General Practice Awards" 2014 for its care of people with long term conditions, and specifically for its care of patients with diabetes.
- The government Minister of State for Care and Support had written to the GP partner in 2015 to thank him personally for his leadership and work to improve mental health crisis care in Newham. The practice had worked jointly with a mental health charity and other health partners to deliver improvements.
- Staff assessed needs and delivered care in line with current evidence based guidance and the practice had systems to continuously refresh guidance and engage relevant staff such as weekly clinical meetings attended by consultant specialists. We saw evidence to confirm that the practice used these guidelines to positively influence and improve outcomes for patients.
- Another of the partner GPs had trained to become a specialist in dermatology, they offered clinics in practices across the CCG and were available to clinical staff in house on an immediate basis to help assess and treat patient's skin conditions. Data showed high rates of patient satisfaction, substantial reductions in patients being referred to secondary care and faster treatment.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and consistently told us they were supported and encouraged to learn for example through protected learning time. 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.

Summary of findings

- The practice held regular in-house educational sessions where expert speakers were invited to promote healthcare awareness and neighbouring practices were also invited to attend. Subjects covered in 2015 – 2016 included FGM (Female Genital Mutilation), Domestic and Sexual Violence, Safeguarding Adults and Children, Chronic Conditions, and Acute medical conditions.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to others for aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice undertook an audit to check what support had been offered to bereaved patients and implemented several improvements as a result, including to ensure it offered counselling to bereaved patients where needed.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, it had a GP partner with a special interest in dermatology and offered clinics across the CCG. The practice had worked jointly with a mental health charity to deliver improvements in crisis care for people with mental health problems.
- There were innovative approaches to providing integrated patient-centred care. For example, the practice nurse ran various health based community groups with on-going support from the practice to encourage a wide variety of patient's general health, exercise and social interaction such as older people, families with toddlers and exercise groups for Muslim women who felt more comfortable attending a women only class.
- One of the GP partners had engaged the local press to raise public awareness of mental health issues, to provide advice on where and how to access support and provide information on

Summary of findings

how to do so. The practice had held psychological therapy sessions for the last 3 years and data showed patients entering into treatment had increased by 50% over and the rate of patients not arriving for their appointment had decreased by 30% over the period.

- The practice identified it had a high prevalence of patients with diabetes and a partner GP had written to patients with diabetes and asthma to personally invite and encourage them have a flu vaccine.
- The practice consistently implemented a range of suggestions for improvements in an open and transparent way and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the practice significantly increased the amount of appointments available and redesigned GP and reception staffing as well as improving arrangements for patient's privacy and safety. It also published records of PPG meetings on the practice website.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had a wide range of services available on site including an antenatal clinic, contraception (including coil fitting), minor surgery, a COPD clinic, a diabetes clinic and substance misuse prescribing. It had good facilities and was well equipped to treat patients and meet their needs.
- The practice had implemented a "You Asked, We Did" system and information sheet for patients and other stakeholders that showed eight actions it had undertaken in response to feedback including to improve patients privacy and safety.
- The practice ran a weekly citizens advice bureau clinics for its patients that was provided by professional welfare benefit advisers.
- Midwife clinics were held weekly and the practice promoted local weekly drop in mother, child and baby health clinics for children up to five years old.
- Baby check appointments at the practice were 30 minutes per appointment in response to patients feedback to ensure time for health promotion, mental health or safeguarding concerns, explaining the importance of immunisation, and the use of the health visitor for advice.

Are services well-led?

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

Outstanding ☆

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- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff but there were minor weaknesses in some safety systems.
- There was a clear leadership structure and staff felt supported by management. 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.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- The strategy and supporting objectives were challenging and innovative, while remaining achievable.
- The practice had led and delivered many improvements for patients across a wide range of areas of clinical care, both in-house and across the CCG and had received external recognition for this work.
- 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 gathered feedback from patients through surveys, and it had a very engaged patient participation group which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels.
- Practice GPs showed leadership and took responsibility at an organisational level to improve local child protection arrangements. The practice also made regular use of National Reporting and Learning System (NRLS) and local "amber alerts" to contribute to wider improvements in safety.

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

Good

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients with rheumatoid arthritis, on the register, who had had a face-to-face annual review in the preceding 12 months was 91% which is the same as 91% within the CCG and 91% nationally.
- The practice nurse ran a "Holiday at Home" group for older people to meet at the church, reminisce, share stories, read the newspaper and do some light exercises together. Approximately eight older people registered at the practice attend this every week. We saw evidence of beneficial health outcomes such as weight and blood sugar for this group of patients.
- For older patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

People with long term conditions

Outstanding

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

- The practice was a finalist in "The General Practice Awards" 2014 for its care of people with long term conditions, and specifically for its care of patients with diabetes. Locally held data showed the practice was currently the highest performer for diabetes care within a local group of practices. Exception reporting was 8% compared to 7% in the CCG and 11% nationally.
- The specialist nurse held diabetes triage reviews over the telephone with advance time slots available for working age people to manage their care over the telephone or secure appointment at a convenient time if needed.

Summary of findings

- The practice identified and led areas for improvement and subsequently developed new local care pathways or redesigned pathways that delivered improvements for patients with asthma, chronic obstructive pulmonary disease (COPD), diabetes, and eczema.
- Performance for diabetes related indicators for the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 99% compared with the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 86% compared to the CCG and national averages of 84%. Exception reporting for hypertension care was 2% compared to 3% in the CCG and 4% nationally.
- The practice had a wide range of services available on site including a COPD clinic and a diabetes clinic.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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.
- One of the partner GPs was a specialist in dermatology, they offered clinics in practices across the CCG and were available to clinical staff in house on an immediate basis to help assess and treat patient's skin conditions. Data showed high rates of patient satisfaction, substantial reductions in patients being referred to secondary care and faster treatment.
- A GP partner had written to patients with diabetes and asthma to personally invite and encourage them have a flu vaccine and explained he and one of the other GPs had already received the vaccine from the practice nurse.
- The practice held regular in-house educational sessions where expert speakers were invited to promote healthcare awareness and neighbouring practices were also invited to attend. Subjects covered in 2015 – 2016 included Chronic Conditions.

Families, children and young people

Outstanding ☆

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

- The practice identified areas for improvement and subsequently developed new care pathways or redesigned pathways that delivered improvements for patients with

polycystic ovarian disease and heavy menstrual bleeding that were rolled out across the CCG. Reported improvements included more positive user experience, reduction in hospital referrals, improved patient experience and confidence in the clinician.

- Childhood immunisation rates were above local and national averages. For example, for those given to under two year olds ranged from 82% to 99% (CCG ranged from 82% to 94%), and five year olds from 92% to 97% (CCG ranged from 82% to 95%).
- The practice had identified it had a relatively high population of working age women and offered a full range of contraceptive services delivered by female clinicians such as implants and coils.
- The practice nurse ran various community health promotion clubs and attributed the progress and expansion of her local and international work in part to the practice. Local initiatives included a “Health Club” exercise class mainly for Muslim women who felt more comfortable attending a women only class and a “Baby Toddler Group” in response to Newham’s high rate of children under three years old and families living in cramped conditions.
- 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 A&E attendances.
- 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.
- The practice’s uptake for the cervical screening programme was 81%, which the same as CCG average of 81% and similar to the national average of 82%. Exception reporting was below average at 4% compared to 11% in the CCG and 6% nationally.
- 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 and health visitors. Midwife clinics were held weekly and the practice promoted local weekly drop in mother, child and baby health clinics for children up to five years old.
- Baby check appointments at the practice were 30 minutes per appointment in response to patients feedback to ensure time for health promotion, mental health or safeguarding concerns, explaining the importance of immunisation, and the use of the health visitor for advice.
- Practice GPs showed leadership and took responsibility at an organisational level to improve local child protection arrangements. For example, a partner GP and registrar made

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detailed records of child protection reporting system failures that had resulted in a lack of or delayed response from allied health and social care professionals to protect children. GPs initiated internal significant events protocols and sustained escalation of concerns until they reached persons responsible for the system. The practices ongoing commitment triggered an analysis of the system to improve child protection arrangements in the local area.

Working age people (including those recently retired and students)

Good

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

- Data showed the practice was consistently exceeding health checks targets for health for 40 – 75 year old patients.
- The specialist nurse held diabetes triage reviews over the telephone with advance time slots available for working age people to manage their care over the telephone or secure appointment at a convenient time if needed.
- 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.
- The practice had a wide range of services available on site including minor surgery.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and 41 of these patients (85%) had received an annual health check.
- 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.

Summary of findings

- 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.
- The practice had a wide range of services available on site including substance misuse prescribing.
- The practice ran a weekly citizens advice bureau clinic for its patients that was provided by professional welfare benefit advisers.
- The practice held regular in-house educational sessions where expert speakers were invited to promote healthcare awareness and neighbouring practices were also invited to attend. Subjects covered in 2015 – 2016 included FGM (Female Genital Mutilation), Domestic and Sexual Violence, and Safeguarding Adults and Children.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- One hundred per cent of patients diagnosed with dementia had their care reviewed in a face to face meeting compared to the CCG average of 87% and the national average of 84%. Exception reporting for dementia care was 7% compared to 11% within the CCG and 8% nationally.
- Performance for mental health related indicators was 100% compared to the CCG average at 87% and the national average of 93%. Exception reporting for mental health was 9% compared to 7% within the CCG and 11% nationally.
- The practice had identified 116 patients on its register with a mental health condition requiring an annual health check and 89 of these patients (77%) had received the check.
- The practice held quarterly meetings with the local psychiatrist and community mental health team in attendance in the case management of patients experiencing poor mental health, including those with dementia.
- The practice held bi-monthly clinics for people with mental health problems.
- One of provided regular local newspaper articles on mental health to provide answers raise awareness and encourage access to mental health care services within the local community.

Summary of findings

- With support from the local Mental Health Trust, the practice had arranged for psychological therapy sessions to be held at the practice for the last 3 years. Data between 2013 - 2016 showed patients rates for attendance and entering into treatment had increased by 50% over the period and the rate of patients not arriving for their appointment had decreased by 30%.
- The Minister of State for Care and Support had written to a GP partner in 2015 in recognition of his leadership and work to improve mental health crisis care in Newham including by working jointly with a mental health charity and other health partners as well as government departmental officials.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. Four hundred and twelve forms were distributed and eighty were returned. This represented less than 0.5% of the practice's patient list. The results showed the practice was generally performing in line with local and national averages but results for telephone and appointments access and were below national averages.

- 59% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 73%.
- 55% were able to get an appointment to see or speak to someone the last time they tried (CCG average 66%, national average 76%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 85%).
- 72% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 69%, national average 79%).

We noted the practice had taken a number of steps to improve in this area, details are reflected in the "Are services responsive to people's needs" section of the report.

We subsequently checked GP Patient Survey published July 2016 which contained aggregated data collected from July-September 2015 and January-March 2016 and noted steps the practice had taken would not be reflected at the time of publication of this report; However, results showed there had been some improvement:

- 64% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 73%.
- 62% were able to get an appointment to see or speak to someone the last time they tried (CCG average 66%, national average 76%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards, eight were entirely all positive about the standard of care received. Patients said staff were friendly, professional and polite. There were no overlapping themes in the remaining three cards and they were predominantly positive.

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

The practice friends and family test results (July 2015 – June 2016) showed 70% of patients would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Review and embed systems for electrical equipment safety and medicines refrigerator checks.

Woodgrange Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Woodgrange Medical Practice

The Woodgrange Medical Practice is situated within NHS Newham Clinical Commissioning Group (CCG) in a converted bank; it has three floors all with lift access. The practice provides services to approximately 12,700 patients under a Personal Medical Services (PMS) contract. The practice provides a full range of enhanced services including diabetes, minor surgery and contraception (including coil fitting and implants). It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures, and diagnostic and screening procedures.

The staff team at the practice includes three male GP partners (working eight, six and four sessions per week), five salaried GPs (four female, one on maternity leave, two working four sessions and one working five sessions per week). There is also one male GP working seven sessions per week, and one female GP working three sessions per week. The practice provides teaching for medical students and training for qualified GP registrars and has two female GP registrars (both working eight sessions per week) and one female student GP (not undertaking sessions). There are two female nurse practitioners working 31 and 30 hours per week, two female practice nurses working 37.5 hours per week, two locum practice nurses (working flexible hours as needed), three female health care assistants (two working 30 hours and one locum working flexible hours as needed). The practice manager works 36 hours per week and a team of reception and administrative staff all work a mixture of part time hours.

The practice core opening hours are between 8:00am and 6:45pm every weekday. GP appointments are from 8:30am to 12.00pm and 3.00pm to 6.30pm, and nurse appointments from 8.00am to 12.00pm and 1.30pm to 6.30pm every weekday. The practice offers on-site extended hours when GP, nurse and healthcare assistant appointments are pre-bookable on Saturdays from 8.30am to 12.30pm. Additional off-site extended hours are every weekday until 9.30pm through a network of local practices. Patients telephoning when the practice is closed are transferred to the local GP Co-op out-of-hours service provider. Appointments include pre-bookable appointments, home visits, telephone consultations and urgent appointments for patients who need them.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The area has a higher percentage than national average of people whose working status is unemployed (13% compared to 5% nationally), and a lower percentage of people over 65 years of age 5% compared to 17% nationally). The average male and female life expectancy for the practice is 77 years for males (compared to 77 years within the Clinical Commissioning Group and 79 years nationally), and 83 years for females (compared to 82 years within the Clinical Commissioning Group and 83 years nationally). Data held at the practice showed 80% of the patients on list is are from an ethnic minority with 70% Asian-Indian subcontinental, 5% Caribbean, 15%

identifying as "other" predominantly Eastern European and South American, and a 10% refugee population predominantly Somalian, Ethiopian, Sudanese and Rwandan.

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.

This provider had not been inspected previously.

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 19 May 2016.

During our visit we:

- Spoke with a range of staff (Partner and salaried GPs, a practice nurse, practice manager, health care assistant, and reception and administrative staff) and 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.

Good

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 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 within and beyond the practice. For example, the practice had found an error on the local safeguarding reporting portal and made an alert to persons responsible and to the National Reporting and Learning System (NRLS) to make improvements and prevent future recurrence.

GPs showed leadership and took responsibility at an organisational level to improve local child protection arrangements. For example, both a partner GP and registrar made detailed records of child protection reporting system failures that had resulted in a lack of or delayed response from allied health and social care professionals to protect children. GPs initiated internal significant events protocols and sustained escalation of concerns until they reached persons responsible for the system. The practices ongoing commitment triggered an analysis of the system to improve child protection arrangements in the local area.

The practice had a fully embedded system for cascading safety alerts that were appropriately and consistently communicated to relevant staff. For example, all clinical alerts were disseminated to clinical staff and equipment alerts to the practice manager to complete any actions required and cascade more widely if needed. Safety alerts were discussed in weekly meetings if necessary and the practice updated remedial actions taken via the online alerting system. Staff told us the practice was the highest reporter of "amber alerts" (a local safety alerting, and learning and improvement process within the CCG).

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 GP for safeguarding both adults and children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. 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 and nurses to level 2.
- A notice in the waiting room 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 was the infection control clinical lead who 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.
- 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). We found food stored in one of the medicines refrigerators which is not in line with best practice guidelines. Staff were unable to offer an explanation, however the food was removed immediately. After inspection the practice told us it had investigated the incident as a significant event, outcomes were that after vaccines have been removed from the medicines refrigerator it would be locked at all times, and all medicines refrigerators have been labelled for vaccine storage only.

- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had mostly been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, only one reference check had been undertaken for a nurse and only one reference check had been returned for a non-clinical member of staff and the practice recruitment policy stated two references were required prior to appointment. However, it was evident that substantial efforts were made to obtain a second reference. Staff recruited with one reference were inducted and monitored appropriately.

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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. "White goods" electrical appliances such as refrigerators and microwave were checked to ensure the equipment was safe to use, but IT items had not been checked as needed. Staff told us the staff member due to carry this out had been absent prior to inspection and that IT equipment electrical safety tests had previously been the responsibility of the CCG. Staff showed us evidence the practice had arranged for relevant checks to be undertaken within two days of inspection and subsequently sent us evidence this work had been carried out. All clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place 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 effective arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency

Good

Are services safe?

contact numbers for staff and had been implemented during a 22 hour power failure on 7 May 2016. We saw evidence arrangements sustained a service for walk in patients with interim paper records kept. Appropriate notifications were made to the CCG, PPG and CQC and patients were updated via the website and notices at the practice. Telephone calls were diverted to the out of hour's provider and we found the incident was well managed. Staff told us they were supported by both the PPG and CCG.

- There was an on-site medical emergency on the day of inspection and we saw that alerting systems were effective. Medical staff were deployed immediately and appropriate emergency equipment was fit for use and available without delay.

Outstanding ☆

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 arranged and recorded clinical educational meetings, usually weekly to discuss NICE guidelines and best practice with consultants in attendance. For example, for patient's diabetes and respiratory care.
- The practice also used guidance it received from the local Clinical Effectiveness Group, for example relating to statins (a group of medicines which act to reduce levels of cholesterol in the blood).
- The practice monitored that these guidelines were followed through audits.

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 100% of the total number of points available, with 7% 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).

Data from 1 April 2014 to 31 March 2015 showed the practice was an outlier for QOF clinical target:

- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD). However, staff told us the practice population was young which explained the lower prevalence rate.

We subsequently checked QOF data for the period 1 April 2016 to 31 March 2016 and results were 100% of the total number of points available, with 6% exception reporting.

The practice was not an outlier for any other QOF (or other national) clinical targets and the practice performance was consistently comparable to or better than average for most indicators. For example, data from 2014 - 2015 showed:

- Performance for diabetes related indicators was similar to the national average. Locally held data showed the practice was currently the highest performer for diabetes care within the local group of practices. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 99% compared with the national average of 88%. Exception reporting for diabetes care was 8% compared to 7% in the CCG and 11% nationally. Staff told us diabetes prevalence had steadily risen over previous years and the above average performance was underpinned by a weekly "one stop shop" clinic for people with diabetes run by a nurse specially trained to initiate insulin for patients. Diabetes appointments provision had almost doubled as a result which in turn freed up GP appointments for other patients. Data showed patients diagnosed with diabetes joining the practice between 2015 and 2016 diabetic control as measured by the blood sugar (HbA1c) levels either remained stable or reduced in over 70% of these patients. We noted high performance in diabetes care had been delivered by the practice over several years. The practice was also a finalist in "The General Practice Awards" 2014 for its care of people with long term conditions, and specifically for its care of patients with diabetes.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 91% compared with a national average of 88%.
- 86% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months compared to 75% nationally. Exception reporting for asthma care was 1% compared to 3% in the CCG and 7% nationally.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits in the last two years; two of these were completed audits where the improvements made were implemented and

monitored. For example, the practice had audited prescribing of medicines for patients with diabetes such as "gliptins" and "pioglitazone" to identify and take improvement actions including to review all identified patients whose Hba1c (blood sugar level) was uncontrolled where addition of gliptin had resulted in no benefit or worse blood sugar levels, reviewing all patients on pioglitazone where safety concerns had been highlighted, and ensuring that patients' blood sugar levels and weight where relevant were recorded at consultation when treatment with new medicine started with repeat review at three and six months. There were five improvements including three patients gliptins being stopped where there was evidence of no benefit as per NICE guidelines, patients prescribed gliptins blood sugar after six months also in line with NICE guidelines improvement from 48% to 56%.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice improved the prevention, early detection and treatment of patients under nutrition.

Additionally, within the last three years:

- The practice identified it had relatively low rates of hospital admission for patients with chronic obstructive pulmonary disease (COPD) within the local area. GPs created a new care pathway for patients that set out a structured management approach for patients with COPD in line with best practice guidelines such as COPD rescue packs for patients (for example, packs include standby medicines to start if COPD gets worse before you are able to see your GP), consistent standards for information and education for patients and consultant led training sessions for GPs. The practice recorded data to assess the impact of the new pathway and found changes delivered improvements in COPD management and further reduced rates of patients with COPD hospital admission.
- The practice similarly identified areas for improvement and subsequently developed new care pathways or redesigned pathways that delivered improvements for patients with asthma, ureteric colic (an important and frequent emergency in medical practice most commonly caused by the obstruction of the urinary tract), eczema and gynaecology pathways for both polycystic ovarian disease and heavy menstrual bleeding that were rolled out across the CCG. Reported improvements included more positive user experience, reduction in hospital referrals, improved patient experience and more confidence in the clinician.
- In 2013 the practice identified 117 patients had requested more than 25 appointments on many occasions it had not been appropriate which was preventing other patients from seeing their doctor. The practice undertook an initial analysis and data showed these consultations had totaled 3793 GP appointments. Further analysis showed 494 appointments had been attended by very few patients. The practice engaged its PPG to review this result and jointly decided to carry out focused work for relevant patients to holistically assess and address their needs. Patients were provided with a named doctor for their review appointment to provide continuity of care and follow up. They were invited to attend a discussion, and received a bespoke health action plan. This was followed up with a letter from the PPG which included a range of information on health advice and local lifestyle facilities which patients could access to help sustain their well-being. The most recent re-analysis showed the number of appointments used by the most frequently attending patients had fallen by 50% to 248 leaving more appointments available for other patients.
- The practice supported one of the GP partners to access further education for several years to become a GP with a special interest (GPwSI) in dermatology. This allowed the practice to initiate dermatology consultations in-house for its own patients and patients across the borough. Staff told us this resulted in shorter waiting times for patients with dermatological conditions for the whole borough (usually within two weeks) and patients registered at the practice are often seen on the day if not within a few days for their skin complaints. Treatment no longer entailed a specialist referral and approximate three month wait to be seen. We saw an analysis that showed financial costs had been reduced for both the practice and within the CCG. Sample data from July 2016 - Sept 2016 showed occasions patients booked for a dermatology consultation and DNA (did not arrive) were 1% at the practice clinic compared to 24% in the community clinic over the same period. Further data showed the practice referral rates to secondary care had fallen tenfold in the last 5 years from approximately 200 to 20 due to patients being treated in-house. The practice had surveyed patients to assess their

satisfaction for the dermatology clinic. Of 669 responses across questions such as such as time spent with clinician, the doctor explained your diagnosis to your satisfaction and gave you an opportunity to ask questions, and the technical skills (thoroughness, carefulness, competence) and personal manner (courtesy, respect, sensitivity, friendliness) of the doctor you saw; 99% of patients responses showed they thought the service was either "good", "very good" or "excellent".

- The practice commenced a minor surgery service in 2010 undertaken by one of the partner GPs. Data showed that the amount of minor surgery provided by the practice had gradually increased from 124 procedures in 2010 to 218 in 2015. Staff told us referrals secondary care had fallen and a saving of approximately£32,700 had been made.

Effective staffing

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 those reviewing patients with long-term conditions such as diabetes.
- 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 and discussion 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: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had a library of resources and subscribed to a number of journals for clinicians reference and we found they were well used and organised.
- The practice was a teaching and training practice and strongly committed to in house staff training and professional development. For example, three members of reception staff trained in-house and became health care assistants, two practice nurse trainees continued with their nursing employment at the practice, and the practice manager was originally a filing clerk.
- The practice also held regular in-house educational sessions where expert speakers were invited to promote healthcare awareness with surrounding practices were also invited to attend. Subjects covered in 2015 – 2016 included FGM (Female Genital Mutilation), Domestic and Sexual Violence, Safeguarding Adults and Children, Chronic Conditions, and Acute medical conditions

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 on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. For example, the practice held meetings with the health visitor, and quarterly meetings with mental health and palliative care teams. Notes from the mental health team meetings showed that clinicians had discussed the Mental Capacity Act 2005 in accordance with their role when assessing

patients capacity such as in regards to consent, and held discussions on the Deprivation of Liberty Safeguards (the Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards).

Consent to care and treatment

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

- Staff understood 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.

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 their diet, smoking and alcohol cessation. The practice had recorded the smoking status of 98% of its patients with chronic diseases. It had also offered 94% of its smoker patients support and given 99% of them advice on chronic diseases. Some staff were trained on smoking cessation advice and offered it to patients on-site, or patients were signposted to the local pharmacist.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had leaflets to educate its patients on testicular cancer. 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.

Full year childhood immunisation rates 1 April 2014– 31 March 2015 were above local and national averages. For example, for those given to under two year they olds ranged from 82% to 99% (CCG ranged from 82% to 94%), and five year olds from 92% to 97% (CCG ranged from 82% to 94%). More recent figures from the practice showed they had achieved 95% and 97% in the two and five year old groups respectively.

Data showed the practice was consistently exceeding health checks targets for health for NHS health checks for patients aged 40–74 and staff told us the practice was the highest performer within Newham CCG. Health checks were also undertaken for new patients and appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 79%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 77%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 80%, national average 91%).
- 85% said they found the receptionists at the practice helpful (CCG average 80%, national average 87%).

The practice had developed an easy reference five point customer care plan for reception staff to refer to that had been implemented.

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 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 and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%, national average 85%).

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

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

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 176 patients as carers (1% of the practice list). The practice offered influenza vaccinations to carers and written information was available to direct carers to the various avenues of support available to them.

The practice advertised bereavement support services in its reception area and staff told us that if families had suffered bereavement, their usual GP contacted them. 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. The practice undertook an audit to establish how many of its bereaved patients it could verify had been contacted for support and implemented several improvements as a result, including offering counselling through the local talking therapies service to all bereaved patients as needed. We saw evidence a GP had deferred their time off to ensure timely registration of a death to allow patients' burial in line with their cultural and religious needs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice offered on-site extended hours GP, nurse and healthcare assistant appointments on Saturdays from 8.30am to 12.30pm, and off site extended hours every weekday until 9.30pm through a network of local practices for working patients who could not attend during normal opening hours.
- The practice offered longer appointments for patients with a learning disability and 85% of these patients had received an annual health check in 2015 – 2016.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately such as Yellow Fever.
- There were disabled facilities including a lift to all three floors and had a lower reception desk for disabled patients, a hearing loop and translation services available.
- There were baby changing facilities and a disabled toilet on ground floor and the practice had posters in waiting rooms informing patients it welcomed breast feeding.
- Midwife clinics were held weekly and the practice promoted local weekly drop in mother, child and baby health clinics for children up to five years old.
- Baby check appointments at the practice were 30 minutes per appointment in response to patients feedback to ensure time for health promotion, mental health or safeguarding concerns, explaining the importance of immunisation, and the use of the health visitor for advice.
- The practice had a wide range of services available on site including an antenatal clinic, contraception (including coil fitting), minor surgery, a COPD clinic, a diabetes clinic and substance misuse prescribing.
- The practice ran a weekly citizens advice bureau clinics for its patients that was provided by professional welfare benefit advisers.
- One of the GP partners had contributed to several local newspaper articles on mental health to provide answers to questions on mental health such as common signs and symptoms, where to seek help, what to do if worried about a family member or friend, to invite feedback for patients experiences in Newham and to explain they had experienced mental health concerns in their own family and there are many things that can be done to help. The GP partner had encouraged anyone affected to promptly see their local GP and/ or access local services via the local newspaper.
- With support from the local Mental Health Trust, the practice had arranged for psychological therapy sessions to be held at the practice for the last 3 years. Staff showed us annually reported data between 2013 - 2016 from the CCG that demonstrated the impact of this innovation for their patients was that rates of attendance and entering into treatment had increased by 50% over the period and the rate of patients not arriving for their appointment had decreased by 30%.
- The Minister of State for Care and Support had written to a GP partner in 2015 to thank him personally for his leadership and work to improve mental health crisis care in Newham, including by working jointly with a mental health charity and other health partners as well as government departmental officials.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure a number of improvements to services where these were identified. For example:

- It identified it had a relatively high population of working age women and offered a full range of contraceptive services delivered by female clinicians such as implants and coils.
- The practice identified it had a high prevalence of patients with diabetes and provided specialist training and support to upskill the nurse practitioner to initiate insulin for patients and deliver a weekly "one stop shop" for patients with diabetes, including a call back service with bookable time slots available for patients to discuss their diabetes care.
- A partner GP had written to patients with diabetes and asthma to personally invite and encourage them to have a flu vaccine by explaining he and one of the other GPs had already received the vaccine from the practice nurse.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- A GP partner had a special interest and qualification in dermatology and they offered clinics across the CCG. We saw the GP partner had been available on site on an immediate basis for patients seeing other clinicians at the practice to assess and treat patient's more complex or rare skin conditions during their appointment.

The practice nurse ran various health based community groups in a local church, which they had started and developed with on-going support from the practice to encourage patient's general health, exercise and social interaction. The nurse told us that staff at all levels had supported this work. For example, a partner GP had looked through the list of patients over 65 years old to identify patients who might benefit from the group for older people. Also, the whole team had encouraged patients to attend all groups according to their requirements and also provided administrative support.

Local classes were as follows:

- A "Health Club" exercise class mainly for Muslim women who felt more comfortable attending a women only class. Approximately twenty eight women registered at the practice attended this class every week.
- A "Baby Toddler Group" in response to Newham's high rate of children under three years old and families living in cramped conditions, to provide space for children to exercise in a simulating environment, and to explore and discover their skills with "soft play" resources as well as toys and dressing up clothes. Approximately 55 toddlers and 66 adults registered at the practice attended this group on one of two days every week.
- A "Holiday at Home" for older people to meet at the church, reminisce share stories, read the newspaper and do some light exercises together. Approximately eight older people registered at the practice attend this every week.

Access to the service

The practice core opening hours were between 8:00am and 6:45pm every weekday. GP appointments were from 8:30am to 12.00pm and 3.00pm to 6.30pm, and nurse appointments from 8.00am to 12.00pm and 1.30pm to 6.30pm every weekday. The practice offered on-site extended hours GP, nurse and healthcare assistant appointments which were pre-booked only on Saturdays from 8.30am to 12.30pm, and off site extended hours every weekday until 9.30pm through a network of local practices.

Patients telephoning when the practice was closed were transferred automatically to the local Newham GP Co-op out-of-hours service provider. Appointments included pre-bookable appointments, home visits, telephone consultations and urgent appointments for patients who needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages, but satisfaction was lower for patients being able to get an appointment.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 78%.
- 59% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 73%.
- 55% were able to get an appointment to see or speak to someone the last time they tried (CCG average 66%, national average 76%).

We subsequently checked GP Patient Survey published July 2016 which contained aggregated data collected from July-September 2015 and January-March 2016 and noted steps the practice had taken to improve would not be reflected at the time of publication of this report; However, results showed there had been some improvement:

- 64% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 73%.
- 62% were able to get an appointment to see or speak to someone the last time they tried (CCG average 66%, national average 76%).

We asked staff how they responded to lower survey scores and they showed us evidence the practice had analysed results from the national GP patient survey and conducted its own survey where forty patients responded. The practice had used results to inform and deliver the following improvements:

- An increase of session's provision for patients to 28 hours per 1,000 patients per week, which was significantly above its required 16.8 hours per 1,000 patients per week.
- The practice had implemented GP cover all day every weekday at the reception desk as well as providing a daily duty on call GP. This increased GP availability to

Good

Are services responsive to people's needs?

(for example, to feedback?)

receive patient's calls directly for telephone triage and to support staff on reception. The on call duty GP was available to respond rapidly for example to visit patients at home or cover any extra consultations required.

- The practice had taken steps to improve customer service by employing two additional reception staff and recruiting a reception manager to deliver learning and development for reception staff, for example through role play and short reception team group meetings twice per week. The practice planned to repeat its patient's survey to measure the impact of changes it had made.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice also implemented a "You Asked, We Did" information sheet for patients and other stakeholders it released in April 2016 which demonstrated how it used feedback to improve the service and showed eight actions it had undertaken. For example, the practice had adjusted the height of blinds after a passer-by notified them it was possible to see patients names on the display board from outside, it also took steps to ensure immediate availability of dressings for patients attending for this service at a separate clinic off site.

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.
- There was a designated responsible manager who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a poster and leaflets in the waiting area.

We looked at 11 complaints received in the last 12 months, three in detail and found these were dealt with satisfactorily in a timely way and with openness when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice contacted a patient who was finding it difficult to make an appointment and offered them an apology and invitation to attend for a meeting with GPs. The practice provided the patient with an explanation and changed its appointments arrangements to ensure patients calling for an appointment were offered a telephone triage appointment during the next GP session, and a time slot within which the call would be made.

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.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy were stretching, challenging and innovative, while remaining achievable.
- Objectives and supporting business plans reflected the vision and values and were regularly monitored.
- The practices' vision made a commitment to partnerships for excellence and it had a "You Asked, We did!" framework that demonstrated it had partnered with patients and other stakeholders to implement improvements.

Governance arrangements

The practice had an overarching governance framework which supported 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.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but there were minor weaknesses in systems for checks for the content of medicines refrigerators and electrical safety.
- The practice used a meeting matrix system to ensure important issues such as significant events management, safeguarding, and complaints were discussed regularly. Meeting minutes showed updates from previous meetings, and time scaled actions with clear lines of accountability.
- The practice had ensured high levels of staff competence and expertise over a series of years to enable staff in delegated lead areas of staff responsibility to manage these areas effectively. For example, by holding regular educational sessions with speakers to promote best practice awareness, most recently in areas such as safeguarding adults and children, and chronic and acute conditions where lead staff were present.

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. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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.
- The practice had undertaken an audit to identify and implement improvements in care for bereaved patients.
- Practice GPs showed leadership and took responsibility at an organisational level to improve local child protection arrangements. The practice also made regular use of National Reporting and Learning System (NRLS) and local "amber alerts" to contribute to wider improvements in safety.

- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example, the practice undertook a number of initiatives to increase its effectiveness and efficiency including to promote optimal use of GP appointments, it supported the practice nurse to run various health based community groups in a local church, including for harder to reach patients. Other initiatives were providing

Are services well-led?

Outstanding ☆

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

minor surgery and dermatology services in-house which provided a more convenient service with shorter waiting times for patients, and delivered financial savings for the practice and CCG.

- There was a strong ethos for teaching and training. We saw evidence of consistently positive feedback from GP registrars and medical students. Several of the GP registrars had continued on at the practice in a salaried GP role and one of the GP partners had been nominated for Medical Student Tutor of the Year. The leadership also provided work experience for students from local schools to give them a good grounding to possibly work as healthcare professionals in the future.

Leaders had an shared purpose that inspired and motivated staff.

- There was a clear leadership structure in place and staff felt supported by management.
- Staff consistently told us they were encouraged and supported to learn, develop and to contribute ideas for improving the practice through regular meetings, protected learning time and agreed areas of leadership and responsibility.
- There were high levels of constructive staff engagement and staff at all levels told us they were actively encouraged to raise concerns.
- Staff told us the there was strong collaboration and support across all staff, a common focus on improving quality of care and people's experiences and we saw evidence the practice held regular meetings such as clinical, multidisciplinary, and group and whole team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted regular team social events were held most recently two weeks prior to inspection.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.

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) and through surveys and complaints received. The practice engaged with its PPG openly, flexibly and regularly through meetings, face to face at reception, telephone calls and via email. PPG members told us the practice staff were professional and the practice was progressive, sought their help including looking at themes in complaints and consistently sought their opinion and input on a wide range of sources of patients. The PPG met regularly, carried out patient surveys and submitted numerous proposals for improvements to the practice management team which it acted on. For example, patients were concerned about a lack of confidentiality due to privacy being compromised with the queues at the reception desk. The PPG suggested a 'queue here' post and discussed which direction the queue would form. We saw the practice had installed the post and signage to separate the front door entrance and main waiting area. They also put up a poster offering patients a private area for patients to speak to a receptionist in confidence. The PPG suggested improvements to the practice website such as their reports and surveys, presentations and meeting minutes being published on the practice website, and we saw this was implemented.
- The practice had analysed results from the national GP patient survey and conducted its own survey and results to inform significant improvement activity and planned to follow up by conducting a follow up survey.
- PPG members consistently spoke highly in relation to all aspects of the practice and were engaged as genuine partners to improve the service, or sustain arrangements in difficult times. For example, the PPG had made contact with the local electricity provider for updates and to prompt speedy restoration of mains electricity, and to support plans for premises extension that were subsequently approved.
- The practice had gathered feedback from staff through staff meetings, appraisals, staff away days and generally through day to day discussion. Staff told us they would not hesitate to give feedback and discuss any concerns

Are services well-led?

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or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and had created new "action in trays" for specific GPs to allow more efficient filing.

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 led or took part in part local pilot and other schemes to improve outcomes for patients in the area across a broad range of areas including women's health, mental health, dermatology and asthma.
- The practice had liaised with a local lead in psychology and was about to host groups for its patients to address the psychological management of long term physical health problems such as diabetes, pain management, for those with long term conditions and eating behaviour patterns, and groups for patients with respiratory conditions to help address anxiety and depression.
- The practice was a finalist in "The General Practice Awards" 2014 for its care of people with long term conditions, and specifically for its care of patients with diabetes.
- The practice had made demonstrable improvements to raise local awareness and care for people experiencing mental health problems and their families and friends.
- The Minister of State for Care and Support had written to a GP partner in 2015 to thank him personally for his leadership and work to improve mental health crisis care in Newham, including by working jointly with a mental health charity and other health partners as well as government departmental officials.