

Care Quality Commission

Inspection Evidence Table

Belvedere Medical Centre (1-484451693)

Inspection date: 10/02/2020

Date of data download: 28 January 2020

Overall rating: Good

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

At the last inspection on 17 September 2015 the practice was rated as good for each of the key questions and was rated as good overall.

We carried out this inspection following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection. This inspection looked at the following key questions Safe, Effective, Caring, Responsive and Well-Led.

At this inspection we inspected all six population groups and rated all population groups as **good** overall. We rated all population groups as **good** in Effective.

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

Safeguarding	Y/N/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 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
Explanation of any answers and additional evidence:	

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.	P ¹
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence:	
<p>1 –The provider had a log to record staff vaccinations. We saw from the log that the provider had requested immunisation details from all members of staff. We looked at a sample of staff recruitment records and found that records of immunisation status were not always complete, as staff had exercised their right to refuse immunisation. Although the provider had a documented risk assessment to assess the risks to staff, they had not fully considered the risks to patients. Immediately following our inspection, the provider took action to address this, to ensure patient safety. We saw that all staff were advised of the practice policy on staff immunisation.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 03/02/2020	Y
There was a record of equipment calibration. Date of last calibration: 14/06/2019 and 25/07/2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals. Yes done 22/1/2020	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 16/10/2019	Y
There was a log of fire drills. Date of last drill: 29/01/2020	Y
There was a record of fire alarm checks. Date of last check: 11/01/2020	Y
There was a record of fire training for staff. Date of last training: 29/01/2020	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: August 2020	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 3/12/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 3/12/2019	Y
Explanation of any answers and additional evidence:	

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:16/04/2019	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:	

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:	

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:	

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) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.66	0.83	0.87	Tending towards 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). (01/10/2018 to 30/09/2019) (NHSBSA)	10.5%	9.9%	8.5%	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	7.93	6.26	5.60	Significant Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)				
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	1.65	1.73	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
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 ¹
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.	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 ²
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.	P ³
There was medical oxygen and a defibrillator on site and systems to ensure these were	Y

Medicines management	Y/N/Partial
regularly checked and fit for use.	
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>1 – During the inspection we looked at a sample of 22 patient records. We reviewed the records of patients taking warfarin (a medicine used to thin blood), patients taking lithium (a medicine used to treat mental health disorders), methotrexate (a medicine used to suppress the immune system) and azathioprine (a medicine used to treat Crohn’s disease) and found that these patients’ blood tests were appropriately monitored before the issue of repeat prescriptions.</p> <p>2 –We asked the practice what steps they had taken to ensure appropriate antimicrobial use. The practice team have worked to reduce antibiotic prescribing. We looked at data from the CCG dashboard between April 2019 and November 2019 which showed progressive improvement. In November 2019, the practice had achieved a reduction in prescribing antibacterial items of 0.698% which was below the CCG target of 10% for antimicrobial stewardship.</p> <p>We spoke with the GP Partner about the audit on Antibiotic prescribing in children age 1-2 years done over 3 months between 1st September – 1st December 2017. The GP Partner told us the aim of the audit was to identify cases where antibiotic prescription for children aged 1-2 years old had not met national (NICE) or local (Bexley CCG) guidelines for prescribing. The audit showed that in this 3-month period the practice had not met the standards of the audit. The standard stated the practice should have 95% of antibiotic prescriptions meeting the guidelines. 81% of antibiotic prescriptions were found to meet local Bexley CCG guidelines, and 79.2% were found to meet NICE guidelines. The GP Partner attributed this to one clinician who had since left the practice. The practice told us they had plans to re-audit this aspect of antibiotic prescribing.</p> <p>3 – The provider had appropriate systems in place for the safe management of medical emergencies. There was an emergency drugs checking protocol. We checked the stock and found there were two emergency medicines unavailable. The provider showed us a risk assessment on their decision not to stock those items.</p>	

Track record on safety and lessons learned and improvements made

The practice had a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	P ¹
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:	4
Number of events that required action:	0
Explanation of any answers and additional evidence: 1 – The practice had systems in place to manage significant events and medicines and safety alerts. However, recording of actions following safety alerts needed to be improved. During the inspection the practice received a flowchart from PHE on initial clinical management of possible cases of Novel coronavirus (2019-nCov) which was emailed to all clinicians.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Incident reported to National Reporting and Learning System (NRLS). A patient was accidentally prescribed incorrect medicine.	Practice investigated incident. They found the event arose during a busy period when staff were distracted transcribing medications on to patient prescriptions. Patient's prescription was corrected. Lessons learned were discussed in clinical team meeting. Incident was reported to NRLS.
Near miss incident. GP missed action for a positive faecal immunochemical test (FIT) test result which required 2WW referral. Patient was seen 5 days later by Nurse practitioner who picked up missed result during a consultation.	Staff apologised to patient. A referral was made for patient and patient was added to list for admin team to follow up to check patient attended referral. Lessons learned were discussed with clinician.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	P ¹
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: 1 – There was a formal protocol in place for managing safety alerts and the pharmacist was tasked with conducting searches of patient records. We saw examples of actions taken on recent alerts for example, regarding sodium valproate. However, we were not assured that all alerts were actioned effectively. The provider did not have a clear system in place to monitor the implementation of medicines and safety alerts. There was limited evidence that actions taken in response to safety alerts were recorded on the safety alert monitoring log. We spoke to the pharmacist and from patient records we reviewed it was not clear the provider had oversight that appropriate actions had been completed. For example, we asked to see actions taken on recent MHRA alerts. We asked staff about a recent alert for Carbimazole, a medicine used in the management of hyperthyroidism. We saw evidence the practice received the alert but there was no record of searches undertaken. We spoke to the GP Partner who told us he had done a search which produced two patients who were seen by a GP. There was no record of action taken on the safety alert log.	

Effective

Rating: Good

The practice was rated as **good** for providing effective services because:

- Clinical performance figures had been adversely affected by the practice having 6600 new patient registrations during the 2018 / 2019 QOF year.
- Care and treatment of patients was appropriate and met their needs and preferences.
- Some clinical performance data was significantly below local and national averages. Following our inspection, the practice sent us more up to date QOF performance figures. These figures showed patient outcomes this year had improved for patients.
- The childhood immunisations for children aged two and cervical screening uptake were below target percentages. The practice had recognised this and told us they had taken action to address low uptake.
- There was evidence of improvements made through quality improvement activities.

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:	

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) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.40	0.57	0.74	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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 had responded to the increase in their elderly population and developed a frailty list to identify patients in this high-risk group. There was GP lead for older people. The lead GP had developed a template document where details of patient's conditions and social circumstances were recorded. 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. Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice's performance on quality indicators for long term conditions was generally in line with local and national averages apart from those relating to asthma and COPD which were below the local and national averages. The practice had recognised this and told us they had taken action to address low performance. Following our inspection, the practice sent us more up to date QOF performance figures. These figures showed patient outcomes this year had improved for patients with asthma or COPD. 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.
- Patients with asthma were offered an asthma management plan.

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>	76.4%	81.7%	79.3%	No statistical variation
Exception rate (number of exceptions).	19.5% (171)	16.3%	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>	77.7%	80.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	21.0% (184)	12.1%	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>	78.1%	82.7%	81.3%	No statistical variation
Exception rate (number of exceptions).	17.2% (151)	14.5%	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>	55.7%	74.5%	75.9%	Significant Variation (negative)
Exception rate (number of exceptions).	4.0% (28)	8.9%	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	61.0%	90.3%	89.6%	Significant Variation (negative)

Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	5.5% (13)	11.8%	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) <small>(QOF)</small>	77.8%	83.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	11.0% (201)	5.9%	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) <small>(QOF)</small>	92.5%	89.4%	91.1%	No statistical variation
Exception rate (number of exceptions).	5.1% (5)	6.5%	5.9%	N/A

Any additional evidence or comments

Indicators relating to asthma and COPD were significantly below the local and national averages. The practice told us that they had improved in this area. We looked at the unverified 'how am I driving' figures representing QOF achievement as of 10/02/2020 which indicated an improvement: 68% of patients with asthma, on the register, have had an asthma review in the preceding 12 months. Following our inspection, the practice sent us more up to date QOF performance figures. These figures showed a continuing trend of improvement for patients with asthma. For example, the practice sent evidence from their QOF report for Asthma which showed performance from April 2019 to January 2020 at 71.48%. We looked at a sample of eleven patients in this group and all had an asthma review recorded.

We discussed the low performance indicators for patients on the COPD register. We looked at the unverified 'how am I driving' figures representing QOF achievement as of 10/02/2020 which indicated an improvement: 88.1% percentage of patients with COPD who have had a review, undertaken by a healthcare professional in the last 12 months. Following our inspection, the practice sent us more up to date performance figures. These figures showed a continuing trend of improvement for patients with COPD. For example, the practice sent evidence from their QOF report for COPD which showed performance from April 2019 to January 2020 was in line with CCG and national figures at 90.91%. We looked at a sample of seven patients in this group, and all had received a review.

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates for children aged one met the World Health Organisation (WHO) targets, however these targets were not achieved for children aged two. Uptake rates for

the vaccines given were below the minimum 90% target for three of four childhood immunisation uptake indicators. The practice had met the WHO based national target of 95% for one of the four childhood immunisation uptake indicators. During our inspection, the practice shared unverified data from their population reporting dashboard which showed the practice had achieved the minimum target in two areas (for two-year olds) and was slightly below the minimum target in one of these areas.

Following our inspection, the practice sent us more up to date 2019/20 Q2 (July to September) CHIS performance figures for three of the four childhood immunisation uptake indicators published by Public Health England (PHE). There was evidence that the practice had achieved the minimum target in three areas (for two-year olds):

- The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) showed the practice achievement at 85.7% for 19/20 Q2 performance.
- 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) showed the practice achievement at 88.3% for 19/20 Q2 performance.
- The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) showed the practice achievement at 89.63% for 19/20 Q2 performance.
- 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.
- 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)	197	207	95.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation	184	222	82.9%	Below 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)	187	222	84.2%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	186	222	83.8%	Below 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings
<ul style="list-style-type: none"> The practice's uptake for cervical screening was below CCG and national averages. The practice had recognised this and told us they had taken action to address low uptake. The practice showed us unvalidated data which showed an increase in the number of women who had attended for cervical screening. Following our inspection, the practice sent us evidence of improved performance data for cervical screening coverage for two age groups, 25-49 and 50-64. The practice's uptake for breast and bowel cancer screening was in line the national average. 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. The practice has appointments 7.00am to 8.00pm on Mondays and Wednesdays and from 7.00am to 6.30pm on Tuesday, Thursday and Friday. Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. Belvedere Medical Centre stopped the Walk-in service in July 2018 and had introduced an eConsult service.

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	74.4%	N/A	80% Target	Below 80% target

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). (31/03/2019 to 30/06/2019) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	77.9%	76.3%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	52.9%	56.0%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	40.8%	67.1%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	41.3%	56.6%	53.8%	No statistical variation

Any additional evidence or comments

We discussed the uptake of cervical cancer screening with the practice which was below the national target of 80%. The practice told us all staff eligible to perform cervical cytology screening had received up to date training and three additional staff members had been trained to enable the practice to offer more smear clinics. Patients had access to female smear takers. Women were offered appointments outside of working hours, from 7.00am in the morning and up to 8.00pm in the evening. The practice had signed up to iPlato cervical screening SMS reminder service.

Public Health England Indicators from 2018/19 to 2019/20 showed an increase in the number of women who had attended for cervical screening. For example, for women aged 25 to 49, PHE indicators for Q1 2019/20, showed an improvement at 73.2% from 72.8% in Q1 2018/19. Following our inspection, the practice shared Q2 PHE cervical screening data which showed continued improvement:

Quarter	Organisation	Age	Screened	GP coverage (%)	12mth coverage change
2019/20 Q2	Belvedere Medical Centre	25-49	3,199	74.3	2.27
2019/20 Q2	Belvedere Medical Centre	50-64	1,372	77.5	1.13

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- 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.
- 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.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice's performance on quality indicators for mental health was significantly below local and national averages. The practice told us they had improved in these areas. We looked at eleven patient records and all patients had an agreed care plan documented in the record.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led regular mental health and dementia appointments for those patients identified. Patients who failed to attend were proactively followed up by a phone call.
- 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.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with	25.0%	85.4%	89.4%	Significant Variation

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) <small>(QOF)</small>				(negative)
Exception rate (number of exceptions).	11.1% (10)	14.0%	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) <small>(QOF)</small>	54.9%	90.1%	90.2%	Significant Variation (negative)
Exception rate (number of exceptions).	8.9% (8)	12.0%	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) <small>(QOF)</small>	44.2%	77.6%	83.6%	Significant Variation (negative)
Exception rate (number of exceptions).	18.8% (12)	8.0%	6.7%	N/A

Any additional evidence or comments

We discussed significant negative variations with the lead GP.

MH Patients with schizophrenia, bipolar affective disorder and other psychoses:

- QOF figures (01/04/2018 to 31/03/2019) indicated 20 out of 80 patients (25%) had an agreed care plan documented in the record. This had dropped from 91% in 2017/2018 QOF achievement. We checked a sample of 5 patient records and all had a care plan documented in the record.
- Following our inspection, the practice sent us their QOF report for Mental Health which showed performance from April 2019 to January 2020 had improved. There were 65 eligible patients (83.33%) with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months.

MH patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded:

- QOF figures (01/04/2018 to 31/03/2019) indicated 54.9% of patients had their alcohol consumption recorded. This had dropped from 94% in 2017/18 QOF achievement. We saw unverified QOF data from 'how am I driving' dashboard which indicated an improvement. We looked at three patient's records where their alcohol consumption was recorded

MH Dementia patients face to face reviews:

- QOF figures (01/04/2018 to 31/03/2019) indicated 44.2% 23 out of 52 patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review. This had dropped from 90% in 2017/2018. We looked at 3 dementia care plans and all had received a face to face review.

Following our inspection, the practice sent us their QOF report for Mental Health which showed

performance from April 2019 to January 2020 had improved. There were 68 eligible patients (91.89%) whose care had been reviewed in the last 12 months.

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)	428.6	539.0	539.2
Overall QOF score (as a percentage of maximum)	76.7%	96.4%	96.7%
Overall QOF exception reporting (all domains)	9.4%	6.9%	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y ¹
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 conducted an audit of inadequate cervical screening tests between 1 April 2019 and 19 January 2020. The practice carried out a clinical system search which identified 670 patients as having received a smear. The audit found the number of inadequate tests were within the expected range.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	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 ¹
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – We spoke to the two physician associates (PAs) who were responsible for triaging eConsult requests. We asked about safety netting and how the provider monitored the quality of triage notes and what supervision the PAs have. We found that there were arrangements in place, to monitor the quality of the PAs decisions and that one of the salaried GPs was responsible for debriefing the Physician Associates every day.</p> <p>We looked at the notes taken by the physician associates for ten patients who were on the eConsult list for review. There were no issues with the quality of the physician associates' reviews. The senior GP partner told us they audit 1% of the PA consultations every month.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 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

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

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>	85.3%	94.4%	95.0%	Significant Variation (negative)
Exception rate (number of exceptions).	3.3% (99)	0.9%	0.8%	N/A

Any additional evidence or comments

We discussed the practice's recording of smoking status among certain groups of patients with the provider. We looked at a sample of patients notes and saw all patients had their smoking status recorded. Following our inspection, the practice sent us their QOF report which showed performance for the smoking indicator from April 2019 to January 2020 had improved. There were 3202 eligible patients (92.60) on the co-morbidity register with smoking cessation recorded in the last 12 months.

Consent to care and treatment

The practice was able to demonstrate that it 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.	Y

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:	

CQC comments cards	
Total comments cards received.	6
Number of CQC comments received which were positive about the service.	5
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient interviews	We spoke with nine patients on the day of the inspection. Patients told us staff were always kind and respectful. We were told reception staff were always helpful in offering advice and signposting to support services available. Two patients told us it was sometimes difficult to get through to the practice by phone.
CQC comment cards	The positive comment cards related to patients feeling they were treated with dignity and respect and had experienced a good service. While most patients were satisfied with their consultation with a GP or nurse, some found they could not always get an appointment and had to wait in the phone queue system. This was reflected in the mixed feedback in the comment cards. The negative comments were about telephone access and accessing appointments which are dealt with under the

	responsive key question.
Patient participation group	We spoke with three members of the patient participation group who told us that that the practice staff were caring and that the service experienced was good. Patients told us the practice had done well to manage the increase in list size.
NHS Choices	We noted there were excellent comments about the level of service and patient care, however there were several negative comments about completing the eConsult form online and getting through to the practice by phone. The practice had responded to each of the comments and sought to resolve any issues identified in the negative feedback.

National GP Survey results

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)	82.7%	88.0%	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)	80.9%	85.6%	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)	89.7%	95.8%	95.5%	Tending towards variation (negative)
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)	82.6%	80.6%	82.9%	No statistical variation

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

Any additional evidence

The practice had conducted its own patient survey in October 2019 to further understand the concerns of patients. Members of the PPG had helped to devise the survey and the surveys were undertaken by PPG members. The sample of patients interviewed was small. We saw a copy of the survey questions which were similar to the questions on the GP national patient survey questions. We were told that 14 patients were spoken with, of which 12 completed questionnaires. At the time of our inspection the practice had

received the completed patient surveys, but actions had not yet been agreed with the PPG and were scheduled to be agreed at the next PPG meeting.

We spoke to the PPG members who had carried out the survey. They told us the majority of patients were content with service standards provided by BMC. Some thought the additional patients had impacted the service, especially the access to appointments. Some patients considered the withdrawal of the early morning walk-in no appointment service had been detrimental to the practice.

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:	

Source	Feedback
Interviews with patients.	We spoke with nine patients on the day of our inspection. Patients told us that the practice staff were caring and that the service experienced was good. Patients praised the care received from the Nurse Practitioners.

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)	88.9%	92.0%	93.4%	No statistical variation

	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	Y

told patients how to access support groups and organisations.	
Information leaflets were available in other languages and in easy read format.	N
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: There were no leaflets available for patients in other languages. Staff told us the team were multi-lingual and were able to assist some patients when they attended the surgery.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 97 patients as carers which represented approximately 0.58% of the practice population.
How the practice supported carers (including young carers).	The practice gave carers priority with appointments and telephone consultations. The practice could refer carers to other local organisations who could offer other avenues of support.
How the practice supported recently bereaved patients.	Families of the patient were contacted and sent a letter where possible. Reception staff, where appropriate, would also ask families if they needed additional 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.	Y

Responsive

Rating: Good

The practice was rated good for providing responsive services because:

- The practice was aware of the results from the GP national patient survey. The practice had worked to improve the appointment system and had a process to monitor patient feedback about using eConsult.
- The practice monitored patient satisfaction and they had identified themes in patient feedback. The practice had worked with the PPG to conduct a patient survey which was completed in October 2019. Feedback from the patients was positive and actions taken to improve access to appointments have had a positive impact on patient satisfaction.
- At this inspection we inspected all six population groups and rated all population groups as good overall.

Responding to and meeting people’s needs

The practice organised and delivered services to meet patients’ needs/ Services did not 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 ¹
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 ²
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>1 – The practice monitored findings from the GP patient survey and other feedback platforms. The practice had listened to patient feedback about the phone system and difficulty accessing appointments, the practice told us they had increased the number of telephone lines. The practice had conducted its own patient survey to further understand the concerns of patients.</p> <p>2 – The premises services were delivered from a purpose-built building. An extension to the main building was built in 2018 to accommodate the growing list size. There were two reserved disabled car parking spaces at the front of the building. There was wheelchair access to the building via ramp near the front entrance. A disabled patients’ WC was available.</p>	

Practice Opening Times	
Day	Time

Opening times:	
Monday	07:00 to 20:00
Tuesday	07:00 to 18:30
Wednesday	07:00 to 20:00
Thursday	07:00 to 18:30
Friday	07:00 to 18:30
	07:00 to 18:30
Appointments available:	
Monday	07:30 to 10:30 and 4.30 to 7.30
Tuesday	07:00 to 18:30
Wednesday	07:00 to 10:30 and 4.30 to 7:30
Thursday	07:00 to 18:30
Friday	07: 00 to 18:30

National GP Survey results

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)	87.4%	94.2%	94.5%	Tending towards variation (negative)

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. The practice worked with Bexley Rapid Response team and could request home visits if there was an urgent concern.
- The practice worked with a tissue viability nurse who supported the practice nurse and HCA to do complex long term wound dressing. This helped elderly patients who were still mobile to have their dressings done at the surgery instead of having to travel to hospital or clinics.
- The practice maintained an eConsult list and we saw older patients who were not able to use the eConsult service but who had requested to see a GP, were added to the eConsult list for the physician associates to review.
- Staff showed us an electronic tablet kept in reception for staff to show older patients how to use eConsult. We saw posters on the walls offering help for patients who want to sign up to use the eConsult service.

People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- 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

- Additional nurse appointments were available until 8pm on Mondays and Wednesdays 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.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.

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 offers appointments on the day and books appointments up to two weeks in advance. The practice has appointments 7.00am to 8.00pm on Mondays and Wednesdays and from 7.00am to 6.30pm on Tuesday, Thursday and Friday.
- Belvedere Medical Centre stopped the Walk-in service in July 2018 and had introduced an eConsult service. Patients who submit an eConsult on-line before 1.00pm will receive a response that day and if the clinicians who reviews the eConsult considers a patient needs to be seen that day or the next they will ensure an appointment is available. For urgent on-the-day access patients are required to complete an eConsult where a clinician would assess the eConsult and see patients

as required.

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 had 80 Learning Disability patients registered.
- 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.
- Staff showed us an electronic tablet kept in reception for staff to show patients how to use eConsult. We saw posters on the walls offering help for patients who want to sign up to use the eConsult service. The practice maintained an eConsult list and vulnerable patients who were not able to use the eConsult service but who had requested to see a GP, were added to the eConsult list for the physician associates to review.
- 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.
- 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.
- Staff showed us an electronic tablet kept in reception for staff to show patients how to use eConsult. We saw posters on the walls offering help for patients who want to sign up to use the eConsult service. The practice maintained an eConsult list and vulnerable patients who were not able to use the eConsult service but who had requested to see a GP, were added to the eConsult list for the physician associates to review.

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 ¹
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
<p>Explanation of any answers and additional evidence:</p> <p>1 – Belvedere Medical Centre introduced the eConsult service when they stopped the Walk-in service in July 2018. Patients who submit an eConsult online before 1.00pm will receive a response that day and if the clinician who reviews the eConsult considers a patient needs to be seen that day or the next they will ensure an appointment is available. For urgent on-the-day access patients are required to complete an eConsult where a clinician would assess the eConsult and see patients as required. If patients have any disability which stops them from using eConsult, an urgent telephone consultation with a physician associate is arranged.</p> <p>The provider had increased the number of clinical staff and had employed two pharmacists. The provider told us that it was possible for patients to get an appointment within a week, with a nine-day maximum wait to get an appointment. The practice audited the availability of appointments daily.</p>	

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)	56.4%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	58.2%	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)	55.2%	60.6%	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)	68.1%	68.2%	73.6%	No statistical variation

Any additional evidence or comments

The practice was aware of the patient feedback scores in the national GP survey. The practice told us feedback about access from the patients was positive and could demonstrate that actions taken have had a positive impact on patient satisfaction. However, this did not appear to have filtered through yet into the national survey results, which had declined since 2018:

Generally, how easy is it to get through to someone at your GP practice on the phone?

	2018%	2018 (N)	2019%	2019(N)
Easy	90%	109	56%	72
Not easy	10%	12	44%	56

The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment.

2018%	2018 (N)	2019%	2019 (N)
85%	93	58%	74

Were you satisfied with the type of appointment (or appointments) you were offered?

	2018%	2018(N)	2019%	2019(N)
Satisfied	86%	95	68%	87
Dissatisfied	14%	16	32%	41

How satisfied are you with the general practice appointment times that are available to you?

	2018%	2018(N)	2019%	2019(N)
Satisfied	86%	99	55%	71
Dissatisfied	7%	8	17%	22

The practice told us between 170 and 250 patients a week would receive a telephone call back from a clinician as a result of eConsult triage. Every patient who submits an eConsult request can fill out an optional survey about the service a week later. The practice showed us the eConsult dashboard. We saw that in January 2020 nine patients shared their feedback about using the eConsult service at Belvedere Medical Centre:

Were your patients satisfied with eConsult?

67% patients who were satisfied with the service

67% patients who would recommend the eConsult service to family and friends

What were your patients' care outcomes after using eConsult?

67% patients who said their issue was completely resolved seven days after using the service
 78% patients who did NOT have to contact the GP practice or any other health service for the same problem in the week after consulting online

Did patients say they were contacted in time?

89% patients who said they were contacted by the stated response time

Source	Feedback
Patient participation group	We asked the members of the patient participation group (PPG) about telephone access and appointment availability. They said that they were aware of changes that the practice had made and felt that the situation (with both) was improving. The PPG told us that some of the negative patient feedback was to do with the switch from the walk-in service to eConsult.
CQC comment cards	One (of 6) comment cards had a negative comment about telephone access and ease of making an appointment.

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.	32
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	4

	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:	
<ul style="list-style-type: none"> The practice used to have an open access walk-in service at Belvedere Medical Centre. However, this was closed in July 2018 because of the volume of patients coming to the surgery, meant the practice was not able to maintain safety. In consultation with the PPG the practice introduced eConsult, a telephone triage system for urgent appointments and to meet on the day demand. The practice had identified the main theme from complaints received which were to do with the switch from the walk-in service to eConsult. The practice recorded both verbal and written complaints received on a complaints log spreadsheet. 	

Examples of learning from complaints.

Complaint	Specific action taken
Complaint about appointment booked with wrong nurse. Patient attended the appointment, but it was with the wrong practice nurse and the patient was not given sufficient time during the consultation.	Practice sent letter with apology. Patient invited in for an appointment with the correct practice nurse to discuss new diagnoses in full.
Patient complained about eConsult service.	Patient complained about not being able to get a walk-in appointment at BMC. Staff spoke to the patient and explained the new eConsult system to the patient. Staff offered to show them how to complete an eConsult request form using the electronic tablet kept in Reception. An eConsult form was completed with the patient.

Well-led

Rating: Good

We practice was rated Good for providing Well led services because:

- Leaders had worked hard to stabilise the practice following the closure of a local practice which led to their patient list increasing rapidly (with about 6600 new patients) due to list dispersal.
- There were some areas of low performance in QOF achievement.
- The practice had clear processes for managing risks, issues and performance. However, risk management in relation to patient safety required some improvement.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y ¹
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: 1 – Leaders told us they felt that the practice had stabilised since the closure of a local practice and its branch site. Leaders were aware of the challenges to maintaining quality standards of care and	

improving performance. Leaders told us the acquisition of 6600 patients in the latter half of the 2018/2019 QOF year had not allowed BMC sufficient time to review and manage all the new patients as they would have liked to have done. BMC negotiated with Bexley CCG regarding payment for the 2018/2019 QOF year in accordance with its achievement for the preceding QOF year of 2017/2018.

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 ¹
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 told us the locality had a recruitment problem. Leaders addressed the problem of not being able to recruit doctors by becoming a training practice since last CQC visit, which was in September 2015. BMC is now a training practice with three GP trainers (after two training approval visits by Health Education England and obtaining additional educational qualifications). Leaders told us that this had enabled BMC to work differently and retain and develop their workforce.</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

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

Source	Feedback
Interviews with staff	<p>Staff we spoke to indicated the following:</p> <ul style="list-style-type: none"> • There is an open culture. • They feel supported by the management. • Staff work well as a team.

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>The practice had leads for different areas; for example, information governance, risk, safeguarding, infection prevention and control, medicines optimisation, long-term conditions, complaints and significant events.</p> <p>However, governance arrangements in place required improvement in the following areas:</p>	

- Systems in place to manage risks to patient safety. The provider did not have oversight of staff immunisation status. Records of immunisation status were not always complete, as staff had exercised their right to refuse immunisation. Although the provider had a documented risk assessment to assess the risks to staff, they had not fully considered the risks to patients. Immediately following our inspection, the provider took action to address this, to ensure patient safety.

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.	P ¹
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:	
<p>1 - The provider had a risk register in place to effectively manage the identified risks. However, the systems in place to manage safety alerts required improvement. For example, we asked to see actions taken on recent MHRA alerts. We asked staff about a recent alert for Carbimazole, a medicine used in the management of hyperthyroidism. We saw evidence the practice received the alert, and this had been tasked to the pharmacist to action but when we spoke to the pharmacist, there was no record of searches undertaken. We spoke to the GP Partner who told us he had done a search which produced two patients who were seen by a GP. There was no record of action taken on the safety alert log.</p> <p>We looked at other safety alerts received by the practice for example, sodium valproate, and saw that these had been actioned appropriately.</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
Explanation of any answers and additional evidence:	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence:	

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:	
<p>The practice was part of the local primary care network of which one of the GPs was the elected locality lead.</p> <p>The provider regularly collected feedback from patients using the friends and family test and feedback was consistently positive. See below the results for October and November 2019.</p> <ul style="list-style-type: none"> In November 2019 the practice had received 70 responses of which 84% of patients (59 patients) indicated they were either extremely likely or likely to recommend this practice. In October 2019 the practice had received 209 responses of which 85% of patients (177 patients) indicated they were either extremely likely or likely to recommend this practice. <p>The provider informed us that they were trying to recruit more members for their Patient Participation Group (PPG) and were planning to start a virtual PPG.</p>	

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Feedback from Patient Participation Group.

Feedback

The Patient Participation Group (PPG) indicated the following:

- They usually met four times a year and had a mix of both BMC patients and patients who were new to the practice.
- The practice prepared the minutes for the meetings and circulated it to the PPG members.
- The practice GPs regularly attended these meetings and the provider kept the PPG informed about the changes at the practice.
- The practice shared and discusses the results of the Friends and Family Test;
- The practice discussed any learning from complaints and incidents.
- The services provided by the practice meets the need of the patient population groups.

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: All non-clinical staff were signed up to do the Practice Manager's Association (PMA) Excellence in Supporting Healthcare elearning course. The aim of the course is to equip non-clinical staff with the skills to better support their clinical colleagues and improve the service user experience.	

Examples of continuous learning and improvement

- The practice completed clinical audits as part of their quality improvement programme.
- The practice had become a training practice and had three GP trainers.
- The practice acted in response to patient feedback from various feedback platforms.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. 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.