

# Care Quality Commission

## Inspection Evidence Table

### JS Medical Practice (1-552881693)

Inspection date: 7 June 2018

Date of data download: 23 May 2018

## Safe

### Safety systems and processes

Source	Y/N
There was a lead member(s) of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Y
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any 'No' answers:	

<b>Safety Records</b>	<b>Y/N</b>
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: Philip Lane 14/12/2017 Park Lane 20/11/2017 Westbury Avenue 29/03/2018	Y
There was a record of equipment calibration Date of last calibration: November 2017	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	N/A
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y
Actions were identified and completed.	Y
Additional observations: Contracted fire safety company carries out 6 monthly inspection visits.	Y
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: December 2017	Y
Health and safety risk assessment and actions Date of last assessment: December 2017	Y
Additional comments:  The practice carried out individual risk assessments as needed in relation to changes in staff, patient access, equipment etc. as well as an annual review of all assessments.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 1 May 2018</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>We saw evidence the practice had conducted an infection prevention and control audit; the clinical lead was the advanced nurse practitioner. Areas identified for improvement were all actioned by the practice.</p> <p>Clear risk assessments, policies and procedures were in place.</p>	<p>Y</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any 'No' answers:</p>	

## Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y
Explanation of any 'No' answers:	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any 'No' answers:	

## Safe and appropriate use of medicines

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).(01/07/2016 to 30/06/2017)(NHSBSA)	0.63	0.65	0.98	Variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	8.1%	10.4%	8.9%	Comparable to other practices

Medicine Management	Y/N
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
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site	Y
The practice had a defibrillator	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
Explanation of any 'No' answers:	

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

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to 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.	8
Number of events that required action	8

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

Event	Specific action taken
A receptionist handed a patient another patient's hospital appointment letter both patients had the same first initial and surname.	<ol style="list-style-type: none"> <li>1. The event was discussed in a practice meeting to share the learning.</li> <li>2. All staff were reminded that when patients are collecting documents or prescriptions or making appointments they should use more than one specific patient identifier as same name or DOB can occur.</li> <li>3. Staff were also updated on the legal changes arising from GDPR including data handling and confidentiality.</li> <li>4. The issue will be discussed again in the next 3 months in a practice meeting to ensure any new staff are aware of this issue.</li> <li>5. For staff unable to attend the meeting an email was distributed.</li> </ol>
A distressed patient was booked into a 10 min appointment with a GP. The consultation took 1 hour, so the GP raised this as a significant event to learn from.	<p>The practice considered how this could have been better handled and agreed:</p> <ol style="list-style-type: none"> <li>1. Where possible, if the patient problem is known in advance, reception staff will try to book a double appointment or book the last appointment of a session to allow for extra time.</li> <li>2. GPs who read correspondence will make reception aware of any potential similar issues.</li> <li>3. Receptionists were reminded to put appointment reasons in the booking slots.</li> <li>4. The practice will monitor for any further such occurrences and review this solution as needed.</li> </ol>

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y

Comments on systems in place:

Safety alerts were received by the practice manager, who passed them to the advanced nurse practitioner who distributed them to all relevant staff, who were required to sign to confirm they had read the alert. Alerts were also reviewed in meetings.

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.65	0.55	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	64.3%	76.6%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (37)	15.2%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	55.0%	76.9%	78.1%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.4% (50)	11.4%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	64.6%	75.1%	80.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.6% (51)	12.2%	13.3%	



Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QoF)	65.1%	76.9%	76.4%	Variation (negative)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (8)	3.4%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	63.9%	91.3%	90.4%	Significant Variation (negative)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (5)	9.9%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	66.3%	80.3%	83.4%	Significant Variation (negative)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (53)	6.0%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QoF)	81.8%	81.4%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (4)	10.6%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	199	223	89.2%	Below 90% Minimum (variation negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	158	180	87.8%	Below 90% Minimum (variation negative)
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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	154	180	85.6%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	123	180	68.3%	80% or below Significant variation (negative)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	62.5%	67.1%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	55.5%	62.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	40.4%	46.3%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	58.6%	77.7%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	52.5%	91.0%	90.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (5)	7.4%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	67.9%	90.4%	90.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (3)	6.2%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	73.5%	84.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.1% (3)	5.4%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	466	535	539
Overall QOF exception reporting	3.7%	5.5%	5.7%

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to appraisals, one to one, 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
If no please explain below:	

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Y

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.6%	95.3%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (8)	0.6%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	38.7%	44.4%	51.6%	Comparable to other practices

## Description of how the practice monitors that consent is sought appropriately

The practice had developed templates to monitor and record patient consent, and where patients declined consent. For example a large number of patients declined consent for child immunisations; accordingly, the practice had developed a template form to record that consent was declined, and for parents to sign in confirmation. The completed form was added to the patients record.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	18
Number of CQC comments received which were positive about the service	15
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Patients said that they, and their families, were always treated with respect and dignity by all staff, and were always happy with the treatment they received from doctors and nurses. They also mentioned that the practice was clean and tidy.</p> <p>The only negative comments from patients said that they never saw the same doctor twice, and were sad that the best doctors had had to take on management roles within the practice. Despite their concerns, those patients said that they were happy with the care they received from the practice, including reception and clinical staff.</p>

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
12,481	391	(Surveys sent divided by Practice population) x 100	98	25.06%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	74.7%	73.8%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	96.4%	85.2%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	95.7%	93.5%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	92.1%	81.3%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	84.0%	84.7%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	83.5%	83.0%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
April 2017 – April 2018	<p>The practice' Friends and Family test (FFT) results showed that 96% of patients would be likely or very likely to recommend the practice to a friend or family member. Three percent were neither likely nor unlikely, 1% did not know and none of the patients surveyed were unlikely or very unlikely to recommend the practice.</p> <p>FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member.</p>



## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	<p>During our inspection we spoke to ten patients. All ten patients were positive about their experiences of using the practice. They said that there was always enough staff, and that they were always treated with dignity and respect. When in need of treatment clinicians discussed any options and possible side-effects of medicines.</p> <p>Some patients mentioned some difficulty in getting an appointment with the doctor of their choice at a time and date that was convenient for them; but accepted that if they needed an urgent appointment they were happy to see the available clinician, or if not an emergency would wait to see their preferred doctor.</p> <p>Patients said they never felt rushed and were given enough time to discuss their issues.</p>

## National GP 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 saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	92.3%	83.1%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	87.9%	77.5%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	89.0%	83.5%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	87.4%	78.5%	85.4%	Comparable to other practices

Question	Y/N
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 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 had identified 170 carers. This was over 1% of the practice population.
How the practice supports carers	<p>Carers are encouraged to attend all meetings including care planning meetings. The practice worked alongside the Prince's Trust charity to develop a supporting carer's guide for GPs.</p> <p>The practice is on the list of carer friendly organisations of the carer support service HAIL (Haringey Association for Independent Living).</p>
How the practice supports recently bereaved patients	The practice had developed a comprehensive approach to supporting families following bereavement. It contacted patients who had been recently bereaved and offered them an appointment, if required, at a time to suit them. They also worked closely with a local bereavement group and referred patients to them.

**Privacy and dignity**

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	To ensure patient confidentiality was respected in the reception area, staff could either take patients to a private room or to a quiet area to discuss any issues.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
<b>107 Philip Lane</b>	
Monday	08:30-18:30
Tuesday	08:30-18:30
Tuesday Extended Hours	18:30-20:00
Wednesday	08:30-18:30
Thursday	08:30-18:30
Friday	08:00-18:30
<b>Park Lane Branch Surgery</b>	
Monday	08:30-18:30
Tuesday	08:30-18:30
Wednesday	08:30-18:30
Thursday	08:30-18:30
Friday	08:00-18:30
<b>Monday</b>	
Monday	08:30-18:30
Tuesday	08:30-18:30
Wednesday	08:30-18:30
Thursday	08:30-18:30
Friday	08:00-18:30
Appointments available	
	Appointments were available at all three sites on Mondays to Fridays between: 9.00am – 12.00noon 3.00pm – 6.30pm
Extended hours opening	
	The practice offered extended hours from 6.30pm until 8.00pm on Tuesday evenings. Patients could also access the Haringey Federation 4Health hubs. This provides four GP hub locations that provide appointments Monday to Friday 6.30pm - 8.30pm and Saturday and Sunday 8.00am – 8.00pm.

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	

The practice had a system to assess:

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

Home visits were automatically booked in for those who were known by the practice to be housebound or a clinician would telephone the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	82.2%	78.9%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	84.5%	68.8%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	52.8%	70.3%	75.5%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	64.0%	68.3%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
For example, comment cards, Patients we spoke to on the day and NHS Choices	Some patients mentioned there was a wait to get a routine appointment, but urgent appointments were always available on the day. None of the patients we spoke to had been unable to get an appointment the last time they tried.

### Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i> )	Y
Information was available to help patients understand the complaints system.	Y

Complaints	Y/N
Number of complaints received in the last year.	7
Number of complaints we examined	7
Number of complaints we examined that were satisfactorily handled in a timely way	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
The practice had a complaints procedure and recorded verbal as well as written complaints. Complaints were reviewed at practice meetings and any learning points discussed with staff. There were no trends identified.	

# Well-led

## Leadership capacity and capability

### Example of how leadership, capacity and capability were demonstrated by the practice

The practice had taken over two other practices (the branch locations at Park Lane and Westbury Avenue). It had invested significantly in renovations and improvements to both properties, and introduced common working systems across all three sites. This improved patients experience and increased access to appointments for patients who could book appointments at any of the three sites.

The practice took a proactive approach to staff development, for example:

- a practice nurse had been supported to become an advanced nurse practitioner and also a nurse prescriber
- a receptionist had been trained as a patient complaints advocate and smoking cessation advisor

## Vision and strategy

### Practice Vision and values

The practice vision was:

To deliver excellent primary care for our patients through working in partnership with our patients and skilled Doctors, Nurses and all staff. Focus on customer care, process improvement, value for money and organisational development.

## Culture

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

Source	Feedback
Interviews with staff	Staff we spoke to told us they felt they were a good team that worked well together and were supported by management. They said the GPs and practice manager



	were approachable and helpful.  Staff told us they felt the practice was open in its approach and friendly.
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Examples of changes made by the practice as a result of feedback from staff

Source	Example
Practice manager	One of the receptionists suggested that the box for blood forms and letters to be collected could be better organised. The practice agreed that this was a good idea. The practice encouraged the receptionist to lead on this improvement with support from the other staff.
Staff	Reception Staff suggested that they could create an amended staff rota to give protected time to address patient document workflow. This has been implemented.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
A patient became verbally abusive and aggressive during a consultation.	<p>The GP called for help and managed to calm the patient down. However, the doctor felt under pressure to give the patient a prescription.</p> <p>Learning points:</p> <ol style="list-style-type: none"> <li>1. A partner in the practice reviewed the event and implemented a management plan for the patients' behaviour to avoid this happening again in future.</li> <li>2. Practice staff were reminded about the: <ul style="list-style-type: none"> <li>• NHS zero tolerance policy for abuse of staff.</li> <li>• Emis red button alert and the panic alarms in the practice for emergencies and discussed when to consider calling the police for assistance.</li> <li>• process the practice follows when the doctor-patient relationship has broken down.</li> </ul> </li> </ol>

On 12.5.17 NHS primary care IT systems were subject to a national Cyber-attack.	<p>As a precautionary measure the local GP IT department closed the practice computer systems down for the rest of the day. This caused some disruption on the day, as patient clinics were ongoing and normal services were in operation at the practice</p> <p>Learning outcomes:</p> <ol style="list-style-type: none"> <li>1. This event was unexpected and sudden. It was helpful to learn from this new type of potential attack on IT systems and how it could affect patient care and reflect on what support systems were in place to manage such risks.</li> <li>2. Good communication between staff and patients was essential for managing this event.</li> <li>3. The practice had not previously experienced such an event before, as it provided a test for the practice contingency plan. The practice found tht the contingency arrangements were effective and that the afternoon ran well with a team effort from admin reception staff and clinicians. Patients were also quite understanding of the issue.</li> </ol>
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#### Examples of concerns raised by staff and addressed by the practice

Source	Example
Interviews with staff	Following some violent incidents in the reception area, staff from both practices in the building requested the installation of security glass at the reception desk. The practice installed security glass in the reception area 3 months ago.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
Y	

#### Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Practice manager	<p>There were number of incidences relating to patients cars blocking the entrance to the car park. There were causing inconvenience to other patients, preventing doctors from leaving for home visits and also preventing ambulances coming to the practice.</p> <p>The practice considered that in the interests of staff and patient safety it was necessary to close the car park to patients and the public. This ensured that there</p>

was access for staff and the emergency services.

#### Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Staff training	Staff were trained in respecting equality and diversity.
Praxctice manager	The practice employs staff from many backgrounds.  The practice has a policy to promote equality and diversity within its workforce.

#### Examples of actions to improve quality in past 2 years

Area	Impact
Buildings	The practice has made improvements to the two branch locations to improve the patient experience, and also added an extra floor to its main location to provide additional space, thereby meeting increased demand for access to services.
Buildings	The practice has invested in an upgrade of the electricity supply to the Philip Lane location. Once completed this will facilitate the ongoing growth of the practice.

#### Examples of service developments implemented in past 2 years

Development area	Impact
Patient Access to appointments	Six additional GP sessions per week have been added at the Westbury Avenue branch to cope with increased patient demand.
Patient Survey and PPG	To improve access the practice reviewed its opening hours and introduced extended opening hours at the Philip Lane surgery, between 6.30pm - 8.00pm every Tuesday.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Learning from complaints and significant events	The practice recorded and learnt from both written and verbal complaints. It had recorded seven complaints in the last 12 months. It also had a system to record and learn from significant events and had recorded eight in the last 12 months.	
Practice specific policies	Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.	
Staff were able to describe the governance arrangements		Y
Staff were clear on their roles and responsibilities		Y

## Managing risks, issues and performance

Major incident plan in place	Y
Staff trained in preparation for major incident	Y

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Infection prevention and control	Staff had training in infection prevention and control, and the practice carried out annual infection prevention and control audits. The practice acted on any areas identified for improvement or rectification within the audits.
Medical emergencies	Staff had training in basic life support. Emergency medicines and equipment were in place, these were checked regularly and staff knew how to use them.

Electricity Supply	The practice has invested in an upgrade of the electricity supply to the Philip Lane surgery. Once completed this will facilitate the ongoing growth of the practice.
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### Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Y

### Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Friends and Family survey. NHS Choices.	There are various ways a patient can input their thoughts about the practice which the practice then reviewed, and used to develop an action plan to address any issues.
Public	PPG	The practice had an active PPG. It held regular meetings with the PPG to receive patients feedback, and to provide information about the practice.
Staff	Meetings	Regular meetings were held with staff in which they could input into the agenda. Minutes of meetings were circulated to all staff.
External partners	Meetings	The practice meets with various external partners to input and engage in local developments, learning opportunities and improve outcomes for patients.

### Feedback from Patient Participation Group;

Feedback
PPG members said that the practice met the needs of the patient population very well.
The PPG was aware that the practice was working to be able to offer additional services on-site, including: physiotherapy and phlebotomy services.

### Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
The practice is a member of Haringey Federation 4Health. This enables Haringey residents to access evening and weekend appointments with a GP, nurse or healthcare assistant.	Practice patients can access to any of the four hubs, including one located at the main location at 107 Philip Road.  Appointments in the hubs are available from 6:30pm - 8:30pm, Monday to Friday and from 8:00am - 8:00pm on the weekends and public holidays.
Long term conditions Proactive referral to local schemes e.g. active for life exercise scheme, cook and eat, dietician, and weight watchers pilot	Improved patient care and engagement

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Protocols and clinical templates	To ensure clinicians were treating patients and prescribing medication in line with current guidance, clinical protocols and templates were developed in-house and embedded into the clinical system. Protocols and templates were routinely monitored by a lead GP to ensure they were up to date.

### Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Theophylline monitoring of levels audit. Theophylline is a medicine used in therapy for respiratory diseases such as chronic obstructive pulmonary disease (COPD) and asthma.	Findings: <ul style="list-style-type: none"> <li>The audit revealed that theophylline monitoring was not systematic and it could be overlooked as other conditions or monitoring take precedence.</li> <li>Dosage can be potentially go over therapeutic levels and it can interact with other medications. Monitoring is therefore important.</li> <li>Thirteen patients who had not had their theophylline levels checked were contacted invited for blood tests.</li> </ul>



	<ul style="list-style-type: none"> <li>• a 'pop up alert' in the clinical system has been added to alert clinicians seeing patients taking this medicine that patients require blood tests.</li> <li>• Theophylline has been added to drug monitoring searches so that the practice can easily identify patients who may need blood tests.</li> <li>• Learning was shared with the clinical team via email and in a clinical meeting.</li> </ul>
Acute kidney injury (AKI) medication reviews of those with a recent history of AKI	<p>Actions / Learning Points</p> <ul style="list-style-type: none"> <li>• Maintain an AKI register to ensure patients are followed up at appropriate intervals.</li> <li>• To consistently read code patients who have had an episode of AKI in order to maintain the AKI register.</li> <li>• The coding team have been informed of the significance of AKI coding on the patient records.</li> <li>• Clinicians have been informed of the importance of ensuring medicines reviews are conducted especially within a month of patient suffering AKI, and to advise patients where appropriate on prevention of another episode.</li> <li>• To make patients aware of the 'think kidneys' website. The Think Kidneys website hosts resources for patients who have suffered AKI and chronic kidney disease.</li> </ul>

#### 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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

#### Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)

- Significant variation (negative)

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>