

Care Quality Commission

Inspection Evidence Table

Brompton Medical Centre (1-4719674064)

Inspection date: 30 April 2019

Date of data download: 24 April 2019

Overall rating: Requires Improvement

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

Safe

Rating: Good

Safety systems and processes	
The practice's systems, practices and processes helped keep people safe and safeguarded from abuse.	
Safeguarding	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Policies and other documents covering adult and child safeguarding were accessible to all staff. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.	Yes
GPs and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs) and knew how to identify and report concerns.	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
Notices in the practice advised patients that chaperones were available if required.	Yes
Additional evidence or comments	
The practice's computer system alerted staff of children that were on the risk register. However, it did not alert staff of family and other household members of children that were on the risk register.	

Recruitment systems	
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 guidance and if relevant to role.	No
There were systems to help ensure the registration of clinical staff was checked and regularly monitored.	Yes
Relevant staff had medical indemnity insurance.	Yes
Additional evidence or comments	
One member of clinical staff required a hepatitis b vaccination booster as their hepatitis b antibody level was indeterminate. Records showed that this was detected by a blood test on 18 April 2019. Staff told us that as this member of staff had been on leave since the result was received, and they were due to receive the hepatitis b vaccination booster on their return (7 May 2019).	

Safety Records	
There were up to date fire risk assessments that incorporated an action plan to address issues identified.	Yes
The practice had a fire evacuation plan.	Yes
Records showed fire extinguishers were maintained in working order.	Yes
Records showed that the practice carried out fire drills.	Yes
Records showed that the fire alarm system was tested regularly.	Yes
The practice had designated fire marshals.	Yes
Staff were up to date with fire safety training.	Yes
All electrical equipment was checked to help ensure it was safe to use.	Yes
All clinical equipment was checked and where necessary calibrated to help ensure it was working properly.	Yes

Infection prevention and control	
We observed the premises to be clean and all areas accessible to patients were tidy.	Yes
There was a lead member of staff for infection prevention and control who liaised with the local infection prevention teams to keep up to date with best practice.	Yes
There was an up to date infection prevention and control policy.	Yes
There were up to date infection prevention and control audits that incorporated an action plan to address issues identified.	Yes
Relevant staff were up to date with infection prevention and control training.	Yes
The arrangements for managing waste kept people safe.	Yes

Risks to patients, staff and visitors

Risks to patients, staff and visitors were assessed, monitored or managed in an effective manner.

The provider had systems to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Staff knew how to respond to emergency situations.	Yes
All staff were up to date with basic life support training.	Yes
Emergency equipment and emergency medicines were available in the practice including medical oxygen and an automated external defibrillator (AED).	Yes
Records showed that emergency equipment and emergency medicines were checked regularly.	Yes
Emergency equipment and emergency medicines that we checked were within their expiry date.	Yes
There was up to date written guidance for staff to follow in the event of major incidents that contained emergency contact telephone numbers.	Yes
There was written guidance for staff to follow to help them identify and manage patients with severe infections. For example, sepsis.	Yes
Staff were up to date with training in how to identify and manage patients with severe infections. For example, sepsis.	Yes
The practice had systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
There were a variety of health and safety risk assessments that incorporated action plans to address issues identified.	Yes
There was an up to date health and safety policy available with a poster in the practice which identified local health and safety representatives.	Yes
There were up to date legionella risk assessments and an action plan to address issues identified.	Yes

Additional evidence or comments

We looked at the emergency equipment and emergency medicines held at the practice and found that availability did not comply with current best practice guidance. For example, the practice did not have a spare set of defibrillation pads. However, after our inspection the provider sent us evidence to show that a spare set of defibrillation pads had been purchased and were now available in the practice.

There was a cupboard in the basement of the practice that contained the electricity switch consumer unit. This cupboard was accessible to patients. However, after our inspection the provider sent us evidence to show that this cupboard had been fitted with a lock and was no longer accessible to patients.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients used multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

The arrangements for managing medicines helped keep patients safe.

Medicine Management				
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) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	1.11	0.84	0.91	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). (01/01/2018 to 31/12/2018) (NHSBSA)	16.0%	10.5%	8.7%	Variation (negative)
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 (01/07/2018 to 31/12/2018) (NHSBSA)	7.24	6.08	5.60	Tending towards variation (negative)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018)	7.60	2.50	2.13	Significant Variation (negative)

(NHSBSA)				
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes			
Blank prescription forms and pads were securely stored and there were systems to monitor their use.	Yes			
Medicines that required refrigeration were appropriately stored, monitored and transported in line with Public Health England guidance to ensure they remained safe and effective in use.	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			
Up to date local prescribing guidelines were in use.	Yes			

Additional evidence or comments

The practice was aware that their prescribing of some antibiotics and some analgesics were higher than local and national averages. An action plan had been developed and was in the process of being implemented to help reduce the prescribing of these medicines where possible. For example, the pharmacy technician employed by Sydenham House Medical Group was in the process of reviewing all Brompton Medical Centre's patients who were prescribed non-steroidal anti-inflammatory drugs (NSAIDs).

After our inspection the practice provided unverified data that showed they had reduced the number of patients on these medicines and, therefore, the overall prescribing. For example;

The practice now had:

Two patients who were prescribed cephalosporin antibiotics, which equated to 1%;

42 patients who were prescribed co-amoxiclav antibiotics, which equated to 2%;

15 patients who were prescribed quinolone antibiotics, which equated to 1%;

12 patients who were prescribed antibiotics used to treat uncomplicated urinary tract infections, which equated to 1%;

61 patients who were prescribed NSAIDs, which equated to 2%.

Lesson learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events

There was up to date written guidance available for staff to follow to help them identify, report and manage any significant events.	Yes
Staff told us they would inform the practice manager of any incidents and there was a recording form available that supported the recording of notifiable incidents under the duty of candour.	Yes
Number of recorded significant events in the last 12 months.	5
Records showed that the practice had carried out a thorough analysis of reported significant events.	Yes
There was evidence of learning and dissemination of information from significant events	Yes

Safety Alerts	
The practice had systems for notifiable safety incidents.	Yes
The practice's systems for notifiable safety incidents ensured this information was shared with staff	Yes
Staff were aware of how to deal with notifiable safety incidents.	Yes
The practice acted on and learned from national patient safety alerts.	Yes
The practice kept records of action taken (or if no action was necessary) in response to receipt of all national patient safety alerts.	Yes

Effective

Rating: Requires Improvement

Effective needs assessment, care and treatment
Patients' needs were assessed, but care and treatment were not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Staff had access to guidance from NICE and used this information to deliver care and treatment that met patients' needs.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	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) (01/01/2018 to 31/12/2018) (NHSBSA)	3.85	0.92	0.79	Significant Variation (negative)

Additional evidence or comments
The practice was aware of their higher than local and national averages for prescribing hypnotics. Staff told us they had reduced the prescribing of these medicines where possible. After our inspection the practice provided unverified data that showed they had reduced the number of patients on these medicines and, therefore, the overall prescribing. For example; The practice now had 23 patients who are prescribed cephalosporin antibiotics, which equated to 1%.

Monitoring care and treatment
The practice had a 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)	490.7	532.8	537.5
Overall QOF exception reporting (all domains)	4.2%	6.2%	5.8%

Older people

Population group rating: **Good**

Findings

The practice had 75 patients on the register who were over the age of 75 years and 243 who were over the age of 65 years. This was a relatively low proportion of their overall patient population of 2,436.

The practice offered proactive, personalised care to meet the needs of the older people in its population.

The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions

Population group rating: **Good**

Findings

Patients with long-term conditions were offered a structured annual review to check their health and medicine 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.

Specific staff had lead roles in chronic disease management. For example, nursing staff were leads in the care of patients with asthma and diabetes.

Patients at risk of hospital admission were identified as a priority.

Performance for diabetes related indicators was below local and national averages.

Performance for hypertension related indicators was below local and national averages.

The practice was aware of where QOF results were below local as well as national averages and had taken action to make improvements. For example, a designated diabetic nurse (funded by the local clinical commissioning group) was now working at the practice to help carry out annual reviews of health checks and medicine reviews of patients with diabetes.

During our inspection the practice provided unverified data that showed performance to date in the current period being measured (2018 / 2019) had already demonstrated an improvement over data from 2017 / 2018. For example;

The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less was to date 70% (previously 58%).

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mm/Hg or less was to date 72% (previously 54.8%).

The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was to date 79% (previously 56.5%).

The percentage of patients with hypertension in whom the last blood pressure reading measured within the preceding 12 months was 150/90mm/Hg or less was to date 75% (previously 73.9%).

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	58.0%	77.5%	78.8%	Variation (negative)

64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	7.0% (9)	16.3%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	54.8%	75.9%	77.7%	Variation (negative)
Exception rate (number of exceptions).	3.1% (4)	10.6%	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)	56.5%	76.7%	80.1%	Significant Variation (negative)
Exception rate (number of exceptions).	3.1% (4)	14.7%	13.5%	N/A
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	82.1%	74.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.7% (2)	12.0%	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)	92.6%	89.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	12.9% (4)	14.9%	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)	73.9%	80.8%	82.6%	Tending towards variation (negative)
Exception rate (number of exceptions).	2.3% (6)	5.5%	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)	94.4%	90.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	5.6%	6.7%	N/A

Families, children and young people

Population group rating: Requires Improvement

Findings

Childhood immunisation uptake rates were carried out in line with the national childhood vaccination programme. NHS England published results showed that uptake rates for the vaccines given exceeded the World Health Organisation based target percentage of 95% or above in one out of the four indicators. However, results also showed that uptake rates were lower than the target percentage of 90% or above in the remaining three indicators.

The practice was aware of these results and was taking action to make improvements. For example, when children were newly registered at the practice, staff asked to see the children's red book in order to check that they were up to date with childhood immunisations. The practice also ran searches of the computerised records system to ensure that all children registered were up to date with childhood immunisations. Staff told us that the practice's computer system also alerted staff to children that were not up to date with childhood immunisations. They were in the process of continuing to implement these improvement activities and were monitoring their efficacy.

Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	34	35	97.1%	Met 95% WHO based target (significant variation positive)
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)	23	26	88.5%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	23	26	88.5%	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)	23	26	88.5%	Below 90% minimum (variation negative)

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

The practice's uptake for cervical screening in 2017 / 2018 was below the 80% coverage target for the national screening programme. Unverified data showed that the practice achievement rate for eligible patients who had attended for cervical screening had increased by 17% to 87% to date.

The practice's uptake for breast and bowel cancer screening was lower than local and national averages. Staff told us that patients who failed to attend for routine cancer screening were sent letters to remind them of their importance and encourage attendance.

The number of new cancer cases treated which resulted from a two week wait referral was significantly lower than local and national averages. Staff told us that this was due to errors when staff applied read codes to patients' computerised records. Weekly monitoring had been introduced to help ensure these errors did not continue.

We looked at the records of six patients that had been diagnosed with cancer. The records showed that four of these patients, who presented with symptoms that indicated they should be referred under the two week wait system, had been referred correctly. However, records showed that the remaining two patients, who also presented with symptoms that indicated they should be referred under the two week wait system, had not been referred appropriately. Of the two patients, one had been referred routinely in April 2017 and the other urgently in October 2017. Neither of these patients had been referred correctly to other providers under the two week wait referral system. This resulted in delays in them receiving further tests, investigations and treatments.

Staff told us that since January 2018 a system had been introduced to help identify and reduce incorrect referrals of patients who presented with symptoms that indicated they should be referred under the two week wait system. Patients who were diagnosed with cancer were now being routinely discussed at multidisciplinary clinical meetings. After our inspection the provider sent us evidence to demonstrate that one of the patients that had not been correctly referred under the two week wait system had been discussed at these meetings. The provider implemented additional changes to ensure that clinicians were obliged to attend these meetings, which enabled learning to take place.

The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs for this age group.

Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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)	70.1%	74.1%	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)	64.1%	71.3%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	43.8%	55.0%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	72.7%	74.1%	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)	0.0%	51.0%	51.9%	Significant Variation (negative)

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings
<p>The practice held registers of patients living in vulnerable circumstances including homeless people and those with a learning disability to help ensure they received the care they needed.</p> <p>The practice regularly worked with other health care professionals in the case management of vulnerable patients.</p> <p>Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.</p> <p>End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.</p> <p>The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.</p>

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings
<p>Performance for mental health related indicators was higher than local and national averages.</p> <p>Performance for the dementia related indicator was higher than local and national averages. However, exception reporting for this indicator was also much higher than local and national averages. Staff told us that this was due to the practice having only three patients who were diagnosed with dementia. They had all been offered and encouraged to attend, with their carers, for a face to face review. However, only two had taken up this offer.</p> <p>The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.</p>

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)	94.4%	81.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.3% (1)	15.9%	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)	94.7%	84.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	13.5%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	81.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	33.3% (1)	7.9%	6.6%	N/A

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

The practice had an induction programme for all newly appointed staff.	Yes
The learning and development needs of staff were assessed.	Yes
All staff were up to date with essential training.	Yes
Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.	Yes
Staff had relevant access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation.	Yes
Clinical staff were supported to meet the requirements of professional revalidation.	Yes
There was a clear approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

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

Indicator	
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
Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assist as well as plan ongoing care and treatment.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

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

The practice identified patients who may be in need of extra support. This included patients in the last 12 months of their lives, those 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 and tackling obesity.	Yes

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.8%	93.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (1)	1.0%	0.8%	N/A

Consent to care and treatment

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

Clinicians understood the requirements of legislation and guidance when considering consent and decision making.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes

Caring

Rating: Good

Kindness, respect and compassion
Staff treated patients with kindness, respect and compassion.

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

Examples of feedback received	Source
Patients were satisfied with the care they received and thought staff were helpful and caring.	Comment cards and patient interviews.

National GP Patient Survey Results published in July 2018
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
2331	319	79	24.8%	3.39%

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)	77.2%	83.8%	89.0%	No statistical variation

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 treating them with care and concern (01/01/2018 to 31/03/2018)	75.1%	82.8%	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)	89.6%	93.5%	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)	76.1%	73.8%	83.8%	No statistical variation

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

Facilities to help patients be involved in decisions about their care

Interpretation services were available for patients who did not have English as a first language.	Yes
A hearing loop was available for patients who had a hearing impairment.	Yes
Patient information leaflets and notices were available in the patient waiting areas which told patients how to access support groups and organisations.	Yes
Information about support groups was available on the practice website.	Yes

Examples of feedback received

Source

Patients stated that clinical staff were good at explaining tests and treatments as well as listening to them.	Comments cards and patient interviews.
--	--

National GP Patient Survey Results published in July 2018

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	86.1%	90.8%	93.5%	No statistical variation

Carers	Narrative
Number and percentage of carers identified	Records showed that the practice had identified 15 patients on the practice list who were carers (0.6% of the practice list).
How the practice supports carers	The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted staff if a patient was also known to be a carer.

Privacy and dignity

The practice respected patients' privacy and dignity.

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
Written guidance was available for staff to follow that helped to maintain patient confidentiality.	Yes

Responsive

Rating: Good

Responsive to and meeting people's needs	
The practice organised and delivered services to meet patients' needs.	

The practice understood the needs of its patients and tailored services in response to those needs.	Yes
Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.	Yes
Urgent appointments were available for children and those patients with serious medical conditions.	Yes
The practice had a website and patients were able to book appointments or order repeat prescriptions on line.	Yes
The facilities and premises were appropriate for the services delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There was a system for flagging vulnerability in individual patient records.	Yes
Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admission to hospital.	Yes
There was a range of clinics for all age groups as well as the availability of specialist nursing treatment.	Yes
All patients had been allocated to a designated GP to oversee their care and treatment.	Yes

Older people

Population group rating: Good

Findings
<p>The practice was responsive to the needs of older people in its population and offered longer appointments and urgent appointments for those with enhanced needs.</p> <p>All patients were allocated a named GP to oversee their care to help ensure their needs were being met.</p> <p>Home visits were available for all patients who were not able to travel to the practice.</p> <p>All older patients were offered the influenza vaccination annually. Older patients who were housebound were also offered the influenza vaccination in their own home by visiting staff.</p> <p>Telephone triage appointments were available for all patients so that health concerns that were able to be dealt with remotely, removing the need for patients to attend the practice for every ailment.</p> <p>In order to reduce the number of trips older patients had to make to the practice, staff tried to arrange all the tests, investigations, examinations and treatments took place during one appointment. For example, medicine reviews, blood tests, blood pressure checks and weight checks.</p>

People with long-term conditions

Population group rating: **Good**

Findings

There were longer appointments available for patients with some long-term conditions.

The practice liaised with relevant health and care professionals to deliver a multidisciplinary package of care for those patients with the most complex needs.

Families, children and young people

Population group rating: **Good**

Findings

There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, the system that monitored children and young people who had a high number of accident and emergency attendances.

Appointments were available outside of school hours and the premises were suitable for children and babies.

The practice had increased the time nurses and health care assistants were available to help meet the needs of families, children and young people.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

The needs of this patient population group had been identified and the practice had adjusted the services they offered to help ensure these were accessible, flexible and offered continuity of care.

Appointments were available outside of normal working hours.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

The practice offered longer appointments for patients with a learning disability.

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

The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.

The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Timely access to the service

People were able to access care and treatment from the practice within an acceptable timescale for their needs.

Practice Opening Times

Day	Time
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm
There were arrangements with other providers to deliver services to patients outside of the practice's working hours.	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

Patients had timely access to initial assessment, test results, diagnosis and treatment.	Yes
Waiting times, delays and cancellations were minimal and managed appropriately.	Yes
Patients with the most urgent needs had their care and treatment prioritised.	Yes

National GP Patient Survey Results published in July 2018

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)	93.6%	92.3%	94.8%	No statistical variation
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)	82.2%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	70.8%	57.6%	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)	59.6%	55.1%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	73.3%	66.0%	74.4%	No statistical variation

Examples of feedback received	Source
Most patients indicated they were able to book routine appointments that suited their needs.	Comment cards and patient interviews.

Listening and learning from concerns and complaints

The practice had a system to manage complaints and used them to help improve the quality of care.

Listening and learning from complaints received

The practice had a system for handling complaints and concerns.	Yes
The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.	Yes
Information was available to help patients understand the complaints system.	Yes
Number of complaints received in the last 12 months.	6

Well-led

Rating: Requires Improvement

Leadership, capacity and capability	
There was compassionate and inclusive leadership at all levels.	

Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
Leaders had identified the action necessary to address challenges to quality and sustainability.	Yes
There was a clear leadership structure and staff felt supported by the GP and practice management.	Yes
Practice management and all staff we spoke with felt supported by the provider level management team.	Yes

Additional evidence or comments	
<p>Local leadership was led by the area lead GP partner. All staff were supported by the Sydenham House Medical Group management team.</p> <p>Staff told us that they were able to manage and develop services locally, to help meet the needs of the practice patient population, and that they were supported in doing so by the Sydenham House Medical Group management team.</p> <p>Staff told us that the area lead GP partner and practice management were approachable and always took time to listen to all members of staff. They also told us that they were able to approach the Sydenham House Medical Group management team for help and support.</p> <p>Staff said that leadership at the practice was open, transparent and inclusive.</p>	

Vision and strategy	
The practice had a vision to deliver high quality care and promote good outcomes for patients.	

The practice had a statement of purpose which reflected their vision.	Yes
All staff we spoke with were aware of the practice's vision.	Yes
The practice planned services to meet the needs of their patient population.	Yes

Culture

The practice had a culture of high-quality sustainable care.

Staff told us there was an open culture within the practice and they felt confident and supported to raise any issues.	Yes
--	-----

Openness, honesty and transparency were demonstrated when responding to incidents.	Yes
--	-----

The provider complied with the requirements of the duty of candour.	Yes
---	-----

Additional evidence or comments

Staff told us they felt respected, valued and supported locally by the practice and by their colleagues. They also told us that felt supported by the Sydenham House Medical Group management team.

Governance arrangements

There were processes and systems to support good governance and management.

There was a clear staffing structure and staff were aware of their own roles and responsibilities.	Yes
--	-----

The practice had systems that helped to keep governance documents up to date.	Yes
---	-----

Governance documents that we looked at were up to date.	Yes
---	-----

Managing risks, issues and performance

The practice's processes for managing risks, issues and performance were not always effective.

The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effective.	Yes
--	-----

The practice had processes to manage current and future performance.	Yes
--	-----

Clinical and internal audit was used to monitor quality and to make improvements.	Yes
---	-----

Records showed that the practice had analysed all clinical audit results and implemented action plans to address findings.	Partial
--	---------

Records showed that all clinical audits had been repeated or were due to be repeated to complete the cycle of clinical audit.	Yes
---	-----

The practice had written guidance for staff to follow in the event of major incidents.	Yes
--	-----

Written major incident guidance contained emergency contact telephone numbers for staff.	Yes
--	-----

Additional evidence or comments

Some processes to manage current and future performance were not yet sufficiently effective. For example, improvements to childhood immunisation uptake rates as well as breast and bowel cancer screening uptake rates, improvements to and the monitoring of staff application of read codes to patients' computerised records, were ongoing.

Four completed clinical audit cycles had been carried out. However, there was little or no clinical

improvement as a result of the audits. For example, a medicine audit carried out in October 2018 found that only two patients, out of the six that were included in the audit, had been correctly prescribed a particular antibiotic. This audit was repeated in January 2019 and found that there had been no improvement since the first audit. Another medicine audit carried out in September 2019 resulted in an action plan to invite one patient, who was on a specific medicine, into the practice for a medicine review. This audit was repeated in January 2019 and found that the patient had not been contacted by the practice since the first audit.

Appropriate and accurate information
The practice acted on appropriate and accurate information.

Quality and operation information was used to help improve performance.	Yes
The practice submitted data or notifications to external organisations as required.	Yes
There were arrangements in line with data security standards for the integrity and confidentiality or patient identifiable data, records and data management systems.	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.

A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.	Yes
The practice had an active patient participation group.	Yes
The practice gathered feedback from patients through the patient participation group.	Yes
The practice gathered feedback from patients through analysis of the results of the national GP patient survey.	Yes
The practice gathered feedback from staff through staff meetings, surveys, appraisals and discussion.	Yes
The service was transparent, collaborative and open with stakeholders about performance.	Yes

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

There was a focus on continuous learning and improvement at all levels within the practice.	Yes
The practice made use of reviews of incidents.	Yes
Learning was shared and used to make improvements.	Yes

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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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.