

# Care Quality Commission

## Inspection Evidence Table

GP Direct (1-590259277)

Inspection date: 9 August 2018

Date of data download: 02 August 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Note to inspectors:

The Evidence Table is generated using the same data as the Supporting Information Pack. This template includes all domains. Inspectors will need to delete the sections that are not relevant to their inspection. **Text in red** should be deleted. **DELETE this paragraph.**

### Safe

#### Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
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 and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>The practice had a dedicated Human Resources (HR) support from an external organisation. This organisation helped them to formulate recruitment documentation and provided HR support for any related issues.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test:</p> <p>Welbeck Road: 25 November 2017</p> <p>Eastcote Lane: 25 November 2017</p>	Yes
<p>There was a record of equipment calibration</p> <p>Date of last calibration at Welbeck Road: 8 August 2018</p> <p>Date of last calibration at Eastcote Lane: 8 August 2018</p>	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks carried out 3 April 2018 by LW Safety for both sites to confirm number of extinguishers	Yes
Fire drills and logs fire drills completed for both sites.	Yes
Fire alarm checks for Welbeck road only and Eastcote only one open plan so no need for fire alarm	Yes
Fire training for staff	Yes
Fire marshals	Yes
<p>Fire risk assessment</p> <p>Date of completion:</p> <p>Welbeck Road: 25 July 2017</p> <p>Eastcote Lane: August 2018</p>	Yes
Actions were identified and completed	Yes
<p><b>Additional observations:</b></p> <p>Actions from the Welbeck Road fire risk assessment were completed. For example, the practice had placed fire door signs on all fire resistance doors, as per recommendations from the fire risk assessment.</p> <p>Actions from the Eastcote Lane fire risk assessment showed fire drills were now being carried out at least twice a year as per recommendations from the fire risk assessment.</p>	
<p><b>Health and safety</b></p> <p>Premises/security risk assessment?</p> <p>Date of last assessment:</p> <p>Welbeck Road: June 2017, next due June 2019</p> <p>Eastcote Lane: June 2017, next due June 2019</p>	Yes
Health and safety risk assessment and actions	Yes

Date of last assessment: Welbeck Road: August 2018 Eastcote Lane: August 2018	
Actions were identified Actions were completed	Yes *No
Additional comments: <p>The Welbeck Road health and safety risk assessment had been carried out and we saw evidence that action was taken in most areas. However, the practice needed to ensure that all actions were completed and dated. For example, the electrical safety section recommended covers for low electrical sockets. The practice did not record if this action was carried out and when as per requirements of the form.</p> <p>All identified actions from the Eastcote Lane health and safety risk assessment had been carried out, although the practice needed to ensure that all completed actions had a recorded date to show completion.</p>	
Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: Welbeck Road and Eastcote Lane: 8 August 2018 <p>The practice audit was comprehensive and covered all sites. They acted on most of the issues identified. Detail:</p> <ul style="list-style-type: none"> <li>• The practice took action to replace and ensure all clinical and non-clinical waste bins across all sites were pedal operated.</li> <li>• The children's chairs and TV screen were added to the cleaning schedule after the audit identified that these were not being cleaned.</li> <li>• In some audit findings, the practice needed to monitor that their recommended action in some areas of the audit was taken and recorded. For example, the audit identified that in some clinical rooms, the work surfaces were not free from clutter and the sharps containers needed to be wall mounted. The audit recommended actions were to clear work surfaces and wall mount the sharps boxes; however, the audit did not indicate whether these actions had been carried out.</li> </ul>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes

## 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.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	Yes

## Appropriate and safe 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) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	0.68	0.88	0.95	Comparable with other practices
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). (01/04/2017 to 31/03/2018) (NHSBSA)	12.1%	12.6%	8.8%	Comparable with other practices

Medicines 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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	*No
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for 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
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing, there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held at both sites.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases at both sites.	Yes
There was medical oxygen at both sites.	Yes
The practice had a defibrillator at both sites.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored and transported in line	Yes

with PHE guidance to ensure they remained safe and effective in use. Medicines that required refrigeration were appropriately monitored to ensure they remained effective in use.	No
<p>Explanation of any answers:</p> <p>*Prescription pads:</p> <ul style="list-style-type: none"> <li>• Prescription pads were kept securely in the practice. We saw evidence of a prescription log for both sites; however, the practice could not demonstrate that they were safely monitored as they were not clearly recorded. There was not always a date provided or time recorded on the log, as well as information relating to whom the blank prescriptions were distributed to.</li> <li>• There was no system in place to address how prescription forms would be monitored or stored when the prescriber saw patients outside the practice premises.</li> </ul> <p>Vaccines monitoring:</p> <ul style="list-style-type: none"> <li>• The practice could not demonstrate that they had appropriate stocks of vaccines as the vaccines stock sheet was not satisfactorily recorded. Although vaccine stocks were checked monthly, they did not record the required information. For example, they did not record the order date or numbers, the names and signatures of the receiving staff and the stock balances were not clearly explained.</li> </ul> <p><b>Any other information:</b></p> <p>We observed that medicines stored in cupboards and in the emergency bag had their temperature monitored with a thermometer to ensure best practice.</p>	

## 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	Yes
Staff understood how to 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.	11
Number of events that required action	11

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

Event	Specific action taken
A patient who collapsed outside the premises had not been appropriately handled by staff in relation to emergency alerts and responding to such alerts, transferring an unwell patient when outside the premises.	Action agreed included six-monthly emergency drills, refresher training for all staff, using a wheelchair to transfer an unwell patient, ensuring use of the designated panic button and ensuring the phone ringer volumes were checked at all sites prior to morning and afternoon clinics. The incident report was sent to all staff and senior staff were allocated to ensure staff were aware of the action taken.
False activation of the fire alarm	Accidental activation of the fire alarm led to evacuation of the building; however, the fire safety procedures had not been adequately followed, which led to a need for further staff training regarding fire safety, silencing the fire alarm and awareness of the nearest fire exit. The practice implemented a false fire alarm procedure to the fire safety policy, they carried out an immediate fire drill with all staff and a new assembly point was designated. Staff were also provided with the updated fire safety policy to read and understand.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place:  All incoming alerts were automatically sent to their GP Team net computer system which had a clear audit trail. This system enabled staff to complete an active decision box, which consisted of a 'not relevant', 'no action required' or 'action taken option. This system had a timescale for staff to read the alert, as well as a tracking record that showed when an alert had been read by staff. Senior management	



would then follow up with staff who had not read the alert.

#### **Any additional evidence**

The practice used the 'GP Team Net' system to monitor all significant events. All significant events would be logged into the system and staff could filter the type of significant event in to different administration or clinical categories. This allowed an audit trail of the completed actions to be kept and discussed at practice meetings and staff appraisals.

## 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) (01/04/2017 to 31/03/2018) (NHSBSA)	0.43	0.59	0.84	Comparable with other practices

### People with long-term conditions

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)	79.6%	79.9%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.3% (152)	8.2%	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)	75.3%	77.8%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.7% (143)	7.1%	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)	82.1%	80.8%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.9% (219)	9.2%	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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	73.7%	77.2%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (23)	3.7%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, 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)	90.5%	92.5%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (9)	8.2%	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 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	80.5%	83.4%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (70)	2.9%	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)	87.5%	81.3%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9% (11)	9.7%	8.2%	

## Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017) (NHS England)	310	333	93.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	295	331	89.1%	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) (01/04/2016 to 31/03/2017) (NHS England)	295	331	89.1%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	298	331	90.0%	Met 90% minimum (no variation)
<b>Any additional evidence or comments:</b>  There was a robust recall system in place which included text message invites. The results show the practice was marginally below the 90% target.				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	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) (01/04/2016 to 31/03/2017) (Public Health England)	58.3%	62.7%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	56.7%	69.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	42.3%	48.5%	54.5%	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)	67.2%	76.2%	71.2%	N/A
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)	64.6%	58.4%	51.6%	Comparable with other practices
<b>Any additional evidence or comments</b>  The latest figures provided by the practice for August 2018 show that cervical screening uptake had improved to 70%. The practice had an action plan to continue to promote uptake via all communication methods such as their journal or text messages. They also took action to ensure proactive bookings were made by all clinicians and ensured better documentation of disclaimers for those who declined.				

People experiencing poor mental health (including people with dementia)

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 (01/04/2016 to 31/03/2017) (QOF)	91.5%	92.1%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.3% (17)	8.2%	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 (01/04/2016 to 31/03/2017) (QOF)	82.5%	92.5%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (11)	6.7%	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 (01/04/2016 to 31/03/2017) (QOF)	84.1%	89.2%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.4% (5)	5.2%	6.8%	

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	545	535	539
Overall QOF exception reporting (all domains)	6.8%	5.3%	5.7%

## 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)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.9%	96.4%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (25)	0.6%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinicians showed us examples of how they recorded consent. Consent form seen for minor surgery. Clinicians understood Gillick competency and Fraser guidelines and received the required training.



Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	9
Number of CQC comments received which were positive about the service	9
Number of comments cards received which were mixed about the service	0
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><b>Comment cards:</b> Patients felt the practice offered an excellent service and felt that the staff were friendly and caring.</p> <p><b>NHS Choices:</b> The practice received a majority of positive comments where patients felt they provided a welcoming, caring and efficient service; however, some negative comments were regarding some reception staff attitude.</p>

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
21,556	334	92	27.54%	0.4%

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)	87.0%	75.0%	78.9%	Comparable with 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)	90.7%	87.5%	88.8%	Comparable with 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)	99.4%	95.3%	95.5%	Variation (positive)
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)	89.8%	83.3%	85.5%	Comparable with 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)	93.6%	88.1%	91.4%	Comparable with 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)	89.6%	86.9%	90.7%	Comparable with other practices
<b>Any additional evidence or comments</b>				
The practice told us that they carried out individual clinician surveys for the different members of staff; for example, the GPs, the nurse and phlebotomist. This was to improve the quality of care given to patients.				

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

Date of exercise	Summary of results
Friends and Family Test Survey (FFT): April 2018 - June 2018	1,200 patients responded to this survey over this period and results showed that 91% of patients stated that they were extremely likely or likely to recommend the practice to family and friends.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with one member, who was also a member of the Patient Participation Group (PPG), who felt involved in decisions regarding their care and treatment.

## 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)	91.8%	86.0%	86.4%	Comparable with 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)	86.7%	79.7%	82.0%	Comparable with 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)	90.7%	87.5%	89.9%	Comparable with 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)	87.3%	81.0%	85.4%	Comparable with other practices

Question	Y/N
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 easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	319 carers (2% of the practice population)
How the practice supports carers	The practice carried out proactive carers reviews using the Carers Strain Index. This was a scoring tool designed to identify stress in carers, or the potential to develop mental health issues. This tool also identified where support may be required. Carers were also offered flu immunisations and annual reviews.
How the practice supports recently bereaved patients	There was a bereavement alert on patient record and the patient's family received a letter from the GP.

Any additional evidence
Other sources of patient information included, their regular GP Direct journal and the TV information screens in the waiting area. There was also a touchscreen Patient Information Hub, where patients could select and access a range of information such as, Harrow carers, stop smoking support, self-referrals to antenatal care and talking therapies and access to their website and journal.

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	There were two automated check in screens at the entrance of the surgery. Privacy screens were placed on the computer screens to ensure confidentiality of patient information.

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

## Responsive

### Responding to and meeting people's needs

Practice Opening Times		
Day	Time	
	<b>Welbeck Road</b>	<b>Eastcote Lane</b>
Monday	8:00am - 6.30pm	8:00am - 6.30pm
Tuesday	8:00am - 6.30pm	8:00am - 6.30pm
Wednesday	8:00am - 6.30pm	8:00am - 6.30pm
Thursday	8:00am - 6.30pm	8:00am - 6.30pm
Friday	8:00am - 6.30pm	8:00am - 6.30pm

Extended hours opening	
Monday	6:30pm - 8:00pm
Wednesday	6:30pm - 8:00pm
Saturday	8:30am - 12:00pm

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
All home visits requests were received by administration staff, who would allocate to the on-call GP to make a clinical assessment. The on-call GP would then allocate a home visit if required to either a GP or the enhanced nurse manager.	

## Timely access to the service

National GP Survey results	Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
	21,556	334	92	27.54%	0.4%

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 practice opening hours (01/01/2017 to 31/03/2017)	77.0%	77.7%	80.0%	Comparable with 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)	87.7%	64.2%	70.9%	Comparable with 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)	69.2%	69.8%	75.5%	Comparable with other practices
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)	76.4%	67.3%	72.7%	Comparable with other practices

### Any additional evidence or comments

The practice was proactive in improving telephone access for patients. They had an advanced telephone and call monitoring software technology which covered all sites. This technology in the form of a desktop displayed real time data which included the average inbound call waiting time, the maximum call waiting time, the number of active calls, the number of abandoned inbound calls, active talk time as well as the number of answered inbound calls. A random screenshot of the display screen for August 2018 showed that on one day, the average call waiting time for patients was 38 seconds.

## Examples of feedback received from patients:

Source	Feedback
For example,	Comment Cards: patients felt the practice looked good and modern after the renovation works. Patients generally found it easy to make appointments.



NHS Choices	
-------------	--

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	23
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
The practice needed to ensure that reference was made to the ombudsman in their complaints response letter, should a patient wish to escalate their complaint. One of the complaints we examined did not provide the complainant with ombudsman details.	

Example of how quality has improved in response to complaints
There was a lead and deputy lead for complaints. A complaint regarding a delay in an urgent fax prescription resulted in the practice ensuring urgent prescriptions were marked as such and passed onto the on-call GP who would process them on the same day and send to the local pharmacy.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
<ul style="list-style-type: none"><li>• The practice had successfully undergone a complete renovation to create a modern, purpose built health centre. The fully refurbished building was officially opened by the practice patients in April 2017.</li><li>• The practice had seven GP partners and the management of specific lead areas of responsibility were divided between them. For example, there was a safeguarding lead, clinical governance lead, women and children’s health lead, prescribing lead and practice research lead. The practice consistently demonstrated a strong culture of learning and had three GP registrar trainers and one Foundation Year two (FY2) supervisor. They were successful at retaining registrars and three of the GPs had worked with the Clinical Commissioning Group (CCG) as Clinical Directors.</li><li>• The nurse case manager was central to pioneering the enhanced practice nurse role in Harrow. She worked closely with the GPs, specialising in palliative care and dementia care. At the time of inspection, the practice was carrying out joint assessments and care planning for these patients which included safety in the home and advance decisions. This was to be extended to patients with learning disabilities. The nursing case manager was featured in a recent Nursing Times article, about her role in the community.</li><li>• The practice was at the forefront of technological developments which aimed to improve the patient journey. They developed their own clinical software support tools, with the help of their IT lead staff and supported other practices by sharing templates. This included the ‘GP TeamNet’ computer software as well as the GP Direct Information Hub poster. This poster worked by using a scanning technology that allowed patients to retrieve up to date and relevant health information using their smartphones by scanning a specific code.</li></ul>

Vision and strategy

Practice Vision and values
<p>The practice had a vision to deliver top quality care, equally accessible to all its patients, alongside quality education and training. Their ethos was to:</p> <ul style="list-style-type: none"><li>• Treat all patients equally irrespective of background</li><li>• Create a welcoming environment at all their sites</li><li>• Treat all patients with care, dignity &amp; respect</li><li>• Offer a holistic service to patients and place them at the centre of everything they did</li><li>• Be creative in service delivery to improve patient satisfaction &amp; outcomes</li><li>• Introduce true innovation through embracing technology</li></ul>

- Aspire to deliver outstanding care to all patients at all times

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice consistently demonstrated a culture of learning and development.

- They planned their services to meet the needs of the practice population. For example, the lead GP set up a Sunday morning walking group in the local park in July 2016, which encouraged patients to exercise. The walking group was open to all Harrow residents, was advertised through different channels such as the journal and website and featured in the local paper. The walking group had an attendance rate of approximately 30 patients and was usually followed by a short medical related talk from the lead GP or local hospital consultants. A survey was carried out in August 2018 on 24 patients who attended the walking group and results showed that 100% of the patients felt it was important and 84% reported some or significant benefits from undertaking the walk. 100% of patients would recommend the walking group to family and friends.
- They were active in patient research for the past seven years and worked closely with the National Institute for Health Research (NIHR) to promote research to patients and their peers. They were instrumental in promoting patient research and as a result, they were recognised as the sole research hub in the area for 2015/2016 and 2016/2017, after undertaking eight (73%) of the 11 studies in Harrow. They participated in the 'iHealth' international study which saw over 300 patients receiving a thorough and personalised risk assessment of developing diabetes and advice on reducing this risk.

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

Source	Feedback
Clinical staff	Staff felt valued and felt that although the practice was busy, they valued the support they received from the non-clinical staff and found this contributed to their wellbeing.
Non-clinical staff	Staff felt proud to work for the practice and found the managers approachable. They felt there was a strong team ethos

### Any additional evidence

We saw evidence that the practice also focused on the needs of staff. There was a quiet room for staff and could be used if staff wanted to observe their religious needs. There was also a staff room with a kitchen, complete with a TV and seating area.

### Governance arrangements

#### Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Technology	The practice adopted an integrated robust approach to the use of technology such as 'GP TeamNet', a system that provided numerous benefits for the efficient and safe function of the practice. 'GP TeamNet'
------------	--





## Appropriate and accurate information

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

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

### Feedback from Patient Participation Group;

Feedback
We spoke with one member of the Patient Participation Group felt the practice met the needs of all population groups. They suggested an extra day's extended hours opening at their last meeting, which the practice was still considering.

## Continuous improvement and innovation

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

Audit area	Improvement
Audit on the way controlled drugs are requested and prescribed at the practice	Following the audit, a safety alert was created which went through a series of basic questions to ensure appropriate prescribing. The questionnaire would assess the efficacy of the medicine, the side effects, evidence of overuse and any scope to reduce the dose. This allowed the practice to deliver a safer service to patient and to ensure effective treatment.

Any additional evidence
<ul style="list-style-type: none"><li>The practice was very engaged at the forefront of technological developments which aimed to improve the patient journey and which they could share with other practices. This included the 'GP TeamNet', the patient call monitoring system and the EMIS mobile system used by the nursing case manager during her home visits.</li><li>The practice took part in a six-GP practice 'Our Path – digital diabetes behaviour change pilot programme, in collaboration with the CCG. This programme for patient with Type two diabetes, looked at innovative ways of helping them manage their diabetes, help reduce their weight, average blood sugar levels and improve their diet. This pilot took place over five months and used smartphones to educate patients on a range of issues such as exercise and nutrition, a health coach who would communicate with them via text chat through the smartphone app and provide a personalised health mentorship with daily task such as walking or posting their meals onto the</li></ul>

support group. Overall results showed that this pilot achieved the greatest reduction in weight loss and Body Mass Index (BMI).

DO NOT DELETE THE NOTES BELOW

### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, 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 comparable 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.

- **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.( [See NHS Choices for more details](#)).