

Care Quality Commission

Inspection Evidence Table

Somers Town Medical Centre (1-3983066499)

Inspection date: 11 September 2018

Date of data download: 25 September 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member 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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 22/05/2018
There was a record of equipment calibration Date of last calibration:	Yes 07/06/2018
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	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 14/09/17
Actions were identified and completed.	Yes
Additional observations: We saw evidence that the practice carried out PAT testing, Calibration of equipment and risk assessments on an annual basis. Any actions which were identified would be completed and followed up the management.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 05/07/2018
Health and safety risk assessment and actions Date of last assessment:	Yes 05/07/2018
Additional comments: The practice carried out regular health and safety audits, when risks were identified action plans were put in place and implemented to mitigate those risks.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>On the day of the inspection we had no significant concerns regarding the infection prevention and control (IPC) at the practice.</p> <p>The practice maintained a log to confirm that medical equipment was cleaned regularly and maintained according to manufacturers' instructions. The premises were clean and tidy; we saw cleaning was carried out in accordance with written schedules and logs were maintained.</p> <p>We saw evidence an independent practice nurse employed by NHS England had conducted an IPC audit with no significant concerns identified; areas of improvement identified in the audit had been actioned. For example, as recommended, a legionella risk assessment had taken place, high level surfaces were deep cleaned to ensure they were dust free and sinks were uncluttered to facilitate cleaning. The practice told us that the next infection prevention control audit was due to take place shortly after the inspection.</p>	<p>Yes</p> <p>19/09/17</p> <p>Yes</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers:</p> <p>We saw comprehensive policies and procedures for control of infection and managing waste and clinical specimens, staff demonstrated good knowledge of these.</p>	

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
<p>Explanation of any answers:</p> <p>The practice told us that non-clinical staff had not undertaken any sepsis training but were competent in recognising the key symptoms which would help them identify a deteriorating or acutely unwell patient in the waiting area.</p> <p>We also interviewed some members of the non-clinical staff and were satisfied that they knew how to identify a deteriorating or acutely unwell patient.</p>	

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
<p>Explanation of any answers:</p> <p>Patient records were assessed to be of a good standard, and included all relevant information.</p>	

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.94	0.54	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). (01/07/2017 to 30/06/2018) (NHSBSA)	7.4%	9.6%	8.7%	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.	Yes
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
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.	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.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes

Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

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.	5
Number of events that required action	5

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

Event	Specific action taken
Prescription for control drug issued for patient was misplaced.	<p>The administrative management team was informed. To ensure that the patient was able to obtain their medicine, the GP who prescribed the medicine issued a duplicate prescription for the patient.</p> <p>To avoid a recurrence, the management team put in place a process which ensured that when a GP issued a controlled drug prescription, the administrative staff would code, log and sign the controlled drugs record book which was kept at the reception desk.</p>
The temperature for the fridge which stored vaccines was noted to be above 8 degrees (recommended temperature for storing vaccines is between +2 to +8 Degrees Celsius).	The practice manager was informed and the vaccines were relocated from the primary fridge to a secondary fridge which is used in emergencies. Over the next couple of days the primary fridge started to malfunction and staff were unable to record temperature readings. It was decided that the primary fridge would be removed from the premises and replaced with a new fridge.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice manager had a system in place to review all safety alerts and cascade them to the appropriate members of staff.</p> <p>We saw that a recent drug alert was recorded in respect of prescribing sodium valproate to pregnant</p>	

women. This is a medicine used primarily to treat epilepsy and bipolar disorder and to prevent migraine headaches, but which exposes children in the womb to a high risk of serious developmental disorders and/or congenital malformations. A patient record search was carried out and appropriate action was taken with patients to discuss the risks associated with taking this medication whilst pregnant.

Effective

Note:

- Somers Town Medical Centre registered in its current location in July 2017. This means that Quality Outcomes (QOF) data for 2016/17 relates to performance under the previous registration and this is reflected in any QOF data that appears in the tables below. On the day of the inspection, we reviewed unverified and unpublished QOF data provided by the practice for the period between 01/04/2017 to 31/03/2018. Comparisons with local and national averages were not available for this data at the time of the inspection. However, we did not identify any significant concerns with QOF performance in the data available.

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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.27	0.80	0.83	Variation (positive)

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)	77.8%	77.9%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (4)	6.4%	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	76.7%	78.2%	78.1%	Comparable with other practices

(measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (6)	5.5%	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)	79.6%	81.2%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (8)	8.8%	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)	80.7%	75.8%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (4)	2.3%	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)	80.9%	91.8%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (1)	4.0%	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)	81.7%	81.7%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (4)	3.5%	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)	66.7%	87.4%	88.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (1)	13.1%	8.2%	

Any additional evidence or comments

Diabetes

The practice told us that they had a high prevalence of diabetic patients. To help improve patient outcomes the practice put in place a diabetes improvement project. The project had achieved positive results and improved patient outcomes. The project measured practice performance for diabetes care via two indicators. The first indicator was to call the patient into the practice and undertake the "8 Care Process". The 8 Care Process is a complete and comprehensive review of a diabetic patient, this included carrying out a foot risk assessment, urine test, renal profile test and checking the patient's smoking status, body mass index, blood pressure levels, glycated haemoglobin (HbA1c) levels and cholesterol levels. The practice told us that only 1% of patients had been assessed under the 8 Care Process when they took over the practice in July 2017. The practice told us that this figure had increased to 91% by March 2018. The second indicator used by the practice to measure diabetes care was the 'Triple Target'. The Triple Target was achieved when patient's HbA1c level was less than 59, cholesterol level was less than 5 and blood pressure reading was less than or equal to 140/80. The practice told us that only 10% of patients had achieved the Triple Target when they took over the practice in July 2017. The practice told us that this figure had increased to 60% by March 2018.

Atrial Fibrillation

The practice was aware of the low QOF score under its previous registration for the indicator relating to atrial fibrillation. We reviewed the unverified and unpublished QOF scores which indicated that the practice had made a small improvement and this score had increased from 66.7% to 70%.

The practice told us that in the past 12 months its primary focus was to improve diabetes care and as a result performance in atrial fibrillation had only improved by a small figure. The practice informed us that it had made efforts and will continue to make efforts to increase this percentage by calling in patients with a CHA2DS2-VASc score of 2 or more, to assess whether anti-coagulation therapy treatment was appropriate. A CHA2DS2-VASc is used to assess a person's stroke risk and those with a score of 2 or more are at a higher risk of suffering from a stroke.

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)	24	26	92.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for	31	35	88.6%	Below 90% minimum

Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)				(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)	32	35	91.4%	Met 90% minimum (no variation)
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)	30	35	85.7%	Below 90% minimum (variation negative)

Any additional evidence or comments

The practice informed us that they were aware that under its previous registration the uptake for childhood immunisation was below the 90% target in some indicators.

The practice showed us unverified and unpublished data which indicated that in 2017/2018 the uptake for childhood immunisation for children aged one was 88% and the uptake for childhood immunisations for the three indicators relating to children aged two was between 83%-85%.

The practice told us that it was actively trying to encourage parents to bring in their children for childhood immunisations. We were provided with evidence demonstrating that the practice telephoned and wrote to non-attenders and clinicians offered the vaccine opportunistically when patients attended the surgery for other matters. However, the practice explained that it had numerous patients from minority ethnic backgrounds who refused to attend for the vaccine due to cultural reasons. The practice also recorded when patients refused the vaccine on behalf of their children, and sent educational leaflets to these patients explaining the benefits of the vaccines.

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)	58.2%	56.1%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	56.5%	56.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	34.8%	45.2%	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)	88.9%	79.8%	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)	44.4%	58.2%	51.6%	Comparable with other practices
Any additional evidence or comments <p>The practice provided us with unverified and unpublished data which indicated that for 2017/2018 the practice's uptake for cervical screening tests was 62% for women aged 25-49 and 74% for women aged 50-64.</p> <p>The practice informed us that it had experienced cultural barriers with some population groups who expressed reluctance to engage with the cervical screening programme. The practice told us that it ran regular reports to identify patients that were due for cervical screening tests. These patients would then be sent a letter from the practice inviting them for a cervical screening test; if the patient did not respond they would be sent further reminder letters. We noted that the practice had also communicated to staff via the staff newsletter the importance of encouraging and improving performance in the uptake of cervical screening.</p>				

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)	61.5%	90.9%	90.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	4.9%	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)	100.0%	90.5%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	4.0%	10.3%	
Indicator	Practice	CCG	England	England

		average	average	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)	77.8%	83.7%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.2% (2)	5.1%	6.8%	
Any additional evidence or comments				
The practice was aware of the low QOF score under its previous registration for the indicator relating to patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months. We reviewed the unverified and unpublished QOF scores which indicated that the practice had made a significant improvement and this score had increased from 62% to 100%.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	486	540	539
Overall QOF exception reporting (all domains)	3.8%	4.3%	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)	100.0%	93.8%	95.3%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

Policies and protocols were in place at the practice to ensure there was a standardised approach to obtaining consent.

Clinical staff demonstrated good knowledge of the Mental Capacity Act.

We saw evidence that clinical staff were competent in identifying consent issues and understood the general principles of Gillick competencies and Fraser guidelines.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	20
Number of CQC comments received which were positive about the service	18
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
CQC Comment Cards	Patients commented that staff were approachable and professional. We saw comments that clinicians were supportive and kind.
NHS Choices	A patient commented <i>"great services everyone is very helpful and kind I will definitely recommend this GP surgery to friends and family"</i>

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3306	411	72	17.5%	2.18%

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 (01/01/2018 to 31/03/2018)	68.3%	88.6%	89.0%	Variation (negative)
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 (01/01/2018 to 31/03/2018)	63.0%	85.5%	87.4%	Variation (negative)
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 (01/01/2018 to 31/03/2018)	85.9%	94.4%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	65.6%	83.1%	83.8%	Comparable with other practices

Any additional evidence or comments

The practice told us that it had received the results for the GP patient survey approximately two weeks prior to the inspection date. The practice said that having reviewed the results it was concerned about some of the low scores, so to address this they conducted an internal patient survey covering the same questions as GP patient survey. This survey was carried out face to face at the practice with 72 patients, which was the same number of patients who returned the GP patient survey. The practice informed us that 70% of its patients are from Bengali backgrounds and do not have English as their first language. Therefore, every patient was interviewed with the aid of an independent Bengali interpreter.

The practice showed us the findings for the internal survey (see below), which demonstrated more positive results in comparison to the GP patient survey. The practice told us that despite the findings of the internal survey, it had put in place an action plan to improve the GP patient survey results in response to low scores to the following questions:

“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.”

“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.”

The practice’s action plan indicated that all clinicians would receive online customer service training and also carry out in-house role play exercises where staff would feedback on each other’s customer care skills, which included level of empathy, engagement, listening, interacting and communication skills.

Question		Y/N
The practice carries out its own patient survey/patient feedback exercises.		Yes
Date of exercise	Summary of results	
July 2018	<p>The practice carried out an internal survey in July 2018. 72 patients had taken part in the survey with the aid of an independent Bengali interpreter and the key results were as follows:</p> <p>91% of patients found the receptionists at this GP practice helpful.</p> <p>91% of patients said that they had trust and confidence in the last healthcare professional that they saw or spoke to.</p> <p>88% of patients found that the last healthcare professional they saw or spoke with was good at listening to them.</p> <p>87% of patients found it easy to get through this GP practice by phone.</p> <p>82% of patients found that the last healthcare professional they saw or spoke with</p>	

	<p>treated them with care and concern.</p> <p>77% were satisfied with the type of appointment they were offered.</p> <p>64% of patients were very satisfied with the general practice appointment times.</p> <p>45% of patients have not tried to access the practice website for information and services.</p> <p>41% of the respondents usually get to see or speak to their preferred GP when they would like to.</p>
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Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us they felt supported and were involved in decisions about care and treatment.
CQC Comment cards	Comments in general stated that staff were always respectful and that the clinicians were caring and understanding.

National GP 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 (01/01/2018 to 31/03/2018)	80.3%	94.2%	93.5%	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
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Carers	Narrative
Percentage and number of carers identified	55 carers 1.5% of patient population.
How the practice supports carers	The practice signposted all carers to local carer support group. All carers were offered annual health checks and flu jabs.
How the practice supports recently bereaved patients	The practice would telephone recently bereaved patients and offer their sympathies. They would be invited to come and see the doctor at the practice and they were also signposted to local counselling services.

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	The reception seating was away from the reception desk giving some privacy. We were told that when a patient wished to discuss a matter in private, staff was aware that they could take the patient to a private room for the discussion.

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

Examples of specific feedback received:

Source	Feedback
CQC Comment cards	Staff are kind and caring and respect patients' privacy and dignity.
Patient interviews	Reception staff and doctors and nurses always respect privacy and dignity.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Appointments available	
<u>GP Appointments:</u> Monday to Friday: 9am – 12pm 3pm – 6pm Saturday: 9am – 12pm	
<u>Nurse Appointments:</u> Wednesday and Friday: 9am - 12:30pm 3pm – 6pm	
<u>Health Care Assistant Appointments</u> Tuesday: 9:30am – 1pm 2pm – 5.30pm	
<u>Prescribing Pharmacist Appointments</u> Monday and Thursday: 8am – 12pm 1pm- 5.30pm Tuesday, Wednesday and & Friday: 8am – 11am	
<u>Physician Associate Appointments</u> Wednesday and Thursday: 2:30pm – 6pm	
Extended hours opening	
Saturday	8am – 1.30pm (GP appointments only)

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	

We were told that when patients called the surgery requesting a home visit, staff would record as much information as possible for the request on the online appointment system. This would then allow the duty doctor to consider the urgency of and prioritise the home visits.

The practice also had a list of patients who required home visits due to the nature of their problem or because of their specific needs.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3306	411	72	17.5%	2.18%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	86.5%	93.3%	94.8%	Comparable with other practices

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 responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	40.0%	77.6%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	51.6%	68.1%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	52.6%	64.4%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	59.6%	73.5%	74.4%	Comparable with other practices

Any additional evidence or comments

Again the practice was aware of the above low scores and to address this they conducted an internal patient survey covering the same questions as above.

The practice showed us the findings for the internal survey, which demonstrated more positive results in comparison to the GP patient survey. The practice told us that despite the findings of the internal survey, it had put in place an action plan to improve the GP patient survey results.

To address the low score for the question relating to “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”, the practice’s action plan stated that it had recently invested in more telephone lines; they had recruited additional reception staff and the practice management would start carrying out mystery calls to the practice to monitor how quickly the phones are being answered.

To address the low scores for the questions relating to “the percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment” and “the percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered”, the practice’s action plan stated that it would continue to promote and educate patients about the online booking system and inform patients of the different types of appointments available with different clinicians. For example, we saw that the practice had recently displayed posters explaining the services offered and the types of matters that could be discussed with the prescribing pharmacist and associate physician. The practice stated it will also start to advertise services such as telephone consultations and email consultations.

To address the low score for the question relating to “the percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times”, the practice’s action plan stated that it offered appointments Monday to Friday between 8am and 6.30pm and Saturday 9am to 1pm, and now the practice would also advertise the extended hours services offered by Camden GP Hubs, which operated from the same premises every weekday between 6.30pm to 9pm and weekends 8am to 8pm.

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients commented that they could get an appointment with a doctor or an alternative clinician when they need one, usually on the same day or day after. However, that if they wanted to see a named doctor it could take up to a week to get an appointment.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	5

Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Complaints we reviewed had been handled in timely manner. We were told that GP Partners investigated complaints related to clinical matters and the practice manager dealt with non-clinical matters. Duty of candour was demonstrated in the complaints that we reviewed. We noted that if there was any learning it would be shared amongst all staff, via staff meetings.	

Example of how quality has improved in response to complaints
We saw an example of a complaint where a patient had been informed by a doctor that they would receive a referral to a specialist. Ten weeks had passed and the patient had not received a referral. The patient complained to the practice. Upon investigating the complaint, the practice found that the referral had not been processed. The patient was offered an apology and the referral was made immediately . To improve services and prevent repetition of the same, the practice put in place an in-house referral lead to oversee and ensure all referrals are processed in a timely manner.

Well-led

Leadership capacity and capability

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

There was a designated lead for each clinical and non-clinical area. For example, there were leads for safeguarding, clinical governance, complaints, performance monitoring, administrative staff and infection control.

The practice held clinical meetings two weekly; administrative team meetings two weekly; and multi-disciplinary team meetings monthly; and the PPG met approximately three to four times in the year.

We saw that all meetings were appropriately minuted and actions were logged, monitored and feedback was sought and noted.

We saw evidence of the management interacting with its staff and keeping them informed of changes and current issues via the staff newsletter and internal messaging system.

Vision and strategy

Practice Vision and values

We were told that the vision and values of the practice included:

- Improving patient health by putting patients at the centre of everything the practice does.
- Improving access to patients through a better range of appointment types and greater communication.
- Optimising the management of long term conditions.
- Working in a multidisciplinary team to ensure the best care is provided.
- Ensuring all staff embodied the practice values of kindness, flexibility and excellence.
- Understanding that healthcare is a partnership of equals between patients and health care professionals

Culture

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

We were told that the practice promoted a learning orientated and supportive culture, and management was always looking to help staff develop and move up in their careers.

The practice also told us they promoted continuous learning and encouraged staff to take on different roles and to become leads for different areas to help develop their careers.

Staff told us they felt well supported and listened to by the management. Staff also told us that if they had any concerns they would raise them during meetings.

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

Source	Feedback
Non-Clinical Staff	Non-clinical staff told us they felt supported by management and that they worked in a friendly environment, and always felt valued by senior staff.
Clinical Staff	Clinical staff told us that there was a clear leadership structure, it was a very organised practice that efficiently acted on concerns raised to ensure best possible care was maintained at all times.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a range of practice specific policies that controlled the working of the practice. These were updated and reviewed regularly.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

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.
Significant events and complaints	Complaints and significant events that we reviewed were appropriately acknowledged, investigated and responded to in a timely manner. Learning was shared amongst all staff members (minutes of meetings seen).

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
<p>On the day of the inspection, we spoke to one patient who was a member of the PPG and four other patients. They stated that the doctors were always professional, made them feel comfortable and kept them involved in all health related decisions.</p> <p>They stated that although there are some issues which are still present, such as gaining access to the practice by telephone, the practice had improved under the current provider.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Clinical Audits	<p>The practice had a clinical improvement programme in place, and carried out regular audits.</p> <p>We reviewed two completed audits. One audit was a Diabetes Monitoring Audit and the other was a Stroke Monitoring Audit. Both audits showed that there was improvement in the second cycle.</p> <p><u>Diabetes Monitoring Audit</u></p> <p>In this audit the practice had set out thirteen diabetes indicators which were used for measuring, maintaining and improving care for patients with diabetes. These indicators had to meet a specific percentage to meet the set standard. For example one of the indicators was 'patients with type-2 diabetes should have their blood glucose levels measured within the last 12 months'. To meet this standard 70% of patients should have had their glucose levels checked in the last 12 months.</p> <p>In the first cycle nine out the thirteen indicators had met the required standard.</p> <p>The practice discussed the results of this audit in their clinical meetings and encouraged clinicians to improve the standards that were not met.</p>

	<p>In the second audit all thirteen standards had been met.</p> <p><u>Stroke Monitoring Audit</u></p> <p>The practice informed us that patients who had suffered from a stroke should have their blood pressure and cholesterol levels measured regularly. Post-stroke blood pressure readings should be below 150/90 and cholesterol level readings should be below 5.0 mmol/l.</p> <p>The practice had set itself the following targets:</p> <ol style="list-style-type: none"> 1. 80% of post-stroke patients should have a blood pressure reading below 150/90. 2. 70% of patients should have cholesterol level reading below 5.0 mmol/l <p>In the first cycle 70% of patients had a blood pressure reading below 150/9 and 14% of patients had a cholesterol level reading below 5 mmol/l.</p> <p>The practice discussed the results of this audit in their clinical meetings and encouraged clinicians to improve on both these standards.</p> <p>In the second cycle 97% of patients had a blood pressure reading below 150/9 and 66% of patients had a cholesterol level reading below 5 mmol/l.</p>
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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 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](#)).