

Care Quality Commission

Inspection Evidence Table

Lakeside Medical Practice (1-550165740)

Inspection date: 16 January 2019

Date of data download: 08 January 2019

Overall rating: Outstanding

At the last inspection in September 2015 we rated the practice as good overall.

We rated it as outstanding in September 2015 for caring because:

The culture of the practice was patient's focused with initiatives to meet the diverse needs of the population groups. Staff provided tea, toast and clothing to patients who were homeless. The practice used a regular interpreter for patients from one local community. The practice worked with other health services to bring health services to the practice, such as phlebotomy to prevent patients having to travel to local hospitals for these services. Reception staff provided a coffee morning for older people once a month to help prevent social isolation. They employed Patient Liaison Officers who were in contact with patients identified as vulnerable

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
Policies were in place 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

Safeguarding	Y/N/Partial
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
Systems were in place 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

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
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	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: October 2018	Yes
There was a record of equipment calibration. Date of last calibration: November 2018	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: November 2018	Yes
There was a log of fire drills. Date of last drill: December 2018	Yes
There was a record of fire alarm checks. Date of last check: completed weekly each Wednesday – log seen	Yes
There was a record of fire training for staff.	Yes

Date of last training: Completed in e-learning by staff - various dates	
A fire risk assessment had been completed. Date of completion: November 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises risk assessment had been carried out. Date of last assessment: July 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2018	Yes
No actions were identified for the provider.	

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control. Date of last infection prevention and control audit:	Yes
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

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 in place 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
As a safety net patients who presented three times for the same problem without a diagnosis being identified were referred to secondary care unless there was a sound clinical explanation.	

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	0.84	0.91	0.94	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)				
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)	10.1%	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 in place 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 in place 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 in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For online prescribing there were effective protocols in place 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	Yes

Medicines management	Y/N/Partial
emergency medicines/medical gases.	
There was medical oxygen and a defibrillator on site and systems were in place 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

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:	15

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

Event	Specific action taken
A patient had presented several times for the same problem and had not been diagnosed. In the event they had a serious condition whose treatment had been delayed.	A process was added to the practice's general safety netting protocol stating that patients who presented with the same problem on three occasions without a diagnosis were to be referred to secondary care unless there was a sound clinical explanation.
There had been a power loss to the practice building resulting in partial failure of support systems from computers to running water. The power was restored after about four hours.	<p>The practice contingency plan was implemented. Patients were triaged and non-urgent patients were cancelled using staff mobile telephones. Urgent patients were still seen. Messages were posted on the Lakeside practice website, and Thamesmead social media pages to inform patients what was happening.</p> <p>Neighbouring practices, with whom Lakeside had "buddying" arrangements were contacted and preparations made to see patients at those premises.</p> <p>The practice reviewed the incident and concluded that buddying arrangements and good working relationships with local pharmacies had been key to the response. Staff were thanked for being flexible and responsive to patients' needs under trying circumstances.</p>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes

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
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>	1.22	0.62	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- 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.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of their condition.
- 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.
- The practice used a number of self-management plans to help patients with long-term conditions identify when their condition was deteriorating so they sought advice at the most appropriate times.

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>	72.8%	80.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	11.4% (103)	14.1%	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>	80.4%	78.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.1% (82)	10.5%	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>	80.4%	79.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.3% (93)	13.3%	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>	72.7%	73.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.1% (24)	8.1%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.1%	87.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	6.6% (17)	11.6%	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>	78.8%	82.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.1% (102)	5.0%	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	83.3%	87.2%	90.0%	No statistical variation

therapy (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	2.0% (2)	6.6%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets.
- 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) (NHS England)	259	280	92.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	222	262	84.7%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	226	262	86.3%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	226	262	86.3%	Below 90% minimum (variation negative)

Any additional evidence or comments

The practice booked eight-week checks and immunisation appointments at birth, reminded parents and followed up all non-attenders.

To try and raise childhood immunisation uptake rates each GP had recently been given a set number of non-attenders to telephone and ask them to attend. The practice's experience was that a telephone call from a GP, in person, was more likely to lead to attendance.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	73.9%	74.5%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	67.2%	77.1%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	48.7%	54.8%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	63.8%	68.9%	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)	72.9%	54.7%	51.9%	No statistical variation

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 homeless people, travellers and 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.
- 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 relevant staff had received dementia training.

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>	90.7%	91.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	9.1% (15)	11.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption	81.2%	89.7%	90.0%	No statistical variation

has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	6.7% (11)	8.9%	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)	72.5%	79.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.2% (3)	5.3%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	546.7	512.5	537.5
Overall QOF exception reporting (all domains)	5.3%	6.0%	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

- A review of the diagnosis of dementia showed that the prevalence of the condition was about 40% of what might be expected in a similar practice. This was discussed in clinical meetings, there was some further learning and an emphasis placed on staff to work to recognise the condition. After the remedial steps prevalence increased to 75% of that expected.
- There was an audit of referrals to secondary care for infertility treatment. This had identified several areas where the quality of the referral could be improved. These had been discussed with the clinical team and a further audit was scheduled to test if the planned improvements had been effective.

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. This 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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	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)	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

Helping patients to live healthier lives

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

	Y/N/Partial
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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
<p>The practice had a partnership with a local charity and a housing association, called Positive Steps Thamesmead (PST).</p> <p>PST is an advice and support organisation. Its services are open to all local residents, patients or not. It helped help people live healthier lives for example, £1 entry to a local gym and referral to exercise classes.</p> <p>The practice hosted and supported a weekly seated Pilates class. Attendance ranged from eight to 12 patients.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.0%	94.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.0% (31)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Caring

Rating: Outstanding

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
<ul style="list-style-type: none">• Reception staff at the practice provided drinks, snacks for homeless patients and invited these people to sit inside, away from extreme weather. They were able, for example, to charge their mobile telephones. Thus, staying in touch with family or being available if social services or other services were trying to contact them. There was a small clothing bank which was used to provide replacement clothing to the homeless.• There was a Patient Liaison Officer (PLO) who was in regular contact with patients who were particularly vulnerable. Such patients were asked by GPs and nurses if they would like PLO support. If a patient consented the PLO would be called into the consultation and introduced to the patient. The practice felt that this, as opposed to just providing a telephone number, made the contact personal and more effective. The PLO had 19 cases, at the time of the inspection, where there was direct proactive intervention. Cases where the PLO was involved were flagged on the clinical system so that staff were aware of the vulnerabilities.• All the cases that were referred to the PLO were treated by practice as “serious incidents”. Therefore, they were reviewed to help ensure the best outcome, clinical and otherwise, for the patient. The PLO and a GP had called on a vulnerable patient and identified, incidentally, a young family, who were not practice patients, who were living in very poor accommodation. The practice had supported the family to be rehoused. The support ranged from liaising with local authorities concerned to practice staff providing a Christmas stocking for the children• The PLO had identified a patient at immediate risk of suicide. Through the close relationship they had developed the PLO persuaded the patient to stay at the practice whilst specialist help was secured.• We saw that the practice treated patients as individuals. For example, we reviewed one challenging patient who required specific daily intervention to help prevent admission to secondary care. The practice ensured that an appointed clinician was available at a specific time every day for an hour to care for the patient if they attended the surgery. This arrangement required a considerable amount of reserved clinical time.	

CQC comments cards

Total comments cards received.	33
Number of CQC comments received which were positive about the service.	33

Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
NHS choices	The practice had received six patient reviews over the previous twelve months. Five had rated the practice as 5*. The points mentioned were: friendliness of the reception staff, and the skill and commitment of the doctors and nurses. One review had rated the practice as 2* because the patient had not been able to see a GP of choice. They had been offered an appointment with another GP.
Patients, Comment cards	All the comment cards were positive. Of the 33 cards 12 cards specifically used the words care or caring. Ten cards mentioned the services the practice supported or provided including the Pilates class, Positive Steps Thamesmead (PST) (a partnership between the practice, a local charity and a local housing association) or MIND.

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
16329	352	88	25%	0.54%

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)	85.3%	86.4%	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)	87.2%	85.4%	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)	91.2%	94.0%	95.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	77.9%	80.4%	83.8%	No statistical variation

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
Interviews with patients.	We spoke with four patients. All were pleased with the care they had received. Three patients commented on the range of services that were available at the practice such as debt and immigration counselling.

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)	91.4%	92.4%	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.	Yes

- Staff told us they had access to translation services for patients for whom English was not their first language and between them staff spoke seven languages used locally. They had an arrangement with a regular interpreter for patients from one local community. The practice was the largest consumer of interpretation services within the Clinical Commissioning Group (CCG).
- There was a systematic approach where interpreters were essential. The patients' appointment would not be confirmed unless the practice knew that an interpreter was available, therefore patients were not left frustrated and clinical time was used to best effect.
- Some reception staff had completed training in deaf awareness. There were five reception staff competent in British Sign Language to help communicate with patients who were hard of hearing.

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 182 carers. This is just over 1% of the practice population. The practice had a separate register of young carers (defined by the practice as carers below 25 years of age). They had identified 17 young carers.
How the practice supported carers.	<ul style="list-style-type: none"> • The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them. Patients who were also carers were offered influenza vaccinations annually. The practice's computer system alerted staff if a patient was also known to be a carer. • In suitable cases carer were referred to a social action charity, aiming to support people's independence and reduce social isolation. • Unplanned admissions were discussed monthly at the primary care/integrated team meetings. Discussion about the health and welfare of any carers of those patients was a standing agenda item. In particular the support necessary for young carers was a priority. • There was a monthly safeguarding meeting. Carers were included on the agenda. The needs of their young carers were considered. We saw evidence that where young carers needed a specific intervention the practice ensured that the correct support agency was involved. • The practice website contained links for further sources of support and the waiting room had information, signposting and sources of support. The practice worked with Positive Steps Thamesmead (PST) an advice and support organisation. Through this carers could access a range of organisations from welfare and support through to those providing expertise in finance such as benefits.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • All bereavements were notified to all staff so they were aware when talking to relatives. Relatives were offered a consultation either by telephone or a home visit. • The Patient Liaison Officer attended all the Gold Standard Framework meetings (dealing with end of life care) so was prepared to help and assist families when asked. The practice also provided help by signposting relatives to other support services where appropriate.

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: Outstanding

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
<ul style="list-style-type: none"> • The practice was an integral part of the community it served. • There is a large amount of development taking place with some 5000 new homes locally. The practice is the only GP member of the Belvedere and Thamesmead Estates Working Group. The group comprises the main partners in the developments. The practice's role is to ensure that primary care facilities are integrated into the developments. The practice had discussed the plans with their local MP and received their support. This work had directly benefited patients for example, by getting a new road crossing outside the practice when the work was most disruptive. It had ensured that the developers built in primary care to a new brown field site which, previously, had no provision for local accessible primary care services. • The practice recognised that some patients were isolated from the two local general district hospitals providing secondary care. Accessing these service by public transport often involved multiple journeys across a number of routes. This, in an area of high deprivation and unemployment, meant that patients could, in practical terms, be excluded from care. • The practice provided several secondary care services in house to reduce the need for patients to travel to hospital. There was a physiotherapy service for musculoskeletal problems. Phlebotomy services, from a local hospital, were hosted at the practice three times a week. • The practice encouraged partners to provide other services such alternative therapies, a range of counselling and support services and a project for alcohol abuse. None of the partner organisations were charged for using the practice facilities or for any support (such as providing reception staff and diarising clinics). The practice ethos was that the benefits to the patients have priority. • The practice recruited staff locally where possible. As a result some of the nursing staff were from local ethnic minorities. They told us that this helped in overcoming some of the cultural barriers to attending for certain conditions, particularly those associated with sexual health. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	0730-1830
Tuesday	0700-1830
Wednesday	0730-1830
Thursday	0800-1930
Friday	0800-1830
Appointments available:	
Monday	0730-1820
Tuesday	0700-1820
Wednesday	0730-1820
Thursday	0800-1920
Friday	0800-1820

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16329	352	88	25%	0.54%

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)	91.4%	94.5%	94.8%	No statistical variation

Older people

Population group rating: Outstanding

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.
- The practice had patients at one residential home and one nursing home. There were regular ward rounds. The ward round was accompanied by a consultant geriatrician on a regular basis.
- The practice recognised that there were difficulties in communication between themselves and the staff at the care and nursing homes. This had led to possibly unnecessary admissions to hospital and lost clinical time. They met with home managers and pharmacists to discuss how clinical communication could be improved. In consequence the practice had bid for funds to Health Innovation Network for tablet computers to give to the two homes. The computers were linked to the clinical system. This allowed clinicians to view patients notes and talk to staff and patients. GPs could make decisions remotely, for example as to the medicines needed or whether a visit was required.
- The practice provided a weekly seated Pilates session for older patients. As well as improving health it was intended to foster friendships and reduce social isolation. We spoke with the Pilates trainer who told us that there were regular attendees at the sessions. The “regulars” went for coffee afterwards.
- There was a monthly coffee morning at the practice for patients, or non-patients, from this population group. Attendance varied, according to the time of year, from 40 to about 20. A patient had volunteered to provide and supervise games such as beetle drive and bingo, this was planned for February 2019. Several people attending the coffee morning had told the practice that it had led to them setting up a smaller weekly get together for older people living locally.
- The practice held monthly Palliative Care meetings under the Gold Standard Framework (dealing with end of life care).

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 and community matrons 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.
- The practice provided an anticoagulation service at the surgery or at patients’ homes if necessary. This service was also available, under partnership arrangements, to patients of other practices.
- There was a hospital phlebotomist in the practice three days a week
- The practice used test messaging as reminders, auto cancellation and to target specific patient groups for example, influenza immunisations clinics, diabetic clinics and phlebotomy clinics.

Families, children and young people

Population group rating: **outstanding**

Findings

- There was an after-school “book on the day” child health clinic 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

- Thamesmead has highest incidence of HIV in England 16 per 1000 as opposed to 2 per 1000 nationally. The practice offered schemes for early identification and referral, including testing at all New Patient Checks. The practice planned to implement all bloods HIV testing.
- The practice had identified, from the strategic needs analysis, that there was a lack of sexual health provision for their patients. They had set up a sexual health clinic. This was called the “access” clinic to try and reduce the stigma directed at people attending. It was promoted through various groups. Members of the practice participation group promoted the service by giving talks in local schools. The service was well received. It began with fixed appointments, Patients said they would be more likely to attend if they could walk-in. The clinic was extended to allow for walk in patients for the second session. This session had been extended to include people who were not patients. We saw an example of the early identification of a family testing positively with HIV and how the early identification had impacted positively on the treatment of the family.

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 from early morning three days a week and one evening. Pre-bookable appointments were also available to all patients.
- There was online booking, a mobile app, econsult (allowing consultations over the internet) and a tablet computer in reception to access these. One of the NHS choices comments referred the convenience of the on-line portal for people who are at work during surgery hours
- The practice has been selected to pilot video consulting and were in discussions to identify the quality of equipment necessary.

People whose circumstances make them vulnerable

Population group rating: outstanding

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Reception staff at the practice provided drinks, snacks for homeless patients and invited these people to sit inside, away from extreme weather. There was a small clothing bank which was used to replace clothing to the homeless. The practice cared for travellers at a local site. Staff attended to patients there without having proof of address.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. Homeless patients use the practice address for correspondence and facilities such as telephones and mobile telephone charging
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice is a founding partner, with a local charity and an arm of the largest housing association in the area in Positive Steps Thamesmead (PST) an advice and support organisation. PST is hosted at the practice. It is open to everyone, patients or not. Through PST vulnerable people could access a range of organisations providing welfare and support, sometimes referred to as social prescribing. People could be referred for help with: Housing, Finance, Benefits, Immigration, Social (e.g. Men in Sheds, Coffee Mornings). It was able to help homeless people who were being housed. For example, there was evidence that on 50

occasions recycled furniture had been offered to and taken up, through PST, by homeless or vulnerable people.

- The practice issue vouchers for the local food bank.
- There was a weekly Citizens Advice Bureau in the waiting room at the practice.
- There was no permanent police building in the area. The practice hosts a drop-in clinic, staffed by two police officers, every other week. It was open to all who live locally, patients or not. The practice had no information about what problems were discussed but it was well attended and the local police had asked that it be maintained.
- The practice met with the Samaritans September 2018. They have been offered a room and they will be starting a weekly clinic in February 2019 for both patients and non-patients.
- The practice recognised that many patients either had no access to the internet or could only access the internet through Pay as You Go phones, which were prohibitively expensive to those patients. Accordingly, they installed a tablet computer in reception. Patients could use this to access online services (for medicines, appointments and their record) and could use the econsult form. The practice responded to econsult requests by the end of the next working day. The receptionists have been trained to help patients having trouble using or understanding the systems. The use of the system frees up clinical and administrative time, saving on appointments and telephone calls. The econsult saved patients time attending appointments for routine requests, such as repeat Statements of Fitness for Work.

**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.
- Patient with more serious mental health conditions could have joint consultations with their GP and a consultant psychiatrist.
- All the GPs at the practice had attended a Young People’s Mental Health course.
- Many of the Patient Liaison Officer’s cases involved patients with mental health problems. We saw evidence that this intense caring support had materially helped patients from this group.
- The practice had effective liaison with Mind. In October 2018 the practice met with Mind and learned about a Mind self-referral project. As a result, patients could now self-refer without having to see a GP. The PLO told us that this had made accessing mental health services a more seamless experience for patients.

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)	55.3%	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)	61.3%	62.4%	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)	66.7%	59.9%	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)	69.1%	69.5%	74.4%	No statistical variation

Any additional evidence or comments

- We discussed the results of the question “how easy it was to get through to someone at their GP practice on the phone”. The practice pointed out that all the GP survey data was based on a sample of only 88 responses, about 0.5% of the practice list.
- However, the practice acknowledged that it was difficult to get through on the telephone, particularly at busy times. There were physical constraints that made changing this difficult. They believed that telephone contact for patients was likely to be less of an issue in future years. It was for these reasons that they had developed their on-line access, econsult and access through tablet computer.

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.	10

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.	none

	Y/N/Partial
Information about how to complain was readily available.	yes
There was evidence that complaints were used to drive continuous improvement.	yes
We saw that the practice worked with a local advocacy service to help resolve issues. The practice welcome external advocacy because their experience had been that this was more likely to result in a satisfied patient.	

Example(s) of learning from complaints.

Complaint	Specific action taken
There was a complaint about a breach of confidentiality at the front counter.	As a result of their investigation the practice now used “flash” messages, on the reception staff screen, to inform staff about issues of concern.
A patient complained that they could not get access to a service when it ought to have been available.	This resulted in staff receiving reminders about when certain services were available.

Well-led

Rating: Outstanding

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	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 in place, including a succession plan.	Yes
<ul style="list-style-type: none"> Recruitment of clinical staff was a major issue for practices in the area and had been so for many years. The practice's solution was to nurture talent from within. Three apprentices had been recruited in the last two years all of whom had gone on to become permanent members of the team. One of the Positive Steps Thamesmead (PST) volunteers had been taken on at the practice and had trained to become a healthcare assistant. The practice had trained nurses to become nurse practitioners and trained hospital nurses to become practice nurses. There was continuity of development. Staff knew and understood that education and opportunity were open to all. Recruiting locally and nurturing talent from within meant the practice better reflected local demographics than might otherwise be the case. The practice had recruited nursing staff who reflected the local community, this had helped in overcoming some of the cultural barriers to attending for certain conditions. Staff met regularly to discuss any issues or complex cases. There was a schedule of meetings so configured that most, though not all, of the clinicians met on a Wednesday. We saw evidence of discussions of complex ethical issues, for example related to child safeguarding, where staff gave and received peer support. There was a principal of promoting leaders from within where possible. There were five partners, four of the partners originally came to the practice as GP trainee registrars. After completion of their training they became salaried GPs and then partners. There was a succession plan for leadership of the active but retiring PPG. The practice sought out new leadership for the PPG and ensured that there were meetings between the incoming and outgoing leadership so that there was continuity both in ethos and in the development of specific projects. 	

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 in place 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
<ul style="list-style-type: none"> The strategies were aligned with plans in the wider health economy. The practice had learned in September 2016 that there was to be a reduction in the available HIV services. They set up the sexual health clinic and blood testing for HIV. This reflects the position that the area has the highest HIV rate per thousand of population in England. The practice has embraced digital services with technology in the waiting area so the patients could consult with a GP on less urgent matters such as routine certificates. They have provided technology at their two homes for older patients so that they can provide more efficient and effective treatment. The practice use of electronic prescribing was 68% against a national target of 56%. 	

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
There were regular team meetings. Staff told us how they had influenced the running of the practice through the meetings. For example, there had been changes to the length of nursing appointments as a result of concerns raised in nursing staff meetings.	

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

Source	Feedback
Staff interviews	Staff told us they were proud to work at the practice. They felt the practice was different. The scale and scope of what they were involved in inspired and motivated them. They said that the fact they could offer such a range of interventions, from the purely medical, to social and welfare was a source of great satisfaction. They were trained and supported by the practice to extend their skills whether these were clinical, administrative or interpersonal.

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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
Meetings were effective. For example, we saw minutes from a meeting where significant events were discussed. Specific learning had been shared. Actions arising from meetings were allocated to individuals, this was recorded on the meeting's minutes and on an action log. The actions were followed through until signed off as complete.	

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 in place which were regularly reviewed and improved.	Yes
There were processes in place 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
There are major developments in housing and infrastructure locally. The practice reviewed its accommodation and evaluated future needs. As a result, it successfully bid for funds from NHS partner organisations to refurbish and extend the premises. The practice had added an additional six clinical rooms and extended administrative facilities to support the additional clinical capacity.	

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
<ul style="list-style-type: none"> • There was regular and effective review of information. The practice had an annual turnover of 20% of the patients' list. They recognised this as difficult to manage. Extra staff time and facilities were available to make the registration (and de-registration) of patients timely. • The practice could demonstrate that for example, its outpatient procedure rate was 16% less than the local average. The practice's patients were less likely to attend Accident and Emergency or urgent care centres, by 5% and 8% respectively, during GP opening hours, than was the average locally. The practice believed this was because of the extensive range of interventions they could offer and hours (and range of appointments) during which the practice was open. • The practice had developed considerable expertise in the use of the clinical system. We saw evidence of consistency by clinical staff in the use of templates. This meant less risk of variation in the coding of diagnoses and interventions. There was consistency in record keeping. • Staff from the practice had helped staff from three neighbouring practices to improve their use of the same clinical system. In all 40 hours of Lakeside staff time had been spent on this. 	

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
<ul style="list-style-type: none"> • Patients had fed back that the waiting area was cramped and not patient-friendly. The practice secured funding from NHS partners to upgrade the waiting room facilities. Patients commented on lack of drinking water during the summer the practice bought and installed a water dispenser in the waiting area. • Patients commented on lack of confidentiality at the front desk. The practice introduced a red line, a metre away from the desk to help ensure patients' conversations are not overheard. The practice also installed a radio for the same reason. • The practice was a member of the Belvedere and Thamesmead Estates Working Group. This was a partnership enterprise to help ensure care facilities are integrated into housing developments locally. They were supported by their local MP in this. This directly benefited patients for example, by getting a new road crossing outside the health centre when the work 	

was most disruptive and by ensuring that the developers build in primary care to a new brown field site which, previously, had no provision for local accessible primary care services.

- The practice was a partner and founding member, with a local charity and an arm of the largest housing association in the area in Positive Septs Thamesmead (PST) an advice and support organisation. Aside from the clear benefits to patients the practice had assessed its benefits to the practice. PST clients were surveyed. They were asked to whom they would turn if PST were not there, 20% said that would go to their GP. Most of these requests would be triage consultations that is telephone based consultations with a GP. Over a two-year period, that PST has been in existence there had been an average monthly reduction in triage consultations amounting overall to 213 consultations per month. There may be other factors but the practice believes much of this is because of the existence of PST.

Feedback from Patient Participation Group.

Feedback

We spoke with the Chair of the Patient Participation Group (PPG). Members of the group had met with the outgoing PPG chair to help provide some continuity of the actions in progress. The PPG felt the practice was very keen to promote their work but was not prescriptive in what should be the PPG's priorities. For example, the PPG had given talks at the local schools to promote the sexual health clinic.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement

- The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients, both their own and others.
- It had been chosen by the London Ambulance Service (LAS) to mentor and develop LAS Advanced paramedics to work with GPs.
- The business manager had promoted the benefits of social prescribing (as shown by PST) at seven events across the Greenwich and Bexley boroughs. These comprised clinical and lay events. Bexley CCG agreed to fund social prescribing and it has been introduced gradually during the last year.
- The practice's recruitment processes, checklists and administration were presented to the local practice managers forum and the local primary care development group. Other practices now use this as their recruitment template. The practice's electronic mail system, which had evidenced

saved staff time and reduced print and postage costs, had been presented across the locality. Seven practices came to view the system and it has been adopted across many local practices.

- Staff from the practice worked over several months to support a local struggling practice. This included providing templates of forms to help the administrative staff, mentoring and coaching staff and speaking at staff meetings.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant 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.