

Care Quality Commission

Inspection Evidence Table

Docklands Medical Centre (1-551713757)

Inspection date: 06 February 2019

Date of data download: 21 January 2019

Overall rating: Good

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

Safe

Rating: Requires improvement

Safety systems and processes

The practice had 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
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	Yes

Safeguarding	Y/N/Partial
workers to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <p>The practice told us DBS checks were carried out every three years for staff to ensure they remained fit to work at the service (in accordance with the practice's own policy rather than any external guidance or legislation requiring this). We saw one of the healthcare assistants' DBS check was from 2014. Following the inspection, the practice sent evidence that an up to date enhanced DBS check had been completed.</p>	

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>Staff records and recruitment checks were held centrally by the provider's HR department, but practice leaders could access copies upon request.</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:	Yes 29/01/2019
There was a record of equipment calibration. Date of last calibration:	Yes 05/03/2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes 14/01/2019
There was a log of fire drills. Date of last drill:	Yes 15/02/2018
There was a record of fire alarm checks. Date of last check:	Yes 06/02/2019
There was a record of fire training for staff. Date of last training:	Yes Various - Up to date

There were fire wardens.	Yes
A fire risk assessment had been completed. Date of completion:	Yes 14/12/2018
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice had signs up around the premises identifying the practice's fire wardens, although these staff members were not specified within the fire procedure. Staff who were fire wardens had completed fire safety training and specific fire warden training.	

Health and safety	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes 13/12/2018
Legionella risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes 01/11/2018
Explanation of any answers and additional evidence: We saw evidence that actions identified in the legionella risk assessment, such as non-functioning air conditioning units being decommissioned, had been completed. The practice kept a log of monthly water temperature testing.	

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:	17/01/2019
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:	

Risks to patients

There were adequate 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
<p>Explanation of any answers and additional evidence:</p> <p>There was an in-built panic button on the clinical system which staff had access to. If pressed, an alert would appear on staff computers via the record system, identifying who had pressed the button.</p> <p>There were posters for reception staff and in consultation rooms which set out the 'red flag' symptoms of sepsis.</p>	

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>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, except in relation to the monitoring and prescribing of high risk 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) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.54	0.69	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) (NHSBSA)	9.2%	9.9%	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.	Not for high risk medicines
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Monitored but no formal audit
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 appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks	Yes

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
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
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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> <p>The practice kept a log of prescription serial numbers which identified which consulting rooms specific batches of blank prescriptions had been taken to. Blank prescriptions were kept securely when not in use; however, the key for the prescription drawer was hanging up in the reception area. The practice told us that, going forward, they would keep the key out of sight in a locked key cabinet.</p> <p>The practice only had one medicine on the premises which was a controlled drug; this was diazepam which was part of the emergency medicines. This was managed and stored securely.</p> <p>The practice had a prescribing protocol in place, as well as specific guidance for prescribing of disease modifying anti-rheumatic drugs (DMARDs). However, there was no protocol to support the safe monitoring and prescribing of certain high risk medicines, such as lithium and warfarin.</p> <p>We checked patient records with the lead GP and found some examples of unsafe prescribing of high risk medicines:</p> <ul style="list-style-type: none"> • We reviewed the records of five patients prescribed methotrexate (out of a total of 10 patients prescribed it). We did not identify any concerns around monitoring or prescribing of this medicine. • We reviewed the records of three patients prescribed lithium (out of a total of three patients prescribed it). We identified one patient who had been prescribed lithium without an appointment or face to face consultation with a GP, when there was no record of any test results on the clinical system. Within the patients notes it was recorded that the patient had been requested to have blood tests but had not engaged, however the clinician had not documented a risk assessment to support the decision to prescribe lithium without any blood tests having been carried out. • We reviewed the records of six patients prescribed azathioprine (out of a total of 13 patients prescribed it). We identified concerns in relation to the prescribing of this medicine for two patients. For one patient there was a letter from the hospital on the record system stating that some of the patient's recent blood test results were abnormal and the tests would be repeated by the hospital; however, one of the practice's clinicians had prescribed azathioprine without the blood tests having been repeated and without knowing what the abnormalities were. For another patient we saw they had been prescribed azathioprine when the most recent blood test results were from almost 12 months prior. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> We reviewed the records of nine patients prescribed warfarin (out of a total of 26 patients prescribed it). We identified concerns in relation to the prescribing of this medicine for three patients. For one patient we saw they had been prescribed warfarin when the most recent blood test results were from six months prior. For one patient we saw they had been prescribed warfarin when the most recent blood test results were from 23 months prior. For one patient we saw they had been prescribed warfarin when there was no record of any blood test results. <p>Following the inspection, the practice sent us an action plan they had put in place which identified that they would audit all patients prescribed methotrexate, warfarin, lithium and azathioprine within one week, share the findings with all clinicians, and discuss the safe monitoring and prescribing of high risk medicines in the next clinical meeting on 13 February 2019. A face to face review of patients would be carried out where required. The practice sent us evidence of a specific incident of prescribing being recorded as a significant event. The practice had also created prescribing protocols for warfarin, lithium and azathioprine which set out the monitoring requirements for each medicine.</p>	

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:	19
Number of events that required action:	17
<p>Explanation of any answers and additional evidence:</p> <p>There were effective systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, and acted to improve safety in the practice. We saw evidence the practice discussed significant events in meetings and contacted any affected patients in accordance with the duty of candour.</p>	

Examples of significant events recorded and actions by the practice:

Event	Specific action taken
Patient attended appointment and GP noted a previous two-week cancer referral made by the practice had not gone through to the correct hospital properly.	GP promptly re-referred the patient to the correct hospital for an urgent appointment. Incident was discussed in practice meeting. Reception staff were reminded to ensure the referral failsafe log is monitored weekly and to follow up on any unconfirmed or unacknowledged two-week cancer referrals.
Pharmacist added new statin medicine to patient record, cancelled	Community pharmacist brought the error to the practice's attention. Patient was contacted and provided with the new

<p>issue of original statin but did not end the course (which meant both statins were available to issue). Receptionist subsequently issued the original cancelled statin as repeat dispensing dosset medicine.</p>	<p>statin, and no patient harm was caused. Incident was discussed at clinical staff meeting and clinicians were reminded to be careful when adding or cancelling medicines for patients.</p>
<p>Patient booked appointment with GP after being informed during private medical assessment of high blood pressure. GP noted patient had high blood pressure readings taken at practice reception within previous 12 months but these were not acted upon.</p>	<p>GP apologised to patient for the oversight and immediately commenced treatment for high blood pressure. Incident was discussed at clinical staff meeting. GPs reminded to continue to check alert box on clinical system in order to action any outstanding issues. Blood pressure range guidance created for reception staff to refer to, with any out of range readings to be highlighted to a clinician for review or an appointment booked for GP to see patient.</p>

Safety alerts	Y/N/Partial
<p>There was a system for recording and acting on safety alerts.</p>	<p>Yes</p>
<p>Staff understood how to deal with alerts.</p>	<p>Yes</p>
<p>Explanation of any answers and additional evidence: There was an effective system in place to document safety alerts and record what action was taken by the practice. We saw some examples of recent safety alerts received and saw evidence the practice had carried out searches to identify any affected patients and made changes to care and treatment as 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
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence that new and updated clinical guidance, for example from the National Institute for Health and Clinical Excellence (NICE), was shared with clinicians by email, discussed in clinical meetings and saved onto the practice computer system.</p>	

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) (NHSBSA)	0.37	0.40	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<p>Patients aged over 75 were invited for an annual health check. The practice had 147 patients aged over 75, and 67% of these patients had received an annual health check in the last 12 months.</p> <p>The practice promoted the influenza and pneumonia vaccination programmes and arranged for home visits to housebound patients. At the date of inspection, 68% of patients aged over 65 had been immunised under the 2018 to 2019 programme.</p> <p>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received an assessment of their physical, mental and social needs.</p>

The practice followed up on older patients discharged from hospital. It engaged in multidisciplinary meetings to discuss older patients and create action plans to support these patients and reduce unplanned hospital admissions.

Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions

Population group rating: **Good**

Findings

Patients with long-term conditions had annual reviews to check their health and medicines needs were being met, followed by a care plan assessment with a practice nurse. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

A clinical pharmacist worked at the practice one day per week and carried out medication reviews for patients with polypharmacy or complex medicines requirements.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Adults with newly diagnosed cardio-vascular disease were offered statins.

Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. This was monitored as part of the local practice network (the Network Improvement Service or 'NIS').

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) <small>(QOF)</small>	66.4%	68.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	2.6% (7)	4.3%	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) <small>(QOF)</small>	81.1%	78.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.6% (7)	3.8%	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) <small>(QOF)</small>	81.7%	83.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	7.4% (20)	5.7%	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) <small>(QOF)</small>	74.8%	66.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.9% (6)	2.4%	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) <small>(QOF)</small>	67.5%	84.6%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	0 (0)	4.0%	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) <small>(QOF)</small>	86.9%	85.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.5% (19)	2.8%	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) <small>(QOF)</small>	91.7%	88.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.7% (1)	8.0%	6.7%	N/A

Any additional evidence or comments

The practice's performance on quality indicators from April 2017 to March 2018 for long term conditions was in line with national averages, except for the indicator relating to patients with COPD. The lead GP explained the number of patients at the practice with COPD is small, and some patients had refused to attend a review. We also saw current data which demonstrated that the percentage of patients with COPD who had a review, including an assessment of breathlessness, in the last 12 months was 73% (with the practice's network target being 75%).

Families, children and young people

Population group rating: Good

Findings

The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

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 when necessary.

Young people could access services for sexual health and contraception.

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) <small>(NHS England)</small>	98	107	91.6%	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) <small>(NHS England)</small>	89	104	85.6%	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) <small>(NHS England)</small>	89	104	85.6%	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) <small>(NHS England)</small>	88	104	84.6%	Below 90% minimum (variation negative)

Any additional evidence or comments

Some of the practice's childhood immunisation uptake rates for 1 April 2017 to 31 March 2018 were below the World Health Organisation target percentage of 90% or above. However, we saw more recent data from 1 January 2019 which demonstrated significant improvement:

- the percentage of children aged 1 who were immunised for DTaP/IPV/Hib was 96%;
- the percentage of children aged 2 who were immunised for Hib/Men C and MMR was 94%;
- the percentage of children aged 2 who were immunised for PCV was 100%.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

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)	58.5%	60.9%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	27.6%	56.3%	70.0%	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)	46.4%	40.0%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	50.0%	63.3%	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)	56.3%	48.1%	51.9%	No statistical variation

Any additional evidence or comments

The practice's uptake for cervical screening from April 2017 to March 2018 was 59%, which was below the national average and below the 80% coverage target for the national screening programme. The practice recognised they struggled with cervical screening, and explained that some patients had already had cervical smear tests abroad and said their professional working age population moved in and out of the area frequently. The practice showed us data from 6 February 2019 which demonstrated that the percentage of women aged 25 to 49 who had a smear within the last 3.5 years was 60%, and the percentage aged 50 to 64 who had a smear within the last 5.5 years was 83%.

The practice's uptake breast cancer screening from April 2017 to March 2018 was 28%, which was significantly below the national average of 70%. The practice was aware of this data and had been in contact with NHS England about the difficulties in following up patients for this when the practice is not notified which of their patients has been called for screening.

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, unpaid carers, patients known to social services due to domestic violence or abuse, and those with a learning disability.

The practice had identified 13 patients with a learning disability and 69% had received an annual health check in the last 12 months.

The practice had one patient registered who was homeless and this patient had received an annual health check in the last 12 months.

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 to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

The practice assessed and monitored the physical health of people with mental illness by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

The practice offered annual health checks to patients experiencing poor mental health. The practice had 59 patients on this register and 61% had received a health check in the last 12 months.

The practice held a register of patients with dementia; 10 patients were on this register and 50% had received an annual health check in the last 12 months.

For patients with dementia, the practice had alert messages within patient notes to remind clinicians to consider mental capacity issues.

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 and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

All staff had received dementia and mental capacity act training within the last three years.

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) <small>(QOF)</small>	66.7%	81.1%	89.5%	Variation (negative)
Exception rate (number of exceptions).	2.0% (1)	5.0%	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) <small>(QOF)</small>	71.4%	85.3%	90.0%	Variation (negative)
Exception rate (number of exceptions).	0 (0)	3.6%	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) <small>(QOF)</small>	75.0%	78.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	4.3%	6.6%	N/A

Any additional evidence or comments

Some of the practice's performance on quality indicators from April 2017 to March 2018 for mental health was below national averages.

As part of its local network monitoring through the Network Improvement Service (NIS), the practice monitored the percentage of patients on antipsychotic medicines who have had a physical health assessment and annual blood tests completed; the local network target is 70% and we saw current data which showed the practice had achieved 86%. The practice explained that the QOF indicator relating to alcohol consumption is not specifically looked at to monitor practice performance.

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)	479.7	500.0	537.5
Overall QOF exception reporting (all domains)	3.9%	4.7%	5.8%

Any additional evidence or comments

The practice's most recently published QOF results were 86% of the total number of points available. The practice monitored its performance not through QOF but through the Network Improvement Service (NIS) with the other practices in its local network on the Isle of Dogs. The practice attended monthly performance meetings with the other GP practices in its local network in order to review and monitor clinical performance and outcomes.

	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 clinical audits or other improvement activity in the past two years:

Antipsychotic monitoring audit	Two cycle audit completed to assess whether patients on antipsychotics were being monitored appropriately, with annual recordings of weight, blood pressure and bloods for lipids/Hba1c. For the first cycle, 42 patients were identified as having been issued repeat prescription of antipsychotics within the last 12 months. The results showed that just over one third of patients had all of the parameters (weight, blood pressure, bloods) recorded as appropriate within the last 12 months; blood pressure and weight appeared to be better documented than blood tests. The results were shared with clinicians, reminding them of national guidance and the importance of reviewing patients' parameters opportunistically if on antipsychotics. A 'pop up' was created on the clinical system for weight and blood tests for patients on the practice's mental health register (in addition to the existing one for blood pressure). The second cycle results demonstrated improvement: the percentage of patients with weight recorded rose from 79% to 84%; the percentage of patients with blood pressure recorded rose from 74% to 84%; the percentage of patients with lipids recorded rose from 40% to 48%; and the percentage of patients with Hba1c/fasting glucose recorded rose from 52% to 59%.
Nonsteroidal anti-inflammatory drugs (NSAIDs) and gastric protection audit	Two cycle audit completed to assess clinicians' awareness of and adherence to guidance which states a gastroprotective agent significantly reduces the risk of gastrointestinal complications when prescribed with a NSAID in high risk patients. The first cycle results were that 53% of 15 patients with an acute NSAID prescription were also prescribed a gastroprotective agent (below the 80%

	<p>target), and 68% of 47 patients with a repeat prescription for a NSAID were also prescribed a gastroprotective agent (below the 85% target). These results were shared with clinicians along with NICE guidance on the use of proton-pump inhibitors. An alert on the clinical system was also implemented to remind clinicians to consider gastroprotection, such as a PPI, in at risk patients. The second cycle demonstrated some improvement, but in relation to acute prescriptions for a NSAID only: 64% of 14 patients with an acute NSAID prescription were also prescribed a gastroprotective agent, and 61% of 28 patients with a repeat prescription for a NSAID were also prescribed a gastroprotective agent. These further results were discussed with all clinicians, with a reminder for them to be conscious of high risk groups including those which are less obvious, such as all antidepressants, chronic aspirin use or serious comorbidity.</p>
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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.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	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> <p>Staff told us the practice provided opportunities and support for staff development, for example some reception staff were encouraged and supported to complete the Care Certificate to become healthcare assistants. Some of the salaried GPs had previously trained at the practice.</p> <p>Staff were given one week of study leave per year to complete professional revalidation, professional development work or training.</p>	

The healthcare assistants had completed training to carry out their role and told us they would immediately contact a nurse or GP if they identified an abnormal result or if they needed guidance. However, there were no documented protocols for the healthcare assistants to follow. Following the inspection, the practice created written protocols for tasks carried out by the healthcare assistants, including flow charts for them to refer to for phlebotomy, health checks, foot checks, ECGs and urinalysis.

Coordinating care and treatment

Staff worked 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
Explanation of any answers and additional evidence:	

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, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	

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>	93.4%	94.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.9% (9)	0.6%	0.8%	N/A

Any additional evidence or comments

The practice attended multidisciplinary meetings involving a range of health and social care professionals.

The practice participated in social prescribing (social prescribing is a means of enabling GPs and other healthcare professionals to refer people to services in their community instead of offering only medicalised solutions). The practice had its own designated social prescriber who attended the practice two to three times per week. The practice had made 76 referrals for social prescribing since 1 April 2018 in relation to areas including housing problems, sexual health, and exercise and healthy living.

Consent to care and treatment

The practice 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: Staff had completed mental capacity act training. We saw verbal consent was obtained and then documented in patient notes where required.	

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
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	24
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	6
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	Patients described the practice in very positive terms. Staff were described as caring, polite and courteous. A number of patients commented that clinicians and reception staff have always helped them.
Patient interviews	We spoke to three patients during the inspection. The patients were positive about staff and said they are treated with dignity and respect.
Practice monthly patient survey	Comments received by patients in the practice's monthly patient survey were positive and staff were frequently described as helpful.
NHS Choices website	The practice scored 3 out of 5 stars on the NHS Choices website. Six comments had been received over the last 12 months, five of which were very positive about the service. Staff, and specifically the nurses and healthcare assistants, were described as kind, reassuring, gentle and professional. Although one comment said they witnessed receptionists being indifferent towards patients.

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
8834	425	76	17.9%	0.86%

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)	80.2%	83.9%	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)	78.5%	80.0%	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)	88.9%	92.3%	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)	77.6%	77.7%	83.8%	No statistical variation

Any additional evidence or comments

The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

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

Any additional evidence

The practice reviewed patient comments on the NHS Choices website and responded where

necessary. We saw evidence that patient feedback on this website was discussed in staff meetings.

Friends and Family test (FFT) results were recorded and reviewed. Results from July to December 2018 were positive and demonstrated that, on average, 87% of respondents were likely or extremely likely to recommend the practice. On average, only 1% of respondents were unlikely to recommend the practice and no patients said they were extremely unlikely to recommend it.

The practice also carried out its own monthly patient survey, where patients could leave feedback about the service. The practice had a log which recorded comments made by patients and any action taken by the practice to address their suggestions or concerns. For example, a comment was received in the March 2018 survey stating the practice should be open on weekends and, in response, the practice updated their website to highlight the availability of booking weekend appointments at other hub practices in Tower Hamlets. In July 2018 a comment was received stating staff are helpful but the practice needs more permanent doctors and, in response, the practice updated the notice board identifying the salaried clinicians.

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:	

Source	Feedback
CQC comment cards	Patients stated GPs listen to them and described staff as supportive.
Patient interviews	The three patients we spoke to said they felt involved in their care and staff explained treatment and options to them.
NHS Choices website	One of the comments on the website specifically referred to a clinician being good at listening.

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)	90.1%	90.4%	93.5%	No statistical variation

Any additional evidence or comments

The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

	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.	Partial
Information about support groups was available on the practice website.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Information leaflets in other languages or easy read formats could be made available to patients if requested.</p> <p>The practice website contained a link for patients to make a self-referral to Mind in Tower Hamlets and Newham for mental health therapy. However, there was no other information available on the website about local support groups, such as groups for carers, new mothers, exercise groups or those experiencing social isolation. The practice did have information in the reception area about support groups and organisations.</p>	

Carers	Narrative
Percentage and number of carers identified.	163 carers identified (1.8% of the practice population)
How the practice supported carers.	<p>The practice held a register of carers and offered carers annual influenza vaccines.</p> <p>Patients who are carers were offered a referral to Tower Hamlets Carer's Centre; this is a dedicated local group which offers a range of support and advice for carers.</p> <p>The practice told us they would offer carers priority appointments and would signpost them to available support and respite services.</p> <p>The practice reconciled its carers register on an annual basis to ensure it remained up to date and accurate.</p>
How the practice supported recently bereaved patients.	<p>The practice notifies all staff to advise them of the bereavement and it is added to the agenda to discuss in the next clinical meeting.</p> <p>The clinician who best knows the patient will telephone them to offer condolences and an appointment if they need one. If the patient wishes, information about bereavement support services can also be provided.</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.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us they always lock their computer screens and ensure that patient information is not visible in the reception area.</p> <p>Paper records were kept in locked filing cabinets. Any paper correspondence received by reception was scanned and added to the relevant patient's record, stored securely for six months, and then shredded.</p> <p>All staff completed information governance training annually.</p>	

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:	

Practice Opening Times	
Day	Time
Opening times:	
Monday and Tuesday	7am to 6.30pm
Wednesday	8am to 7.30pm
Thursday and Friday	8am to 6.30pm
Appointments (GP/nurse/HCA) available:	
Monday and Tuesday	7am to 5pm
Wednesday	8am to 7.20pm
Thursday	8am to 5pm
Friday	8am to 5.50pm
Patients telephoning when the practice is closed are directed to the local out-of-hours service provider.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8834	425	76	17.9%	0.86%

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)	91.2%	92.0%	94.8%	No statistical variation

Any additional evidence or comments

The practice's GP patient survey results were in line with local and national averages for the question relating to responding to patients' needs.

Older people

Population group rating: Good

Findings

The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

The practice carried out home visits to administer influenza and pneumonia vaccines to older and housebound patients.

In recognition of the religious and cultural observances of some patients, the GPs would respond quickly to provide the necessary death certification to enable prompt burial.

People with long-term conditions

Population group rating: Good

Findings

Patients with multiple conditions had their needs reviewed in one appointment.

The practice liaised regularly with the local multidisciplinary team to discuss and manage the needs of patients with complex medical issues.

Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

Late and early nurse appointments were available for school age children so that they did not need to miss school.

There were systems to identify and follow up children who were at risk.

Parents or guardians calling with concerns about a child were offered priority appointments when necessary; if the child is under 5 years and no routine appointments are available, reception staff ask the duty GP to contact the parents to assess the clinical urgency.

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. Patients could book appointments and request prescriptions online, and telephone and online appointments were also available.

The practice offered appointments from 7am on a Monday and Tuesday and until 7.20pm on a Wednesday.

Pre-bookable appointments at other GP practices in Tower Hamlets were also available until 10pm on weekdays and from 8am to 8pm on Saturday and Sunday through the extended hours service.

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, unpaid carers, patients known to social services due to domestic violence or abuse, and those with a learning disability.

People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.

The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, for example by offering priority and longer appointments.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

Priority and longer 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 patients living with dementia.

The practice was aware of 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 absolutely necessary.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Reception staff added requests for home visits onto the clinical system with details of the patient complaint. Requests were then reviewed by the duty GP who contacted the patient to assess the urgency and arrange a home visit or an appropriate appointment dependent on need. Reception staff told us if they were particularly concerned about a patient they would speak to the GP immediately whilst the patient was still on the telephone.</p> <p>We checked the appointment system and saw that routine and urgent appointments were available.</p>	

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)	92.5%	N/A	70.3%	Variation (positive)
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)	74.8%	64.9%	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)	67.9%	63.6%	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)	62.5%	67.8%	74.4%	No statistical variation

Any additional evidence or comments

The practice's GP patient survey results were above or in line with local and national averages for questions relating to access to care and treatment.

Source	Feedback
CQC comment cards	Some patients said it is easy to book an appointment and get an appointment when needed. One patient specifically commented that referrals, prescription requests and blood tests are all dealt with promptly. However, four of the 24 patients said they have to wait to get an appointment and that appointments often run late.
Patient interviews	All three of the patients we spoke to during the inspection said they usually have to wait to get an appointment and they think there are not enough GPs.
NHS Choices website	Comments received over the last 12 months on the NHS Choices website regarding access were generally positive. One patient described being seen very quickly at the practice and another stated they are usually able to get an appointment when needed. However, one patient gave negative feedback about trying to book an appointment.

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 received in the last year (verbal and written).	33
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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The complaints policy was in line with recognised guidance and included contact details for the CQC and the Parliamentary and Health Service Ombudsman (an organisation which considers complaints that have not been resolved by the NHS). Information about how to make a complaint was available in reception and on the practice website. The practice recorded and responded to verbal and written complaints. We saw evidence that the practice discussed complaints in staff and PPG meetings, identified learning and improvements, contacted any affected patients and apologised where appropriate.</p>	

Examples of complaints:

Complaint	Specific action taken
Verbal complaint – patient not informed of maternity exemption form for free medicines.	Reception and practice manager telephoned the patient back the following day and left a message asking the patient or patient's family to contact them to discuss the matter further. Clinicians and staff were reminded to advise antenatal patients about the availability of the exemption form for completion.

<p>Verbal complaint – patient asked for a complaint form to complete as a receptionist had previously been rude on the telephone.</p>	<p>A complaint form was provided to the patient, along with the practice’s email address. The practice manager contacted the patient later the same day and apologised to the patient for their experience. Receptionist in question had left the practice as was a temporary staff member, but the practice contacted the agency who provided the staff member and informed them of the incident so they could investigate.</p>
<p>Written complaint – patient wanted specific medicine added as a repeat prescription as takes too long to issue.</p>	<p>Practice responded promptly by email explaining to the patient that, after discussion with the clinicians, the particular medicine could not be added to a repeat prescription as it requires monitoring to ensure safe prescribing. The patient was encouraged to have blood tests at the practice, rather than the hospital, so that results are obtained more quickly and the prescription issued.</p>

Well-led

Rating: Good

Leadership capacity and capability

Leaders 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice supported staff to 'upskill' and take on new roles and responsibilities, including leadership posts. We were told there was no need for a succession plan at this time due to the provider partnership consisting of a number of GPs working across different practices.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice's vision and values: <i>'Docklands Medical Centre is an NHS practice committed to providing high quality, patient centred primary care to individuals in the Isle of Dogs (E14) area. As part of the Hurley Group it is committed to raising the standards of clinical care for patients by:</i></p> <ul style="list-style-type: none"> - offering a wide range of services including new technologies and on-line options; - ensuring all communications with patients are clear and comprehensive to ensure that they are informed about their options; - providing systematic education, mentoring and training for clinical and non-clinical staff to ensure they provide the best possible care; - being an asset to the wider health economy - training practice status - providing postgraduate education to GPs, nurses and pharmacists.' <p>The practice had a business strategy in place for 2018 to 2019 identifying specific objectives relating to the practice contract, premises, organisational structure, patients, staff development and finances, and setting out how this will be monitored.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had specific policies and services in place to support staff, including a whistleblowing policy, a grievance procedure, a bullying and harassment policy, a stress policy, a flexible working policy, a career break scheme, and access to occupational health.</p>	

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

Source	Feedback
Staff interviews	Staff told us they are supported by leaders and management and were confident any concerns they raised would be acted upon. Staff reported they enjoy working at the practice and said that staff work well as a team. We were told of specific examples where staff members were given opportunities to develop their skills and knowledge.
Meeting minutes	The practice held regular clinical and staff meetings. We saw that staff discussed significant events, complaints and compliments, safety alerts, clinical updates, case discussions and changes to the practice.

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke to were aware of the practice leads for certain areas, such as infection control and safeguarding, and were able to describe the governance arrangements.</p>	

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: There was a business continuity plan in place with contained necessary contact details; the plan was saved on the shared drive and could be accessed off site via the provider's intranet portal.	

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
Explanation of any answers and additional evidence:	

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

Feedback from Patient Participation Group:

Feedback

The PPG met every three months with the practice manager, reception manager and occasionally the lead GP, and was involved in the development of the practice. Meeting minutes demonstrated that staff advised the PPG about proposed changes or updates for the practice and sought feedback and suggestions from the PPG. For example, the PPG had suggested that the practice carries out a detailed analysis of patients who do not attend appointments (discounting those with poor mental health or other contributory factors) and decide how to address patients' repeated non-attendance. We also saw that complaints, significant events, and compliments were discussed with the PPG.

Any additional evidence

We saw evidence that the practice reviewed a range of patient feedback, including patient comments on the NHS choices website and their own monthly patient survey results, and acted upon those views to drive improvement.

Continuous improvement and innovation

There were 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 reviewed patient feedback and survey results and discussed them as a full staff team and with the PPG, and identified areas for improvement. The practice had an effective system to log patient feedback and significant events, record what action had been taken and identify learning points and changes. We saw evidence that learning from complaints and incidents was shared with all relevant staff. The practice reviewed the effectiveness and appropriateness of the care provided through clinical audits and monitoring. The practice attended regular performance meetings with the other GP practices in its local network in order to review performance and discuss learning and improvements.	

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 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 variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant 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.
- 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. This indicator does not have a CCG 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:
<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.