

Care Quality Commission

Inspection Evidence Table

Ritchie Street Group Practice (1-583929825)

Inspection date: 13 November 2019

Date of data download: 31 October 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	N/A
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were 12 trained staff members.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y (see below)
Explanation of any answers and additional evidence: Adult safeguarding and child protection policies were last reviewed in April 2019. Five members of the clinical staff were overdue safeguarding refresher training.	

Safeguarding	Y/N/Partial
<p>The availability of chaperones was advertised on notices in the clinical rooms and on the waiting area TV screens.</p> <p>We noted that minutes of MDT minutes, which were produced the meeting conveners, not practice staff, were quite scant. Staff attending the meetings made their own notes and updated patients' records accordingly.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed four sets of staff records and saw that appropriate recruitment and pre-employment checks were carried out.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: October 2018</p>	Y
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: December 2018</p>	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: May 2018</p>	Y (see below)
<p>There was a log of fire drills.</p> <p>Date of last drill:</p>	N (see below)
<p>There was a record of fire alarm checks.</p> <p>Date of last check: May 2019 Weekly tests done and recorded.</p>	Y
<p>There was a record of fire training for staff.</p> <p>Date of last training: Various – training done online.</p>	Partial
There were fire marshals.	Y

A fire risk assessment had been completed. Date of completion: 27/11/18	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: Fire extinguishers were overdue an annual inspection, but we saw confirmation this was scheduled for shortly after visit together with a renewed fire risk assessment. Fire drills were not routinely carried out, but the practice sent us evidence of one being conducted on the 26 November 2019. There were 10 trained fire marshals. However, eight members of staff were overdue fire safety training. Fixed wiring had been inspected and certified in December 2018. The premises gas installation had been inspected and certified in October 2019.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 1 August 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1 August 2019	Y
Explanation of any answers and additional evidence: Records indicated that eight members of staff were overdue Health and Safety training.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y (see below)
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 22 December 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The infection prevention and control policy was overdue a review, but the practice sent us the revised policy shortly after our inspection. A legionella risk assessment had been carried out on 4 December 2018. There was an up to date legionella management plan, which included arrangements for sampling and laboratory testing.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: New staff were subject to a 4 to 6-month probationary period. At the date of the inspection, there were a few administrative vacancies, with staff working flexibly to cover. All staff except a new-appointee had received training in Basis Life Support and Anaphylaxis.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y

There was a documented approach to the management of test results and this was managed in a timely manner.	Y (see below)
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence:	
<p>On the day of the inspection we found 15 laboratory test results had not been actioned since the beginning of October 2019, having been sent to an incorrect email address by the lab. Due to an administrative oversight by a new staff member the issue had not been reported to senior staff at the practice. Partners reviewed the lab reports during the inspection and confirmed patient safety had not been put at risk. The matter was investigated as a significant event straight away, with appropriate remedial action taken and learning passed on.</p>	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	1.18 (see below)	0.67	0.87	Tending towards variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	7.7%	10.6%	8.6%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	5.28	5.85	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	1.27	1.66	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/a
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Published data showed a slightly raised incidence of antibiotic prescribing, compared with similar practices, which we discussed with staff. The practice shared its prescribing coding and monitoring data with the separate walk-in service which operates at the location. The seemingly higher prescribing was due to nature of healthcare issues of walk-in service patients.</p> <p>Prescribing protocols were regularly reviewed and updated, most recently in September 2019.</p> <p>There was a practice-based pharmacist and pharmacy technician, providing guidance and monitoring assistance.</p> <p>No controlled drugs were kept on the premises.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	13
Number of events that required action (further training):	3
Explanation of any answers and additional evidence: The significant events policy had been reviewed in April 2019.	

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

Event	Specific action taken
Patient referral copied to incorrect record.	Additional training and guidance given to clinical and administrative staff.
Locum GP felt unsupported.	New induction form introduced; Locum pack revised; staff reminded of need to follow induction process.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: Alerts were received by the practice manager and two named GPs. They were recorded, reviewed and actioned as necessary. We saw examples of actions taken on recent alerts for example, regarding Emerade adrenaline auto-injectors and Febuxostat, a medication used long-term to treat gout, with records searches being conducted so that any patients contacted and informed of any concerns.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence:	
There was a named lead GP for monitoring good practice guidance, such as that issued by NICE, and the CCG issued regular bulletins to keep practices apprised of developments. These were reviewed at clinical meetings and actioned appropriately.	
The practice used a commercially-available clinical decision support tool, which provided easy access to the latest evidence-based resources.	

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) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	0.52	0.77	0.75	No statistical variation

Older people

Population group rating: Good

Findings

- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age. Housebound patients were offered visits by practice nurses.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- There was an in-house phlebotomy service and a dispensing pharmacy was based at the location.
- The practice made use of a local social prescribing service.

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 worked with other health and care professionals to deliver a coordinated package of care.
- The additional post of a pharmacy technician assisted the practice to manage repeat medication requests and clinical reviews more effectively. Staff told us the role was unique among Islington practices.
- There was effective liaison with community nursing teams, for example respiratory nurses, community matrons, heart failure nurse. Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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. The practice nurses had specialist training relating to asthma, COPD, and diabetes.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.8%	79.1%	79.3%	No statistical variation
Exception rate (number of exceptions).	24.7% (129) (see below)	16.7%	12.8%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	73.4%	77.3%	78.1%	No statistical variation
Exception rate (number of exceptions).	19.3% (101) (see below)	12.0%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	78.4%	80.6%	81.3%	No statistical variation
Exception rate (number of exceptions).	11.1% (58)	11.6%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	74.3%	77.2%	75.9%	No statistical variation
Exception rate (number of exceptions).	2.1% (16)	3.3%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	87.7%	91.7%	89.6%	No statistical variation
Exception rate (number of exceptions).	1.2% (3)	8.0%	11.2%	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 (01/04/2018 to 31/03/2019) (QOF)	83.1%	82.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.9% (64)	5.4%	4.0%	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 (01/04/2018 to 31/03/2019) (QOF)	81.3% (see below)	88.0%	91.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	4.7% (6)	10.2%	5.9%	N/A

Any additional evidence or comments

Published data showed raised exception reporting rates for some diabetes sub-indicators, which we discussed with practice staff. The raised figures were due to a high number of patients (over 200) joining the list in the last quarter of the year, being automatically excepted. The patient list also had a high turnover rate of around 25% per year.

The practice provided evidence that an audit of patients with atrial fibrillation had been conducted shortly before our inspection, which showed an increase in performance to 93% of patients being treated currently with anti-coagulants.

Families, children and young people

Population group rating: Good

Findings

- The practice had not met the minimum 90% target for the four childhood immunisation uptake indicators.
- 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 provided access to the local paediatric nurse service and ran a weekly child health clinic, supported by health visitors.
- 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 was effective liaison with social services and community child health including the child development team and Child and Adolescent Mental Health Services (CAMHS)
- Patients, including 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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	142	163	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)	104	135	77.0%	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)	104	135	77.0%	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)	103	135	76.3%	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

We saw evidence that the practice contacted the parents or guardians of children due to have childhood immunisations. This included call and recall letters and text messages.

Staff told us that a high number of patients were foreign nationals whose children were vaccinated in their countries of origin, but who did not provide evidence so that the practice could update its records. In addition, there was a 25% annual turnover of patients whose children may have received initial immunisations at the practice, but since moved on. There were also particular patient groups that did not engage well over immunisations, despite being contacted frequently by the practice.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice offered appointments available for travel health advice.
- The practice provided information on services and self-management of health issues on its website.

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)	54.2%	N/A	80% Target	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)	57.7%	60.0%	72.1%	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)	49.9%	43.5%	57.3%	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)	76.1%	72.5%	69.3%	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)	47.5%	47.1%	51.9%	No statistical variation

Any additional evidence or comments

The practice was aware from monitoring that the screening rates were below target. Staff told us the figures were reduced for various reasons, including the high patient turnover and a significant number of patients from abroad who had their screening done in their countries of origin, but failed to provide

evidence for their medical records to be updated.

In accordance with local CCG initiatives, the practice was continuing with efforts to improve performance, sending out numerous recalls by letter, together with text reminders and phoning patients as well as discussing screening opportunistically when patients attended the practice for other reasons. The practice was actively trying to engage with particular ethnic groups less likely to participate in screening.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- There was effective liaison with carers and community support teams.
- 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances and provided patients with access to the local Drugs and Alcohol Service.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day 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. There was effective liaison with the Community Mental Health Team.
- 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, for example to the local and memory service.

- Patients with poor mental health, including dementia, were referred to appropriate services. The practice participated in the Practice Based Mental Health Service scheme, providing patients access to Islington Psychological Therapies Service (iCope) and the mental health matron.

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 (01/04/2018 to 31/03/2019) (QOF)	75.3% (see below)	90.7%	89.4%	Variation (negative)
Exception rate (number of exceptions).	3.5% (8)	8.5%	12.3%	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 (01/04/2018 to 31/03/2019) (QOF)	90.6%	90.3%	90.2%	No statistical variation
Exception rate (number of exceptions).	3.0% (7)	7.5%	10.1%	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 (01/04/2018 to 31/03/2019) (QOF)	71.7%	86.2%	83.6%	No statistical variation
Exception rate (number of exceptions).	8.0% (4)	4.5%	6.7%	N/A

Any additional evidence or comments

The prevalence of patients with severe mental illness was 40% higher than the national average.

The performance data showed a decline in the number of agreed care plans from 94% the previous year. Since then the patient list had increased by approximately 3,000 patients. The practice was aware of the reduction and was working to achieve the past performance levels, working closely with relevant services and agencies.

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)	539.7	544.4	539.2
Overall QOF score (as a percentage of maximum)	96.5%	97.4%	96.4%

Overall QOF exception reporting (all domains)	6.9%	6.3%	5.9%
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	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

The practice had completed 11 clinical audits in the past 12 months.
We reviewed one in relation to broad spectrum antibiotic prescribing for children, which showed prescribing reduced over a year from 15 patients to 4 and that adherence to local prescribing guidelines improved from 40% to 100%.

Effective staffing

The practice was unable to fully demonstrate that all 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.	N
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses,	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Explanation of any answers and additional evidence:

We reviewed the training records and found not all staff were up to date with training, including safeguarding, general health and safety and fire safety, the Mental Capacity Act and information governance.

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 (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	
The practice had a range of healthcare information leaflets and guidance was available on its website for patients to access.	

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.6%	93.6%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.6% (14)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	N/a
Explanation of any answers and additional evidence: Four members of the clinical staff were overdue formal Mental Capacity Act training. Formal consent was obtained from patients in respect of minor surgery. All consents were recorded on patients' records.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y

Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: Care plans were regularly reviewed. Patients were referred to relevant local support organisations. Most staff had received Equality and Diversity training.	

CQC comments cards	
Total comments cards received.	35
Comments received via our website in relation to the inspection	1
Number of comments received which were positive about the service.	28
Number of comments received which were mixed about the service.	8
Number of comments received which were negative about the service.	0

Source	Feedback
Comments cards	Patients feedback was predominantly positive regarding all aspects of the service.
Comments cards	Five patients mentioned difficulties or delays in booking appointments; others mentioned telephone access being a problem, continuity of care and the queuing system at reception. They were all otherwise positive.
Comment via our website	Positive regarding all aspects of the service.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18134.0	475.0	103.0	21.7%	0.57%

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)	83.4%	88.5%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very	78.4% (see below)	86.7%	87.4%	Tending towards variation (negative)

Indicator	Practice	CCG average	England average	England comparison
good at treating them with care and concern (01/01/2019 to 31/03/2019)				
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)	94.0%	94.8%	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)	82.3%	83.5%	82.9%	No statistical variation

Any additional evidence or comments

The practice had reviewed the survey results and compared its figures with similar practices nearby. There was ongoing discussion within the clinical team over methods of addressing perceived low performance, including clinicians reflecting on their personal approach.

During the period the survey data was collected the practice was making increased use of locum doctors to cover three GPs' maternity leave. This had reduced by the date of our inspection. We received no adverse patient feedback regarding staff / patient interaction.

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

Any additional evidence

Although the practice did not carry out its own surveys, it reviewed the results of the National GP Patient Survey, including carrying out an analysis of its results compared with nearby similar practices. It had devised an initial action plan to address some aspects identified as needing improvement. Further discussion was ongoing to review others and identify remedial action.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y (see below)

Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: Some pictorial materials were available, for example in allowing patients with learning disabilities to describe their symptoms.	

Source	Feedback
Comments cards	Patients were positive in the feedback regarding this aspect of the service.

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)	92.2%	93.3%	93.4%	No statistical variation

	Y/N/Partial
Interpreter services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: Clinicians used a pictorial pain assessment chart to assist patients with learning disabilities in describing their symptoms. Staff told us the practice would investigate obtaining a range of easy read materials for patients with learning disabilities and supplies of information leaflets in languages other than English. Shortly after the inspection the practice confirmed a range of material had been obtained. Various staff including members of the clinical team could speak languages additional to English, such as Hindi, Punjabi and French. The website had an instant translation facility for non-English speakers. The practice used Language Line. It had access to practitioners of British Sign Language and two mobile induction loops to assist patients with hearing impairment.	

Carers	Narrative
Percentage and number of carers identified.	172 (0.94% of patient list)
How the practice supported carers (including young carers).	Guidance to local support groups was given on the practice website and waiting area TV screens and paper leaflets were available. Carers were actively involved in care planning. Immunisations, such as seasonal flu jabs, were offered.
How the practice supported recently bereaved patients.	The practice participated in the Bereavement Care Service Standards scheme, involving planning for bereavement, access to services, assessment of needs and provision of support.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice shared the location with three other services – a walk-in centre, one of the local CCG's extended hours hubs and a pharmacist. The reception and waiting areas were busy at various times during the day of our visit. Arrangements had been made for queuing at the reception desk, by means of a moveable barrier. However, it was not possible to ensure patient confidentiality at the desk, although a private room was available if patients requested it.</p> <p>The practice had plans for remodelling the building, which were still subject to agreement with landlord, local authority and other stakeholders. The planned works will provide additional reception and waiting space.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y (see below)
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There were 10 consultation rooms available for use by GPs and four by the nurses and HCAs. All were on the ground floor, accessible to patients with reduced mobility.</p> <p>Space was limited in the reception and waiting areas, but we saw the practice had plans to address this as part of proposed remodelling of the premises.</p> <p>Clinical staff used a pictorial chart to assist patients with learning disabilities in describing their symptoms. The practice confirmed after the inspection it had obtained a full range of easy read materials and supplies of information leaflets in languages other than English. The practice website had a facility for immediate translation into various foreign languages.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00 am to 8:00 pm
Tuesday	8:00 am to 8:00 pm
Wednesday	8:00 am to 8:00 pm
Thursday	8:00 am to 8:00 pm
Friday	8:00 am to 8:00 pm

Saturday	9:00 am to 6:00 pm
Sunday	9:00 am to 6:00 pm (Open for appointment booking and requesting repeat medication, etc)
Appointments available:	
Monday	8:00 am to 8:00 pm
Tuesday	8:00 am to 8:00 pm
Wednesday	8:00 am to 8:00 pm
Thursday	8:00 am to 8:00 pm
Friday	8:00 am to 8:00 pm
Saturday	9:00 am to 6:00 pm (by appointment after 3:00 pm)
Sunday	None available

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18134.0	475.0	103.0	21.7%	0.57%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	90.6%	93.4%	94.5%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. A nurse visited all housebound patients to draw up and review care plans.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- A nurse visited all housebound patients to carry out reviews of long-term health conditions and to draw up and review care plans.

- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Appointments were available until 8:00 pm on weekday evenings and during the day on Saturdays for school age children, so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open from 8:00 am until 8:00 pm on Monday to Friday and from 9:00 am to 6:00 pm on Saturdays for appointments with both GPs and nurses. Pre-bookable appointments were also available on Sundays to patients at the location and other extended hours IHubs, operated by the Islington GP federation.
- Out of area registration was offered, for example to commuters working locally.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.

- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health. Home visits were available.
- The practice operated a telephone recall system and used text reminders for appointments.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly. There was an on-site drugs and alcohol worker and a local mental health worker.
- Practice nurses could offer depot injections.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: Requests for urgent appointments were triaged by the duty GP. The practice held open a number of daily appointments slots for children aged under-5 years.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	65.8%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP	61.8%	70.2%	67.4%	No statistical

Indicator	Practice	CCG average	England average	England comparison
patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)				variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	68.6%	64.3%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	77.5%	72.1%	73.6%	No statistical variation

Any additional evidence or comments

The practice had reviewed the survey results and taken action to improve performance, including increasing the number of staff answering phones at peak times and obtaining phone response monitoring and reporting software.

It was actively encouraging patients to access services online, for example to book appointments and request repeat prescriptions. Approximately 40% of patients were registered for online services.

There were ongoing IT issues which sometimes adversely impacted on performance, such as clinicians having to write up consultation notes manually and later add them to patients' records. This might result in appointments running late. The issues were the subject of ongoing discussions with the IT service provider. On the day of our inspection a national IT issue meant staff had to resort to manual record keeping.

It offered a range of clinical appointments during weekday evenings and at weekends and was planning to develop this further.

The practice provided patients with access the local extended hours service and community services offering healthcare relating to ear, nose and throat, gynaecology and musculoskeletal conditions.

Source	Feedback
Comments cards	Although otherwise positive in their feedback, five patients mentioned difficulties or delays in booking appointments; others mentioned telephone access being a problem, continuity of care and the queuing system at reception. However, most of the 36 respondents did not mention these issues as problematic.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care

Complaints	
Number of complaints received in the last year.	39
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patients unhappy with receptionists' attitude.	Further customer service training provided to staff.
Patient unhappy with amount of medication prescribed.	Patient was contacted and clarification given regarding prescribing guidelines

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

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

Staff told us of challenges relating to the service, including premises and IT issues. Plans for remodelling the location were advanced and these would address such issues as limited space in the reception and waiting areas and provide extra clinical space to assist with the increasing patient list size.

There were ongoing problems with IT, outside the practice's control, which were recorded in the significant events log when they impacted upon service delivery. The practice was in discussion with the local CCG to identify and instigate remedial work.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
The practice worked well with other providers operating at the location, such as the walk-in service community pharmacy and the borough's extended hours service, one of whose four hubs was based there. Staff told us the availability of the various services in one location was unique in area and was the result of an initiative originated by the practice.	

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y

The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Staff had undertaken equality and diversity training.	Partial
Explanation of any answers and additional evidence:	
<p>Fifteen staff had not received up to date training relating to Whistleblowing. Five staff members had not received up to date Equality and Diversity Training.</p> <p>Staff were positive in their feedback regarding the culture of the practice. They felt valued and involved in decision making. Various staff social events were run by the practice.</p>	

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>Partners had defined roles and leadership responsibilities for various aspects of the service.</p> <p>The practice entered into a range of data protection and confidentiality agreements, were appropriate, with third parties.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y

A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All staff were trained in Basic Life Support.</p> <p>The practice's business continuity plan had been reviewed in October 2019.</p> <p>The practice had experienced a rapid growth in of its patient list, with 5,500 new patients since our last inspection, following the closure and relocation of two nearby practices, and almost 1,000 new patients joining the list since January 2019. It had made provision for extra staffing and resources to deal effectively with the increased demands on the service.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Five staff members were overdue general information governance training and nine had not been trained in relation to the European General Data Protection Regulation.</p> <p>There were continuing problems with IT that were outside the practice's control. The practice was involved in ongoing discussion with the IT provider to remedy the issues.</p> <p>The practice operated a range of internal clinical and administrative meetings, as well as liaising with outside agencies. We noted that MDT meeting minutes, prepared by third parties, often recorded little detail of discussions. Practice staff attending the meetings made their own notes of discussions and added them to patients' records. In addition, we thought there was scope for improving meeting minutes produced by the practice so that relevant service information could be shared effectively.</p>	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: Staff participated in the local GP and Practice Manager forums and attended the Pan Islington Patient Participation Forum.	

Any additional evidence

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: Staff told us the practice had been instrumental in developing the local extended hours service, which was set up in 2015, with the practice being responsible for the initial service design and bidding. It included setting up IT systems to manage patients' records and the telephone system used by all participating practices. Staff said the extended hours service model had received national recognition and has been emulated elsewhere.	

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.