

Care Quality Commission

Inspection Evidence Table

St Philips Medical Centre (1-4499993812)

Inspection date: 25 October 2018

Date of data download: 22 October 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

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
Explanation of any 'No' answers:	

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 specific induction pack for locum GPs working at the practice. This included information about emergency medicine and equipment, alarms, the patient record system and protocols in place to support safe prescribing and effective referrals. Locum GPs were required to sign a document confirming they had read and were familiar with the induction pack prior to undertaking clinical work at the practice.</p>	

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 04/01/2018
There was a record of equipment calibration Date of last calibration:	Yes 04/01/2018
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 1/11/ 2017
Actions were identified and completed. Smoke seals and intumescent strips on doors replaced on doors where these were required. Portable heater identified as having mechanical defect was removed from the premises.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 27/10/2017
Health and safety risk assessment and actions Date of last assessment:	Yes 27/10/2017
Additional comments:	

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>The audit had also identified that the practice did not have a policy in place to manage spillages. The lead for infection control practice nurse had researched latest guidance and developed an appropriate protocol. This had presented this to staff during a practice meeting and was also placed on a shared drive where it could be accessed by everyone working at the practice.</p> <p>There was no evidence that fridges used to store vaccines were regularly serviced. The practice had appointed a contractor to do this, agreed an annual servicing schedule and put a system in place to maintain servicing records.</p>	<p>Yes</p> <p>09/11/2017</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p>	

Any additional evidence

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
Explanation of any answers:	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	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
Explanation of any answers:	
<p>The practice had designed a workflow document to support non-clinical staff to safely administer patient related correspondence. This document specified certain documents which could be processed by non-clinical staff and those which required the attention of a GP. For instance, requests for medical records could be processed by administrative staff whilst hospital discharge letters which recommended changes to medicines were forwarded to doctors for further action.</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)	0.19	0.54	0.95	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	6.8%	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.	N/A
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
Explanation of any answers:	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	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.	6
Number of events that required action	5

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

Event	Specific action taken
<p>When a patient requested a repeat prescription of hormone replacement therapy treatment, a GP had reviewed the patient's record and identified that national guidelines had not been followed when previous prescriptions were issued.</p>	<p>The incident was discussed in a clinical meeting, following which the practice reviewed all hormone replacement therapy prescribing for the previous twelve months to identify whether other patients were affected. The practice found that all other prescribing of this treatment had been in line with guidance. The patient had been contacted and had been invited to attend an appointment where they received an explanation and an apology. The practice had arranged for test to be carried out to assess whether the patient had been affected by the incident.</p> <p>As a result of the investigation, the practice had added an annual review date to the record of every patient prescribed with the treatment and had ensured that all clinicians were reminded of the guidance around prescribing this treatment.</p>
<p>A patient identified as being eligible for a priority seasonal flu vaccination was administered a type of flu vaccination which did not cover all strains of the virus to which the patient was potentially vulnerable.</p>	<p>A GP had concerns that they may have given a patient a flu vaccination of a type which did not protect against all the strains of the virus to which the patient was vulnerable. The clinician had sought advice from colleagues and from the product manufacturer who advised that the patient was properly vaccinated for the current flu season and did not require further vaccines. The practice had contacted the patient and had explained their concerns and the actions it had taken and had provided the patient with assurances that no further actions were required.</p>

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 had a system in place to help them respond to patient safety alerts. There were records to demonstrate that these had been discussed in clinical meetings and appropriate action had been taken. For instance, we saw that a recent drug alert was recorded in respect of prescribing sodium valproate to pregnant 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 patients who were at risk were called in to the surgery for a medical review.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.20	0.80	0.83	Significant 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 (01/04/2017 to 31/03/2018) (QOF)	65.0%	78.5%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.0% (10)	8.4%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	88.6%	81.9%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.0% (6)	6.5%	9.8%	

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 (01/04/2017 to 31/03/2018) (QOF)	63.4%	83.0%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.0% (9)	8.5%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	78.0%	77.7%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (4)	3.6%	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 (01/04/2017 to 31/03/2018) (QOF)	100.0%	92.0%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	4.3%	11.5%	

Any additional evidence
The practice told us that it's register of diabetic patients consisted of a significantly larger than average number of patients with Type 1 diabetes. The practice also told us that the majority of patients on the diabetes register were young adults attending university, many of whom were taking responsibility for their own health for the first time. We were told that the adjustment to independent living often had an initial impact on patient's management of their diabetes. This included changes to diet and lifestyle. The practice told us they had a process in place to

invite diabetic patients to regular reviews and provided advice and information about the condition, including the potential consequences of failing to manage the condition properly. Type 1 diabetes is a serious, lifelong condition where blood glucose level is too high because the body can't make insulin.

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 (01/04/2017 to 31/03/2018) (QOF)	80.5%	82.3%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (4)	3.4%	4.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	71.4%	89.4%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.2% (2)	9.5%	6.7%	
Any additional evidence or comments				
The practice population had lower than average prevalence of some common long-term conditions, including hypertension and atrial fibrillation. However, the practice was able to demonstrate how it supported staff to maintain clinical skills in these areas by ensuring that clinicians participate in clinical meetings at another GP practice with which some of the GP partners were also involved.				

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) (01/04/2017 to 31/03/2018)(NHS England)	7	7	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	n/a	n/a	n/a	n/a
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) (01/04/2017 to 31/03/2018) (NHS England)	n/a	n/a	n/a	n/a
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	n/a	v	n/a	n/a
Any additional evidence or comments				
<p>The significant majority of the practice population were university students who did not have children. Although university staff and local residents could also register at the practice, the number of children registered at the practice who were eligible for most childhood immunisations was below the reporting threshold of five, set by the NHS. However, we saw that appropriate training had been undertaken by immunisers and staff were able to locate and provide information about immunisations in different languages. Although the terms of the property lease meant the practice was not permitted to extend its opening hours, it had made arrangements to allow immunisations to be given at Holborn Medical Centre, a nearby practice which was managed by the same partnership and practice manager. There was clear responsibility among staff for managing vaccine stock and maintenance of the cold chain and non-attenders were contacted telephone, letter and reminder message on their notes.</p> <p>We saw minutes of practice meetings where uptake rates for childhood immunisations had been discussed.</p>				

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) (PHE)	33%	69%	80%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	N/A	N/A	N/A	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	N/A	N/A	N/A	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)	N/A	N/A	N/A	N/A
Any additional evidence or comments				
<p>The practice's uptake rate for cervical cancer screening was lower than the national average. We discussed this with the practice and were told that a significant percentage of the eligible age group were students studying shorter courses for advanced degrees. This meant that many were only registered at the practice for one year or less and this impacted on the uptake rate for cervical screening. We were also told that patients who were from other countries had either had tests in their countries of origin, some of which had a lower age threshold of 20 years, or preferred to have the test in their home countries. The practice had ensured that a trained female sample taker was available and that patients who wished to participate but could only attend outside of normal opening hours, were advised that appointments were available at a local hub. We also saw that the practice liaised with the university student health team to promote public health screening programmes and had attended university events, including welcome events for new students to publicise cervical screening. We noted that the practice website provided links to information about cervical screening, including a 'Frequently Asked Questions'. The practice had a policy of contacting every eligible patient by letter and by telephone and did not place a limit on the number of times staff would invite patients to make appointments until a patient had made it clear that they did not wish to participate in the screening programme.</p> <p>The practice population was predominantly aged between 15 and 44 years. This meant that the practice had very few patients who were eligible for breast and bowel cancer screening programmes. When the numbers of patients used to compute uptake rates are small, data is less reliable. For this reason, uptake rates for breast and bowel screening programmes are not shown. However, the practice told us that clinicians encouraged patients to participate in screening programmes and raised the matter opportunistically with eligible patients.</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 (01/04/2017 to 31/03/2018) (QOF)	94.6%	90.6%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (4)	4.8%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	94.6%	88.2%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (4)	3.5%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	100.0%	81.0%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	3.8%	6.6%	

Any additional evidence or comments

The practice had identified an increasing prevalence of mental health conditions amongst the practice population, the majority of whom were drawn from the student population at the university in which the practice was located. The practice had arranged for a CCG-led psychological therapy service to hold a weekly clinic at the surgery and this was available as a walk-in or pre-bookable service. The practice told us that 176 patients had been referred to this service between 01/04/17 and 31/03/18. Of these, 122 patients (71%) had engaged with a treatment programme. We were also told that 88% of patients referred had entered treatment within six weeks of the referral.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (percentage of points achieved from a maximum 559)	94%	97%	96%
Overall QOF exception reporting (all domains)	5.0%	4.6%	5.8%

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 (01/04/2017 to 31/03/2018) (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 (01/04/2017 to 31/03/2018) (QOF)	93.5%	93.8%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (1)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Staff actively sought consent from patients and which was documented on patients notes where appropriate. Clinicians understood the mental capacity act and was able to provide us with examples of when they would apply it.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	14
Number of CQC comments received which were positive about the service	14
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
Comments cards	All the comment cards received were positive about the service. The majority of comments cards received, referred specifically to the caring nature of staff who worked at the practice. People also said staff were attentive, friendly and helpful.
Friends and Family Test	The practice had received 22 responses to the Family and Friends Test. Ninety one percent of respondents recommended the practice.
NHS Choices	The practice had received three reviews on the NHS website in the previous twelve months, each of which rated the practice as one star out of five. Two of the reviews referred to dissatisfaction with changes made to the appointment making process and one referred to a clinical matter. The practice had responded to each review in a timely manner.
Patient interviews	Patients we spoke with on the day of the inspection told us they found the practice to be attentive to their needs and delivered services in a personable and caring fashion.

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
9505	403	22	5.5%	0.23%

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)	87.6%	88.6%	89.0%	Comparable with other practices
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)	80.3%	85.5%	87.4%	Comparable with other practices
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)	100.0%	94.4%	95.6%	Significant Variation (positive)
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)	82.8%	83.1%	83.8%	Comparable with other practices

Any additional evidence or comments

The practice told us they were aware that young adults registering that the practice were often taking responsibility for their own health for the first time and they were conscious of the importance of developing confidence and trust so patient's felt able to discuss new or existing concerns with GPs and Nurses. Results from the national GP survey showed that every patient who responded to the survey said they had confidence and trust in the last clinician they had seen.

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

Date of exercise	Summary of results
October 2018	<p>At the time of the inspection, the practice was close to finishing an externally managed patient survey which had been initiated at the beginning of October 2018. The survey was undertaken using a 28-question template and all patients visiting the practice in October 2018 were invited to participate. The survey was completed less than one week after our inspection. We reviewed the findings of the survey, which had received 206 responses and noted that this represented a significantly larger sample than the national GP survey which had received 22 responses.</p> <p>Results from the commissioned survey showed that patients rated the practice similar to others for all questions about care and involvement in decisions. For instance, 86% of respondents rated staff as good, very good or excellent for showing consideration to patients, whilst 91% of respondents rated staff at the practice as good, very good or excellent for listening to patients.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Two patients we spoke with on the day told us that staff at the practice had helped them to understand the English health care system and this had allowed them to make informed choices about treatment options available. Other patients told us they had been given additional time during appointments to discuss new diagnoses and that clinicians had been open and helpful around conversations about complementary and alternative treatments.
Interview with University Student Health Team	The team with responsibility for student health told us the practice proactively engaged with students during the first week of the academic year by providing a visible presence at induction events during Fresher's Week. We were told this was a very positive contribution to encouraging young adults to take responsibility for their own health. The Student Health Team also explained that the university had a large intake of foreign students who were unfamiliar with the English health care landscape and how to navigate care and treatment options. We were told that the practice had taken time to orient these students about the NHS and had provided literature and guidance about local prescribing guidelines, screening programmes and how to access emergency care.

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)	100.0%	94.2%	93.5%	Significant Variation (positive)
<p>Any additional evidence or comments</p> <p>The practice had reviewed its responsibilities under The Accessible Information Standard and maintained a register of patients whose disability or sensory loss meant that that information was more useful when given in a way they could easily access and understand. For instance, a member of the non-clinical team showed us how they would print information in a large font style for patients with a visual impairment.</p> <p>Results from the national GP survey showed that patients responded positively to questions around involvement in decisions about care and treatment and these results aligned with views expressed in comment cards and during patient interviews on the day of the inspection.</p>				

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	<p>Ninety percent of the practice population was drawn from the student and staff community at The London School of Economics. This included a larger than average number of young adults as well as a measurable population of students from abroad who were undertaking shorter advanced degrees of one or two years duration. The practice told us this meant that the percentage of patients who had caring responsibilities was lower than average. The practice had a process in place to identify carers, including at the point of patient registration.</p> <p>At the time of the inspection, the practice had identified 7 carers on the practice list. This was less than 1% of the practice population.</p>
How the practice supports carers	The practice offered health checks and priority flu vaccinations including to carers and provided advice and signposting services to support organisations. Information about support available for carers was available in the waiting area.
How the practice supports recently bereaved patients	The GP principal would contact the next of kin. Flexible appointments were available on request and the practice signposted patients to support services

Any additional evidence

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	Reception staff told us they were mindful not to disclose personal identifiable data whilst talking to patients on the phone and in person, and whilst processing confidential correspondence at reception.

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
Comment cards	Patients said they felt supported to discuss personal issues and found the practice to be a safe environment in which to do so.
Staff interviews	Staff we spoke with told us they were aware that many patients registering at the practice were young adults taking responsibility for their own health for the first time. We were told that everyone working at the practice was conscious to demonstrate that protecting patient's privacy and dignity was an embedded part of practice culture. For instance, we observed reception staff politely encouraging patients not to discuss specific details about their health or personal circumstances and explaining why this was important.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30 – 18:30
Tuesday	08:30 – 18:30
Wednesday	08:30 – 18:30
Thursday	08:30 – 18:30
Friday	08:30 – 18:30

Appointments available	
Monday – Friday	09:00 – 12:00 and 14:30 – 17:40
Extended hours opening	
<p>The practice was located in a university managed building and leasing arrangements did not permit the practice to extend it's opening times. However, patients registered at the practice had access to pre-bookable GP and nurse appointments at a local hub practice and details of this service were available on the practice website, in the practice leaflet and on a notice board in the waiting area. Appointments at the hub were available on weekdays between 18:30 and 20:00 and at weekends between 08:00 and 20:00.</p>	

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	
The reason and urgency for a home visit was assessed by a GP.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9505	403	22	5.5%	0.23%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last	82.1%	93.3%	94.8%	Significant Variation

Indicator	Practice	CCG average	England average	England comparison
general practice appointment, their needs were met (01/01/2018 to 31/03/2018)				(negative)
<p>Any additional evidence or comments</p> <p>The practice told us they were aware of varying levels of patient satisfaction around access to appointments. The practice told us that a significant percentage of patients registered at the practice were often initially unfamiliar with GP services and the nature of primary care but also that in the past, the practice had not always responded to the specific needs of young adults in a university environment. For instance, we were told that patients newly arrived in the country sometimes had an expectation of accessing specialist clinicians in a primary care setting or being able to have a referral without undergoing initial assessment by GPs. The practice told us they had put an action plan in place to improve engagement and communication and to raise awareness of how to navigate the local health care system. For instance, the practice had been represented at events during Fresher's Week where it provided advice to students and staff about registering as patients and details of how to access other care services. The practice had also begun to publish a newsletter which was used to promote services including sexual health and seasonal vaccinations, as well as information about staff changes and how to access urgent care.</p> <p>The practice also told us that it had identified emerging concerns around poor mental health amongst young adults, particularly to low-level stress conditions relating to pressures around workloads and the experience of living away from home for the first time. The practice had worked with a local CCG-led psychological therapy service to provide weekly clinical sessions with a psychologist who specialised in treating conditions including depression, anxiety and other common mental health problems, for instance, insomnia.</p> <p>The practice also provided GP services to a local hostel which provided temporary accommodation for people who were homeless, some of whose circumstances meant they struggled to adhere to routine appointments. The practice told us they had improved GP access for this population group by undertaking clinical sessions at the hostel and used laptop computers with remote access to clinical records to ensure that care was provided at the same standard as if the patient had visited the surgery.</p> <p>The practice had undertaken an externally managed patient survey in October 2018 and had reviewed the results of this the week after our inspection. This showed that satisfaction around appointments was the top quartile compared to other care providers who had taken the same survey.</p>				

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)	85.5%	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)	90.3%	68.1%	68.6%	Variation (positive)
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)	84.2%	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)	81.9%	73.5%	74.4%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>Results from the 2018 national GP patient survey showed the practice was compared positively against local and national averages in all areas around access to appointments and significantly above average for overall experience of making an appointment.</p>				

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients told us they had not experienced any difficulties accessing the practice be telephone and were able to book appointments within a timescale that suited their needs.
Comment cards	Three comment cards included positive comments about the availability of appointments.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
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
Additional comments:	
<p>The practice complaints policy and procedure were in line with recognised guidance and contractual obligations for GPs in England and we found that complaints were managed in line with procedure. We also saw minutes of meetings which showed that each of the complaints received had been discussed in practice meetings and learning points identified, including when complaints had not been upheld.</p>	

Example of how quality has improved in response to complaints
<p>The practice had received a letter from a patient who complained about not being referred to a specialist service on demand. The practice had investigated the complaint and found that the patient, who was not familiar with NHS services, had expected to be able to access secondary care services without undergoing initial assessment by a GP. The practice had responded in a timely and supportive manner, had apologised for the confusion and distress caused and explained NHS processes around referrals. The complaint had also been discussed at a practice meeting and staff were reminded of the significant international demographic of the practice population and were encouraged to be mindful that many patients would not understand the local healthcare system and may require additional explanation of processes and guidelines.</p>

Well-led

Leadership capacity and capability

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

The practice partnership had been formed following a CQC inspection carried out in April 2017, when the previously registered practice had been rated inadequate overall and placed in special measures. When we carried out a follow-up inspection in November 2017, we found the practice leadership had addressed the concerns which led to the rating of inadequate. At this inspection, we found that the practice had continued to develop the services provided and had taken actions to increase its capacity and capability to deliver these services.

The practice had undertaken a complete review of how services were provided to a practice population which included a significant percentage of young adults, including many registering at a GP for the first time and others who were newly arrived in the country. Practice leaders had proactively engaged with the local community to raise awareness of services available at the practice, promote ways to prevent poor health, including participation in screening programmes and had helped patients to learn about and understand the local health care system. The practice had introduced additional services to respond to the needs of its practice population, including psychological therapy services.

Practice leaders had also identified that at the time of the inspections in April and November 2017, the majority of clinical sessions were undertaken by locum GPs and this had had a negative effect on governance, clinical outcomes and patient satisfaction levels. The practice had prioritised the recruitment of permanently employed, salaried GPs and we found that this had been achieved. This had included recruiting a clinician with additional training in sexual and reproductive health.

Any additional evidence

The practice had established an effective working relationship with the university team responsible for supporting student health and welfare and had an effective system in place to share information about trends and concerns and used these systems to develop strategies to support good outcomes. For instance, the practice had worked with the student health team to be present during student orientation events and had used university publications to promote the services provided.

Vision and strategy

Practice Vision and values

The practice had developed a vision statement which stated, 'The doctors, nurses, and all staff are committed to the provision of High Quality Patient Centred Care and best practice, through the delivery of services which are timely, considerate and responsive to the needs of our patient population, and supported by a clear focus on excellent customer service'. This was displayed in the practice waiting area and on the practice website, where it was expanded to explain how the practice would achieve this vision

Culture

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

The practice had experienced frequent occasions where patients arriving from other countries were

familiar with medicines or treatments available in their country of origin and asked to be prescribed the same medicines during their time in this country. However, the practice had found that these medicines often did not conform to local prescribing guidelines or were not licenced for use. The practice had ensured that clinicians, including nurses, were familiar with this issue and were able to explain why treatments may not be available and the alternatives available. We saw that clinical staff were able to access supporting information online and used this resource during conversations with patients.

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

Source	Feedback
Interviews with staff	Staff we spoke with told us practice leaders were very supportive around learning needs and had taken additional time to ensure that everyone working at the practice understood the unique nature of the population group and be better able to help patients who needed additional support.

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 undertaken a systematic review of all practice policies and had developed policies to support and monitor the day to day safe running of the service and in response to incidents which may impact on the service.
Other examples	When we checked staff files we found that the recruitment information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was in place.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

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
Disruptions to the delivery of to the delivery of the service because of computer system failure.	The practice had developed a contingency plan to revert to a paper based system in the event of a failure of the computer system. This involved processes to manage appointments and consultations.

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We spoke with members of the PPG on the day of the inspection and were told that the practice listened and took notice of suggestions they have made, which including improving communication with the university health and welfare team. Information about practice performance was shared with the PPG. The practice could demonstrate how they sought representatives from different population groups, although they told us they found it difficult to recruit young adults amongst the student population who would routinely attend meetings.

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
Abnormal prostate specific antigen (PSA) results	The practice had recorded a significant event when an abnormal prostate specific antigen (PSA) result had not been managed properly. As part of the investigation into the incident, it had undertaken an audit of all abnormal PSA results recorded by the practice since 2010. The practice had identified and reviewed 22 instances where PSA results were abnormal, of which eight had not been managed properly. The practice had taken steps to contact patients, including patients no longer registered at the practice and had advised patients to repeat the tests as a matter of priority. As a result of the audit, the practice had identified areas where improvements were required. The practice had reviewed its Duty of Candour policy and had ensured that all staff were aware of their responsibilities. The practice had developed a failsafe process to ensure that a result was received and reviewed for every PSA test carried out. Prostate specific antigen (PSA) is a protein produced by both normal and cancerous prostate cells. It is normal for all men to have some PSA in their blood. A high level of PSA can be a sign of cancer.

<p>Problematic Polypharmacy</p>	<p>Shortly after taking over the practice, the provider had undertaken an audit of patients prescribed with medicines, specifically, laxatives, antidepressants and antipsychotics as well as iron supplements prescribed to patients who were homeless. In total, the practice had reviewed the records of 54 patients and had identified 15 instances where changes were required to the type or dosage of medicine prescribed. For instance, of 35 patients prescribed with antidepressants, the practice found that eight required changes to dosages of their existing medicines, three were prescribed with a different medicine whilst one was referred for a different form of treatment.</p> <p>As a result of the audit, the practice had reviewed its prescribing policy to ensure that repeat prescribing was safe. A medicine review template was developed and put in place and clinicians were reminded to ensure that medicine review dates were recorded in patient records. A process was put in place to encourage patients to comply with medicine reviews, including reducing the amount of a medicine which would be prescribed when a review was overdue.</p>
<p>Completed audit of anticoagulant prescribing</p>	<p>During a medicine review, the practice had identified that a patient prescribed with an anticoagulant had disengaged from their anticoagulant clinic which meant that they had not received important blood tests used to ensure the medicine was prescribed safely. In September 2017, the practice had undertaken an audit of all patients prescribed with anticoagulants and had identified that of seven patients prescribed treatment, only four were under the supervision of specialist clinics and had evidence of blood test results being checked regularly. The practice had reviewed the protocol in place to support safe prescribing of the medicine and had ensured that all clinicians received additional training. All patients on the anticoagulant register had been recalled for reviews. The practice had undertaken a second audit cycle in November 2017 at which time six of the seven patients had been seen by clinicians and were now under the care of specialist clinics and had evidence of recent blood checks. The remaining patient had an agreed review date in place.</p>

Any additional evidence

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](#)).