

# Care Quality Commission

## Inspection Evidence Table

### St Heliers Medical Practice (1-565515416)

Inspection date: 21 November 2019

Date of data download: 04 November 2019

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19. Our evidence table has two sets of data for this period, one for St Heliers Medical Practice and one for Dr Ali and Partners. This is because the 2018/19 data is reflective of the period prior to the practice merger which took place in April 2019; when each practice was separately registered and held separate patient lists.

This is also reflected in the most recently published childhood immunisation data (available to us at the time of this inspection), 2017/18 data from Public Health England (PHE) such as for cancer screening, as well as the latest publication of the national GP patient survey.

As the practice has since merged as one registration with one patient list, moving forward the practice will have one data set for various quality and clinical areas.

## 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.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
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

<b>Safeguarding</b>	<b>Y/N/Partial</b>
Staff who acted as chaperones were trained for their role.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Staff we spoke with demonstrated a good understanding of safeguarding principles and knew how to raise and report a safeguarding concern.</li> <li>• We saw evidence to support that regular safeguarding meetings took place with representation from other health and social care services.</li> <li>• Female genital mutilation (FGM), domestic violence and abuse (DVA) and “Prevent” reporting processes were embedded in the practice’s suite of safeguarding policies. “Prevent” is about safeguarding individuals from being drawn into terrorism.</li> </ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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>Although the practice had rarely used locum GPs we saw that when they had been used, pre-employment checks were completed. Staff explained that locum GPs were fully inducted on working at the practice, we saw evidence of an informative locum pack with a check list in place to support this.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: November 2019	Y
There was a record of equipment calibration. Date of last calibration: 30 August 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 30 October 2019	Y
There was a log of fire drills. Date of last drill: 30 October 2019	Y
There was a record of fire alarm checks. Date of last check: 20 November 2019	Y
There was a record of fire training for staff. Date of last training: October 2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 26 January 2018	Y

Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: There was evidence of completed actions following the practices fire risk assessment, actions included adding the fire assembly point to fire action signage and applying a sign to where the practice stored the medical oxygen.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 1 November 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1 November 2019	Y
Explanation of any answers and additional evidence: N/A	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 14 October 2019	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 practice was visibly clean and tidy on the day of our inspection. We saw that actions noted in the practices infection prevent and control audit had been completed, such as the removal of damaged chairs to support infection control. Staff we spoke with during our inspection confirmed that medical equipment was regularly cleaned however this was not recorded. The infection control lead informed us that this had been identified recently and the practice was in the process of developing a form for use.	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y

Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
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: N/A	

## 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
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: The practice monitored their referrals closely and ensured that any non-attenders were followed up, we saw records supporting this process. We also saw that the practice took a thorough approach in monitoring their two-week wait referrals. Records of the practices two-week wait audit in July 2019 showed that the practice was meeting standards for processing their urgent referrals.	

## 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)	0.59	0.84	0.87	Variation (positive)
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)	11.2%	7.6%	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)	5.52	5.14	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)	1.17	1.78	2.08	Tending towards variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of	Y

Medicines management	Y/N/Partial
unusual prescribing, quantities, dose, formulations and strength).	
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw that the practice used toolkits, such as the Treat Antibiotics Responsibly, Guidance, Education, Tools (TARGET) to support prescribers' and patients' responsible antibiotic use.</li> <li>There was evidence of antibiotic awareness and promotion to help educate patients in the practice, such as on the TV screen in the patient waiting area.</li> <li>There was evidence of audit of antimicrobial use, we saw that results were discussed at meetings. Prescribing data showed positive trends for the prescribing of antibiotics and oral nonsteroidal anti-inflammatory drugs (NSAIDs)</li> </ul>	

## 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:	17
Number of events that required action:	17
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw that the practice took an active approach to managing significant events and as part of their process the practice recorded significant events following complaints, where applicable.</li> <li>There was evidence to demonstrate that incidents and significant events were discussed in formal practice meetings. In addition, themes were analysed and discussed in annual review meetings.</li> <li>We saw that learning from significant events was shared through the practices Primary Care Network (PCN), equally where learning was picked up at PCN meetings this was also shared</li> </ul>	

locally with practice staff.

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Secondary care correspondence sent to the wrong patient advising them to attend for a GP appointment.	On investigating the matter the practice identified that the error was due to the patients having the same surname and the hospital had not updated their records.  A significant event was recorded and investigated. An explanation was given to the patients and the practice reflected on the matter in a practice meeting.
Incorrect dosage of medicine (aspirin) administered during a medical emergency.	The significant event record highlighted that the medical emergency was managed efficiently and an ambulance called.  The medicines error was immediately identified, records noted that the clinician believed they were administering the correct dosage however labelling was unclear. The matter was communicated to the ambulance crew and it was confirmed that the administration of the medicine was not in an unsafe range.  The practice reflected on the event and noted things that could have been done better such as vigilance around checking medicines dosage and labelling. As a result the practice reviewed their emergency medicines to ensure clearer labelling. The incident was also reported through the National Reporting and Learning System (NRLS).

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: The practice had a system to record and monitor the dissemination of their alerts, there were records in place which showed alerts had been shared and acted on where required. Examples included an updated drug safety alert on the use of Valproate medicines in females with childbearing potential. We saw that clinicians were informed of these alerts amongst others and actions such as recalling patients in, changing prescribing requirements and following additional alert instructions, including regular auditing had been taken.	

## 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: <ul style="list-style-type: none"> <li>Staff could access best practice guidance through a shared clinical computer system. Staff we spoke with were aware of these and we saw that they were using them.</li> <li>Prescribing data showed positive trends for the prescribing of hypnotics.</li> </ul>	

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) (NHSBSA)	0.21	0.75	0.75	Significant Variation (positive)

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The practice carried out structured annual medication reviews for older patients.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>Health checks, including frailty assessments, were offered to patients over 75 years of age.</li> <li>Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li> </ul>

## People with long-term conditions

## Population group rating: Good

Findings
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- 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.
- 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.
- 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.
- Patients with COPD were offered rescue packs and patients with asthma were offered an asthma management plan.

<b>Diabetes Indicators</b> <b>(2018/19 data from St Heliers Medical Practice)</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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>	79.0%	79.9%	79.3%	No statistical variation
Exception rate (number of exceptions).	11.1% (78)	13.2%	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>	62.1%	78.1%	78.1%	Variation (negative)
Exception rate (number of exceptions).	11.1% (78)	10.1%	9.4%	N/A

<b>(2018/19 data from St Heliers Medical Practice)</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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>	81.7%	81.1%	81.3%	No statistical variation
Exception rate (number of exceptions).	11.9% (84)	11.2%	12.7%	N/A

<b>Diabetes Indicators</b> <b>(2018/19 data from Dr Ali &amp; Partners)</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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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>	83.5%	79.9%	79.3%	No statistical variation
Exception rate (number of exceptions).	14.4% (47)	13.2%	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>	73.1%	78.1%	78.1%	No statistical variation
Exception rate (number of exceptions).	7.7% (25)	10.1%	9.4%	N/A

<b>(2018/19 data from Dr Ali &amp; Partners)</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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>	89.5%	81.1%	81.3%	Tending towards variation (positive)
Exception rate (number of exceptions).	6.4% (21)	11.2%	12.7%	N/A

<b>Other long-term conditions (2018/19 data from St Heliers Medical Practice)</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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>	75.2%	76.4%	75.9%	No statistical variation
Exception rate (number of exceptions).	2.2% (17)	5.7%	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>	92.3%	91.3%	89.6%	No statistical variation
Exception rate (number of exceptions).	3.3% (7)	10.9%	11.2%	N/A

<b>Other long-term conditions (2018/19 data from Dr Ali &amp; Partners)</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an	77.1%	76.4%	75.9%	No statistical variation

assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	0.6% (2)	5.7%	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) (QOF)	92.2%	91.3%	89.6%	No statistical variation
Exception rate (number of exceptions).	3.0% (4)	10.9%	11.2%	N/A

Indicator (2018/19 data from St Heliers Medical Practice)	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)	80.7%	83.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.7% (43)	3.8%	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)	92.8%	88.4%	91.1%	No statistical variation
Exception rate (number of exceptions).	7.7% (15)	7.2%	5.9%	N/A

Indicator (2018/19 data from Dr Ali & Partners)	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)	82.4%	83.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.0% (26)	3.8%	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)	82.5%	88.4%	91.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	4.0% (4)	7.2%	5.9%	N/A

### Any additional evidence or comments

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19. Our evidence table has two sets of data for this period, one for St Heliers Medical Practice and one for Dr Ali and Partners. This is because the 2018/19 data is reflective of the period prior to the practice merger which took

place in April 2019; when each practice was separately registered and held separate patient lists.

- There were clinical leads in place for each area of QOF with administrative support in place.
- The practice operated an effective call and recall system to ensure that patients attended for various health checks, tests and reviews.
- QOF data for the 2018/19 period from St Heliers Medical Practice highlighted a negative variation for 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. Staff explained that this had been identified and was being actively managed in the practice. Unverified and unpublished data provided during our inspection showed that this was currently at 63%.
- QOF data for the 2018/19 period from Dr Ali and Partners was tending towards a negative variation for patients with atrial fibrillation who were treated with anti-coagulation drug therapy. Unverified and unpublished data provided during our inspection showed that this had improved and was currently at 87%.

## Families, children and young people

## Population group rating: Good

### Findings

- Staff had the appropriate skills and training to carry out reviews for this population group.
- 2018/19 childhood immunisation uptake rates for St Heliers Medical Practice were in line with minimum targets, for primary immunisations the practice met World Health Organisation (WHO) targets.
- 2018/19 childhood immunisation uptake rates for Dr and Ali and Partners showed that WHO targets were met for all indicators including primary and booster vaccinations.
- 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.
- Young people could access services for sexual health and contraception.

Child Immunisation (2018/19 data from St Heliers Medical Practice)	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	143	99.3%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation	160	175	91.4%	Met 90% minimum

for Pneumococcal infection (i.e. received 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)	166	175	94.9%	Met 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)	165	175	94.3%	Met 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>

Child Immunisation (2018/19 data from Dr Ali & Partners)	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)	61	62	98.4%	Met 95% WHO based target
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)	62	63	98.4%	Met 95% WHO based target
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)	62	63	98.4%	Met 95% WHO based target
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)	62	63	98.4%	Met 95% WHO based target

### Any additional evidence or comments

Our evidence table has two sets of childhood immunisations data for 2018/19, one for St Heliers Medical Practice and one for Dr Ali and Partners. This is because the data is reflective of the period prior to the practice merger which took place in April 2019; when each practice was separately registered and held separate patient lists.

Childhood immunisation uptake rates for St Heliers Medical Practice were in line with minimum targets, for primary immunisations the practice met World Health Organisation (WHO) targets. Data for Dr and Ali and Partners showed that WHO targets were met for all indicators including primary and booster vaccinations.

## Working age people (including those recently retired and students)

Population group rating: **Good**

### Findings

- Public Health England (PHE) data showed that the practices cervical screening uptake rates for 2017/18 were below target.
- 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 medicines without the need to attend the surgery.

Cancer Indicators (2017/19 data from St Heliers Medical Practice)	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)	68.2%	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)	68.9%	63.8%	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)	50.8%	44.0%	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)	53.2%	74.2%	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)	56.0%	52.1%	51.9%	No statistical variation

Cancer Indicators (2017/18 data from Dr Ali & Partners)	Practice	CCG average	England average	England comparison
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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)	66.6%	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)	72.5%	63.8%	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)	51.4%	44.0%	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)	88.2%	74.2%	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)	60.0%	52.1%	51.9%	No statistical variation

#### Any additional evidence or comments

Our evidence table has two sets of cancer screening data for the 2017/18 period, one for St Heliers Medical Practice and one for Dr Ali and Partners. This is because the data is reflective of the period prior to the practice merger which took place in April 2019; when each practice was separately registered and held separate patient lists. Both sets of data however showed that cancer screening targets were not met. Staff explained that this had been identified as an area for improvement, we saw that this was being actively managed in the practice and the practice ensured that call, recall and DNA's (failure to attend appointments) were followed up and escalated appropriately.

There was evidence to confirm that sample takers were trained and up to date with their training requirements. We saw evidence of the nurse's failsafe records to ensure that a screening result was received for every sample submitted to the lab and that inadequate sample rates were routinely audited. The practice ensured that call, recall and DNA's (failure to attend appointments) were followed up and escalated appropriately.

Overall, PHE data for breast and bowel cancer screening was comparable with the local Clinical Commissioning Group (CCG) average. QOF data provided by the practice during our inspection showed that 83% of their patients who were diagnosed with cancer had received a review and reviews were being scheduled for those where needed.

Following our inspection the practice provided evidence of comparable data for cervical screening; combined practice NHS digital data for 2019/20 showed that out of 2982 eligible patients aged 25-49, 2032 were screened (68%). Out of 1506 eligible patients aged 50-64, 1053 were screened (71%). This demonstrated an overall achievement of 69% which although was just below the 70% uptake target, demonstrated improvement. Unverified data from the practices patient record system also showed that as of 3 December 2019 the practice had screened 71% of their eligible patients.

## 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Care packs were available to patients receiving end of life care, we saw that the packs were informative and contained a range of information which included supportive guidance on planning for the future.
- 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.
- The practice reviewed young patients at local residential homes.

## 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.
- 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.
- There was evidence of joint working with other health, social and mental health support services.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators (2018/19 data from St Heliers Medical Practice)	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)	83.3%	92.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	3.2% (3)	9.3%	12.3%	N/A
The percentage of patients with	87.8%	92.0%	90.2%	No statistical

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)				variation
Exception rate (number of exceptions).	3.2% (3)	7.2%	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)	77.8%	86.3%	83.6%	No statistical variation
Exception rate (number of exceptions).	4.0% (3)	5.8%	6.7%	N/A

Mental Health Indicators (2018/19 data from Dr Ali & Partners)	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)	93.9%	92.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	19.5% (8)	9.3%	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)	100.0%	92.0%	90.2%	Variation (positive)
Exception rate (number of exceptions).	17.1% (7)	7.2%	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)	90.0%	86.3%	83.6%	No statistical variation
Exception rate (number of exceptions).	25.9% (7)	5.8%	6.7%	N/A

### Any additional evidence or comments

QOF 2018/19 data for Dr Ali and Partners showed above average exception rates for areas of mental health care, these were based on a small cohort of patients that had been excluded and an appropriate exception reporting process was followed in these instances. The practice could evidence that there were clear management plans in place to further engage and review their patients.

During our inspection we looked at the practices process for exception reporting. We saw the practice followed an appropriate process where for example, patients that repeatedly failed to attend their appointment were excluded; following three attempts (and sometimes further attempts) from the practice. Staff explained that patients who declined treatment or investigations were excluded, where this occurred the patient consented to this and the practice managed these on a case by case basis to ensure that vulnerable patients were not inappropriately excluded. There was clinical oversight of the practices exception reporting, this was supported by the GPs.

### 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 (St Heliers Medical Practice: 2018/19)	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544.6	No Data	539.2
Overall QOF score (as a percentage of maximum)	97.4%	No Data	96.4%
Overall QOF exception reporting (all domains)	4.4%	No Data	No Data

Indicator (Dr Ali & Partners: 2018/19)	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544.3	No Data	539.2
Overall QOF score (as a percentage of maximum)	97.4%	No Data	96.4%
Overall QOF exception reporting (all domains)	4.9%	No Data	No Data

	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 routinely monitored their systems and conducted regular searches and audits to identify and embed improvements within the practice. For example, we saw prescribing audits and audits on minor surgery. We also looked at an audit which focussed on the monitoring of prostate-specific antigen (PSA) in patients diagnosed with prostate cancer. This audit followed a significant event, the practice then carried out a wider audit for all patients that had a PSA check in the preceding 10 years. The audit showed that out of 195 patients 29 were overdue monitoring, this was actioned as a priority. In addition, immediate action was taken regarding five patients that needed urgent intervention. The significant event and the audit findings triggered the practice to develop and embed a clearer protocol, supported by systematic searches and an agreed clinical code for clinicians to use. The repeated audit showed that all standards were being met, appropriate coding was in place and all patients were being appropriately managed in terms of their monitoring requirements. Learning from the significant event and audit was shared in the practice and through the practices primary care network (PCN).

### Effective staffing

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

	Y/N/Partial
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Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: N/A	

## 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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence: We saw evidence of regular engagement and joint working with other health and social care services including with health visitors, case managers, district nurses, school nurses and also with the local hospice. We saw evidence to support that patients receiving palliative care had information shared in a timely and effective way and received joined up care as required.	

## 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: N/A	

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) (QOF)	94.7%	95.8%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.6% (16)	0.7%	0.8%	N/A

Smoking Indicator (Data from Dr Ali & Partners)	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) (QOF)	96.5%	95.8%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.4% (5)	0.7%	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	Y

consent and decision making. We saw that consent was documented.	
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.	Y
Explanation of any answers and additional evidence: Discussions with clinical staff demonstrated that they understood best practice guidance for obtaining consent. Written consent was also obtained for minor surgery procedures.	

## 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: <ul style="list-style-type: none"> <li>The practice adapted a policy to ensure that patients including those of transgender were treated with equality and diversity.</li> <li>The practice had a policy on confidentiality which reflected good General Data Protection Regulations (GDPR) across all aspects of information handling. The practice incorporated information governance and data protection in to their training and learning sessions.</li> </ul>	

CQC comments cards	
Total comments cards received.	11
Number of CQC comments received which were positive about the service.	Nine
Number of comments cards received which were mixed about the service.	Two
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
CQC Comment Cards	Comment cards described clinical and non-clinical staff as friendly, caring and helpful. Comments mostly described a good service overall, some commented positively following the practice merger and two mixed comments were positive about care but noted that it was sometimes hard to get through to the practice by phone.

Interviews with patients	Patients we spoke with during our inspection described staff as caring, friendly and helpful. Feedback was positive about care and treatment overall.
NHS Choices	We noted that although the practice had mixed feedback on their NHS choices webpage, most of the negative comments reflected a period of change where the practices had merged and were allowing new ways of working to settle and embed. Most recent comments were more positive and highlighted that things have improved now that the period of change has passed. We noted examples of positive comments about care, treatment and staff.

## National GP Survey results

### January/March 2019 data from St Heliers Medical Practice

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17403.0	294.0	86.0	29.3%	0.49%

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)	91.5%	86.8%	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 good at treating them with care and concern (01/01/2019 to 31/03/2019)	93.2%	85.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	96.9%	94.4%	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)	80.7%	80.1%	82.9%	No statistical variation

### January/March 2019 data from Dr Ali & Partners

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
	352.0	118.0	33.5%	0.00%

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)	87.8%	86.8%	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 good at treating them with care and concern (01/01/2019 to 31/03/2019)	85.7%	85.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	99.6%	94.4%	95.5%	Tending towards variation (positive)
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)	76.0%	80.1%	82.9%	No statistical variation

#### Any additional evidence or comments

Our evidence table has two sets of national GP survey data from the January/March 2019 period, one for St Heliers Medical Practice and one for Dr Ali and Partners. This is because the data is reflective of the period prior to the practice merger which took place in April 2019; when each practice was separately registered and held separate patient lists.

Survey responses for St Heliers medical practice during this time were mostly above local and national averages with regards to questions about care. This was also reflected in survey responses for Dr Ali and partners, these results showed a positive variation in response to having confidence and trust in the healthcare professional.

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

#### Any additional evidence

The practices patient participation group (PPG) supported the practice in facilitating in-house surveys. Results from the October 2019 survey showed positive results in response to questions around the helpfulness and friendliness of reception staff and with regards to recommending the practice to family and friends.

## Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: We saw that the practice made use of and signposted patients to access support through local support groups.	

Source	Feedback
CQC Comment Cards	Comments cards highlighted that patients felt involved in the decisions about their care and treatment.
Interviews with patients	Patients we spoke with during our inspection expressed that they felt listened to during consultations and that they felt very much involved in their care.

## National GP Survey results

Indicator (Data from St Heliers Medical Practice)	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)	97.9%	91.9%	93.4%	Tending towards variation (positive)

Indicator (Data from Dr Ali & Partners)	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)	93.8%	91.9%	93.4%	No statistical variation

## Any additional evidence or comments

January/March 2019 Survey data for St Heliers medical practice showed a positive variation with regards to involving patients in decisions about their care and treatment. The results from Dr Ali and partners during this time period were also above the local average and comparable with the national average.

These results reflected the feedback from patients during our inspection and on some of the CQC

completed comment cards where patients commented that they felt involved in care and treatment decisions.

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

Carers	Narrative
Percentage and number of carers identified.	There were 368 carers on the practices carers register, this represented 2% of their patient list.
How the practice supported carers (including young carers).	Carers were offered carers packs, flexible appointments and flu vaccinations. Carers were also signposted to carer support services. Patient engagement sessions were facilitated by the practices patient participation group (PPG) at various points throughout the year, we saw that at these sessions patients were also asked if they were carers and this was fed back to the practice as another opportunity to capture carers and offer support.
How the practice supported recently bereaved patients.	The practice sent letters of condolence to support recently bereaved patients. Patients were also signposted to support services for bereavement care. The practice also wrote to other services such as hospital care, to ensure that further correspondence wasn't sent regarding patients whom had passed away.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: Feedback from patients during our inspection highlighted that patients felt their privacy and dignity was respected when attending the practice for appointments, examinations and treatment.	

# 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
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
Explanation of any answers and additional evidence: Easy read and pictorial materials were available. However, the practice did not have a hearing loop in place. Following our inspection the practice provided evidence of a formal risk assessment completed shortly after our visit. We saw that systems in place to support patients with hearing impairments included access to interpreters, electronic booking systems and displaying patient announcements such as when being called in for appointments. The risk assessment noted that a portable hearing loop was previously in place and rarely, if ever, needed to be used. The record noted that this would be reassessed as part of the plans to expand the premises in 2020.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	7am – 6.30pm
Wednesday	7am – 6.30pm
Thursday	7am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8.30am – 6pm
Tuesday	7am – 6.30pm
Wednesday	7am – 6.30pm
Thursday	7am – 6.30pm
Friday	8.30am – 6pm
Appointments could be accessed during evenings and weekends through the practices extended access arrangements with the MyHealthcare Hub. In addition, telephone consultations were also available between 6.30pm – 7.30pm on weekday evenings. There was a GP on duty each weekday from 8am – 6.30pm for urgent appointment needs.	

National GP Survey results: January/March 2019 data from St Heliers Medical Practice

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17403.0	294.0	86.0	29.3%	0.49%

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)	96.9%	93.2%	94.5%	No statistical variation

National GP Survey results: January/March 2019 data from Dr Ali & Partners

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
	352.0	118.0	33.5%	0.00%

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)	95.9%	93.2%	94.5%	No statistical variation

**Any additional evidence or comments**

Our evidence table has two sets of national GP survey data from the January/March 2019 period, one for St Heliers Medical Practice and one for Dr Ali and Partners. This is because the data is reflective of the period prior to the practice merger which took place in April 2019; when each practice was separately registered and held separate patient lists. Survey responses for both practices during this time showed positive responses with regards to meeting patient needs.

**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.
- 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.
- 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

- All parents or guardians calling with concerns about a child were offered a same day appointment.
- Appointments could be accessed during evenings and weekends 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.
- Appointments could be accessed outside school hours at 7am three days a week and during evenings and weekends through the practices extended access arrangements.
- The practice held clinics for baby Immunisations and antenatal checks.

## 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.
- Appointments could be accessed during evenings and weekends through the practices extended access arrangements.
- The practice offered telephone consultations, including for patients who could not attend the practice due to working commitments. Telephone consultations were also available between 6.30pm – 7.30pm on weekday evenings
- The practice operated Saturday flu clinics.
- The practice offered minor surgery for registered patients.

## 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.

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- 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.
- Vulnerable patients were signposted to services for help.

**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.
- Staff we spoke with 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.
- Patients could access counselling services available at the practice.

**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: The practice operated an effective system for managing home visit requests, each request was reviewed by a GP who contacted the patient/carer to triage and attend if appropriate.	

Indicator (Data from St Heliers Medical Practice)	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)	61.9%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP	75.4%	61.4%	67.4%	No statistical variation

Indicator (Data from St Heliers Medical Practice)	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)				
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)	72.8%	61.2%	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)	75.4%	69.0%	73.6%	No statistical variation

Indicator (Data from Dr Ali & Partners)	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)	92.6%	N/A	68.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	72.8%	61.4%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	79.3%	61.2%	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)	72.0%	69.0%	73.6%	No statistical variation

Any additional evidence or comments
January/March 2019 Survey data for both practices was mostly above local and averages with regards to questions about access. Results from Dr Ali and Partners showed a positive variation with regards to getting through to the practice by phone.

Source	Feedback
CQC Comment Cards	Most of the comment cards described good access to appointments, two cards contained mixed feedback as they were positive about care and treatment but noted that sometimes it took a while to get through to the practice by phone.

Interviews with patients	Patients we spoke with during our inspection told us they had no problems accessing the service and that appointments usually ran to time. Some commented that the online booking system was working well for them.
NHS Choices	Recent comments on the practices NHS choices webpage were positive with regards to access. Some comments were positive due to having the option of seeing different GPs, about having more staff and giving patients more flexibility and choice.

## 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.	40
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Information about how to make a complaint or raise concerns was available in the practice waiting area. There was a complaints system in place which was used to capture verbal and hand-written complaints. The practices complaints policy reflected NHS complaints guidelines and patients were also signposted to further support services in the event that they wished to gain additional advice or escalate their concerns further.</p> <p>The practice had received 40 complaints, these occurred following the practice merger in April 2019. Staff we spoke with explained that they received an increased amount of complaints following the merger, these were due to teething problems, adapting to change and mostly relating to administrative processes. We noted a similar theme in the practices NHS choices comments where feedback was more positive once the merger period had passed. Minutes of practice meetings demonstrated that complaints, outcomes, actions, learning and themes were discussed with the team.</p>	

### Examples of learning from complaints.

Complaint	Specific action taken
Complaint made due to phlebotomy clinic running late.	An apology and an explanation was provided to the complainant. Due to a particularly busy period the practice offered another appointment, records noted that the complainant was happy with this.

Complainant unhappy with having to wait two weeks for a rescheduled phlebotomy appointment.	On investigating the complaint it was identified that an alternative appointment could have been offered with the health care assistant (HCA). Records noted that this appeared to be a training issue with a new staff member, the staff member in question was made aware of this and then contacted the complainant to arrange a mutually convenient appointment with the HCA.
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## 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
<p>Explanation of any answers and additional evidence:</p> <p>Staff explained how the team had been working hard through a transformation phase since the practice merger in April 2019. The merger involved an IT system migration, as well as changes and improvements to systems and processes throughout. In addition, staff described two very different practices prior to the merger and therefore both staff and patients had adapted to a change in culture and how things work at the newly merged practice.</p> <p>There was evidence of succession and formal business planning in place. Part of the practice changes since merging included a successful period of recruitment, this included GPs, reception staff and a lead nurse. Managers described a strong clinical team. We noted that some of the salaried GPs were formally GP registrars at the practice (a GP registrar is a qualified doctor who is training to become a GP). In addition, salaried GPs were also offered partnership positions.</p>	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice's vision and ethos was to ensure high quality care to patients. While staff explained that the practice was at a point of stabilisation since undergoing various changes recently, there was evidence of sustainability and forward planning in place. Future plans included plans to expand the premises by adding four more consulting rooms in 2020 and creating a new space behind reception with a view to further develop support staff.</p>	

## 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
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Our review of the practice's significant events and complaints showed that they were managed with candour. We saw that staff had completed training in equality and diversity and overall, we noted an open culture of reporting and learning from issues to further improve.</p>	

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

Source	Feedback
Interviews with staff	Staff described the practice as a positive, friendly and an open environment in which to work. Staff expressed that they were confident to raise concerns and to make suggestions at work. Management described the team as hard working, flexible and adaptable; management confirmed that they felt fully valued and supported in their role.

## 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: <ul style="list-style-type: none"> <li>We saw that policies were practice-specific and well embedded. Good governance principles were evidenced across areas such as risk management, joint working, record keeping and staff engagement. There was evidence of regular practice meetings and attendance at external meetings and events with the Clinical Commissioning Group (CCG) and with the practices primary care network (PCN) for instance.</li> <li>A new management structure had been formed following the practice merger in April 2019. We saw organisational charts to evidence this, we spoke with various managers during our inspection; each had a lead area, they were visible and accessible to staff and were aware of their roles and responsibilities. Lead areas covered service management, IT management, compliance and training management and building management, in addition to clinical lead areas.</li> <li>Managers reported to the executive manager and GP partners, these also had oversight of the practice and had defined roles and responsibilities. There was strong evidence of clear lines of accountability in place overall.</li> </ul>	

### Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: N/A	

### Appropriate and accurate information

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

	Y/N/Partial
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Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: Practice specific policies were available on the practices shared computer system and in hard copy format, the practice also had quick guides and flow charts in place for various key policies. Policies were well organised, easy to access and were part of a systematic review process.	

## 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: <ul style="list-style-type: none"> <li>Following the practice merger in April 2019, the two separate PPGs came together to form one group. The group was active and regularly engaged with the practice, we saw that formal meetings took place eight times a year. The meetings were structured so that some meetings were patient engagement sessions, meetings included the GPs, nurses and practice manager. We saw that topics such as survey results were discussed with the PPG.</li> <li>We saw evidence of regular meetings happening within the practice where staff could contribute towards the planning and delivery of services.</li> </ul>	

## Feedback from Patient Participation Group (PPG).

Feedback
Feedback from a PPG representative highlighted that the group felt well supported by the practice and listened to. The PPG member gave examples of how the practice ensured that the PPG were involved and consulted with, with regards to practice changes. For example, one of the GPs delivered a presentation in the practice waiting room to inform patients about changes to the prescription system. The new practice website was designed with input from the PPG, a member of the group was able to meet with the web designer to offer insight.

## Any additional evidence

The practices ensured that staff and patients were kept informed and involved throughout the practice merger period, for example:

- We saw that practice made frequently asked questions (FAQ) sheets available to patients, this gave assuring responses about the practice changes.
- Staff were fully engaged throughout the new staff structure arrangements and there was a formal staff consultation period in place.
- Proposed mergers were discussed with both the PPGs before they merged.
- Patients were formally written to inform them of the merger plans.
- Patient surveys were conducted to gauge views and input about the proposed merger.

## Continuous improvement and innovation

**There was evidence of systems and processes for learning, continuous improvement and innovation.**

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: N/A	

## Examples of continuous learning and improvement

The practice developed bespoke letters to inform patients and provide further guidance following blood tests, as well as for other areas such as appointments for medicines reviews. We saw examples of these during our inspection, staff explained that they had been developed to help ease patients anxiety when receiving non-urgent abnormal results; as well as for explaining why they were being called in to the practice, for instance for a medicines review. We noted that the letters were informative and where appropriate also gave additional advice for areas such as nutrition and lifestyle.

### 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.