

Care Quality Commission

Inspection Evidence Table

The Spitalfields Practice (1-564522240)

Inspection date: 6 September 2019

Date of data download: 14 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 checked a sample of patient records which included palliative care patients, patients prescribed high-risk medicines such as lithium, warfarin and methotrexate, patients with mental health conditions, patients with long-term conditions, patients with a learning disability, and patients who required an urgent two-week cancer referral. We found record keeping was appropriate, patients' treatment was reviewed and monitored, and care and treatment was delivered according to best practice and evidence-based guidance.	

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.

Health checks were offered to patients over 75 years of age. The practice had 327 patients aged over 75 and 65% of these patients had received a health check in the last 12 months.

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

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

The practice carried out structured annual medication reviews for older patients, which included a review of polypharmacy.

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

Flu vaccines were offered to relevant patients in this age group.

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, clinicians 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 used 'Coordinate My Care' (CMC) care plans for patients with long-term conditions, which enabled information about patients' needs and care planning to be shared with a range of other health and social care professionals in the community.

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

Adults with newly diagnosed cardiovascular disease were offered statins.

Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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>	66.0%	68.6%	78.8%	Tending towards variation (negative)
Exception rate (number of exceptions).	3.5% (31)	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>	66.8%	78.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	3.8% (34)	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>	79.6%	83.4%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.1% (54)	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>	40.5%	66.6%	76.0%	Significant Variation (negative)
Exception rate (number of exceptions).	1.7% (10)	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>	83.1%	84.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	20.2% (21)	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) <small>(QOF)</small>	78.4%	85.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.1% (32)	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) <small>(QOF)</small>	80.6%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.1% (2)	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 asthma indicators. 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 was 41%, compared to the national average of 76%. The practice showed us more recent data (not verified by the CQC) which showed improvement and demonstrated that, as of 6 September 2019, the performance for this indicator was 67%.

Families, children and young people

Population group rating: Good

Findings

The practice contacted the parents or guardians of children due to have childhood immunisations.

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 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. There were dedicated GP and midwife clinics at the practice.

The practice carried out monthly searches of patients prescribed sodium valproate, following receipt of safety alerts relating to the contraindication of this medicine for women of childbearing potential.

Young people could access services for sexual health and contraception. There was also an intra-network referral process whereby patients could be referred to a neighbouring practice for intrauterine device (IUD) insertion and removal.

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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) <small>(NHS England)</small>	126	139	90.6%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received	139	163	85.3%	Below 90% minimum

Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)				
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)	144	163	88.3%	Below 90% minimum
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)	143	163	87.7%	Below 90% minimum

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 two-year olds 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 nurses 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 in immunisation rates for two-year olds:

- Pneumococcal infection (PCV booster) for two-year olds was 89%.
- Haemophilus influenza type b (Hib) and Meningitis C (MenC) for two-year olds was 92%.
- Measles, mumps and rubella (one dose of MMR) for two-year olds was 92%.

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 September 2019, 40% of practice patients were signed up to online access.

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)	53.0%	N/A	N/A	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	63.2%	56.3%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in	35.3%	40.1%	54.4%	N/A

last 30 months (2.5-year coverage, %)(01/04/2017 to 31/03/2018) (PHE)				
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)	39.1%	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)	30.0%	48.2%	51.9%	No statistical variation

Any additional evidence or comments

The practice's uptake for cervical screening from April 2017 to March 2018 was 53%, 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 had a new nursing team in place from January 2019 with one of the nurses taking the lead on improving cervical screening rates. 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 were followed up by the nurse, although an alert was not being placed on the patient's record. Appointments were available throughout the week with a female sample-taker. The practice discussed cervical screening coverage at clinical and network meetings.

We saw local Tower Hamlets data (not verified by the CQC) which indicated that the practice was at 87% for the percentage of women aged 25 to 64 who have had a cervical screening test in the last five years and six months, although it was at 57% for the percentage of women aged 25 to 49 who have had a cervical screening test in the last three years and six months.

The practice's data for 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 was 39%, which was below the national average of 70%. The practice told us this was due to a coding issue on the electronic record system, which had been addressed.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

The practice held a register of patients living in vulnerable circumstances, including those who were homeless or travellers, and those with a learning disability.

The practice had identified 59 patients with a learning disability and 63% of these patients had received a health check in the last 12 months.

The practice's register for patients with a learning disability was reviewed and updated in conjunction with a learning disability specialist nurse.

The practice had identified two patients who were vulnerable for reasons other than a learning disability and 100% of these patients had received a health check in the last 12 months.

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 identified patients who misused substances. Patients had access to a substance misuse practitioner who worked out of the practice.

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 to patients experiencing poor mental health. The practice had identified 193 patients with a mental health condition and 65% had received a health check in the last 12 months.

The practice held a register of patients with dementia; 25 patients were on this register and 60% had received an annual health check.

Same day and longer appointments were offered when required. Patients with a mental health condition receive a telephone call reminder on the day when they have a booked routine appointment.

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

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

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

There was a system for following up patients who failed to attend for administration of long-term medication whereby the practice nurse would contact the patients by telephone and liaise with GPs and external practitioners if required. However, we found the practice did not have a formal system for monitoring and following up uncollected prescriptions for mental health patients. When we raised this with the practice, they created a policy on the day of inspection which set out the process for monitoring psychotropic medicines; this included alerts on the record system, a lead administrative staff member carrying out fortnightly checks of prescriptions, including uncollected prescriptions as a standing agenda item for discussion in clinical governance meetings.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QoF)</small>	80.2%	80.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.2% (19)	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	71.0%	85.3%	90.0%	Variation (negative)

months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	9.1% (17)	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)	79.2%	78.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.0% (1)	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, except for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months; the practice was 71%, compared to the national average of 90%. The practice told us they have one of the highest rates of mental health conditions within Tower Hamlets. Staff explained there had been an issue with the alert on the electronic record system, which meant that the review was being completed but this information was not being recorded appropriately. This has now been identified and addressed.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	472.6	500.3	537.5
Overall QOF score (as a percentage of maximum)	84.5%	89.5%	96.2%
Overall QOF exception reporting (all domains)	4.1%	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 quality improvement (QI) activity in past two years:

Patient death audit	The practice had completed one cycle of an audit reviewing all patient deaths at the practice from June 2018 to June 2019, in order to identify any unusual patterns or critical incidents to improve overall quality of care. The audit demonstrated good practice in relation to condolence letters being sent and the GP telephoning the family and offering support in 38 of the 42 deaths. However, the results also demonstrated that two admission avoidance care plans were not in place at time of death. The audit was discussed at a clinical governance meeting on 2 July 2019 and the practice put in place a new policy
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	whereby a designated administrative staff member carries out a fortnightly check and informs the named GP if the care plan is incomplete.
Repeat prescribing audit	The practice had completed four cycles of an audit reviewing the repeat prescribing process, and had gathered data for April to June 2018, July to September 2018, October to December 2018, and January to March 2019. As a result of this audit the practice updated the repeat prescribing policy to include information about electronic prescribing. The audit identified issues such as whether multiple repeat dispensing medicines were set up so that the batches would run out at the same time, whether any duplicate medicines were on repeat record, and whether there had been a documented medication review.
Prescribing high dose opioids audit	The practice was in the process of carrying out an audit to identify adults prescribed regular strong opioids for non-cancer pain in order to assess whether prescribing is appropriate and whether the dose could be tapered or stopped.
Improving efficiency in the workflow of telephone consultations QI project	The practice had started a quality improvement project which is designed to look at the telephone workflow process and ensure that telephone consultations are managed appropriately and efficiently. The project is led by one of the GP partners and the facilities manager. So far, the project had gathered raw data from the GPs and reception staff about volume of calls, whether the telephone consultation was appropriately booked and whether the patient's problem could have been dealt with in a different way. The next step is to input and analyse the data.
Bringing joy to the workplace QI project	The practice had started a quality improvement project which is designed to maintain high morale and make the practice a place staff want to come to work at. The project is led by the practice manager and the IT and administrative manager and involves the full staff team. Staff members were required to complete a form detailing their personal and home background and their values, goals and hobbies, in order for everyone to learn more about each other.

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 GP partners had oversight of the nurses' clinical work and the nurses in turn mentored and had oversight of the healthcare assistants (HCAs). Monitoring was carried out through informal checks, peer discussions, completion of role-specific training courses and annual appraisals, although the practice was not completing and documented formal structured record checks. GP partners told us this was something they would consider implementing as a way of strengthening clinical oversight.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective 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, with clinicians able to refer patients to the social prescriber or patients booking in with the social prescriber directly. The practice had made 53 social prescribing referrals since 1 April 2019. We saw examples of referrals made by the practice, which included referrals to talking therapies and exercise programmes, offering a befriending service and referrals to the local Carer's Centre.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.6%	94.7%	95.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.8% (17)	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

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	37
Number of CQC comments received which were positive about the service.	32
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	2

Source	Feedback
CQC comment cards	Patients generally described the practice in positive terms. Staff were described as friendly and polite. Several patients commented that staff are always willing to help.
Patient interviews	We spoke to two patients during the inspection, who were both positive about staff and the service.
NHS Choices website	The practice scored 4 out of 5 stars on the NHS Choices website. Thirteen comments had been received over the last 12 months, of which 10 were positive and three were negative. Most of the comments described staff as friendly, helpful and polite. A few comments stated that clinicians were rushed and commented that reception staff were rude.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13827	468	73	15.6%	0.53%

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 (01/01/2019 to 31/03/2019)	66.8%	83.7%	88.9%	Significant Variation (negative)
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 (01/01/2019 to 31/03/2019)	65.5%	79.7%	87.4%	Significant Variation (negative)
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 (01/01/2019 to 31/03/2019)	91.5%	93.0%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	64.0%	74.7%	82.9%	Variation (negative)

Any additional evidence or comments

The practice's GP patient survey (GPPS) results were below local and national averages for most questions relating to kindness, respect and compassion from clinicians. These survey results had only been published in July 2019, however the practice was aware of the low results in some areas, had discussed the GPPS scores in a meeting and had produced an action plan to address these areas. The action plan included the following points:

- A reminder to clinicians to ensure that, for the first part of consultations, patients are given undivided attention, with clinicians fully facing patients and maintaining eye contact. The practice decided this will help patients to feel listened to and that they are being treated with care and concern.
- All clinicians will now undertake refresher training in consultation skills every two years as part of the practice's mandatory training.
- All chronic disease patients will be routinely asked about their mental health needs and wellbeing during consultations.

The GPPS results were not reflective of patient feedback in CQC comments cards and the practice's Friends and Family test (FFT) results, which were positive about the service and how patients were treated by staff.

We also reviewed patient feedback for one of the GP partners which had been gathered in July 2019. Out of 50 responses, all patients said the GP was 'good' or 'very good' at being polite, making them feel at ease, listening to them, and explaining their condition and treatment. Patients described the GP partner as kind, professional and helpful.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice reviewed patient comments on the NHS Choices website and responded to feedback. Patient feedback had also been gathered for one of the GP partners.</p> <p>Friends and Family test (FFT) results were recorded and reviewed monthly. Results from April to August 2019 were positive and demonstrated that, on average, 88% of respondents were likely or extremely likely to recommend the practice. Only one patient between April and August 2019 said they were unlikely to recommend the practice and no patients said they were extremely unlikely to recommend it.</p> <p>Staff told us the practice would carry out focused patient surveys to help monitor the effectiveness of their action plan to address low GPPS results.</p>	

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
CQC comment cards	Patients stated staff listen to patients and they are able to ask questions.
Patient interviews	The two patients we spoke to said they felt involved in their care and that staff explained treatment and medication to them.
NHS Choices website	The practice scored 4 out of 5 stars on the NHS Choices website. One of the comments referred to GPs being rushed, but other patient feedback described clinicians as professional and said they were given the time they needed by staff and GPs explained treatment to them.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	87.6%	90.1%	93.4%	No statistical variation

Any additional evidence or comments

The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

	Narrative
Percentage and number of carers identified.	127 carers identified (approximately 0.9% of the practice population).
How the practice supported carers (including young carers).	<p>The practice had a carers policy and held a register of carers. We were told that patients were asked about their carer status at the point of registration, during health checks and opportunistically (for example if a patient was accompanied to an appointment).</p> <p>Carers were offered annual flu vaccines.</p> <p>Patients who are carers were offered a referral to Tower Hamlets Carer's Centre; this is a dedicated local group which offers a range of services and advice for carers, for example free exercise classes, trips away, and assistance with respite or financial support. The GPs could make direct referrals to the Carer's Centre through the practice's electronic record system.</p> <p>A representative from the Carer's Centre had started to attend the practice every month with a stall set up in the waiting area, in order to speak to patients and make them aware of the support and services available.</p>
How the practice supported recently bereaved patients.	<p>The practice had a bereavement (death of patient) procedure in place.</p> <p>The death is recorded in the patient's record and the named GP is informed immediately.</p> <p>A letter is sent to the patient's next of kin or carer, which offers condolences and invites the patient to arrange an appointment if they need one.</p> <p>Staff told us the named GP would sometimes also contact the patient by telephone, depending on the circumstances.</p>

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: Staff were able to describe how they kept information secure, by ensuring patient information was not visible to other patients in the reception area, and shredding paper correspondence once it had been scanned and uploaded to the patient's record on the electronic record system. Staff completed annual information governance training.	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
Explanation of any answers and additional evidence: The practice provided online consultations using a platform on the practice website called 'e-consult'. The practice did not carry out consultations using video services.	

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.	Yes
Explanation of any answers and additional evidence: The practice supported staff to 'upskill' and take on new roles and responsibilities, for example the practice's IT and administration manager was studying for a formal management qualification and the practice had agreed to support the lead practice nurse to complete nurse practitioner training. One of the GP partners has completed the GP registrar trainer qualification and another partner was planning to undertake this qualification when the next round of training becomes available; we were told the intention is for the practice to offer a minimum of two registrar placements before the end of 2020, which forms part of the practice's succession planning strategy.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice had a statement of purpose to provide high quality, effective and personalised general medical services to the practice population. The practice's values were as follows: ' <i>As a practice team we are here to care for our patients and to care for each other</i> '. Staff we spoke to were aware of the practice's values. The practice had a documented business strategy in place for 2019 to 2021. The practice's vision centred on creating and launching a virtual patient participation group (PPG) forum, continuing to refurbish and upgrade the premises, and enhancing the practice's digital capabilities to improve the provision and delivery of services.	

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.	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, an equal opportunities and discrimination policy, a harassment policy, and a grievance procedure.</p> <p>The practice had a whistleblowing policy which was accessible to staff and which provided details of other organisations that staff could raise concerns with, as well as contact details for the NHS Freedom to Speak Up service.</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 in relation to the issues raised.</p> <p>The practice engaged in fundraising for good causes including Great Ormond Street Hospital (GOSH), Muslim Hands, Save the Children and Breast Cancer Care.</p>	

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

Source	Feedback
Staff interviews	Staff were very positive about working at the practice. Staff we spoke to said leaders and management were approachable and they felt able to raise any concerns or issues. We were told that staff work well as a team, and the culture was described as open and being like a family. Staff stated they were given opportunities to develop their skills and knowledge and protected learning time to complete training.
Meeting minutes	The practice held regular meetings including a full staff meeting every month, a clinical meeting every month, a reception staff meeting every month, a nurse and healthcare assistant meeting every month and a multidisciplinary integrated care meeting at the practice every month, as well as informal chats and tea breaks. These meetings were minuted and minutes were stored on the shared drive for staff to access. We reviewed meeting minutes and saw the practice discussed significant events, complaints and feedback, safety alerts, specific

	clinical cases, and staff training. However, the minutes for the clinical meetings were lacking in detail and could be improved to enable the minutes to be used more effectively for reflection and learning.
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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 were aware of their roles and responsibilities and the governance arrangements for the practice, including the practice leads for areas including safeguarding, whistleblowing, infection control, complaints and significant events.	

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 systems to monitor risks including a prescription log to monitor the distribution of blank prescriptions throughout the practice, annual fire risk assessments and fire safety training for all staff, and infection prevention and control audits and checks. The practice had a business continuity plan in place which contained contact details for external stakeholders, practice staff and key suppliers, as well as arrangements for relocating to a neighbouring practice if circumstances required. The business continuity plan set out the minimum staffing requirements to carry out essential services, such as emergency and routine appointments, urgent referrals and repeat prescriptions, test results and telephone triage. The plan was saved on the shared drive and hard copies were also kept.	

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 reviewed and discussed its QOF and Network Improved Services performance using up to date information at network and clinical meetings.</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.	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 three times per year with the practice manager, the PPG practice lead (an administrative staff member) and one of the GP partners when available, and was involved in the development of the practice. Meeting minutes demonstrated that staff advised the PPG about proposed changes to the practice and sought feedback from the PPG. We spoke with one of the PPG members who told us the practice had acted upon issues raised by the PPG and said the practice and PPG have a good relationship.</p> <p>The practice reviewed a range of patient feedback, including patient comments on the NHS choices website and Friends and Family test results, although the practice was not carrying out its own patient surveys.</p>	

In 2019 the local Healthwatch team had attended the practice to interview patients about their experience of the service as part of a survey looking at GP practices across Tower Hamlets.

The practice had a Bengali advocate who attended the practice every morning and a Somali advocate who attended one morning per week, and other advocates and interpreters could be booked to assist patients who did not have English as their first language.

Staff told us they felt confident making suggestions about changes or improvements. Staff said they were able to give their views about the service during informal chats, meetings and their annual appraisal.

The practice had also carried out a staff satisfaction survey in 2019. Out of a total of 19 responses:

- Sixteen said they 'agree' or 'strongly agree' with the statement 'I am able to make improvements happen in my area of work'.
- Sixteen said they were 'satisfied' or 'very satisfied' that the organisation values their work.
- All 19 said they 'agree' or 'strongly agree' with the statement 'I am trusted to do my job'.

The practice worked closely with local stakeholders, for example one of the GP partners is the chair of the practice's 'East End Health Network' and one is the network leads chair for the local Tower Hamlets federation.

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
<p>Explanation of any answers and additional evidence:</p> <p>A staff member from the local network attends the practice's monthly staff meetings in order to discuss and review the practice's performance. The practice also had access to the monitoring dashboard for the CCG which provided up to date information about performance.</p> <p>The practice reviewed the effectiveness and appropriateness of the care provided through a programme of clinical audits and quality improvement projects.</p> <p>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. The practice was also about to start an ante-natal care pathway pilot with The Royal London Hospital's midwifery department; this pilot was removing GP involvement so that patients would only see midwives for their appointments and checks throughout pregnancy, with midwife appointments taking place at the practice, in order to assess if this pathway was more effective for patients. In addition, the practice was putting patients forward for and promoting a community genetics study being carried out by Queen Mary University, aiming to improve health among people of Pakistani and Bangladeshi heritage in East London.</p>	

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.