

Care Quality Commission

Inspection Evidence Table

Camden Health Improvement Practice (1-9043841510)

Inspection date: 21 September 2022

Date of data download: 26 August 2022

Overall rating: add overall rating here

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y
There was a fire procedure.	Y
Actions from fire risk assessment were identified and completed. Date of fire risk assessment:	Y 12 Sept 22
Explanation of any answers and additional evidence: Three outstanding issues had been identified in the most recent fire risk assessment. These were fully documented in the fire risk assessment, together with timescales for completion and from whom remedial action was awaited.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Y August 22
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
Explanation of any answers and additional evidence: As a specialist GP practice catering for homeless people, the practice did not use locums who would be unfamiliar with the needs of their patient group. Staff we spoke to confirmed there were enough staff available to meet the needs of service delivery.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. ¹	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence: Review of patient records in relation to the clinical searches identified that care records were managed in line with current guidance.	

Appropriate and safe use of medicines

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

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	2.93	0.58	0.82	Significant Variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2021 to 30/06/2022) (NHSBSA)	1.9%	9.9%	8.5%	Significant Variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	1017.2‰	60.4‰	128.0‰	Significant Variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	11.45	0.58	0.59	Significant Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	138.8‰	5.9‰	6.8‰	Significant Variation (negative)

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. ¹	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. ²	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>At our last inspection in January 2017, we found that blank prescriptions were stored in unlocked rooms. This meant patients and visitors could access blank prescriptions.</p> <p>During this inspection we found the practice had taken steps to ensure blank prescriptions were kept in a locked room.</p> <p>At this inspection we found:</p> <ul style="list-style-type: none"> • The number of antibacterial prescriptions prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was significantly higher (2.93) than both the local (0.58) and national (0.82) averages. <ul style="list-style-type: none"> ○ The practice explained that it specialised in the care of homeless patients who had a much greater propensity for ill-health than the general population. For example, a high proportion of patients were long-term drug users. Many had reached the point of having persisting leg ulcers which were extremely resistant to treatment. This and other infections resulted in a significantly increased need for use of antibacterials. The situation was often exacerbated by patients presenting late, and inconsistently, for treatment. • The total items prescribed of Pregabalin or Gabapentin per 1,000 patients was significantly higher (1017.2%) than the local (60.4%) and national (128.0%) averages. <ul style="list-style-type: none"> ○ The practice only prescribed these medicines where there was a clinical need and the patient was also receiving input from secondary care. 	

Medicines management

Y/N/Partial

- Some patients claimed to have lost their prescriptions, the practice declined to provide replacements.
- There are regular discussions of reducing doses at medication reviews.
- Where appropriate the practice trials the use of alternative medicines and refers suitable patients to a specialist pain clinic.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was significantly higher (11.45) than the local (0.58) and national (0.59) averages.
 - The practice told us that the performance figures also included a co-located (upstairs) addictions service, which would inevitably impact the practices' performance.
 - The practice takes over prescribing when patients have been prescribed medicines in secondary care services – including hospitals and addiction services.
 - New patients are moved onto different medicines and are required to join a reducing prescribing scheme. Patients refusing to do this are not provided with prescriptions.
 - If patients lost their prescriptions, the practice refused to provide replacements.
- The number of unique patients prescribed multiple psychotropics per 1,000 patients was significantly higher (138.8%) than the local (5.9%) and national (6.8%) averages.
 - There patient population of the practice is homeless persons, known to have a much greater propensity for mental health issues.
 - All patients being so prescribed were under the care of either the local Community Mental Health Trust or FOCUS – a Mental Health Trust specialising in the treatment of street-homeless persons.
 - Patients were normally given weekly prescriptions, with a few exceptions receiving these monthly.
 - It was practice policy not to replace lost prescriptions.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong/did not have a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	19
Number of events that required action:	19

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
A patient came into the practice and began shouting and being verbally abusive to staff and attempting to break part of the building.	Staff attempted to calm the patient who refused to modify their behaviour. Eventually the police were called, although the patient left before they arrived. The practice discussed the issue in a meeting and it was agreed to give the patient a warning for their aggressive behaviour.
A patient was given a prescription but returned shortly thereafter claiming to have lost it. When the patient was told of the practice' policy not to replace lost prescriptions they became verbally abusive, trying to damage part of the building and threatening staff.	During the incident staff attempted to calm the patient who refused to modify their behaviour. The practice discussed the issue in a meeting and it was agreed to take appropriate action.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Y
Staff understood how to deal with alerts.	Y

Effective

Rating: Good

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. ¹	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated. ³	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y

Effective care for the practice population

Findings
<ul style="list-style-type: none">• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.• Health checks, including frailty assessments, were offered to patients over 75 years of age.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.• Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.• All patients with a learning disability were offered an annual health check.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with asthma were offered an asthma management plan.

Cancer Indicators	Practice	CCG average	England average	England comparison
(Snapshot date:) (UK Health and Security Agency)		N/A	80% Target	-
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (to) (UKHSA)		-		N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (to) (UKHSA)		-		N/A
(to) (UKHSA)		-		-

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Any additional evidence or comments

As a practice specialising in the care of homeless persons, the patient list is very small, at approximately 580 patients registered. As a population group there are a range of issues that impact on compliance with treatment:

- The small numbers of eligible patients within each group had resulted in there being no publicly available data.
- As most patients are street-homeless (some had hostel accommodation) and do not keep consistent (or any) contact details, including: contact address and phone numbers. This made it very difficult for the practice and screening services to maintain contact with them.
- Due to chaotic lifestyles many patients failed to consistently attend appointments, and moved in and out of the area without notifying the practice.
- A large proportion of patients had mental health issues, making it more difficult for them to interact with services.
- Many patients had substance addiction issues, again resulting in difficulty in interacting consistently with services.
- A large number of patients do not speak English as a first language.

The practice's own performance data for uptake of cervical screening showed an average of 82.5% of patients had been successfully screened across the eligible groups (eligible patients aged 25-49 82%, eligible patients aged 50-64 83%), which was above the national cervical screening target of 80%.

The practice told us it had 27 patients eligible for breast cancer screening. Six patients had been screened within the last two years. However, 15 patients had failed to attend for screening appointments.

The practice was taking an active approach to improving its cancer screening programme, and had arranged a meeting, in early October 2022, with Cancer prevention, awareness & screening North Central London Cancer Alliance. The purpose of the meeting was to seek guidance on how to improve uptake, early diagnosis and patient experience/treatment across the three screening programmes.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

<p>The practice ran a range of regular clinical audits, including two (or more) cycle audits of high-risk medicines, including: methotrexate, lithium and azathioprine. The audits set out the goals and criteria the practice was aiming to achieve, took account of up to date practice guidelines and any updates to clinical guidelines. There was evidence the practice met to discuss and set the criteria for each audit, and discussed any findings, before re-running the audits to establish any improvements.</p> <p>However, given the small size of the practice population, approximately 580 patients, there were rarely any patients in receipt of these medicines.</p>

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Y
<p>Explanation of any answers and additional evidence, including from clinical searches:</p> <p>Our clinical review of notes where a DNACPR decision had been recorded, identified, where possible, the patient's views had been sought and respected.</p>	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
No published performance data.		-		-

Any additional evidence or comments

We confirmed that although 453 GP patient surveys had been sent to patients of the practice, there had been a very limited number of responses. This rendered the gathered data unreliable and so they were not able to be published.

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

Any additional evidence

The practice operates the GP Patient survey. Unfortunately, patients are generally unwilling to engage. Many patients remain wary of giving opinions for fear they may be disadvantaged as a result.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

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	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	The practice population is homeless and given their lifestyles they generally do not have carers, nor do they act as carers for others. Patients often have keyworkers and the practice records their details in the medical record and liaises with them with patient consent.
How the practice supported carers (including young carers).	Not applicable.
How the practice supported recently bereaved patients.	Patients were given extended consultations to provide additional support and this was recorded on EMIS. Patients were referred to local bereavement services if they consented.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs/ Services did not meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	9.00am – 5.00pm
Tuesday	9.00am – 5.00pm
Wednesday	9.00am – 5.00pm
Thursday	9.00am – 5.00pm
Friday	9.00am – 5.00pm
Appointments available:	
Monday	9.00am – 4.30pm
Tuesday	9.00am – 4.30pm
Wednesday	9.00am – 4.30pm
Thursday	9.00am – 4.30pm
Friday	9.00am – 4.30pm

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- The practice was open until 5.00pm on a Monday - Friday. As patients were able to access appointments at four local GP hub locations, pre-bookable evening appointments were available to all patients. Appointments were also available at the GP led Hub locations on Saturdays and Sundays between 8.00am - 8.00pm.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers. As patients registering with the practice were homeless, that was noted on their patient record.

The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
Explanation of any answers and additional evidence: As the patients of the practice found it difficult to keep to fixed appointment times, the practice offered a range of pre-bookable and walk-in appointments for every clinical session Monday – Friday.	

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Any additional evidence or comments

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Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	0
Number of complaints we examined.	0
Number of complaints we examined that were satisfactorily handled in a timely way.	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Given the nature of the practice population, the practice told us they rarely received complaints. Most patients were wary of making complaints in case it prejudiced their treatment. While other patients acted in verbally and/or physically aggressive ways in response to issues.</p> <p>Unlike most GP practices patients were able to be seen by a clinician on the same day. The practice scheduled a number of appointment slots for "walk-in" patients who wanted to be seen on the same day.</p> <p>As set out above, we reviewed a number of significant events and found the practice had recorded a number of instances of patients being verbally and/or physically aggressive. We found the practice had handled significant events in an appropriate way.</p>	

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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

Source	Feedback
Staff	Staff we spoke to stated they felt supported by managers and leaders and they had access to the equipment, tools and training necessary to enable them to perform their roles. Staff reported there were good working relationships between managers, clinical and non-clinical staff.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence:	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	N
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Feedback from Patient Participation Group.

Feedback
<p>The practice had tried, unsuccessfully, a number of times to establish a PPG.</p> <p>On several occasions it had scheduled PPG meetings at local hostels and day centres. However, very few patients attended. Those attending did not maintain regular engagement.</p> <p>The practice told us they had regrettably discontinued the PPG due to lack of engagement.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

The practice is located in the London Borough of Camden. Camden is geographically a small Borough with a large homeless population concentrated into many hostels in a relatively small area. Historically Camden also had one of the highest rates of homeless deaths in the UK.

In 2015 it ran a retrospective 10-year audit of deaths of its homeless patients and found that the average age of death of Camden homeless patients was only 47 years old. The same as the national average age of death of homeless patients nationwide at that time. Office of National Statistics (ONS) data from 2015, showed Camden was in the worst three locations for death rates for homeless people.

The practice audit of patient deaths showed many deaths were potentially preventable, arising from sepsis, organ failure, suicide and drug related deaths. However, the majority of patient deaths were in patients who were not engaging with GP services.

Accordingly, the practice set up The Targeted GP Outreach programme to reach non-engaged patients judged to be at high risk of death. The aim of the programme was to improve patient wellbeing and also extend the life expectancy of patients. This involved:

- GPs identifying which patients were at highest risk of death and offering a monthly home visit by a GP to the patient in their hostel, or on the street.
- The GP also set up multi-disciplinary teams around the most complex patients.
- The practice continued to monitor the efficacy of the GP Outreach programme via an annual audit.

The practice had continued to run, and monitor, the programme. The practice found:

- Audit data showed a significant increase in patient engagement with primary and secondary care, improved vaccination rates, and improvement in End of Life Care.
- In particular, the 2022 audit also showed that after seven years of the programme, patient the life expectancy of patients had risen to 7.5 years above the national average age of death of other homeless patient groups.
- Recent ONS data on homeless deaths showed Camden was no longer in the worst 15 areas for homeless death rates.
- Camden was the only London Borough to show a reduction in death rates in last year's data.

Recognition of the practices' achievement:

- In 2021 the practice won the London Housing Foundation 'London Homelessness Awards', which came with a £20k grant to extend this innovative 'Best Practice' into other London GP surgeries. The practice was currently using the award to extend Targeted GP Outreach into other Camden practices.
- In 2021 the practice was also awarded 'highly commended' in the British Medical Journey Awards for the work of Targeted GP Outreach.

The practice was in the process of engaging with a local charity to increase the number of female patients registered, who were less likely to engage with services. This included changes to the clinical environment to make it more welcoming to female patients. In addition, a nurse was leading on engagement with a local group to seek guidance on approaches to increasing female registrations.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ‰ = per thousand.