

Care Quality Commission

Inspection Evidence Table

Albion Street Group Practice (1-546222308)

Inspection date: 30th January 2019

Date of data download: 4th January 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
GP partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> • All the staff we spoke with knew who the practice safeguarding lead was and who to speak to if they had a safeguarding concern. • Safeguarding policies and procedures were consistent with local (Southwark Clinical Commissioning Group) guidelines and included local authority reporting processes and contact details. • Several practice staff had attended bespoke female genital mutilation (FGM) safeguarding training and an awareness event. This included information which related to pre-pubescent children and also adult women who were victims of FGM who required the support of their GP for the long term medical and psychological complications they may have experienced. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an appropriate recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.</p> <p>We reviewed different staff files and records during our inspection and saw each contained evidence that appropriate recruitment checks had been undertaken prior to the employment of staff. For example, proof of identification, references, qualifications, previous experience and registration with the appropriate professional body. Criminal records checks were made through the Disclosure and Barring Service (DBS) for all clinical staff.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: December 2017	Yes
There was a record of equipment calibration. Date of last calibration: April 2018	Yes
There were risk assessments for any storage of hazardous substances for example, asbestos and storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks.	Yes
There was a log of fire drills. Date of last drill: August 2018	Yes
There was a record of fire alarm checks. Date of last check: January 2019	Yes
There was a record of fire training for staff.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: January 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out.	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: September 2018	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice worked closely with NHS Property Services who managed the premises and facilities. This included joint risk assessments of the associated health and safety risks and planned timetables of when the checks and risk assessments required repeating. We also saw risk assessments and supporting correspondence including specialist surveys which managed the small trace of asbestos within the practice.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: December 2018	
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: One of the advanced nurse practitioner was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.	

Risks to patients

There were appropriate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Explanation of any answers and additional evidence:

Clinicians were supported to make assessments via visual toolkits, for example we saw all consultation and treatment rooms had sepsis assessment and risk stratification tools on display.

Sepsis is a rare but serious complication of an infection. Without quick treatment, sepsis can lead to multiple organ failure and death.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
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 and additional evidence:</p> <p>One of the significant events we reviewed related to a pattern of concerns within the patient correspondence system. The review led to a series of completed actions to improve the system and correspondence workflow. One of the actions included additional recruitment into the team. To ensure the actions were sustained the office manager completed additional spots checks to ensure the revised process was adhered to.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

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) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA</small>	0.49	0.60	0.94	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). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	6.4%	7.0%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes

Medicines management	Y/N/Partial
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The clinical pharmacist and one of the GPs worked together to manage medicines within the practice. • We saw the practice promoted local and national campaigns and commitments in reducing antimicrobial resistance. For example, through good antibacterial prescribing habits including antibiotic related clinical audits, the use of PHE toolkits and practice wide promotion of antimicrobial resistance campaigns. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	8 (since April 2018)
Number of events that required action:	8

Example of significant event recorded and actions by the practice.

Event	Specific action taken
Incorrect medicine prescribed	<p>The medicine prescribed was similar sounding and had a similar spelling to the medicine which should have been prescribed.</p> <p>Following a review, actions included extra vigilance and raised awareness within the team of clinicians who had prescribed duties.</p> <p>The concern was also shared with the local pharmacies regarding the computerised medicine list which the practice used when selecting medicines to prescribe.</p>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice acted on and learned from local, national and external safety events as well as patient and medicine safety alerts. The clinical pharmacist and GPs reviewed the alerts and completed the various patient searches when appropriate.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: The practice received and circulated new local and national guidelines to clinicians. We saw one of the GP partners had developed a clinical effectiveness guide for the Southwark area on respiratory conditions. During our discussions with staff we found a consistent understanding of clinical guidelines. This included use of the local South-East London Area Prescribing Committee prescribing guidelines.	

Prescribing	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) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.37	0.40	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tools and quality improvement activity to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Clinicians accessed local geriatrician advice line services as well as the Enhanced Rapid Response Team and @home team for admission avoidance.
- Annual holistic health assessments were offered to patients over 75 years of age. This included co-writing detailed care plans with patients and carers.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The duty doctor system ensured patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Long term condition data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with local CCG average and national average. The practice presented more recent data from December 2018 showed further improvements had been made.

Diabetes Indicators	Practice	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)	71.9%	74.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	4.1% (21)	7.5%	13.2%	N/A
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)	74.7%	76.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.1% (41)	6.8%	9.8%	N/A

	Practice	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)	85.9%	81.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.4% (53)	7.9%	13.5%	N/A

Other long-term conditions	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)	73.7%	76.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.8% (11)	2.1%	7.7%	N/A
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)	90.7%	91.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	6.8% (14)	5.7%	11.5%	N/A

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)	80.2%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.2% (50)	3.3%	4.2%	N/A
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)	97.6%	89.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.8% (6)	6.2%	6.7%	N/A

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. An action plan had been implemented to improve the uptake rates.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with regular advice and post-natal support in accordance with best practice guidance.
- The practice provided evidence that best practice guidance to ensure good clinical outcomes for pregnant and postnatal women was adhered to, including folic acid and Vitamin D supplementation, postnatal blood tests for women who had gestational diabetes and support and advice in relation to the Healthy Start scheme.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors or safeguarding teams when necessary.
- Young people could access services for sexual health and contraception. The practice was involved in the National Chlamydia screening programme for those under 25 years.
- The practice were early adopters of a community paediatric 'in-reach clinic' with a local consultant paediatrician with an aim to reduce hospital referrals, improve direct access to paediatric treatment at the practice.

Child Immunisation	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)	193	209	92.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	129	157	82.2%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	131	157	83.4%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	130	157	82.8%	Below 90% minimum (variation negative)

Any additional evidence or comments

The practice was aware of the low immunisation uptake, specifically for the three immunisations for children aged two. The practice highlighted this as one of their challenges and was a top priority. We discussed the child immunisation programme in detail during the inspection and we saw the practice had developed a multi-disciplinary team action plan to improve the immunisation uptake. The plan had various measurable actions and objectives and was regularly reviewed, for example:

- In October 2018, the practice recruited a designated member of staff to manage the immunisation recall process. This member of staff also audited any missed appointments and re-scheduled appointments when necessary.
- A new reporting process which generated monthly immunisation reports had been developed.
- Implementation of a mobile messaging service to send electronic text reminders to book appointments which aligned to the time periods in the immunisation programme.

- Alongside dedicated twice weekly immunisation clinics, there were on the day appointments, pre-bookable and opportunistic appointments available. Furthermore, the Extended Primary Care Service within the Southwark borough offered flexible evening and weekend appointments for parents and guardians to book their child's immunisations.
- We also saw in-house practice promotion of the importance of completing the immunisation programme. This included promotion in the practice newsletter.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	60.1%	66.2%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	62.0%	61.0%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	48.1%	40.5%	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. (01/04/2017 to 31/03/2018) (PHE)	78.8%	74.8%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	71.4%	53.4%	51.9%	No statistical variation

Any additional evidence or comments

The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening; however, data from Public Health England reflected partial success in patients attending screening programmes.

During the inspection, the practice presented evidence of challenges within the patient population which affected patient participation and attendance at screening programmes. For example:

- A high patient turnover, in 2018, the patient turnover was 28%, 2,275 registered at the practice and 1,778 de-registered.
- The employment status and ethnic diversity within the patient population included a high number of patients who were in the area for a short period of time. The turnover alongside the practice's transient patient population who were often outside of area for long periods, had an impact on screening and recall programmes.

The practice were aware their uptake for cervical screening was below the national target for cervical screening coverage (above 80%) and we saw the practice action plan to increase uptake. This included:

- The practice had signed up to the first national PHE multimedia cervical screening campaign, due to launch in March 2019.
- Reminders were sent to eligible patients. The reminders also included promotion of cervical screening availability at the Extended Primary Care Service within the Southwark borough and an increased focus on the recall programme using mobile technology.
- The practice worked alongside a national cervical cancer charity and discussed methods to increase participation, specifically given the practices population. This work resulted into full practice promotion of the cervical cancer prevention week in January 2019.
- The practice had also developed a process which upon registration with the practice and at regular intervals, eligible female patients were asked if they had attended cervical screening elsewhere (outside of the UK or privately) to obtain.
- We also saw the practice used the practice newsletter to promote cancer screening, this included clear information about different programmes. For example, the Spring 2019 newsletter featured an article on cervical and bowel cancer screening and the associated tests.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances and referred to an inhouse substance misuse worker for a weekly methadone clinic.
- There was a learning disability patient register and the practice offered annual health checks to all patients with a learning disability.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

- Nationally reported data showed performance for mental health indicators was comparable with local and national averages.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified through inhouse holistic health assessments and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for formal diagnosis at the local memory clinic.
- The practice was active in research studies, this included studies which related to this population group. For example, one of the completed clinical studies was known as the 'Light mind study' which assessed the effectiveness of cognitive behavioural therapy versus mindfulness in treating depression.

Mental Health Indicators	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)	94.2%	92.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	2.8% (4)	7.3%	12.7%	N/A
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)	93.5%	91.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.8% (4)	7.3%	10.5%	N/A
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)	82.0%	82.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.6% (1)	5.1%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	542.5	539.0	537.5
Overall QOF percentage	97%	96.4%	96.1%
Overall QOF exception reporting (all domains)	3.7%	4.2%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

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

- **Prescribing audits** – Each year the practice completed a variety of prescribing audits. This included auditing high risk medicines, antibiotic and hypnotic prescribing. The most recent audits indicated the practice prescribing was meeting standards and in many cases significantly better than local and national averages. For example, between October 2017 and September 2018, the number of antibacterial prescription items (0.49) was significantly lower when compared to local averages (0.60) and national averages (0.94).
- **Cervical screening audit** – Each year the practice reviewed all inadequate cervical smear test results. The audit reviewed the practice of all trained smear takers and the standard agreed, no more than 2.5% of recorded smears should be inadequate. The annual audit commenced in 2010, the results indicated the practice was meeting the standard (less than 2.5% inadequate) for the majority of years. However, the audit from 2017 indicated the total number of inadequate smears was 2.7% (24 out of 912) and did not meet the standard. This had been reviewed and an action plan developed. The most recent results indicated the standard was being met for 2018 as 2.3% (22 out of 940) were inadequate. Although the standard was met for 2018, the team had created an additional five-point plan to reduce the number of inadequate results even further.

Any additional evidence or comments

We received written feedback from GP registrars based at the practice which highlighted the support from the four GP trainers whilst completing quality improvement exercises. Further feedback, highlighted the GP trainers discussed ideas for audit, recommended tools and methodologies used in audits and helped formulate action plans and recommendations post audits.

Alongside various quality improvement activities, the practice also presented audit search activity that was specific to the local health economy of Southwark, South London. For example, it was estimated that approximately 3,000 individuals were infected with hepatitis C in the Southwark borough.

We reviewed a clinical effectiveness briefing and the practice's corresponding patient audit relating to hepatitis C in South London. Hepatitis C is a blood borne virus and symptoms may not appear until the liver is severely damaged. As a consequence, individuals with hepatitis C infection remain undiagnosed and fail to access treatment.

The practice review highlighted 16 patients, all of which were reviewed and three of the patients (19%) were contacted for a further review and test. The remaining 13 patients were receiving the recommended care and treatment.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	No (1)
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial (2)
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses and pharmacists.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <u>Point 1</u> The practice had two Health Care Assistants (HCA), one of which was recruited prior to April 2015. The other HCA had completed the Care Certificate prior to their employment at Albion Street Group Practice. The Care Certificate is an identified set of standards that health and care professionals adhere to in their daily working life. <u>Point 2</u> The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Throughout the inspection we saw evidence and staff spoke highly of the development of their skills, competence and knowledge. The leadership team recognised this was integral to ensure high-quality care. However, there had been a temporary pause in the appraisal programme and during this period non-clinical staff did not receive a formal appraisal. Although no formal appraisal had been recorded, staff told us, and we saw evidence that the practice continued to informally identify training, learning and development needs. We saw evidence that re-introducing a programme of appraisals was a top priority. The practice manager and office manager had a planned appraisal schedule with a view to complete appraisals for all members of staff within six months of the inspection. 	

Coordinating care and treatment

Staff worked work together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
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
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.</p>	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, flu campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Albion Street Group Practice, supported a number of National Institute of Clinical Research (NIHR) portfolio studies with a view to improve health outcomes through research. One of the GPs had a session dedicated to research activity. We reviewed several completed studies, which aligned to health promotion within the practice. For example, several practice patients had been recruited by the practice and commenced a study developed by Public Health England, which assessed the body's natural antibody response to the shingles vaccine and to shingles.</p>	

Smoking 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) <small>(QOF)</small>	95.5%	94.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (8)	0.5%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: During our discussions with clinicians they confirmed when providing care and treatment for children and young people, they carried out assessments of capacity to consent in line with relevant guidance. For example, a clear understanding of the Gillick competency test. (There were used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

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

Care Quality Commission (CQC) comments cards	
Total comments cards received.	13
Number of CQC comments received which were positive about the service.	13
Number of CQC comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient feedback – 13 CQC comment cards and four patient interviews	<p>Written and verbal feedback highlighted patients were treated with kindness and respect and that the GPs and nurses were caring and compassionate. They said the reception staff were helpful offering advice and telling them about other services available to them despite the practice being busy.</p> <p>Several patients commented that despite the growth in the practice, there was still a 'friendly, family atmosphere'. Some patient feedback mentioned how lucky they were being a patient at the practice.</p>
NHS Friends and Family Test results	<p>The practice promoted and monitored patient feedback that was collected via the NHS Friends and Family Test results.</p> <ul style="list-style-type: none">• In December 2018, 96% of respondents (79 responses) would recommend (extremely likely or likely) the practice to friends or family.• In November 2018, 93% of respondents (92 responses) would recommend (extremely likely or likely) the practice to friends or family.• In October 2018, 94% of respondents (94 responses) would recommend (extremely likely or likely) the practice to friends or family.

NHS Choices website	<p>Feedback left on NHS Choices website was mixed. At the time of our January 2019 inspection, there had been seven NHS Choices ratings and reviews for the period January 2018 to January 2019. Overall, the average rating was three stars out of five stars. Of the last seven reviews, two were one-star reviews and the remaining five reviews were five-star reviews.</p> <p>We saw all reviews and ratings, both positive and negative had been responded to by the practice.</p>
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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 changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15,236	424	104	24.5%	0.68%

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)	90.0%	86.3%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	88.1%	83.8%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.2%	95.1%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	86.8%	79.4%	83.8%	No statistical variation

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

Any additional evidence
There was an annual patient survey, additional questions added to the monthly NHS Friends and Family Test and other sources of feedback used to create an annual action plan to further improve the patient experience.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Two members of the reception team had attended and completed training to support patients and their carers access further support. The training programme was known as SAIL training, which stood for Safe and Independent Living and was in association with a local charity and funded by Southwark Council. Staff feedback commented the training enabled them to involve patients into decisions about services and provided access a wide range of local services to support older people in maintaining their independence, safety and wellbeing. 	

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)	98.6%	91.2%	93.5%	Variation (positive)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	<p>In January 2019, the practice patient population list was 15,236.</p> <p>The practice had identified 188 patients, who were also a carer; this amounted to 1.3% of the practice list.</p>
How the practice supported carers.	<p>The SAIL training completed by two of the admin and reception team included information and awareness of the local services available to carers and helped patients and their carers find further information and access community and advocacy services.</p> <p>The practice promoted the local carers groups, including promotional material for other local groups which aimed to reduce isolation and loneliness amongst carers, older people and young professionals alike.</p>
How the practice supported recently bereaved patients.	<p>Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.</p> <p>The practice had developed close links with a local Rotherhithe charity which offered various classes and a befriending scheme to those lonely, isolated and/or housebound. We were provided several examples of joint co-ordinated working between the charity and practice staff to support patients to access these services.</p>

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
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.	Partial - 1
There were arrangements to ensure confidentiality at the reception desk.	Partial – 2
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><u>Point 1 & 2</u> - The practice was aware that the open plan design of the entrance, reception and waiting area could create a concern regarding confidentiality at the reception desk. As a result, the practice developed and promoted a messaging service for confidential and sensitive issues to be written and handed to the duty GP via the reception team.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• In response to patient feedback, the practice introduced new clinicians to the clinical team. This included a clinical pharmacist and a daily 'Duty Doctor'. We received patient feedback (both verbal and written) advising how useful these introductions had been.• The majority of services were provided from the rooms on the ground floor, however some services were provided from the first floor and there was no lift to improve access for people with disabilities and mobility difficulties. We saw the practice had reviewed the concern, discussed a lift installation and agreed a process to manage the situation. For example, appointments for known patients with mobility difficulties were arranged consultations and treatment in rooms on the ground floor. This was confirmed through our observations made during our inspection. We also saw that the entrance, reception area, waiting area and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am - 6.30pm
Tuesday	7am ('Commuter clinic' 7am-8am) – 6.30pm
Wednesday	8am - 6.30pm
Thursday	8am - 7.30pm (‘Commuter clinic’ 6.30pm-7.30pm)
Friday	8am - 6.30pm
Additional information	
<p>Patients at the practice could access further extended access appointments at two locations within the Southwark borough. These extended access appointments were booked via the patient’s registered practice and offered a variety of appointments including up until 8pm Monday to Friday and 8am until 8pm on Saturday, Sunday and Bank Holidays.</p> <p>As a training practice, the practice had a monthly half day closure, these dates were highlighted on the website and within the practice.</p>	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	97.9%	93.1%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All housebound patients and patients aged over 75 had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and adhered strictly to named GP policy for routine care, home visits and urgent appointments.
- Patients accessed a variety of in-house services at the practice. This included an anti-coagulation service, dressing appointments and blood tests at the practice. Therefore, this reduced the requirement for patients who required this service travelling to the local hospital.

People with long-term conditions

Population group rating: Good

Findings

- Where necessary, patients with multiple conditions had their needs reviewed in one appointment. This work was led by one of the GP partners who was also the chair for North Southwark Community Multi-Disciplinary Team (CMDT) at a Federation level. Patients identified with three or more long term conditions and moderate/severe frailty/aged 65 and above or dementia had an annual holistic healthcare assessment, a detailed care review by their named GP and a CMDT case discussion.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- There was a mix of skills, experience and special interests within the clinical team. This ensured patients with long term conditions were seen by the correct clinician in a timely manner.

Families, children and young people

Population group rating: **Good**

Findings

- The practice had introduced a contraception clinic on Tuesday afternoons called the 'Women's health clinic' This clinic was run by two female GPs and included female health related care, treatment and lifestyle advice.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Appointments were available outside of school hours and baby changing facilities were available.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had twice weekly 'commuter clinics' specifically for those patients who worked traditional work hours. The practice was open from 7am every Tuesday and until 7.30pm every Thursday. Patients at the practice could access further extended access appointments at two locations within the Southwark borough. These extended access appointments were booked via the patient's registered practice and offered a variety of appointments including up until 8pm Monday to Friday, selected hours on Saturdays and 9am until 1pm on Sunday and Bank Holidays.
- Online access for appointments, repeat prescriptions and test results were available. Patients could also contact the practice via a webform. Furthermore, in January 2019, the practice launched an e-Consult service. This enabled patients to request advice and treatment online and if necessary get self-help advice for common health conditions.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. This register enabled the practice to arrange longer appointments and short notice appointments when necessary.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, this included 30 minute appointments.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice provided GP services to a small proportion of patients in a local centre, known as a wet hostel (approximately 20 registered patients). This centre provides accommodation and 24-hour care and support for men and women who have long-term alcohol dependence and complex needs including mental ill health, physical health issues or homelessness. Following the inspection, we spoke to the centre, they advised the practice was highly responsive to their residents, including a seamless registration process and responded to individual and themed problems within this cohort of patients including addiction problems and poor mental health.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of local and national support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when necessary.	Yes

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)	69.8%	n/a	70.3%	-
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)	71.6%	62.8%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	71.3%	61.5%	65.9%	No statistical variation
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)	81.7%	66.5%	74.4%	No statistical variation

Any additional evidence or comments

On review, the practice was above local averages and in line with national averages for patient satisfaction regarding access and appointments. We saw the practice actively sort improvements to further improve patient feedback, this included:

- Amended the telephone message service, highlighting the best times to call for results, routine appointments and when the lines are most busy at triage times.
- Increased the number of receptionists to manage some inbound calls.

- Promotion of online access and use of mobile technology. For example, 4,000 patients used 'My GP app' – an app to improve access to care by allowing patients to securely book and/or cancel GP appointments remotely on their smartphones.
- Introduced a designated cancellation telephone line with a message service, thus freeing up inbound lines.

Source	Feedback
Patient feedback – 13 CQC comment cards, four patient interviews, NHS Friends and Family Test results and NHS Choices	<p>On the whole, patient feedback (written and verbal) highlighted access was good. During the inspection, a patient who we spoke with complimented the appointment system, advising it worked for their family, other patients commented the access to the service was good and helped co-ordinate the care of their long-term conditions.</p> <p>This positive feedback aligned to NHS Friends and Family Test results and the 2018 National GP patient survey results which were published in August 2018 following the collection period between January 2018 and March 2018.</p> <p>However, frustrations regarding access were recorded on the NHS Choices website.</p>
Stakeholder feedback	<p>Feedback from an external stakeholder (a local centre, known as a wet hostel) complimented the practice, including the access their residents had to designated GPs and the clinical pharmacist to discuss complex medication queries.</p>

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints in the last 12 months	22
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4 (see additional information)
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

Any information

We looked at four complaints and found these were dealt with in a timely way. However, the first complaint we reviewed did not align to the practices complaints policy. Specifically, the complaint correspondence did not contain any information or contact details for the Parliamentary and Health Service Ombudsman (PHSO). The PHSO's role is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

We reviewed additional correspondence for other complaints received and found all the other complaints did contain the Ombudsman details. The practice advised the error in the first complaint was down to human error and believe the original correspondence had been overwritten or amended in error.

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was a designated GP who handled all complaints in the practice. • The practice had identified six key themes in the types of complaint they received. Each complaint was reviewed and themes re-reviewed to understand why complaints were being received despite learning and action taken. 	

Examples of learning from complaints.

Complaint	Specific action taken
Consent to second opinion	<ul style="list-style-type: none"> • Full discussion in the clinical team, including the GP trainers. • Agreed that when a GP/nurse seeks colleague support to inform the patient and/or guardian of the intention and rationale as to why they are seeking support. • Information also shared with the GP trainers and the GP registrars to ensure full understanding.
Query over information on the practice website	<ul style="list-style-type: none"> • Reviewed by the practice manager and the GP designated to the management of the website. • On review, the information on the website was correct. However, the practice will continue to review all messages and news articles placed on the website to ensure there is no potential for confusion.
Error with sample and specimen pots	<ul style="list-style-type: none"> • Reminder and awareness update for reception staff on the variety of collection methods for samples and specimens.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders demonstrated that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
The leadership team included a mix of clinicians and management expertise required to deliver the services and monitor performance. We also saw the practice had reviewed the future of the practice with regard to succession planning. For example, salaried GPs had become GP partners and GP Registrars had joined the practice as salaried GPs. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:	
The practice mission statement and values aligned to provide a high standard of holistic primary care to their patients by working together as a cohesive multi-disciplinary team. The mission statement and values were supported by a full practice commitment.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes

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

Source	Feedback
Staff feedback	<p>Staff told us that they were well supported by management at the practice and they felt able to approach managers for support.</p> <p>Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found there was a supportive environment both clinically and non-clinically. Staff said they felt confident that managers would address their concerns and issues raised.</p>
Trainee feedback - GP Registrars and a student nurse.	<p>We also received written feedback from several GP Registrars and a student nurse who praised the learning culture within the practice, notably the mentorship and coaching from the four GP trainers, nursing team and the wider support of the practice team.</p>

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
Policies, processes and systems to support governance and management of the practice were managed by the GP partners, nurse partner and for the management team by the practice manager.	
There were regular meetings during which issues significant to the delivery of clinical care was discussed and reviewed.	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
Staff were aware of areas where practice performance was below average or required improvement and worked as a team to identify these risks, implement change, and measure performance. For example, the practice worked together to improve clinical performance for childhood immunisations and national cancer screening programmes.	
We also saw the practice regularly reviewed the existing premises and potential for expansion and/or relocation as the catchment area of the practice is due to expand rapidly with residential and business developments at nearby Canada Water.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Patient Participation Group (PPG) feedback

We spoke with two members of the Patient Participation Group (PPG). There were currently 8 'core' members who met on a regular basis. These meetings were attended by a designated GP and usually additional practice staff.

The members described the strong relationship between the practice and PPG, and how the practice encouraged, respected and valued their involvement. They advised the relationship was proactive and used to discuss issues of importance to patients and share these with the practice team. The meetings provided an environment for discussions and agreements about the practice and services provided and members were encouraged to contribute their views and suggestions.

The members we spoke with were highly satisfied with the care provided by the GPs, nurses and practice staff.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice worked closely with the CCG, and federations to come up with ideas of new ways of working and to aid patient satisfaction and the Southwark/Rotherhithe local health economy.	

Examples of continuous learning and improvement

The practice was a training practice and we saw evidence of a long tradition of audit activity to monitor the quality of care offered to patients. We saw the audits were discussed at the practice team meetings, reflected upon and learning shared with the full practice team. Furthermore, we saw the practice participated in local audits, national benchmarking, accreditation and peer review.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant (positive) variation	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant (negative) variation	$Z \geq 3$
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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data

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

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

Glossary of terms used in the data.

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