

Care Quality Commission

Inspection Evidence Table

Bromley GP Alliance Limited (1-2192730511)

Inspection dates:

Site	Date
Bromley GP Alliance Limited (Visit to review central governance systems)	28 January 2019
Extended access GP hub service at Cator Medical Centre	28 January 2019
Vasectomy service at Cator Medical Centre	12 March 2019
Extended access GP hub service at Crown Medical Centre	14 March 2019
Dermatology service at Crown Medical Centre	14 March 2019
Extended access GP hub service at Poverest Medical Centre	14 March 2019

We also carried out a telephone interview with the lead clinician operating the Headache Service operating at London Lane Clinic on 12 March 2019.

Date of data download: 30 January 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the Bromley GP Alliance clinicians and staff 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.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We reviewed a sample of files and found staff had received the relevant level of safeguard training in relation to their role.• Staff had Disclosure and Barring Service (DBS) checks undertaken prior to employment.• We saw the provider used a bespoke computer management system that stored all policies and procedures together with an audit trail of updates and of staff having read them. The system was able to identify if staff had not read required materials and this generated follow-up emails.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We reviewed a sample of staff files covering the range of services provided. All staff recruitment and training records were stored centrally electronically on the provider's bespoke computer management system. We saw recruitment checks and monitoring of professional registrations were undertaken. • We saw records of staff contracts, appraisals and training records. • We saw a mandatory recruitment/training check list used by the providers to ensure that staff had the necessary checks/training undertaken this included for clinical staff a record of: <ul style="list-style-type: none"> ○ GMC number ○ Confirmation the GP was on the performers list ○ Enhanced DBS check ○ Indemnity cover ○ Immunity status for clinical staff • We saw an induction plan for all staff and an induction policy. The induction plan included a section where staff had to sign and confirm they had read the confidentiality policy. 	

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: 18/01/2019	Y
There was a record of equipment calibration. Date of last calibration: 18/01/2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: See below	Y
There was a log of fire drills. Date of last drill: See below	Y
There was a record of fire alarm checks. Date of last check: See below	Y
There was a record of fire training for staff. Date of last training: September 2018	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: See below	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The provider annually collected all items of its own clinical equipment for calibration from its various services. Following satisfactory calibration, the items were returned to each site ready for use. We saw the provider had a risk register for each service. There was oversight for any regular task, for example PAT testing, as this was flagged up on their system. The provider also had an action plan for each service. The provider had licence agreements with all locations which hosted its services. The host locations provided evidence that all necessary risk assessments and checks had been completed and provided Bromley GP Alliance with copies of the necessary paperwork which was recorded and stored centrally on the computer system. We saw evidence that fire drills took place periodically at the head office. Drills at local sites were operated at the discretion of the host services but in practice these did not tend to occur out of hours when services such as the extended access GP hubs were operating. Bromley GP Alliance's own fire safety policies were stored on the shared computer system and in folders at the various local sites which were accessible to staff while working there. The provider used an 'end of session' reporting checklist which staff used at the local sites to record the facilities used (for example, specific rooms) and to ensure that these were left in a clean, safe and secure state. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: October 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: October 2018	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The provider had licence agreements with all locations/services. • Bromley GP Alliance required copies of local health and safety risk assessments as part of its licencing arrangements with host locations. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Bromley GP Alliance required copies of local infection control audits as part of its licencing arrangements with host locations.	

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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We spoke with a sample of reception staff at the different locations they were aware of the signs of a patient presenting with sepsis.	

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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We saw systems in place to ensure that all referrals for the 'two-week wait' (2WW) referral pathway made through the access hubs had been actioned.• Daily reports were run in the office to ensure that all 2WW referrals had been dealt with correctly• Information cards were given to all patients referred for a 2WW service.	

Appropriate and safe use of medicines

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

Medicines management	Y/N/Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Prescriptions were stored securely. Bromley GP Alliance had a system for monitoring the security of its prescription stationery at local sites. • The provider only did face to face repeat prescribing as necessary. • Each site carried out a weekly medicine audit. 	

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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	Y
Number of events that required action:	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • We saw an incident and near miss reporting policy (including serious incidents). • All staff were encouraged to report significant events. • All significant events from across the services were recorded on the management system, which was accessible to all staff. • Events were reviewed by senior staff and investigated and learning was then disseminated. Each incident was graded according to risk and the provider reviewed the key themes to mitigate against risks reoccurring, an action plan was also put in place. • The provider utilised sharing from significant events via a newsletter which was sent to all staff within the organisation. The newsletter had information detailing the significant event, an analysis of the event and the learning outcome as a result of the event. 	

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

Event	Specific action taken
Delay in diagnosis of a chronic rhegmatogenous retinal detachment.	The significant incident was investigated and one of the learning outcomes from the investigation was to audit a sample of eye related consultations in the Hubs to see if they met the minimal requirement expected of GPs and that red flag signs and symptoms were asked about and documented.
A patient became aggressive whilst being seen at the dermatology service.	The incident was recorded and discussed at the next clinical meeting. Options for handling the situation safely were reviewed including the use of panic buttons and other forms of rapid assistance. The staff members concerned were satisfied that the provider had responded to the risk and had shared learning.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The provider utilised their management system to action alerts. This included the alert, the date it was issued and a deadline for when staff needed to action the alert by. Clinical staff acknowledged receipt of alerts via the management system. Staff could record any actions taken on the system. We found that recent relevant alerts had been actioned appropriately. As a result of past alerts the provider had set up routine quarterly searches on women of child bearing age prescribed sodium valproate. 	

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Clinicians had access to patients' electronic medical notes. Patients' own GPs were similarly able to access records made during Bromley GP Alliance service consultations.• The vasectomy service had seen 325 patients over the last year with a 100% success rate.• We saw systems in place to ensure that all referrals for the 'two-week wait' (2WW) referral pathway made through the GP access hubs had been actioned.• Information cards were given to all patients referred for a 2WW service.	

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.

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

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

- The provider had a centralised process in place via the computer management system which recorded and tracked audits that had been undertaken by the different services.
- We saw a range of audits that demonstrated change and quality improvement, including an antibiotic prescribing in urinary tract infections audit. Warfarin and DMARDS audit, a minor surgery audit that looked at the dermatology service. The provider undertook a 'prescribing safely' audit looking at opiate and benzodiazepines prescribed.
- We reviewed an audit from the vasectomy service. This looked at post-operative care and was completed by 35 patients. Most patients liked the operation room and environment and staff behaviour. All of the patients included in the audit had received post-operative instructions and all patients were given the lead clinician's personal contact phone number. The audit demonstrated that the service was operating in line with guidelines and patients were satisfied with their experience.
- We reviewed an audit from the headache service, this looked at the quality of referrals received from practices. The audit looked at referral forms received between June and July 2018, a total of 71 forms. The result of the audit was 8% of referrals were fully completed but 75% did not specify the urgency of the referral. The learning from the audit was to implement change and improvement for patients, to make the form easier to navigate, also to emphasise that incomplete forms would be returned, and to re-educate clinicians via education sessions, emails, and bulletins the importance of completing referrals forms appropriately.
- We were also told the provider had agreed with the Clinical Commissioning Group to undertake an audit of the headache service to see if the number of GP appointments following a headache had consultation reduced.

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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We saw clinical and non-clinical staff had a mandatory comprehensive training check list that was recorded on the computer management system, most staff had a 100% completion rate. Any staff approaching the renewal date for training would be flagged up on the system and an email reminder generated to them. We were told progress was regularly reviewed during the induction period. <p>Training records we saw included:</p> <ul style="list-style-type: none"> Chaperone COSHH Basic life support Dementia awareness Equality and diversity Fire safety First aid Hand hygiene Infection control 	

- Information governance
- Moving and handling
- Principles of health and safety
- Safeguarding adults - Level 2 & 3
- Safeguarding children - Level 2 & 3

Coordinating care and treatment

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

Indicator	Y/N/Partial
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The provider offered a range of services and worked in co-ordination with staff to provide these services For example the extended access GP hubs were operated with a rota. The rota was planned three months in advance. GPs submitted their availability online for the month and then selected the location and dates on which they were available to work. The system worked well because there was a large pool of GPs who had signed up to work in the hubs and all sessions were filled. • We saw the headache service availability had been reviewed. Due to demand the provider had put on an additional clinic. • We saw evidence that BGPA worked in conjunction with Bromley Healthcare, Kings College, St Christophers, Oxleas and Bromley Clinical Commissioning Group to deliver Integrated Care Network (ICN) multidisciplinary team meetings. This had resulted in more efficient use of primary and secondary care resources. 	

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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We saw evidence that BGPA worked in conjunction with Bromley Healthcare, Kings, St Christophers, Oxleas and Bromley Clinical Commissioning Group to deliver Integrated Care Network (ICN) meetings multidisciplinary team meetings. This included vulnerable patients, and patients at risk of developing long-term conditions.	

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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Clinicians understood the requirements of consent, they understood and followed Gillick competences.	

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.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

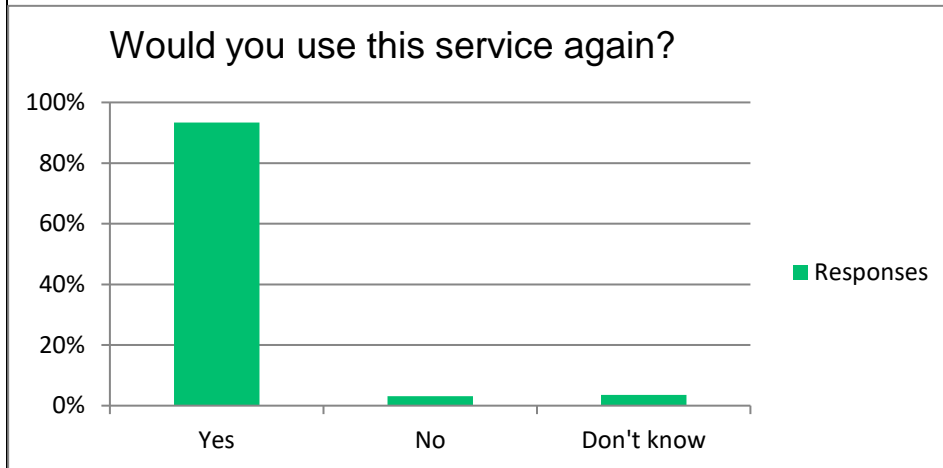
CQC comments cards

<p>Total comments cards received</p> <ul style="list-style-type: none"> • Extended access GP hub (Cator Medical Centre) – 44 comment cards received. Positive comments included, very good service, staff friendly, fast and efficient service, GPs listen, helpful and understanding. Patients also feedback it was useful to get an appointment on the weekend. • Extended access GP hub (Crown Medical Centre) – 26 comment cards received. Patients said they valued being able to access a GP after work or at weekends. They also commented positively on the quality of the consultations, for example, not feeling rushed. One patient said they had agreed a treatment plan for their condition with the hub GP which was shared with their normal GP to continue. • Extended access GP hub (Poverest Medical Centre)– 18 comment cards received. 17 positive comments including that staff were polite and caring, good service, informative and helpful, staff listened and were accommodating, brilliant service, kind and caring. One comment card was mixed the patient had used the service more than once, but on one occasion the patient felt the doctor was distracted and did not listen. • Dermatology service 16 comment cards received. All positive comments including knowledgeable, listened carefully, explains things clearly, informative, helpful and friendly, excellent service, professional and friendly doctor. • Vasectomy service 5 comment cards received. All positive comments included very good service, friendly staff, very informative, excellent patient care. • Headache service – 7 comment cards received. All positive comments 	
---	--

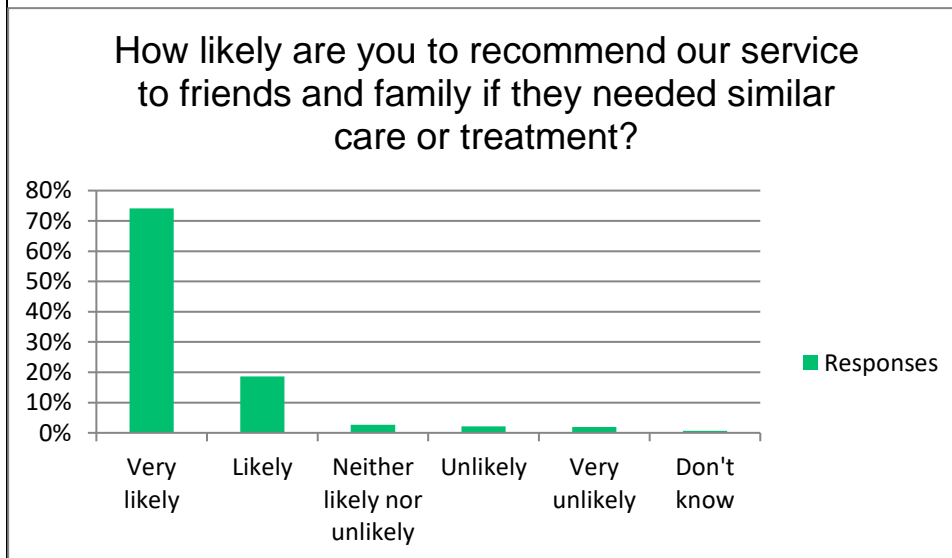
included staff were helpful, customer care always pleasant, good explanations given, feels listened to	
Total number of CQC comments received which were positive about the service.	89
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback																				
Friends and Family	<p>Bromley GP Alliance used the NHS friends and family survey to gauge patient satisfaction with the services it provided. The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed. It is a quick and anonymous way to give your views after receiving care or treatment across the NHS. BGPA looked at an overview of the proportions of replies from the regular Friends and Family Test.</p> <p>Results from the service friends and family access hubs included:</p> <div data-bbox="341 1010 1299 1406"> <p>How satisfied were you with the service and the outcome?</p> <table border="1"> <caption>How satisfied were you with the service and the outcome?</caption> <thead> <tr> <th>Satisfaction Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Very satisfied</td> <td>72%</td> </tr> <tr> <td>Satisfied</td> <td>19%</td> </tr> <tr> <td>Dissatisfied</td> <td>5%</td> </tr> <tr> <td>Very dissatisfied</td> <td>4%</td> </tr> </tbody> </table> </div> <p>72% of patients were very satisfied 19% of patients were satisfied 5 % of patients were dissatisfied 4% of patients were very disappointed.</p> <div data-bbox="341 1590 1299 2045"> <p>How easy was it to access an appointment at the hub?</p> <table border="1"> <caption>How easy was it to access an appointment at the hub?</caption> <thead> <tr> <th>Access Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Very easy</td> <td>63%</td> </tr> <tr> <td>Easy</td> <td>31%</td> </tr> <tr> <td>Difficult</td> <td>4%</td> </tr> <tr> <td>Don't know</td> <td>2%</td> </tr> </tbody> </table> </div>	Satisfaction Level	Percentage	Very satisfied	72%	Satisfied	19%	Dissatisfied	5%	Very dissatisfied	4%	Access Level	Percentage	Very easy	63%	Easy	31%	Difficult	4%	Don't know	2%
Satisfaction Level	Percentage																				
Very satisfied	72%																				
Satisfied	19%																				
Dissatisfied	5%																				
Very dissatisfied	4%																				
Access Level	Percentage																				
Very easy	63%																				
Easy	31%																				
Difficult	4%																				
Don't know	2%																				

63% of patients found it very easy to access an appointment at the hubs
 32% of patients found it easy to access an appointment at the hub
 4% of patients found it difficult to access an appointment at the hub
 2% of patients didn't know if it was easy to access an appointment at the hub.



93% of patients of patients said they would use the service again
 3% of patients of patients said they would not use the service again
 4% of patients of patients said they didn't know if they would use the service again



71% of patients were very likely to recommend the access hub service to friends and family
 19% of patients said they would use the service again.
 3% of patients said they were neither like nor unlikely to use the service again.
 2% of patients said they were unlikely to use the service again.

Survey monkey	The provider told us they felt the friends and family test results was not giving them enough valuable patient feedback so they also sent a text link to patients to an anonymous survey. This gave the provider a richer picture of patient feedback so they could seek to learn and improve the service.
	Comments from the survey monkey feedback included: Great efficient service, satisfied with the service, receptionist was lovely, so was the doctor, impressed with

	the service, helpful and informative.
--	---------------------------------------

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Comment cards from all of the services, provided feedback that staff were knowledgeable, and clearly explained patients' treatments and conditions.	

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Partial
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Although the provider had information leaflets, they were not available in other languages. 	

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw that all staff signed a confidentiality policy upon induction to working for the provider. All clinicians and staff members interviewed were confident about the procedures in place to protect patient confidentiality and understood their role. 	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs/ Services did not meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
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.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider chaired the Integrated Care Network (ICN) meetings multidisciplinary team meetings, this involved vulnerable patients and patients who had complex needs. 	

Practice Opening Times	
Day	Time
Opening times:	
Cator Medical Centre (Extended hours service)	
Monday	4pm to 8pm
Tuesday	4pm to 8pm
Wednesday	4pm to 8pm
Thursday	4pm to 8pm
Friday	4pm to 8pm
Saturday	8am to 8pm
Sunday	8am to 8pm
Cator Medical Centre (Vasectomy service)	
Opening times:	
Monday	Closed
Tuesday	6pm to 9.30pm
Wednesday	Closed
Thursday	Closed

Friday	Closed
Cator Medical Centre (Dermatology service)	
Monday	8am to 1pm
Tuesday	8am to 1pm
Wednesday	Closed
Thursday	Closed
Friday	8am to 1pm
Saturday	Closed
Sunday	Closed
Poverest Medical Centre (Extended hours service)	
Opening times:	
Monday	4pm to 8pm
Tuesday	4pm to 8pm
Wednesday	4pm to 8pm
Thursday	4pm to 8pm
Friday	4pm to 8pm
Saturday	8am to 8pm
Sunday	8am to 8pm
Poverest Medical Centre (Dermatology service)	
Monday	6pm to 8.45pm
Tuesday	Alternate weeks 8.15am to 1pm
Wednesday	Closed
Thursday	6pm to 8.45pm
Friday	Closed
Saturday	Closed
Sunday	Alternate weeks 8.15am to 1pm
Crown Medical Centre (Extended hours service)	Closed
Opening times:	Closed
Monday	4pm to 8pm
Tuesday	4pm to 8pm
Wednesday	4pm to 8pm

Thursday	4pm to 8pm
Friday	4pm to 8pm
Saturday	8am to 8pm
Sunday	8am to 8pm
London Lane Clinic (Headache Service)	
Monday	Closed
Tuesday	Closed
Wednesday	Closed
Thursday	1.30pm to 4.30pm
Friday	Closed

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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	N/A
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Patient feedback from the comment cards, Friends and Family Test, and the inhouse survey results indicated patients could access care and treatment in a timely way. The provider continuously reviewed how it obtained patient feedback to improve the service provided. For example, the provider told us they felt the friends and family test results was not giving them enough valuable patient feedback so in addition they sent an electronic survey link to patients. This feedback was anonymous. It gave the provider a richer picture of patient feedback so they could seek to learn and improve the service. 	

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.	9
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Learning was shared in a number of ways for example, we saw that all complaints were analysed, discussed, and learning was documented at staff meetings. The practice had a set agenda where complaints were summarised, a log of reviewed learning was kept, and learning and discussion from meetings and action taken was recorded. We saw minutes from complaints meetings. Learning would then also be sent out via a newsletter. Complaints we reviewed on the computer system, showed different stages for example acknowledgement, emailed response, investigation. All complaints could be tracked centrally according to which service the complaint had been received by. The provider also had a complaints leaflet. We saw a complaints policy. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
A hearing-impaired patient was booked for a health check appointment. There was no alert on the patient's record to notify staff that this patient was hearing impaired. A staff member had to be reminded several times by the patient that they were lip-reading.	<ul style="list-style-type: none"> Contacted patient's GP surgery who have now put an alert on the patient's record. Contacted Public Health England regarding alternative methods of contact for booking appointments. Contacted patient to inform them of steps taken. Spoke to staff regarding being more aware of any patient special needs – to read policies on Equality and Diversity and Accessible Information together with relevant Bluestream training.
Complaint from patient regarding the	<ul style="list-style-type: none"> Hub GPs were advised that patients can discuss

<p>inability to raise more than one issue during a hub appointment with a GP.</p>	<p>more than one issue per consultation.</p> <ul style="list-style-type: none"> • Reminder sent to member GP practices to inform patients when booking a hub appointment of the importance of being punctual and also that hub appointments are planned on a 10-minute consultation time. • A newsletter item was in progress at, which would also highlight the issue for staff.
---	---

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: Formal meetings were held monthly.	

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.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The provider's vision was to provide ease of access for evening and weekend appointments in access hubs, dermatology and vasectomy services. The GP access hubs had a 97% utilisation rate.• The provider told us their aim was to support practices in Bromley working together in collaboration.• Clinical governance and staff meetings and newsletters• Designated lead roles were assigned to directors and senior managers. Staff and clinicians were aware of the respective leads.	

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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff spoken to said leaders were visible and approachable and listened if they raised concerns. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw a whistleblowing & Freedom to Speak Up policy, also an anti-harassment and bullying policy. 	

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

Source	Feedback
Staff	<ul style="list-style-type: none"> Staff told us that they were well supported by management at the practice. For example, the provider had recently recruited an additional administrative manager for the GP hubs and staff told us this had improved communication and coordination. Staff we spoke with told us that the whole practice worked as a team and that the clinical directors and management were very approachable. Staff told us they found there was a supportive environment both clinically and non-clinically. Staff said they felt confident that managers would address their concerns and issues raised.

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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	

- The computer management system was used to monitor compliance. It was also used to communicate with the staff and clinicians. All policies were loaded electronically on to the system including site specific documents.
- The provider utilised a newsletter which was sent to all staff within the organisation. The newsletter had information including learning from significant events. Staff were able to use a reporting system which was available on all computers to report events. Events were reviewed by management then investigated. The outcome was reviewed and discussed at meetings, the event was fully investigated and learning was then disseminated. Each incident was graded according to risk and the practice reviewed the key themes to mitigate against risks reoccurring.

The provider's computer system was used to record national patient safety alerts, significant events, complaints, feedback including comments, friends and family. The system was accessible to all staff.

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.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider had a centralised process in place via the computer management system which recorded and tracked audits that had been undertaken by the different services. We saw an audit from the vasectomy service this looked at post-operative care was completed by 35 patients. Most patients liked the operation room and environment and staff behaviour. 100% patients received post-operative instructions and all patients were given the surgeons personal contact phone number. The audit demonstrated that the service was very satisfactory. There was appropriate clinical governance in place to ensure local services were safe and effective. For example, the lead clinicians were appropriately qualified and trained to provide the vasectomy, headache and dermatology services and had regular contact and feedback from specialist consultant colleagues. Key performance indicators (for example utilisation, waiting times and two-week wait referrals for dermatology) were monitored and clinical audits were carried out. 	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making. The practice always acted on appropriate and accurate information.

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

--

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We saw minutes of the the Integrated Care Network (ICN) MDT Meetings bringing together professionals from a range of health and social services agencies.• We saw feedback from a range of external GPs that engaged with BGPA. Positive comments included a descriptions of the provider as ambitious and forward thinking. The organisation was also described as well-led and the services generally efficient and well utilised by practices and patients.• The provider aimed to identify and deliver services for the benefit of patients living in Bromley including services where required at short notice. We saw evidence that the provider was open to exploring joint working initiatives and working in partnership with commissioning bodies and secondary care providers to achieve this goal.	

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Learning was shared in a number of ways. For example, we saw that all complaints were analysed, discussed, and learning was documented at staff meetings. The practice had a set agenda where complaints were summarised, review learning, and learning and discussion from meeting and action taken.• The provider regularly held hub educational evening events, for example an eye specialist came and gave a presentation.• The provider was in the process of providing a new APMS virtual primary care practice for all Bromley care home residents commencing April 2019.	

- The headache specialist was training two more GPs in this field to ensure that the service was accessible and sustainable in the longer term.
- BGPA had hosted the Bromley Community Education Provider Network for the past two years.
- BGPA developed and launched the Bromley Education and Training Hub (BETH) in January 2019.
- BETH provided education, training, networking and support for all general practice staff in Bromley.
- The provider told us they were working on projects targeted at supporting newly qualified GPs and GPs approaching retirement to try and retain them in Bromley.
- They employed a nurse facilitator who supported all nurses across practices in Bromley in relation to training and revalidation.

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.