

Care Quality Commission

Inspection Evidence Table

Harley Grove Medical Centre (1-569712605)

Inspection date: 13 August 2019

Date of data download: 06 August 2019

Overall rating: Good

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

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: We saw evidence that new and updated clinical guidance, for example from the National Institute for Health and Clinical Excellence (NICE) or from the local medicines team, was shared with clinicians by email and discussed in clinical meetings, with detailed minutes recorded. For example, we saw the reclassification of the medicine gabapentin had been discussed by the clinical team and an audit carried out.	

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) (01/04/2018 to 31/03/2019) (NHSBSA)	0.40	0.37	0.77	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

All patients had a named and accountable GP.

Patients aged over 75 were invited for health checks. The practice had 175 patients aged over 75 and 96% of these patients had received an annual health check.

The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.

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

The practice carried out structured annual medication reviews for older patients, which included a review of polypharmacy. The GP and pharmacist carried out joint reviews for older patients with complex needs.

Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

In 2018 the practice had put in place additional measures and support to improve flu vaccine uptake, including a GP and healthcare assistant visiting older housebound patients to provide care planning and flu vaccines at the same time. We saw data which demonstrated the practice increased coverage in vaccinating all patient groups and achieved an uptake rate of 79% in patients aged over 65 for the 2018 to 2019 flu season.

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 medicines needs were being met. For patients with the most complex needs, the GP and pharmacist carried out a joint review, and practice staff worked with other health and care professionals to deliver a coordinated package of care.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Adults with diagnosed cardio-vascular disease or atrial fibrillation were directed by fast-track referral to local clinics, such as the arrhythmia clinic or rapid access chest pain clinic.

Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	61.3%	68.6%	78.8%	Variation (negative)
Exception rate (number of exceptions).	2.2% (8)	4.3%	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) <small>(QOF)</small>	80.6%	78.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.2% (8)	3.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.5%	83.4%	80.1%	No statistical variation
Exception rate (number of exceptions).	1.9% (7)	5.7%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.2%	66.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (4)	2.4%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.0%	84.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.0%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) ^(QOF)	89.2%	85.1%	82.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.0% (5)	2.8%	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)	91.3%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	8.0%	6.7%	N/A

Any additional evidence or comments

The practice's performance on quality indicators from April 2017 to March 2018 for long term conditions was in line with national averages, except for one of the diabetes indicators. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 61%, compared to the national average of 79%. The practice was aware of this data and referred to their low exception reporting for this indicator as a possible explanation (the practice's exception rate was 2.2%, compared to the national average of 13.2%). We were told that the practice had improved the skill mix of staff to assist with caring for patients with long-term conditions, such as the healthcare assistant having been trained in aspects of diabetes care. The practice had also started to engage in diabetes multidisciplinary meetings with the other practices in its local network and a hospital consultant, to discuss complex diabetes patients.

Families, children and young people

Population group rating: Good

Findings

The practice contacted the parents or guardians of children due to have childhood immunisations and followed up by telephone when an appointment had not been booked.

The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.

The practice attended monthly meetings with the health visiting team and discussed children on the child protection register or where there were any concerns.

The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Following receipt of safety alerts relating to women of child bearing age taking sodium valproate, the practice carried out an audit which did not identify any affected patients.

Young people could access services for sexual health and contraception.

Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
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) (01/04/2018 to 31/03/2019) (NHS England)	81	93	87.1%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	58	79	73.4%	Below 80% uptake
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) (01/04/2018 to 31/03/2019) (NHS England)	58	79	73.4%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	58	79	73.4%	Below 80% uptake

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice's childhood immunisation uptake rates for April 2018 to March 2019 were below the World Health Organisation (WHO) targets. The practice had measures in place to try and increase uptake including the availability of literature in other languages, early and late appointment times during the week, and the practice nurse contacting non-attenders by telephone and placing an alert on their records. We saw local Tower Hamlets data for April to June 2019 (not verified by the CQC) which indicated improvement:

- Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) for one-year olds was 92%.
- Pneumococcal infection (PCV booster) for two-year olds was 88%.
- Haemophilus influenza type b (Hib) and Meningitis C (MenC) for two-year olds was 88%.
- Measles, mumps and rubella (one dose of MMR) for two-year olds was 88%.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

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

Patients could book or cancel appointments online and order repeat medication without the need to attend the practice. As of August 2019, 35% of practice patients were signed up to online access.

The practice had also implemented a medicines collection system that allowed patients to request repeat prescriptions directly from the local pharmacy. Members of the PPG told us they found this system useful.

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) (PHE)	60.6%	60.9%	71.7%	Tending towards variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	62.9%	56.3%	69.9%	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)	45.7%	40.1%	54.4%	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)	85.7%	63.1%	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)	10.0%	48.2%	51.9%	Tending towards variation (negative)

Any additional evidence or comments

The practice's uptake for cervical screening from April 2017 to March 2018 was 61%, which was below the 80% coverage target for the national screening programme. The practice was aware they struggled with cervical screening uptake and explained this was because of cultural reasons within their patient demographic. The practice nurse monitored the cervical screening results and was aware of the inadequate sample rate, which was very low. Any women who did not attend for screening had an alert placed on their record so that they this could be discussed opportunistically, and appointments were available throughout the week with a female sample-taker. The practice nurse also worked in the Tower Hamlets extended access service on weekends carrying out cervical smears, and the practice was promoting this to patients to improve uptake, particularly amongst working age women who might find it difficult to attend the practice during the week.

The practice's data for the number of new cancer cases treated which resulted from a two week wait referral was 10%, which was below the national average of 52%. The practice told us this figure was most likely due to their young patient demographic and relatively small list size. We saw the practice had audited cancer care reviews which demonstrated no issues or concerns relating to patient access or the referral pathway. We found the practice had an effective failsafe system for monitoring and following up on two week wait referrals.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.

The practice had identified 19 patients with a learning disability and 100% of these patients had received an annual health check in the last 12 months (which was above the local network target of 75%).

Same day appointments and longer appointments were offered when required.

End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

The practice assessed and monitored the physical health of people with mental illness by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

The practice offered annual health checks and reviews to patients experiencing poor mental health. The practice had identified 77 patients and 96% had received a health check and review in the last 12 months (which was above the local network target of 90%).

The practice held a register of patients with dementia; 18 patients were on this register and 72% had received an annual health check (which was above the local network target of 70%).

Same day appointments and longer appointments were offered when required.

There was a system for following up patients who failed to attend for administration of long-term medication.

When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

Patients with poor mental health, including dementia, were referred to appropriate services.

The practice had regular meetings and a good working relationship with the Community Mental Health Team consultant.

Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

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)	93.9%	80.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	2.9% (1)	5.0%	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)	97.0%	85.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.9% (1)	3.6%	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)	93.8%	78.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.3%	6.6%	N/A

Any additional evidence or comments

The practice's performance on quality indicators for mental health was in line with national averages.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	537.1	500.3	537.5
Overall QOF score (as a percentage of maximum)	96.1%	89.5%	96.2%
Overall QOF exception reporting (all domains)	2.3%	4.7%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

Cancer safety netting audit	The practice carried out an audit reviewing the quality of cancer care reviews and safety netting. The audit improved the quality of record keeping including in relation to diagnostic accuracy, recording of symptoms, identification of patient's needs, and the support offered.
Oxybutynin audit	The practice audited the use of oxybutynin, an anticholinergic medicine, and identified five patients who were then reviewed by a GP. This review identified three cases where the medicine was continued as it was clinically appropriate, and two cases where the medicine was stopped.
Oral nutritional supplements audit	The practice carried out an audit reviewing the use of oral nutritional supplements. Learning from this review improved the recording of appropriate parameters (patient's weight, BMI and arm circumference) and resulted in the appropriate discontinuation of feeds for two patients.
Methotrexate audit	The practice audited patients prescribed methotrexate. The audit results demonstrated that appropriate monitoring of patients was being carried out and documented.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice used several locum GPs to provide clinical sessions, all of whom the GP partners had either worked with at other local practices or through the Tower Hamlets extended access service, or the locum GP had previously trained at the practice. The practice manager carried out checks of locum</p>	

GPs, including Disclosure and Barring Service checks, professional registration, performer's list status, mandatory training, and indemnity insurance, however they were not obtaining formal employment references due to the partners' prior knowledge of the locum GPs' employment.

One of the partner GPs completed and documented regular reviews of the locum GPs' consultations to ensure good record keeping and safe care and treatment. Feedback was provided to the locum GPs if any concerns were identified.

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice participated in social prescribing (social prescribing is a means of enabling GPs and other healthcare professionals to refer people to services in their community instead of offering only medicalised solutions). The practice had a dedicated social prescriber who attended the practice once per week, and clinicians could refer patients to the social prescriber directly. The practice had made 24 social prescribing referrals in the last six months. We saw examples of referrals made by the practice,</p>	

which included support for housing issues and free gym memberships for patients with long-term conditions.

The practice is an approved parkrun practice, offering regular running activities in the local area for staff and patients.

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)	98.6%	94.7%	95.1%	Variation (positive)
Exception rate (number of exceptions).	0.1% (1)	0.6%	0.8%	N/A

Consent to care and treatment

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

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

Well-led

Rating: Good

Leadership capacity and capability

Leaders had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	No
<p>Explanation of any answers and additional evidence:</p> <p>The practice supported staff to 'upskill' and take on new roles and responsibilities, including leadership roles, for example the healthcare assistant was previously a receptionist and the practice manager was previously a secretary at the practice.</p> <p>There was no need for a succession plan at this time due to the two GP partners having only recently taken over leadership of the practice in 2018. The partners did have plans to recruit additional salaried GPs at the practice.</p>	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a mission statement which focused on putting patients first and delivering evidence based-care which meets patients' needs. Staff we interviewed knew the practice's values centred on providing safe patient care and listening to patients.</p> <p>Staff told us that, as part of the EQUIP quality improvement project the practice was engaged in, there had been some discussion about creating a new mission statement for the practice in collaboration with staff. Staff we interviewed said they were kept informed about any changes or proposed changes to the practice.</p>	

The vision for the practice centred on becoming a teaching and training practice, with one of the GP partners having completed their GP trainer course. The practice was also looking to employ a female salaried GP to improve access and meet patient demand, and get involved in the local retention scheme for GPs. The GP partners and practice manager told us that continuing to increase patients' use of online services and online consultations was a priority; 35% of practice patients were signed up to online access as of August 2019, compared with only 14% of patients in April 2018.

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	No
The practice had an equality and diversity policy in place.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had specific policies in place to support staff, including a whistleblowing policy, a grievance procedure, an equality and diversity policy and a harassment, violence and bullying policy.</p> <p>The practice had a whistleblowing policy in place, however they were not aware of the need for staff to have access to a Freedom to Speak Up Guardian. During the inspection, the practice manager advised this was something they would implement.</p> <p>We reviewed two complaints and saw evidence that the practice acted in accordance with the duty of candour, providing patients with a written apology and an explanation as to what would be done to learn from and address any issues identified.</p>	

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

Source	Feedback
Staff interviews	Staff told us they enjoy working at the practice and described the culture as open and friendly. Some staff commented that the transition to the current partnership involved some changes, but most staff said the leadership team communicate with them effectively. Staff told us they were confident in raising any concerns and that management were approachable. Staff said they were given protected learning time to complete training and were offered the opportunity to complete role-specific training courses.

Meeting minutes	The practice held regular staff meetings including a reception staff meeting every two weeks, a full staff meeting every month, a clinical and management meeting every week, and a partners and practice manager meeting every month. These meetings were minuted and minutes were shared with staff by email. We saw that during these meetings the practice discussed significant events, complaints and feedback, safety alerts, clinical cases, safeguarding concerns, training, annual leave, and changes to the practice.
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Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: Staff we spoke to were aware of the governance arrangements and the practice leads for certain areas, such as safeguarding, infection control and complaints.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: The practice had systems in place to monitor and manage risks and performance. For example, following the last CQC inspection in 2016, the practice had implemented a log in which to record the serial numbers of blank prescriptions and monitor their distribution throughout the practice. The practice also completed regular checks and audits to ensure risks were identified and managed; these included reviews of locum GPs' consultations, audits of the healthcare assistant's work, checks of emergency medicines and equipment, infection control audits, fire risk assessments, fire alarm tests, equipment calibration, and health and safety risk assessments.	

There was a business continuity plan in place which contained contact details for staff and key suppliers. The plan was saved on the shared drive and hard copies were also kept. The practice manager told us staff are taken through the business continuity plan as part of the induction process.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had access to the monitoring dashboard for the CCG which provided up to date information about the practice's performance against local targets and compared with other practices in Tower Hamlets.</p> <p>The practice was aware of circumstances which required a statutory notification and had submitted a statutory notification to the CQC about an incident involving the police in April 2019.</p>	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group (PPG).	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The PPG met every three months with the GP partners, the practice manager and any other available staff, and was involved in the development of the practice. Meeting minutes demonstrated that staff advised the PPG about proposed changes or updates for the practice and sought feedback and suggestions from the PPG. We spoke with two members of the PPG who told us communication with</p>	

the practice is good and that they feel listened to.

The practice had a Bengali advocate who attended the practice twice per week and could be booked to assist patients who did not have English as their first language.

Staff told us management sought their feedback on the practice and said they felt comfortable making suggestions about changes or improvements. Staff we spoke to referred to regular meetings taking place, during which they were able to give their views about the service.

The practice reviewed a range of patient feedback, including patient comments on the NHS choices website and Friends and Family test results. The practice was not carrying out their own patient surveys.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
The practice reviewed the effectiveness and appropriateness of the care provided through clinical audits and regular monitoring.	
The practice attended monthly performance meetings with the other GP practices in its local network in order to review performance and discuss learning and improvements. The practice also had access to the monitoring dashboard for the CCG which provided up to date information about the practice's performance.	
The practice was involved in local pilots and projects. For example, the practice was part of a pilot led by the CCG looking at online patient registration.	
In 2018 the practice had put in place additional measures and support as part of a project to improve flu vaccine uptake; these measures included: GPs to be given extra time for opportunistic vaccinations; the healthcare assistant being trained to provide flu vaccines; offering vaccines for patients who have attended the practice with family members; and a GP and healthcare assistant visiting older housebound patients to provide care planning and flu vaccines at the same time. We saw data which demonstrated that, although there was a decrease in coverage nationally and locally, the practice increased coverage in vaccinating all patient groups, administering a total of 661 flu vaccines in 2018 to 2019, compared to 556 vaccines in 2017 to 2018.	
The practice was currently engaged in a quality improvement project through EQUIP (a quality improvement programme designed for general practice in Tower Hamlets), looking at how to improve the service and increase access and appointments. The project involves a range of staff members from the practice, both clinical and non-clinical. An EQUIP coach interviews staff members individually so they feel free to raise any suggestions or feedback about the practice.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation 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 weightings 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.