

Care Quality Commission

Inspection Evidence Table

Grand Union Health Centre (1-2433000105)

Inspection date: 14 March 2019

Date of data download: 5 March 2019

Overall rating: Good

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">The Royal College of Paediatrics and Child Health issued updated guidance in January 2019 which set out the appropriate level of safeguarding children training required for different members of staff, which included the recommendation that practice nurses should be trained to level 3. At the time of the inspection only one of the practice nurses had been trained to	

Safeguarding	Y/N/Partial
<p>safeguarding level 3 and two practice nurses remained at level 2. The practice was aware of the guidance. We saw that the practice had amended their safeguarding children policy to reflect this update. Leads informed us that they were working towards compliance and arrangements had been made for staff to undertake the appropriate level of training.</p> <ul style="list-style-type: none"> The safeguarding lead attended quarterly external safeguarding meetings as well as quarterly in-house multi-disciplinary safeguarding meetings. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>A sample of staff files, including a locum, were seen and all complied with regulations and with the recruitment policy and procedure of the practice.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: 08.03.2019</p>	Yes
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: 09.03.2019</p>	Yes
<p>There were risk assessments for any storage of hazardous substances for example, storage of chemicals.</p>	Yes
<p>There was a fire procedure.</p>	Yes
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: 21.11.2018</p>	Yes
<p>There was a log of fire drills.</p> <p>Date of last drill: 31.01.2019 (undertaken every 6 months)</p>	Yes
<p>There was a record of fire alarm checks.</p> <p>Date of last check: 14.03.19 (undertaken weekly and logged)</p>	Yes
<p>There was a record of fire training for staff.</p> <p>Date of last training: Variable dates undertaken via on-line training portal</p>	Yes
<p>There were fire marshals.</p> <p>Date of last training: 20.12.2018</p>	Yes

A fire risk assessment had been completed. Date of completion: 08.08.2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • All the medical equipment we reviewed in the practice had been calibrated within the last year except one ear irrigator. The practice told us they would include this in the next calibration schedule and use alternative ear irrigation equipment until this had been undertaken. • We saw that the lift was maintained on a service contract. • We saw evidence of a valid gas safety certificate undertaken on 05.12.2018 and an electrical installation condition report undertaken on 22.03.2014 (valid five years). • An asbestos risk assessment had been undertaken on the premises in March 2018 with no actions required. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 08.03.2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 12.03.2019	Yes

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:	March 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"> • A Legionella risk assessment had been undertaken in August 2017 and we saw evidence that monthly water temperature testing and flushing of water outlets identified as infrequently used was carried out. • All staff had received Infection Prevention and Control (IPC) training relevant to their role and refresher training was undertaken annually. The practice nurse had been nominated as the IPC lead but had not undertaken any enhanced training to support them in the extended role. The practice nurse told us that protected time was allocated on a weekly basis for carry out the role. • The practice nurse demonstrated the process to decontaminate non-disposable equipment, for example an ear irrigator. We saw that a log was maintained for some equipment, but we found no record of checks for the peak flow meter. Immediately following the inspection, the practice sent evidence that a system to log decontamination had been implemented. • The practice had a system in place to replace disposable curtains in consultation rooms every six months. We observed that this had been undertaken in all but one room. Immediately after the inspection the practice sent evidence that the curtain had been replaced. 	

- The practice had a children's area with a selection of toys. The practice did not have a cleaning schedule of how these were kept clean and the frequency of cleaning.
- Handwashing, sharps injury and sepsis awareness posters were displayed in all clinical rooms.
- Spillage kits were available and staff we spoke with knew where they were located.
- Staff we spoke with knew how handle clinical specimens on reception and had access to personal protective equipment.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice utilised the panic alarm system integrated into its clinical system and this was the practised method of raising an alarm. If staff were not logged onto the clinical system then consultation rooms had separate panic alarms installed. • The practice had a sepsis screening, early recognition and treatment protocol which was accessible to all staff. We saw that the practice had also delivered training to its non-clinical staff and we saw sepsis awareness posters and guidance for reception staff. Staff we spoke with confirmed they were aware of the guidance. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a dedicated document management administration team (2.6 whole time staff equivalent) and had invested in document management optimisation software which integrated with its clinical system. We saw evidence that the system was regularly audited to ensure it was safe and that relevant action had been taken with correspondence and documentation received. The practice merged with a neighbouring practice in September 2018 and we saw that the document management team had successfully integrated into its current patient note filing system an additional seven thousand patient notes and coordinated the review, scanning and coding of patient-related documentation and correspondence and summarised patient notes transferred as part of the merger. 	

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) (NHS Business Service Authority - NHSBSA)	0.69	0.55	0.94	No statistical variation
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%	10.7%	8.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.07	5.65	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	0.75	0.86	2.22	Significant Variation (positive)

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
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
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

Indicator	Practice	CCG average	England average	England comparison
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.				Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had a full-time clinical pharmacist who supported medication reviews. Clinical oversight and supervision was provided by the GP partners. The practice told us there had been a positive impact on its medicine management systems and processes because of the pharmacist. There was a practice protocol for managing patients on high risk medicines. Staff we spoke with knew how to access it. We saw that audits of patients on high risk medicines and controlled drugs had been undertaken as part of the practice's audit schedule. We observed that the medical oxygen cylinder for use in emergencies was located close to a source of heat. The practice immediately relocated the cylinder within the room to a more suitable place. The practice had recently had a cold chain breach when the temperature had deviated outside the required range of 2°C and 8°C for one of its fridges. We saw that the practice had managed the breach in line with guidance and recorded the incident as a significant event. We saw that an outcome of the significant event was the procurement of a data logger (a portable device that records temperatures over a defined period of time) for each of its fridges. There were three vaccine fridges in the practice. We saw that the practice had not taken steps to avoid the accidental interruption of the electricity supply to its medicine fridges, for example via a hard-wire fuse or by placing cautionary notice on the plug. The provider sent evidence after the inspection that notices had been placed on the plugs. 				

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	16
Number of events that required action:	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff we spoke with told us that when things went wrong there was a culture of openness and support. We saw evidence of written communication with patients in relation to a cold chain breach in line with the requirements of the duty of candour. Significant events were a standing agenda item and we saw minutes of meetings which included outcomes and learning points from incidents. 	

- The practice reviewed all incidents annually to identify any trends. For example, the practice had reported that four significant events were related to staff and patient communication. We saw that part of the learning outcomes included additional training for some staff which would be addressed as part of their appraisal personal development plan.

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Cold chain breach (the vaccine fridge temperature had deviated from the recommended temperature of between +2°C and +8°C).	<ul style="list-style-type: none"> • Activated cold chain breach protocol. • Quarantined all potentially affected vaccines. • Contacted vaccine manufacturers for guidance. • Contacted CCG and Medicine Management Team. • Ran search of patients potentially affected. • Wrote to all patients regarding the breach with guidance. • Destroyed vaccines which were affected. • Cold chain training refresher delivered to staff. • Data loggers purchased for each vaccine fridge to enable more accurate temperature reading.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice told us that alerts were received by the lead GP and practice manager and were disseminated to all clinical staff. The lead GP and clinical pharmacist reviewed and made a decision on their relevance. We saw that some recent alerts had been acted upon and patient searches and follow-up undertaken. The practice maintained a log of all alerts received and action taken including where no action had been taken as the alerts were not relevant to the practice. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes

There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

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>	1.24	0.89	0.81	No statistical variation

Any additional evidence or comments

- The practice merged on 18 September 2018 with a neighbouring practice who had been rated inadequate and placed into special measures by an inspection undertaken on 10 May 2018. The merger resulted in approximately seven thousand patients transferring to the location and created a combined patient list of approximately 17,000 patients. The Quality Outcomes Framework (QOF) data in this evidence table relates to 1 April 2017 to 31 March 2018 and does not include the merged patient list.
- We saw audits and data which showed the practice had recorded patient outcomes for all clinical indicators prior to the merger for the period 1st April 2018 to 17 September 2018 for its own patient list and for that of the patients transferring. For the QOF period 2018/19, the day prior to the merger, the practice had achieved 388/545 points and the practice who were merging had achieved 211/545 points. On the day of the merger, the combined achievement was 259/545 points. We saw that the practice had worked systematically with its team to review patients in each clinical indicator. On the day of our inspection, the practice had achieved 535/545 points (98% achievement) for the 2018/19 QOF period which was due to close on 31 March 2019.

Older people

Population group rating: Good

Findings

- The practice participated in the locally funded My Care, My Way (MCMW) initiative (an integrated care service for patients aged 65 and over to assess health and social care needs and care planning). The practice had a full-time case manager and two health and social care assistants allocated to the practice. Patients were assessed using the Frailty Index, a method to identify and predict adverse outcomes for older patients in primary care, for example unplanned hospital admissions. Patient outcomes were shared with the practice GPs through weekly multi-disciplinary team meetings.
- All patients over the age of 75 years of age had an allocated named GP and were offered an annual health check.
- The practice participated in the Whole Systems Integrated Care (WSIC) initiative which enabled more effective management of patients through linked patient data from acute, mental health and community trusts and GP practices to generate an integrated care record to provide a 'joined-up' care history. The practice used this data to manage patients, specifically those who were at high risk of admission.

- 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.

Any additional evidence or comments

We reviewed QOF data and patient outcomes for the patients who transferred to the practice as part of the merger for the period 1 April to 17 September 2018 and following the merger on 18 September 2018 to the time of our inspection on 14 March 2019 and found:

- Prior to the merger, no patients over the age of 75 had received a care plan. At the time of our inspection, 148 patients had been reviewed and a comprehensive care plan completed of which 52 patients had been referred to the MCMW service where no patients had previously been referred. This had benefited patients by way of being managed by the appropriate team which could include input from a geriatrician, pharmacist, social worker and face-to-face consultation with a GP and the practice's case manager.
- Prior to the merger, 30 patients over 65 on polypharmacy (the concurrent use of multiple medicines by a patient) had received a medication review. At the time of our inspection, 253 patients, on polypharmacy, had received a medication review.
- It was noted during the medication reviews that a high proportion of patients had their medicines recorded on the clinical system as an acute medicine (short-term use) and not as a repeat medicine (long-term use). An audit showed that prior to the merger 152 patients over the age of 65 were on a repeat medication template. After the medication review process, a further 211 patients over the age of 65 were put on a repeat medication template and their diagnosis was coded to each medication in line with good practice. This enabled the practice to safely monitor medication use, for example the prescribing and management of high risk medicines.

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. For example, the practice engaged in virtual asthma and COPD clinics with a spirometry consultant in the management of its patients.
- The practice had 919 diabetes patients on its register, most of whom were managed in surgery. The practice held four virtual clinics per year with the diabetic consultant and consultant nurse for complex and difficult to manage diabetes patients. In addition, the practice participated in the CCG transforming diabetes care reporting dashboard which monitored nine key care processes, for example, percentage of patients with a blood pressure and cholesterol reading.
- 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 suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.

Any additional evidence or comments

We reviewed QOF data and patient outcomes for the patients who transferred to the practice as part of the merger for the period 1 April to 17 September 2018 and following the merger on 18 September 2018 to the time of our inspection on 14 March 2019 and found:

- Prior to the merger, 15 of the 314 patients on the diabetes register had received a review (5%). At the time of our inspection 223 patients had received a review (71%).

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	84.8%	78.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	16.7% (92)	11.1%	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) (QOF)	79.7%	77.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	14.3% (79)	9.4%	9.8%	N/A
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	83.2%	80.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	12.9% (71)	11.0%	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	85.3%	79.0%	76.0%	No statistical variation

(01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	2.7% (15)	4.7%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.2%	89.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.2% (8)	10.2%	11.5%	N/A
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	86.4%	80.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	6.8% (66)	4.4%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	93.3%	87.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.2% (4)	6.7%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- There were 3064 patients registered under the age of 18. The practice was part of the design and the pilot site for the local NHS Trust's Connecting Care for Children (CC4C) paediatric integrated care initiative which has since expanded across tri-borough through child health GP hubs. The service consists of monthly practice-based paediatric clinics and multi-disciplinary team (MDT) meetings which included health visitors, school nurses, dieticians and children's mental health professionals. In the last year, 150 patients had been discussed at a MDT meeting and 74 children had been seen in-house by the paediatrician together with a practice GP.
- Childhood immunisation uptake rates were slightly below with the World Health Organisation (WHO) target of 90%. The practice demonstrated a recall system for its childhood immunisation programme. The practice was aware of the achievement. The practice had implemented a reminder text alert to be sent the day before the appointment. The practice nurse demonstrated how patients who had failed to attend for their appointment were followed-up by phone call and text message.
- 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 and would liaise with health visitors when necessary.

- Young people could access services for sexual health and contraception.

Any additional evidence or comments

- The practice worked with Connecting Care for Children (CC4C), their PPG and local stakeholders such as London Sports Trust to develop a summer sports programme for local children and families to enable access to free or low-cost activities during the summer school holidays. The practice told us that approximately 300 children between the ages of three and 14 engaged with the project. The practice planned to extend the programme to all school holidays.
- The practice identified that 38 children who had transferred to the practice as part of the merger would benefit from review and assessment through the CC4C child health hub and are currently under the supervision of a consultant paediatrician and a multi-disciplinary team.

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)	109	126	86.5%	Below 90% minimum (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)	95	124	76.6%	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)	103	124	83.1%	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)	103	124	83.1%	Below 90% minimum (variation negative)

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 and cancel GP and practice nurse appointments and order repeat medication on-line without the need to attend the surgery. The surgery actively promoted the use on on-line facilities and had 6780 patients with an active on-line account and 3566 appointments were booked via this method between August 2018 and January 2019.

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)	63.8%	54.3%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	62.0%	56.2%	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)	35.9%	37.9%	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)	69.2%	62.6%	70.2%	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)	54.5%	53.2%	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. The practice had 499 patients registered who were homeless or in sheltered accommodation or hostels as part of St Mungo's homeless charity which was situated next door to the practice.

- The practice had 122 patients on its learning disability register. At the time of our inspection we saw that 96 had received an annual health check. The practice also facilitated a yearly virtual clinic with the learning disabilities lead consultant.
- 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. The practice engaged in virtual clinics with the consultant secondary care psychiatrist and consultant primary care psychiatrist in the management of its patients.
- 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.

Any additional evidence or comments

The practice identified that only one patient out of 50 on the Serious Mental Health (SMI) register who had transferred to the practice as part of the merger had been reviewed. At the time of our inspection, all 50 patients had received a review with the GP and a health check with the practice nurse.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.0%	91.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	8.1% (22)	8.7%	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)	94.0%	92.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.1% (22)	7.1%	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)	94.4%	89.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	7.7% (3)	5.8%	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)	559.0	532.5	537.5
Overall QOF exception reporting (all domains)	7.9%	6.7%	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 practice demonstrated a programme of audits and searches, both clinical and non-clinical and provided for the inspection process audits in relation to prescribing, diabetes, secondary care referrals, A&E attendance and safeguarding as well as non-clinical audits for document management and monitoring telephone calls.
- Both clinical and non-clinical staff participated in the quality improvement and audit process.
- At the time of the merger, the practice had carried out baseline clinical audits to enable them to identify areas for improvement and implement an improvement plan to improve patient clinical outcomes.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, 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
Explanation of any answers and additional evidence: We reviewed the two-week induction schedule for a receptionist who joined the practice as part of the merger. We saw that the induction was structured and included an introduction to staff, premises, health & safety, review of policies and procedures, completion of mandatory training, role-specific training and a week shadowing a colleague assigned as a buddy.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective	Yes

processes to make referrals to other services.	
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Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	
The practice hosted a smoking cessation clinic weekly and we saw they had received an award for the most engaged practice in the Westminster smoking cessation programme for two consecutive years.	

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) (QOF)	96.3%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.0% (19)	1.3%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Clinicians we spoke with understood the requirements of legislation and guidance when 	

considering consent and decision making. Clinicians had a good understanding of the Mental Capacity Act (MCA) and had received training. MCA training was undertaken by all staff, including non-clinical as part of its mandatory training schedule.

- Staff were aware of the need to request consent to share records with referrals in line with General Data Protection Regulation (GDPR) principles.

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: We saw that equality and diversity training was included for all staff as part of the mandatory training schedule.	

CQC comments cards	
Total comments cards received.	10
Number of CQC comments received which were positive about the service.	8
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	2

Source	Feedback
CQC Comment Cards	We found that eight out of 10 comment cards received contained positive feedback and indicated that the practice was very good and staff were kind, helpful, caring and friendly. Patients said they were treated with dignity and respect and they felt involved in their care and treatment.
NHS Choices	The practice had an overall four and a half-star rating (out of five) based on 23 reviews. We saw that all categories, for example, telephone access, appointments, involvement in decisions and dignity and respect had received a four and a half-star rating.

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
17247	429	70	16.3%	0.41%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	90.3%	88.4%	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)	83.6%	86.5%	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)	98.3%	95.0%	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)	92.0%	83.2%	83.8%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> The partners had undertaken individual patient surveys as part of their appraisal process. The surveys showed high patient satisfaction for decisions about treatment and care and listening to patients. The practice sought patient feedback through the NHS Friends and Family Test (FFT). Results for September 2018 to February 2019, based on 133 responses, showed that 89% of patients would be extremely likely or likely to recommend the service.

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.	Patients said they felt listened to, involved in their treatment and care and treated with dignity and respect.

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)	87.6%	93.1%	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Fifty-three per cent of the practice population of approximately 17,200 patients did not speak English as a first language, with the Arabic language the second most spoken language. The practice had a full-time CCG-funded Arabic language interpreter assigned to the practice. We observed that all signs and notices were in the Arabic language. The patient self-check-in system was configured to languages aligned to the patient demographic. British Sign Language (BSL) interpreters were available and the practice had a hearing loop. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 176 carers, which was one per cent of the practice population.

How the practice supported carers.	<ul style="list-style-type: none"> The practice told us they identified carers at the point of registration and on an on-going basis through clinical consultations. The practice offered extended appointments, influenza vaccination and health checks for carers. We saw that carer information was available on the practice website which had the functionality to translate to other languages and there was a carers' notice board.
How the practice supported recently bereaved patients.	The practice told us that if a family had suffered a bereavement their usual GP would contact them. This would be followed-up with a patient consultation at a flexible time and location to meet the family's needs. The practice told us they would signpost patients to the appropriate support services.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The computer on the reception desk was positioned so patients could not view the screen. There was an office behind the reception area where confidential calls were taken. Staff we spoke with told us they followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private, for example, patient information was never on view. We saw that all staff had undertaken information governance training as part of the mandatory training schedule. 	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes

Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
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Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Extended hours appointments: The practice was open until 8.30pm on Monday, Tuesday, Wednesday and Thursday and from 6am on Friday. Out of surgery hours patients were directed to call NHS 111.	
Patients could access GP and practice nurse appointments from 6.30pm-8pm on Monday to Friday and from 8am–8pm on Saturdays and Sundays at GP hub in the area. Patients could book appointments via the practice team when the surgery was open.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17247	429	70	16.3%	0.41%

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)	92.9%	94.0%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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 utilised Coordinate My Care (CMC), a personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.

Families, children and young people

Population group rating: Good

Findings

- 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.

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. For example, the practice was open until 8.30pm on Monday, Tuesday, Wednesday and Thursday and from 6am on Friday.
- Patients could access pre-booked evening and weekend appointments at several GP hubs in the Brent area. The appointments were bookable via the practice or NHS 111.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. Patients were given support to access appointments and appointments were available on the same day.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability in addition to patients with autism and Asperger's. Appointments were arranged at times when the practice was quiet and provided flexibility for carers.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • When a request for a home visit was received, reception staff took details of the request and added it to the triage list. The duty doctor would determine whether a visit was necessary. If an urgent request was received the duty doctor was advised straight away of the request. 	

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)	93.7%	N/A	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	81.0%	73.8%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	77.6%	72.5%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	77.6%	74.7%	74.4%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> The practice had purchased telecommunication software to monitor and manage call volume following the practice merger. The system monitored calls in real-time and highlighted peak times which enabled the management team to deploy more reception staff when needed. Up to 30 callers could be held in the queue system. The practice undertook regular audits to monitor the efficiency of the system and used performance data outcomes to inform its staffing needs. The practice had recently recruited two new reception staff to enhance its team.

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.	8
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.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was a complaint policy, which was accessible to staff, written in line with recognised guidance. Information about how to complain was available for patients, for example, on the practice website. There was a system in place to record verbal complaints to ensure all opportunities to learn from feedback was captured. Complaints were discussed in clinical and practice meetings as a standing agenda item and we saw evidence of minutes of meetings. 	

Well-led

Rating: Outstanding

We rated the practice outstanding for providing well led services because the leadership, governance and culture of the practice was used to drive and improve the delivery of high-quality person-centred care. In particular, there was a strong collaborative approach to improving the quality and sustainability of patient care which was demonstrated in the positive clinical outcomes of patients who joined the practice in the September 2018 merger.

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, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The leaders demonstrated a clear commitment, capacity and capability to provide a high-quality service and told us there was a drive to continuously improve outcomes for patients. Leaders had oversight of all clinical and non-clinical areas.The practice used proactive methods to improve patient outcomes, working with other organisations and stakeholders to deliver the best patient outcomes. Staff were committed to working collaboratively and there was a holistic approach to planning patient care and referral to other services.The partnership spoke candidly about the challenges the whole team faced during the September 2018 merger, which included the addition of approximately seven thousand patients, the integration of eight members of staff who transferred as part of the TUPE (Transfer of Undertakings [Protection of Employment] Regulations) process and the recruitment of additional clinical and non-clinical staff to manage the increased workload.At the time of the merger the practice had restructured its management team and encouraged and supported its staff to develop skills and progress their careers and take on new supervisory roles and responsibilities within the practice.We saw that the practice had carried out baseline audits of patient clinical outcomes at the time of the merger to enable them to identify and prioritise areas for improvement and implement an improvement plan. For example, the practice's Quality Outcome Framework (QOF) achievement on the day prior to the merger was 388/545 points and the practice who were merging had achieved 211/545 points. On the day of the merger, the combined achievement was 259/545 points. We saw that the practice had reviewed patients systematically through each clinical indicator utilising their multi-disciplinary team which included GPs, nurses and pharmacists and had engaged with the wider community to access health initiatives to enable the most appropriate care for patients. We saw that this collaborative approach had impacted positively on clinical outcomes of patients, specifically those who had joined the practice in the September 2018 merger. On the day of our inspection, the practice had achieved 535/545 QOF points (98% achievement) for the 2018/19 QOF period which was due to close on 31 March 2019.	

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">• The practice's mission statement was 'to make a difference to the lives and healthcare of our patients.' The practice told us this ethos was underpinned by four core values of openness, fairness, respect and accountability.• All staff we spoke with were aware of the mission and values and were able to give examples of how they felt they demonstrated these in their day-to-day work.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.• There was a strong collaborative approach to improving the quality and sustainability of patient care and experiences. In particular, staff told us the practice had approached the merger as a team and all staff, clinical and non-clinical, had been pivotal to the successful integration of staff and patients.	

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

Source	Feedback
Staff interviews	Staff we spoke with told us they felt listened to and respected. They told us there was an open culture at the practice.
Staff interviews	Staff told us they were proud of the work they did and of the quality of service they provided.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The partners encouraged effective communication within the team and demonstrated a comprehensive internal meeting structure as part of their formal operational and governance framework which included weekly partner/management and clinical meetings, fortnightly administration meeting, monthly nurses' and practice (whole team) meetings. We saw comprehensive minutes of all meetings. All three GP partners had lead areas, for example premises and staffing. Staff had also been nominated designated leads, for example safeguarding, infection prevention and control and complaints. There were practice-specific policies including, child and adult safeguarding, infection and prevention control and significant events. There was a system for these to be regularly reviewed by the management team. All staff we spoke with knew how to access the policies. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes

When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice demonstrated a systematic approach to managing risk and maintaining performance during its recent merger, for example through its organisational structure, staffing and audits. The practice had engaged with the CCG-funded Productive General Practice (PGP) Quick Start initiative (a hands-on improvement programme which provides practical involvement and support to help reduce pressures and release efficiencies within the practice). The practice chose to focus on 'team planning' and 'clear job standards.' We reviewed the progress and saw that the support sessions had enabled the practice to clearly identify all the different tasks and responsibilities within the administration team and formulate a check list to ensure all tasks were completed in a timely manner and a training schedule to measure that all staff were competent in each area. As part of the PGP, we observed that the practice had initiated a t-card board which listed all administration staff vertically and tasks to be undertaken each day horizontally. A card was inserted, red side facing out, against each task allocated to a particular staff member that day. As each task was completed the card was flipped to its green side. This enabled a visual tool for all members of staff to demonstrate that work was distributed equitably and see when tasks had been completed. The board also enabled the reception supervisor to monitor progress throughout the day. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice produced a weekly staff newsletter which was a platform to keep staff up-to-date with premises, staffing, new initiatives and performance, for example QOF and patient satisfaction. 	

- The practice participated in monthly Commissioning Learning Set (CLS) meetings which involved the local cluster of 10 practices for the purposes of fostering collaboration and learning amongst members, sharing and benchmarking data, improving performance, spreading good practice and generating ideas for new services or improvements to existing ones.

Feedback from Patient Participation Group.

Feedback

- The practice had an active Patient Participation Group (PPG) who met quarterly. We saw from minutes of meetings that they were well attended and included senior doctors and the management team.
- We spoke with two PPG members who told us they felt valued and included in the development of the practice and said the practice kept them up-to-date with practice initiatives and development.
- Prior to the merger, as part of the patient consultation period, the practice held three PPG meetings at the merging practice location and one at the practice to keep patients abreast of the merger process and progress. Since the merger there had been two PPG meetings. PPG members we spoke with were positive about the outcome of the merger process.
- The PPG had recently been involved in the development of a summer sports programme for local children and families.

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

Examples of continuous learning and improvement

- The practice engaged with the CCG and neighbouring practices in local current and future initiatives which included the Primary Care Network (an approach to strengthening and redesigning primary care to focus on local population needs and provide care closer to patients' homes), the My Care, My Way integrated care service for patients aged 65 and over, the Whole Systems Integrated Care (WSIC) programme to improve patient outcomes, the out of hospital services initiative designed to bring services closer to the patient in the primary care setting and the Connecting Care for Children (CC4C) paediatric integrated care initiative.
- The practice had participated in the Productive General Practice quality improvement programme to review processes and systems and develop internal efficiencies.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the 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.