

# Care Quality Commission

## Inspection Evidence Table

### Park Royal Medical Practice (1-5373877841)

Inspection date: 07 October 2021

Date of data download: 05 October 2021

## Overall rating: Requires improvement

At the previous inspection on 30 April 2019, we rated the practice requires improvement overall. This was because we identified concerns relating to the safe, effective and well-led key questions. We issued requirement notices for Regulation 12 (safe care and treatment) and Regulation 17 (good governance).

At this inspection on 7 October 2021, we found the practice had improved areas identified at the previous inspection, however new concerns relating to the safe and well-led key questions were identified. The practice remains rated requires improvement overall.

## Safe

## Rating: Requires improvement

At the previous inspection in April 2019, we rated the practice as requires improvement for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice had limited safeguarding systems in place to ensure that children and vulnerable adults were reviewed regularly.
- The practice did not have appropriate systems in place for the safe management of test results.
- The practice did not have appropriate systems in place for the safe management of medicines including controlled drugs.
- The practice was unable to demonstrate they had audited all prescribers within the practice.

At this inspection in October 2021, we found the practice had addressed most concerns identified. However, we found other issues relating to the safe key question. The practice remains rated requires improvement for providing safe services because:

- Some patients with hypothyroidism and some patients prescribed ACE/ARB drugs had not received the appropriate monitoring prior to a prescription being issued.
- We found some patients with diabetes had not been coded appropriately or referred for eye screening.
- We found some patients prescribed higher than expected numbers of inhalers had not been coded appropriately.

## 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.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we found the following concerns relating to safeguarding:</p> <ul style="list-style-type: none"> <li>- Staff gave conflicting information as to who the safeguarding leads were.</li> <li>- The safeguarding adults and children policies did not reference recent intercollegiate guidance.</li> <li>- Safeguarding registers were not maintained and we did not see evidence of systematic reviews of children and vulnerable adults.</li> <li>- The chaperone policy did not provide clear guidance on the role of the chaperone.</li> <li>- Staff did not have meetings with health visitors, midwives or school nurses.</li> </ul> <p>At this inspection we found the practice had addressed these issues.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• At the last inspection we found the following concerns relating to recruitment: <ul style="list-style-type: none"> <li>- Staff recruitment records were incomplete.</li> <li>- The practice did not demonstrate that staff had certificated immunity or had undertaken immunisations in line with PHE guidance.</li> <li>- There was no system in place to regularly monitor the registration of clinical staff to ensure it remained up to date.</li> </ul> </li> <li>• At this inspection we found the practice had addressed these issues and had systems and processes to periodically review compliance.</li> <li>• We reviewed four staff recruitment files and found recruitment checks were carried out in accordance with regulations.</li> </ul>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 30/11/2020	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 21/20/2020 Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>At our last inspection we found the following concerns relating to safety systems and records:               <ul style="list-style-type: none"> <li>Portable appliance testing and calibration for some medical devices had not been undertaken.</li> <li>The practice did not have oversight of risk assessments undertaken by the hospital.</li> <li>Some staff had not completed annual fire safety training.</li> </ul> </li> <li>At this inspection we found the practice had addressed these issues.</li> <li>The practice was located within Central Middlesex Hospital and staff informed us that facilities and some health and safety assessments were managed by a property maintenance company. The practice could request these assessments/documents in advance for oversight purposes. During our inspection the practice made arrangements for these documents to be viewed by the inspection team.</li> <li>The practice commissioned external fire safety and legionella risk assessments and had escalated outstanding actions to the property maintenance company for remedial action. Practice records showed outstanding actions had been completed in May 2021.</li> </ul>	

## 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.	Yes 1
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 25/11/2019 (external)	Yes 2, 3
The practice had acted on any issues identified in infection prevention and control audits.	Yes 2
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ol style="list-style-type: none"> <li>At our last inspection we found some staff had not undertaken annual infection prevention and control (IPC) training and that the clinical lead for IPC had not undertaken enhanced training to support them in this role. At this inspection we found staff had received updated training relevant to their roles.</li> <li>An external infection prevention and control (IPC) audit from November 2019 identified one area requiring action, which the practice had remedied within 24 hours of the audit. Staff told us an independent IPC inspector had informally reviewed the practice in December 2020 and no issues had been identified, although we did not see documentation of this.</li> </ol>	

- The practice nurses carried out infection prevention and control audits every quarter and there were no issues identified.

## 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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
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.	Yes
Explanation of any answers and additional evidence: At our last inspection we found the practice did not have an induction pack for locum staff. At this inspection we found a guide for locum staff was in place.	

## 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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes

## Appropriate and safe use of medicines

The practice had some systems for the appropriate and safe use of medicines, including medicines optimization. However, these were not always effective and required improvement.

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) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - NHSBSA)	0.43	0.49	0.69	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2020 to 30/06/2021) (NHSBSA)	12.9%	10.8%	10.0%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2021 to 30/06/2021) (NHSBSA)	5.68	5.60	5.38	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	61.2‰	58.1‰	126.1‰	Tending towards variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHSBSA)	0.45	0.50	0.65	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	6.3‰	4.8‰	6.7‰	No statistical variation

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.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical	N/A <sup>1</sup>

Medicines management	Y/N/Partial
supervision or peer review.	
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial 2, 3
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.	Yes
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.	Partial 4, 5
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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.	Yes 6
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. The practice did not employ any non-medical prescribers.</li> <li>2. Our remote clinical searches identified 13 patients prescribed more than 12 short-acting beta2 agonist (SABA) inhalers in the past year without a diagnosis of COPD (chronic obstructive pulmonary disease). Following our inspection, the practice reviewed these patient records and informed us that seven patients were previously reviewed and had a management plan agreed, four patients had previously been invited for review and not attended, and two patients should have been coded as having COPD.</li> <li>3. Our remote searches identified 14 patients with hypothyroidism who had not had thyroid function monitoring for 18 months. We reviewed five patient records and confirmed these patients had not received thyroid function monitoring in the 18 months prior to a prescription being issued. Following our inspection, the practice informed us that one patient was seen in hospital and these results had been requested and the other four patients had previously been repeatedly contacted and had yet to attend for monitoring. The practice informed us that a text message had been sent to the remaining patients who were overdue blood monitoring.</li> </ol>	

Medicines management	Y/N/Partial
4. We found there was appropriate monitoring and prescribing for patients prescribed the disease-modifying antirheumatic drugs (DMARDS) Methotrexate and Azathioprine.	
5. Whilst there was appropriate monitoring of the high-risk medicine warfarin prior to prescribing, we identified gaps in the monitoring of other high-risk medicines: <ul style="list-style-type: none"> <li>- We reviewed the five records of patients prescribed Spironolactone (a medicine used to treat high blood pressure, heart failure and oedema) and found one patient was overdue blood test monitoring. Following our inspection, the practice informed us that this patient was under the care of a specialist and blood tests had been carried out at the hospital, and the results had now been added to the patient's record.</li> <li>- We reviewed records of two out of three patients prescribed Lithium (a medicine prescribed for mental health disorders) and found one patient was overdue blood test monitoring. Following our inspection, the practice informed us that the patient had previously declined further blood test monitoring due to a recent diagnosis.</li> <li>- Our remote clinical searches identified 51 out of 660 patients prescribed ACE inhibitors and ARB drugs were overdue U&amp;E monitoring. ACE / ARB drugs are generally used to treat hypertension and congestive heart failure. We reviewed five patient records and found these patients had not received monitoring of U&amp;E in the 18 months prior to a prescription of ACE / ARB being issued. The practice informed us that two patients had blood tests at the hospital and these results were available via the hospital system. The practice had previously contacted the other three patients for their review and issued blood test request forms, however these patients had not attended the practice for monitoring. Following our inspection, the practice informed us that a text message had been sent to all patients who were overdue blood monitoring.</li> </ul>	
6. The practice had completed a risk assessment for five emergency medicines not stocked. The main rationale for not stocking these medicines included the proximity to the urgent care centre and hospital where the patient could be transferred to quickly. The practice planned to review the risk assessment every four months.	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	7



Number of events that required action:	5
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Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Reception task not actioned for three days when the responsible receptionist was off.	<ul style="list-style-type: none"> <li>Allocated extra hours to reception team to action all tasks immediately.</li> <li>Urgent tasks must be actioned the same day and 'normal' tasks to be checked and actioned regularly.</li> <li>Deputy / Nominated receptionist in place to action tasks in the absence of colleagues.</li> <li>Review to be carried out after three and six months.</li> <li>Learning from the incident was discussed at practice meetings.</li> </ul>
Patient collapsed at the practice.	<ul style="list-style-type: none"> <li>A GP was notified and reviewed the individual. The patient was advised to go to A&amp;E and a separate referral was made so that the patient could be reviewed in secondary care.</li> <li>Learning from the incident was discussed at a clinical meeting.</li> </ul>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw examples of actions taken on recent alerts for example, regarding hydrochlorothiazide and the risk of non-melanoma skin cancer, and a combination drug alert regarding simvastatin and amlodipine.</p>	



## Effective

## Rating: Good

At the previous inspection in April 2019, we rated the practice as requires improvement for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Patient outcomes were hard to identify as limited clinical audits had been carried out to improve the quality of care. There was limited evidence that the practice was comparing its performance to others; either locally or nationally.
- Some performance data was below local and national averages.

At this inspection in October 2021, we found the practice had worked to address the concerns identified. The practice is now rated good for providing effective services.

*QOF requirements were modified by NHS England 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes

## Effective care for the practice population

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- 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.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice 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.
- The practice informed us they looked after patients from a local care home and provided four sessions per week (via video or face to face). There was a named GP for all patients at the care home. Staff worked with a multidisciplinary team to ensure care plans were in place and medication reviews were undertaken for these patients. The CCG enhanced care home team were also involved with the care of these patients and were available from Monday to Sunday 8am to 8pm. In emergencies and when end of life care was required, the care home could directly contact the named GP.

## 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 for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example 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 COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- We reviewed the records of patients with Chronic Kidney Disease Stages 4 or 5 and found they had received the appropriate monitoring for their condition.
- Our remote clinical searches identified 36 patients as having a potential missed diagnosis of diabetes. We reviewed five patient records and found these patients had been informed about their diagnosis and the risks, had a blood test within the last 12 months and been coded as 'diabetic on diet'. However, they had not been referred for eye screening which should be offered to anyone with diabetes who is 12 years old or over. The practice informed us that three patients had declined eye screening and two patients had been contacted and yet to attend for review. Following our inspection, the practice informed us they had reviewed the remaining patients identified in the clinical searches and sent text messages to those who were awaiting blood tests. The practice also identified some coding issues in these records and informed us these patients would be coded as 'diabetic' in addition to 'diabetic on diet'.
- Our remote searches identified 14 patients with hypothyroidism who had not had thyroid function monitoring for 18 months. We reviewed five patient records and confirmed these patients had not received thyroid function monitoring in the 18 months prior to a prescription being issued. Following our inspection, the practice informed us they had contacted these patients and invited them for blood test monitoring.
- The clinical lead informed us that due to the national shortage of blood bottles in September 2021, the practice was limited in requesting routine blood tests which included thyroid function and screening for diabetes. We were informed that this was still impacting the practice's ability to request routine tests.
- Our remote clinical searches identified four patients with asthma who had been prescribed two or more courses of rescue steroids. We reviewed the records of these patients and found that whilst they had received an asthma review in the last 12 months, there was no record that the patient had been issued with a steroid card (a card that lets healthcare professionals and emergency doctors know the patient takes steroids). Following our inspection, the practice informed us they had contacted these patients and that the patients had previously been issued a steroid card. As this information was not requested on the asthma review template it had not been recorded. The practice informed us they would add this information to the patient record so that it could be easily identified. The practice also planned to discuss this at the next clinical meeting so that all clinicians were aware.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who	77	86	89.5%	Below 90%

have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)				minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	100	124	80.6%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	104	124	83.9%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	101	124	81.5%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	84	105	80.0%	Below 90% minimum

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

#### Any additional evidence or comments

- Staff informed us that the practice had a high number of parents who refused vaccination for their children. Clinical staff contacted families to discuss their concerns and provided further information to assist them with their decision making.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/03/2021) (Public Health England)	68.1%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	54.6%	62.2%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	49.3%	51.4%	63.8%	N/A

(01/04/2019 to 31/03/2020) (PHE)				
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	47.4%	57.6%	54.2%	No statistical variation

#### Any additional evidence or comments

- The practice's uptake for cervical screening had improved from 66% in 2017/18 to 68% in 2021.
- Staff informed us that there were limited nursing clinics from December 2020 to June 2021 due to the Covid vaccination service being delivered from the practice. However, patients were offered appointments at local hubs if the practice could not accommodate an appointment.

#### 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.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

- The practice participated in learning and quality improvement initiatives with their primary care network. There was evidence that the practice was comparing its performance to others; locally and nationally.
- The practice carried out various audits to review prescribing, the quality of consultation notes, and monitoring of patients with hypertension and serious mental illness. The audits had resulted in changes to the clinical management of patients in line with guidance and to the practice's processes and systems to improve quality. For example:
  - A two-cycle audit to assess the effectiveness of the recall of hypertensive patients for blood pressure monitoring had been undertaken. The initial audit in June 2020 showed 42% of patients had their blood pressure monitored within the last 12 months, with an improvement to 72% noted in the second cycle. Actions implemented following the first audit included discussing the results with the practice team, reviewing coding for blood pressure readings, sending a standard recall message to patients whose blood pressure had not been measured in the last 12 months and setting up a simplified system for the admin team to ensure patients were recalled. The results from the second audit remained below the 80% standard set, and the practice planned to

undertake a third cycle after 12 months to determine if the progress had been sustained and if further improvements could be made.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N/A <sup>1</sup>
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: 1. The practice did not currently employ any staff in advanced clinical practice.	

## 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.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

## 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.	Yes

Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes

## Consent to care and treatment

### The practice 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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes <sup>1</sup>
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice informed us that DNACPR forms were kept with the patient. Following our inspection, the practice informed us they would keep a copy of DNACPR forms on the patient record and review these during annual reviews, if appropriate to do so.</li> </ul>	



# Caring

**Rating: Good**

## Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. However, feedback from patients was mixed about the way staff treated people.**

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

Patient feedback	
Source	Feedback
CQC share your experience	<ul style="list-style-type: none"> <li>Three out of six patients reported negative interactions with reception staff.</li> </ul>
Clinical commissioning group (CCG)	<ul style="list-style-type: none"> <li>The CCG did not have any specific concerns regarding how staff treated people.</li> <li>The practice site was being utilised as a GP practice and vaccination centre, and the CCG informed us that staff were working additional hours to meet the demands of the vaccine programme.</li> </ul>
NHS website	<ul style="list-style-type: none"> <li>The practice had received five reviews since July 2020.</li> <li>Feedback relating to how staff treated people was mixed.</li> <li>Positive comments related to some staff and the vaccination service.</li> <li>Negative comments related to disorganised administration and customer service provided by reception staff.</li> </ul>
Google	<ul style="list-style-type: none"> <li>The practice had received 17 reviews in the past 12 months.</li> <li>Feedback relating to how staff treated people was mixed.</li> <li>Positive comments related to the vaccination service.</li> <li>Negative comments related to customer service provided by reception staff.</li> </ul>
Interviews with patients	<ul style="list-style-type: none"> <li>We could not speak with any patients during the inspection due to infection prevention and control measures that were in place for patients and our inspection team during the Covid-19 pandemic.</li> </ul>

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	91.6%	87.7%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	93.0%	86.0%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	97.8%	94.2%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	84.5%	80.9%	83.0%	No statistical variation

### Any additional evidence or comments

- Results from the National GP Survey (2021) showed patient satisfaction was in line with local and national averages for questions about the way clinical staff treated people.
- Ninety-one percent of respondents found the receptionists at the GP practice helpful. This was comparable to the CCG average (87%) and national average (89%).

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

### Any additional evidence

The practice had reviewed patient feedback from a variety of sources including: the national GP survey (2021); friends and family test; complaints; compliments and the patient participation group. As a result, they identified areas for development and made changes to the service to improve patient satisfaction. For example, reception staff had undergone further customer service training in response to staff and patient feedback.

## 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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Interviews with patients.	We could not speak with any patients during the inspection due to infection prevention and control measures that were in place for patients and our inspection team during the COVID-19 pandemic.

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	88.9%	90.4%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes 1
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: 1. Staff informed us that information leaflets, including those in easy read format and languages other than English, were available on request.	

Carers	Narrative
Percentage and number of	The practice had identified 99 carers (1.2% of the practice list size).

carers identified.	
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>• A carer's policy was in place and stated the practice would identify a 'carer's champion' to ensure support for carers and be the first line of liaison.</li> <li>• Staff had been trained to identify carers and signpost them to support services.</li> <li>• Carers were offered annual health checks and given priority for vaccines.</li> <li>• Flexible appointments were available on request.</li> <li>• Information for carers was available in the waiting room and on the practice website.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>• The practice had updated their bereavement policy.</li> <li>• The patient's named doctor would usually contact the bereaved family to offer support. If this was not possible, the duty doctor would undertake this role to offer condolences and advise the family on the next steps.</li> <li>• Flexible appointments were available on request.</li> <li>• Staff signposted patients to support services and further information was available on the practice website.</li> </ul>

## 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.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

## Responsive

**Rating: Good**

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes <sup>1, 2</sup>
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

#### Explanation of any answers and additional evidence:

1. The practice was a vaccination centre for people working in Brent and for the primary care network which had a population of approx. 120,000. This required full use of the practice premises and utilisation of the practice's nursing staff. Unverified practice data showed the following uptake of Covid vaccinations at the practice since December 2021:

Month	Number of Covid vaccinations administered
December 2020 / January 2021	9,130
February 2021	8,828
March 2021	6,583
April 2021	9,875
May 2021	18,396
June	15,595
July 2021	21,377
August 2021	13,653
September 2021	6,593

2. The practice informed us that the vaccination centre had impacted on the service from December 2020 until June 2021, as vaccination clinics were running six days a week and from 9am-8pm most days. Space within the practice was limited as many of the clinical rooms were required for administering the vaccine and other areas were used to monitor patients following their vaccine and for social distancing.

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00 – 18:30
Tuesday	08:00 – 20:00
Wednesday	08:00 – 18:30
Thursday	08:00 – 20:00
Friday	08:00 – 18:30
Saturday	09:00 – 13:00
Appointments available:	
Monday	08:00 – 18:30
Tuesday	08:00 – 20:00
Wednesday	08:00 – 18:30
Thursday	08:00 – 20:00
Friday	08:00 – 18:30
Saturday	09:00 – 13:00

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> <li>• Patients had a named GP who supported them in whatever setting they lived.</li> <li>• The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.</li> <li>• The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.</li> <li>• Additional nurse appointments were available in the evenings from Tuesday to Thursday and on Saturday mornings for school age children so that they did not need to miss school.</li> <li>• All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.</li> <li>• The practice was open until 8pm Tuesday and Thursday and until 1pm on Saturday. Pre-bookable appointments were also available to all patients at additional locations within the area on weekday evenings and at the weekend.</li> <li>• The practice held a register of patients living in vulnerable circumstances including those with a learning disability.</li> <li>• People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.</li> <li>• The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.</li> </ul>

### Access to the service

**There was mixed feedback on whether people could 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 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
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with urgent needs had their care prioritised.	Yes
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Yes

### National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	60.0%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	61.2%	71.4%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	64.7%	68.2%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	63.6%	78.4%	81.7%	Variation (negative)

### Any additional evidence or comments

The practice had reviewed patient feedback from a variety of sources and were aware of areas where



they performed well and areas for improvement.

- Staff informed us that the Covid vaccination service required full use of the practice premises and utilisation of the practice's nursing staff. This meant limited nursing clinics from December 2020 to June 2021. Patients were directed to the hub service if a nursing appointment could not be offered at the practice. Staff informed us that the vaccination centre was still in operation, however the number of sessions offered had been reduced thereby allowing the practice to increase nursing clinics.
- The practice had recently switched to a new telephone system which recorded calls and had a queuing system. A monitor displayed call data including how many patients were in the queue and allowed the practice team to assist reception staff during busy periods.

Source	Feedback
CQC share your experience	<ul style="list-style-type: none"> <li>• Three out of six people reported issues with accessing appointments. Two people stated their online request for an appointment was not followed-up and one person stated they did not receive a callback at their allocated appointment time.</li> </ul>
Clinical commissioning group (CCG)	<ul style="list-style-type: none"> <li>• The CCG did not have any specific concerns regarding access to the service.</li> <li>• The practice site was being utilised as a GP practice and vaccination centre, and the CCG informed us that staff were working additional hours to meet the demands of the vaccine programme.</li> </ul>
NHS website	<ul style="list-style-type: none"> <li>• The practice had received five reviews since July 2020.</li> <li>• Feedback relating to accessing the practice was mixed.</li> <li>• Positive comments related to the vaccination service.</li> <li>• Negative comments related to difficulty getting an appointment.</li> </ul>
Google	<ul style="list-style-type: none"> <li>• The practice had received 17 reviews in the past 12 months.</li> <li>• Feedback relating to accessing the practice was mixed.</li> <li>• Positive comments related to the vaccination service and general satisfaction with the service.</li> <li>• Negative comments related to delays getting through on the phone.</li> </ul>
Interviews with patients	<ul style="list-style-type: none"> <li>• We could not speak with any patients during the inspection due to infection prevention and control measures that were in place for patients and our inspection team during the Covid-19 pandemic.</li> </ul>

## 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.	4

Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Examples of learning from complaints.

Complaint	Specific action taken
Medication dosage not updated following hospital appointment.	<ul style="list-style-type: none"> <li>A GP spoke to the complainant and amended the medication dosage. The GP explained that it takes a few days to receive letters from the hospital and the request would be actioned prior to the patient running out of hospital supplied medication.</li> <li>Information shared with staff during practice meetings.</li> </ul>
Patient unhappy with communication from a receptionist whilst trying to book an appointment,	<ul style="list-style-type: none"> <li>The practice manager contacted the patient to apologise about their experience when booking an appointment and resolved the patient's issue.</li> <li>The practice arranged for customer service training for reception staff to improve the service.</li> </ul>

## Well-led

## Rating: Requires improvement

At the previous inspection in April 2019, we rated the practice as requires improvement for providing well-led services because:

- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have formal succession plans in place for when senior members of staff plan to retire.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information

At this inspection in October 2021, we found the practice had worked to address the concerns identified. However, we found other issues relating to the well-led key question. The practice remains rated requires improvement for providing well-led services because:

- The safety systems and processes for managing risks to patients with hypothyroidism and patients prescribed some high risk drugs were not effective.
- We identified coding inconsistencies for patients with diabetes and patients prescribed higher than expected numbers of inhaler medicines.

### 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Since our last inspection in 2019, the practice had appointed a new clinical lead and recruited a new practice manager. These staff demonstrated an understanding of the challenges to the service and were proactive in addressing areas for improvement.	

### 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.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving	Yes

them.	
Progress against delivery of the strategy was monitored.	Yes <sup>1</sup>
Explanation of any answers and additional evidence: 1. The practice maintained a four-year improvement plan which outlined their vision and objectives. The improvement plan had been reviewed and updated to take into consideration the effects of the pandemic and the new priorities for the team.	

## 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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes <sup>1</sup>
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes

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

Source	Feedback
Staff	<p>We spoke with a mix of staff including the clinical lead, practice managers, nursing staff and administration/reception staff.</p> <ul style="list-style-type: none"> <li>- Staff interviewed reported a positive experience of working at the practice.</li> <li>- Staff described a learning environment where they were supported and encouraged to complete training and professional development.</li> <li>- Staff described practice culture as being open and supportive of one another.</li> <li>- Some staff (clinical and non-clinical) told us they had raised concerns about the professionalism of their colleagues with leaders at the practice and that the practice had attempted to rectify these issues. However, these staff felt further intervention was needed to improve the service.</li> </ul>

## 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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

## Managing risks, issues and performance

**There were not always clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial 1
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial 1
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: 1. Although the practice had some assurance systems, we found improvements were needed to identify, manage and mitigate the following risks: <ul style="list-style-type: none"><li>- We found some patients with hypothyroidism and some patients prescribed ACE/ARB drugs had not received the appropriate monitoring prior to a prescription being issued.</li><li>- We found some patients with diabetes had not been referred for eye screening.</li></ul>	

**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.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes

The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: 1. The lead GP informed us that during the first wave of the Covid pandemic (early 2020) a high number of staff were shielding and this posed a risk to the service. The practice relocated to a buddy practice for additional support and returned to their current location in June 2020.	

### Appropriate and accurate information

**There was a demonstrated commitment to using data and information to drive and support decision making, however improvements were needed to mitigate all risks.**

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial 1
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: 1. The practice had identified 'coding consistency' as an area for development in their improvement plan. This involved the use of templates to standardise coding and enable auditing across a wider patient population. However, we found diabetic patients and patients prescribed higher than expected numbers of inhaler medicine had not been coded appropriately.	

### 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.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and	Yes

managed.	
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

## 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.	Yes
The practice had an active Patient Participation Group.	Yes <sup>1</sup>
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:  Staff informed us that the patient participation group had been recently reformed. The practice had held their first meeting with the new group with 'access' being the topic of focus for the meeting. The practice planned to host future virtual meetings which would include an educational element.	

Feedback from Patient Participation Group.

Feedback
We need did not receive feedback from the Patient Participation Group.

## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement
The practice had participated in the Primary Care Quick Start Programme which involved facilitators working with the practice team to assess, measure, implement change and review progress in particular



areas of general practice. Since January 2020 the practice had participated in the following modules: efficient processes; common approach; clear job standards and well-organised practice. The current focus was on 'appropriate appointments' (allowing the practice to review the appointment system implemented during the pandemic) and 'team planning' (ensuring changes made were communicated efficiently to the team and integrated into team planning and scheduling).

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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

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

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

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

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

#### Glossary of terms used in the data.

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

- ‰ = per thousand.