

Care Quality Commission

Inspection Evidence Table

Dr Mukesh Pandya (1-511203456)

Inspection date: 9 January 2019

Date of data download: 15 January 2019

Overall rating: add overall rating here

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 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 workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Discussions with health visitors, school nurses, community midwives and social workers were arranged when required.	

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

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: August 2018	Yes
There was a record of equipment calibration. Date of last calibration: August 2018	Yes
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: January 2019 Date of last service: August 2018	Yes
There was a log of fire drills. Date of last drill: September 2018	Yes
There was a record of fire alarm checks. Date of last check: March 2016 as per fire log book	Partial
There was a record of fire training for staff. Date of last training: 2018	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: December 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We were told smoke alarms were checked weekly, however the log book had not been updated since March 2016. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out.	Yes

Date of last assessment: December 2018	
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: December 2018	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Disability access audit done August 2018. • Emergency lighting checked monthly and logged. 	

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 by external agency: May 2017 Date of last infection prevention and control audit by the practice: October 2018 Review of last infection prevention and control audit by the practice: January 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: <ul style="list-style-type: none"> • Legionella risk assessment done December 2018. Log of water temperatures maintained. • The practice had planned for the sink in the consulting room to be changed in line with recommendations from the infection prevention and control audits. 	

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.	Partial
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.	
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:	
<ul style="list-style-type: none"> Reception staff had not received training to assist them in identifying a deteriorating or acutely unwell patient, although the receptionists we spoke with were aware of what actions to take if they encountered an acutely unwell patient. 	

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

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>	0.53	0.80	0.94	Significant Variation (positive)
The number of prescription items for	12.2%	12.6%	8.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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>				

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
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 and disposal of these medicines, which were in line with national guidance.	N/A
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
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	Partial

Medicines management	Y/N/Partial
to ensure they remained safe and effective.	
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We noted the vaccine fridge was overstocked. Staff told us the fridge at the branch surgery had a fault and vaccines had been moved to the main practice in the interim. A new fridge had been purchased for the branch surgery and nursing staff planned to move the additional medicines back to the branch surgery. 	

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:	3
Number of events that required action:	3

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

Event	Specific action taken
Patient did not have blood request form for appointment at branch surgery. Staff informed patient to attend main practice to collect the form. Patient had to wait for another appointment due to this.	Practice contacted patient to apologise for the inconvenience caused. New appointment made for the patient and the patient was happy with the outcome. Discussed at practice meeting. Staff informed that a blood request form should have been printed at the branch surgery instead of inconveniencing the patient to attend the main practice.

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

Effective

Rating: Requires improvement

At our previous inspection on 7 September 2017, we rated the practice as good for providing effective services.

At this inspection we found new concerns and rated the practice as requires improvement. Specifically, uptakes rates for childhood immunisations and cervical screening were low and outcomes for patients with some long-term conditions were below local and national averages. These areas affected the families, children and young people population group, the working age group, and the long-term conditions group.

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

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>	0.67	0.58	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool 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.

- Complex patients needing multi-disciplinary team input were referred to a 'virtual ward' where a mental health team, consultant in older age medicine and social services all provided their input to best support the patient.

People with long-term conditions

Population group rating: Requires improvement

Findings

- Some outcomes for patients with diabetes, COPD and atrial fibrillation were below local and national averages.
- Patients with long-term conditions had a structured review to check their health and medicines needs were being met. This was currently taking place on an ad-hoc basis however the new provider planned for this to take place annually. 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.
- GPs followed up 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.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately or referred to an anticoagulation clinic.

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>	70.1%	79.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	4.2% (12)	8.8%	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>	69.1%	78.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	12.0% (34)	7.6%	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>	69.8%	80.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.8% (25)	9.6%	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>	78.0%	79.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (1)	4.8%	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>	77.3%	92.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.3% (1)	8.3%	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>	92.4%	83.8%	82.6%	Variation (positive)
Exception rate (number of exceptions).	23.1% (75)	3.2%	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>	75.0%	83.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	8.2%	6.7%	N/A

Any additional evidence or comments

- The new provider had brought in more nursing staff including an advanced nurse practitioner who could see patients with minor illnesses. Staff told us this had helped release GP appointments for more chronic conditions. The lead GP reviewed the nurse's prescribing to ensure minor illnesses were managed safely and effectively.

Families, children and young people

Population group rating: Requires improvement

Findings

- Childhood immunisation uptake rates for 2017/18 were below the World Health Organisation (WHO) targets.
- Newly pregnant women on long-term medicines 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) (NHS England)	33	42	78.6%	Below 80% (Significant variation negative)
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)	15	31	48.4%	Below 80% (Significant 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)	15	31	48.4%	Below 80% (Significant 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)	19	31	61.3%	Below 80% (Significant variation negative)

Any additional evidence or comments

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for childhood immunisations had declined since 2016/17. We were told this was due to low nursing provision (one nurse working five hours per week). Since the new GP started managing the service in October 2018 nursing provision had increased, and the number of hours covered by four nurses equated to 0.75 whole time equivalent (WTE) staff. Unpublished practice data for the year in progress (2018/19) showed 63% of two-year olds and five-year olds were fully immunised.
- The practice was aware their uptake rates for childhood immunisations were below the target rate and had been working to improve uptake rates by offering nursing appointments out of school hours and identifying gaps in immunisation history for currently registered and newly registered children.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

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)	57.6%	62.5%	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)	66.3%	69.5%	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)	41.5%	48.6%	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)	0.0%	75.9%	70.2%	N/A
Number of new cancer cases treated	66.7%	57.8%	51.9%	No statistical variation

(Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)				
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Any additional evidence or comments

- The practice’s uptake for cervical screening was 58%, which was below the 80% coverage target for the national screening programme. We were told this was due to low nursing provision (one nurse working five hours per week). Since the new GP started managing the service in October 2018 nursing provision had increased, and the number of hours covered by four nurses equated to 0.75 whole time equivalent (WTE) staff.
- The practice reviewed their processes to engage patients and improve uptake. For example, contacting eligible patients who had not been screened, improving access to a female sample taker and offering appointments outside of working hours.

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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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.

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, 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.
- 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.
- The GPs had received dementia and learning difficulties training as part of a local enhanced scheme.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with	97.7%	92.4%	89.5%	No statistical

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)				variation
Exception rate (number of exceptions).	6.4% (3)	8.3%	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)	100.0%	92.7%	90.0%	Variation (positive)
Exception rate (number of exceptions).	2.1% (1)	6.3%	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)	100.0%	88.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.1%	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. However, outcomes for patients with some long-term conditions were lower than local and national averages.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	494.1	540.8	537.5
Overall QOF exception reporting (all domains)	6.7%	5.8%	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

- The new provider had undertaken clinical audits to reduce antibiotic prescribing, monitor the prescribing of controlled drugs, and improve the management of patients taking bisphosphonates.
- These activities had resulted in changes to screening, medicines and clinical management of patients, in line with guidance.

Any additional evidence or comments

- Data from the Quality and Outcomes Framework showed performance had deteriorated over the last year. For example, the practice had achieved 96% of the total points available in 2016/17 (CCG and national average 95%) and this had declined to 88% in 2017/18 (CCG average 97%, national average 96%). Staff told us there was no clinical oversight or monitoring over the last year as the practice relied on GP locums. Since the new GP took over the management of the practice in October 2018 systems had been put in place to ensure the GP partner monitored the practice's performance and addressed areas of low performance. For example, by recruiting more clinical staff to assist in managing patients with chronic conditions.

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
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

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	Yes

organisations were involved.	
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.	No
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Referrals to services could not be accessed via the practice website. 	

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

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>	98.8%	96.4%	95.1%	Variation (positive)
Exception rate (number of exceptions).	0.3% (2)	0.6%	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	Yes

recorded a patient's mental capacity to make a decision.	
The practice monitored the process for seeking consent appropriately.	Yes

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

CQC comments cards	
Total comments cards received.	76
Number of CQC comments received which were positive about the service.	72
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	<ul style="list-style-type: none">The comment cards received were largely positive. Patients said they felt all staff were caring, polite and helpful. They described examples where they were listened to and treated with respect, dignity and kindness.Four comment cards provided mixed feedback, with the negative elements relating to delays getting an appointment.
Patient interviews	<ul style="list-style-type: none">The four patients we spoke with told us the GPs worked with and supported them to achieve the best outcome. They told us staff were helpful and friendly.

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
3253	391	99	25.3%	3.04%

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)	81.7%	87.5%	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)	76.8%	84.7%	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)	92.1%	94.7%	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)	65.7%	79.9%	83.8%	No statistical variation

Any additional evidence or comments

- Feedback from the 76 comment cards and four patients we spoke with was positive about consultations and interactions with clinical staff.
- Staff told us GP provision was provided by locums for the last year and this may have affected how some patients responded to their overall experience of the practice. Since the new provider had taken over in October 2018, the practice had reviewed patient feedback to address areas of low satisfaction. For example, the practice had a new GP partner and salaried GP who provided clinical sessions over four days. The practice also had a regular GP locum and planned to recruit an additional salaried GP (female) this month. Nursing provision had also improved.

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

Any additional evidence

- The practice reviewed patient feedback and had created an action plan to address areas of low satisfaction. For example, a patient had suggested more extended hours in addition to Thursday evening and the practice were considering a Saturday session for patients who had difficulty accessing the service during the week.

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

Source	Feedback
Comment cards and interviews with patients	Patients were positive about the involvement they had in their care and treatment. They said the GPs explained their condition and treatment and they were involved in decisions about their treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that 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)	86.6%	91.8%	93.5%	No statistical variation

	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.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Information leaflets in other languages and in easy read format were available in the waiting area. Some clinical and administrative staff could speak languages relevant to the patient population and we were told this was beneficial in assisting patients with queries and during consultations. Information about support groups was available on noticeboards in the practice. 	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> 90 carers identified (3% of the practice population)
How the practice supported carers.	<ul style="list-style-type: none"> Carers were supported and offered health checks, influenza vaccinations, priority appointments, and referral to support agencies.

How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The patient's regular GP would contact the relatives by telephone to offer support and referral to other support services if required.
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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

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.	Partial
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"> The main practice was dated, and some areas needed refurbishment as identified in the infection prevention and control audit. Staff told us there was limited space at the practice and the new provider planned to extend the main practice to increase the number of clinical and administrative areas. 	

Practice Opening Times		
Day	Time	
Opening times:	Main practice (Harrow View)	Branch surgery (Spencer Road)
Monday	08:00 – 18:30	08:00 – 18:30
Tuesday	08:30 – 18:30	08:00 – 18:30
Wednesday	08:00 – 18:30	08:00 – 18:30
Thursday	08:30 – 18:30	08:00 – 16:00
Friday	08:30 – 18:30	08:00 – 18:30
Appointments available:	Main practice (Harrow View)	Branch surgery (Spencer Road)
Monday	09:00 – 12:00 17:00 – 18:30	14:00 – 16:00
Tuesday	09:00 – 12:00 17:00 – 18:30	14:00 – 16:00
Wednesday	09:00 – 12:00 17:00 – 18:30	14:00 – 16:00
Thursday	09:00 – 12:00 17:00 – 18:30 18:30 – 20:00	14:00 – 16:00
Friday	09:00 – 12:00 17:00 – 18:30	14:00 – 16:00

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3253	391	99	25.3%	3.04%

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)	90.7%	93.4%	94.8%	No statistical variation

Older people

Population group rating: **Good**

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- 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.

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 district nursing 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

- Additional nurse appointments were available until 8pm on selected Thursday evenings for school age children so that they did not need to miss school.
- 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.

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 was open until 8pm on a Thursday evening and appointments were available with a GP or nurse.
- Pre-bookable appointments were also available to all patients at additional locations within the area. Appointments were available on weekday evenings from 6.30pm to 8pm and at the weekend from 8am to 8pm. Staff told us this service was rarely used by patients as the practice had improved the availability of appointments since the new provider had taken over.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily 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.

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 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.

National GP Survey results

	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

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)	74.8%	N/A	70.3%	No statistical variation
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)	53.3%	65.1%	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)	47.2%	63.4%	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)	54.3%	69.2%	74.4%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> Although there was no statistical variation in results from the national GP patient survey when compared with other practices, the results were low for questions relating to access. This data was collected between January to March 2018 and staff told us this was when the practice relied on GP locums and appointment availability did not meet patient demand. Since the change of management in October 2018 the practice had reviewed the results from the national GP patient survey and patient feedback received by the practice. An action plan was created to identify areas of low performance. Improvements implemented included increasing the number of regular clinical staff and therefore the number of available appointments and offering new services such as phlebotomy and a travel clinic in response to patient feedback. We reviewed the appointment system and saw good availability for appointments with a GP and nurse. The new provider had also changed the telephone system to improve access over the phone.

Source	Feedback
Comment cards and patient interviews	Feedback from 72 comment cards and four patients we spoke with was positive about access to appointments and their overall satisfaction with the practice. Four comment cards described difficulty getting and appointment, and five comment cards described improved access to appointments since the change in management.

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.	5
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
Practice cancelled patient's appointment with nurse and failed to rebook follow-up appointment	<ul style="list-style-type: none"> • Patient was contacted, issued an apology and rebooked. • Complaint was discussed at practice meeting and all reception staff reminded if an appointment needs to be cancelled the patient should be offered an appointment to accommodate their needs.
Patient complained practice did not action repeat prescription request via pharmacy	<ul style="list-style-type: none"> • Patient was contacted, issued an apology for the delay, informed that the practice no longer accepted requests from the pharmacy on behalf of patients, and provided details about requesting prescriptions online. • Discussed in practice meeting and staff reminded to encourage patients to use online services to request repeat prescriptions.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels / Leaders could not demonstrate 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: <ul style="list-style-type: none">• The registered provider (and previous GP principal) had not provided clinical sessions for the last year. The service relied on GP locums to carry out clinical duties. In October 2018 the practice merged with an existing GP provider and a new GP partner took over the management and clinical governance of the main practice and branch surgery. The new GP partner was in the process of changing the practice's CQC registration.• The new GP partner had implemented many improvements within a short period of time. For example, one of the GP locums had been recruited as a salaried GP, nursing provision had increased including appointments with an advanced nurse practitioner, in-house travel and phlebotomy services were now available, and appointment waiting times had been reduced from three weeks to the same or next day availability.	

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: <ul style="list-style-type: none">• There was a business plan which clearly set out the merger of the current practice (Dr Mukesh Pandya – Savita Medical Centre) with the new GP provider. The business plan detailed the proposed building improvement plans for the main practice. The patient participation group contributed feedback in support of the merger.	

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 interviews	<ul style="list-style-type: none"> Staff described a positive learning environment where they were encouraged to complete training and professional development. Staff described practice culture as being open and supportive of one another. They told us they had noted improvements since the merger.

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

Managing risks, issues and performance

There were 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

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

Feedback from Patient Participation Group.

Feedback
The patient participation group (PPG) met every three months and consisted of 12 members. We spoke with four members of the group who told us the practice were proactive in seeking the views of patients and listened to their concerns. The GPs were described as responsive to constructive comments and had made significant changes to improve patient satisfaction. The practice communicated openly with the PPG and kept them updated on areas such as patient feedback/surveys, complaints, changes within the practice, and the progress of the current merger.

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
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Examples of continuous learning and improvement

- The new GP partner was involved in local projects and had been elected as Vice Chair of NHS Harrow CCG. The GP was also a trainer and planned for the practice to teach medical students in the future.

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.