

## Inspection Evidence Table

Kings Road Medical Centre

(1-497344471)

**Inspection Date: 28 November to 1 December 2023**

Date of data download: 29/11/2023

## Overall rating: Good

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practice, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated good.

## Context

Kings Road Medical Centre is located in 529 Kings Road, London SW10 0UD in the borough of Kensington and Chelsea. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the South-West London Integrated Care System (ICS) and delivers General Medical Services (GMS) to a population of approximately 15,300 patients. Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fifth lowest decile (five of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 65.1% White, 11.4% Asian, 8.7% Black, 8.3% Other, and 6.5% Mixed.

## Safe

## Rating: Good

At the last inspection in September 2015 the Safe key question was rated good. The practice continues to be rated good for providing Safe services following this inspection.

## Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	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
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
<ul style="list-style-type: none"><li>• The practice had comprehensive policies governing their approach to safeguarding. Staff members we spoke to demonstrated knowledge of what constituted a safeguarding concern and how to raise concerns if a safeguarding incident were to occur.</li><li>• The practice held regular multidisciplinary safeguarding meetings for children and vulnerable adults. Appropriate staff attended, such as social workers, community nurses and health visitors.</li><li>• Safeguarding registers were reviewed quarterly.</li></ul>	

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 UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
We reviewed recruitment and training records of five permanent staff members and found appropriate recruitment checks and ongoing mandatory training was undertaken for each staff member.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: November 2023	Y
There was a fire procedure.	Y
Date of fire risk assessment: November 2023	Y
Actions from fire risk assessment were identified and completed.	Y

A health and safety risk assessment was completed in November 2023. The practice informed us they were working through actions identified in the risk assessment. For example, updating the Health and Safety Executive poster to reflect the current responsible person.

### Infection prevention and control

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

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<ul style="list-style-type: none"> <li>• Appropriate standards of cleanliness and hygiene were followed. There was documentary evidence to indicate daily and weekly cleaning regimes were followed and Personal Protective Equipment (PPE) was available for staff and patients.</li> <li>• The practice performed an infection prevention and control risk assessment in October 2023 which identified issues resulting in an action plan. All identified issues were acted upon; for example, actions included purchasing a fridge designated for specimens only.</li> <li>• The practice had effective systems in place to protect staff and patients from the risks of legionella bacteria. They had an up-to-date legionella risk assessment and performed the required monitoring.</li> </ul>	

### 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
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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 were enough staff to provide appointments and prevent staff from working excessive hours.	Y
<ul style="list-style-type: none"> <li>• There was a mixture of part-time and full-time staff, with sufficient staff to ensure staff absence and busy periods were managed.</li> <li>• Reception staff received sepsis awareness training and described how they would deal with an emergency in the event of witnessing a deteriorating patient.</li> <li>• Emergency equipment and emergency medication were regularly checked to ensure they were in working order, available and within expiry date.</li> </ul>	

**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. 1	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
Referrals to specialist services were documented, contained the required information 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
Review of patient records in relation to the clinical searches identified that care records were managed in a way to protect patients.	

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

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)	0.51	0.68	0.91	Significant 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). (01/10/2022 to 30/09/2023) (NHSBSA)	5.7%	7.5%	7.8%	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 (01/04/2023 to 30/09/2023) (NHSBSA)	4.46	5.30	5.19	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	35.2‰	58.5‰	130.7‰	Significant variation (positive)

Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)	0.23	0.41	0.53	Tending towards variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	3.9‰	4.8‰	6.8‰	Tending towards variation (positive)

Note: ‰ means *per 1,000* and it is **not** a percentage.

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 effective medicines reviews for patients on repeat medicines. 1	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 medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. 2	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement 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
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 UKHSA guidance to ensure they remained safe and effective.	Y

- We found the practice to have outstanding prescribing data as figures showed their prescribing was lower than national and local averages and significantly lower in some areas. The practice conducted quality improvement activities and continued monitoring of patients on prescription drugs. Changes adopted under the quality improvement activities included increased structured medication reviews undertaken for patients prescribed strong opioids, increased awareness of non-pharmacological therapies and monthly audits of prescription drugs.
- During our inspection, our GP specialist advisor completed a series of searches on the practice's clinical record system. These searches were completed with a consent from the practice to review patients in their practice population.
- We reviewed three patients who were prescribed azathioprine (a medicine used to treat inflammatory conditions by slowing down the body's immune system). We found all three patients were being monitored appropriately by the practice.
- We reviewed one patient who was prescribed Lithium; a mood stabilising medicine commonly prescribed for bipolar disorder. We found no issues with the monitoring of the patient.
- We identified 519 patients who were prescribed angiotensin converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) within the practice. We examined five patients who were prescribed this medicine in detail and found all five patients were being monitored appropriately by the clinical staff at the practice, with blood tests being carried out and timely reminders being sent out.
- There were appropriate arrangements in place for the management of vaccines and to maintain the cold chain. Fridge temperatures were routinely monitored and a log of temperature readings were kept. Vaccines reviewed during the site visit were in date and stored correctly.
- The practice held the recommended emergency medication and stocked medical oxygen and a defibrillator.

#### 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: 19	Y
Number of events that required action: 19	Y
<ul style="list-style-type: none"> <li>• Staff members we spoke to understood the importance of reporting and recording significant events.</li> <li>• Significant events were categorised as either clinical or administrative.</li> <li>• Incidents from learning resulting from significant events were discussed in team meetings.</li> </ul>	

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



Event	Specific action taken
A patient was prescribed a three-month prescription of medication instead of one-month prescription.	This was brought to attention by the clinical lead and the patient was contacted prior to the medication being picked up. The incident was discussed in clinical meetings and was investigated. Clinicians involved in the incident were involved in relevant meetings and learning.
A cabinet holding patient files was left open overnight	The importance of daily checks were relayed in the practice huddle and team meetings to ensure documents including patient information was securely locked away or shredded at the end of the day.

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
We examined five patients of childbearing age who were prescribed teratogenic medicines (medicines that have the potential to increase the risk of birth defects and development disorders when taken during pregnancy, especially during the first trimester). All five patients were monitored appropriately about informed about the risk of teratogenicity.	

## Effective

## Rating: Good

At the last inspection in September 2015 the Effective key question was rated good. The practice continues to be rated good for providing effective services following this inspection.

*QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.*

### 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 had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
<ul style="list-style-type: none"> <li>• Clinicians informed us they used National Institute for Healthcare Excellence (NICE) guidelines to keep up to date with current standards and evidence-based guidelines.</li> <li>• Clinicians informed us of various ways in which evidence-based treatment was learned and shared. This included clinical meetings and consultant-led teaching held virtually at the practice.</li> <li>• Allied health professionals had protected time for daily debriefs and mandatory training.</li> </ul>	

## Effective care for the practice population

Findings
<ul style="list-style-type: none"> <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> <li>• 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.</li> <li>• All patients with a learning disability were offered an annual health check. The practice completed health checks and action plans for all 27 patients on their disability register.</li> <li>• End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.</li> <li>• The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.</li> <li>• Patients with poor mental health, including dementia, were referred to appropriate services.</li> </ul>

## Management of people with long term conditions

Findings
<ul style="list-style-type: none"> <li>• As part of our remote clinical searches, we reviewed the records of patients who may have had a potential missed diagnosis of diabetes. Patients who are assessed for diabetes undergo a haemoglobin (HbA1c) test – a blood test that measures blood sugar levels over the preceding 3 months. National Institute for Health and Clinical Excellence guidelines advised the diagnosis of diabetes can be made from a single HbA1c reading of 48 or greater if the patient shows symptoms of diabetes. In other circumstances, a second diagnostic level test is required to make a firm diagnosis. We reviewed 5 patient records and found one patient with reading levels indicating they could have had diabetes was not diagnosed appropriately.</li> <li>• We reviewed patients with a diagnosis of asthma and found 19 patients were prescribed two or more courses of rescue steroids in the preceding 12 months. National guidance requires patients to have an</li> </ul>



assessment undertaken at the time of prescribing and to be followed up within 48 hours of an acute exacerbation of asthma. We reviewed 5 patients in further detail and found four out of the five patients were assessed appropriately.

- We reviewed the records of patients with chronic kidney disease who did not have urea and electrolytes blood test monitoring in the last 9 months. We reviewed 5 patients and found all five patients were being monitored appropriately.
- There were 215 patients on the hypothyroidism register and we reviewed five patients who had not undergone Thyroid Function Test monitoring in the past 18 months. We reviewed five patient records in detail and found four patients monitored appropriately with one patient was overdue a medication review.
- We reviewed five patients with diabetic retinopathy who had a HbA1c reading of greater than 74mmol/mol. We looked at five of these patients in detail and found there were no issues with the management of the patients and they were being actively monitored by the practice.
- Our clinical record searches looked at patients who had medical reviews in the past 3 months. We reviewed 5 patient records and found medicine reviews were being completed appropriately.
- Patients with long-term conditions were offered an effective 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 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 COPD were offered rescue packs.

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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	115	130	88.5%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	92	104	88.5%	Below 90% minimum
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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	90	104	86.5%	Below 90% minimum

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	91	104	87.5%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	62	84	73.8%	Below 80% uptake

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

#### Any additional evidence or comments

- The practice recognised they were below the national targets for childhood immunisations in the above five indicators.
- The practice informed us they conducted regular assessments of uptake and performance, engaging in weekly discussions to identify areas of improvement.
- The practice told us some patients and carers were hesitant to vaccinate their children. The practice offered information leaflets and telephone appointments with the practice nurse to education parents and carers on the importance and effectiveness of vaccinations.
- When booking immunisation appointments, the practice provided patients with information on how to work around their schedules. For example, they were provided with the option to book weekend appointments with the practice nurse, as well as evening and weekend appointments across multiple sites within the borough with their extended hours services.
- An administrative 'buddy' was appointed to work closely with the practice nurse to encourage the maintenance of accurate and updated immunisation record of every child. The administrative buddy was responsible for recalling children, identifying children at risk, identifying non-attenders and patients who were hard to reach. The practice worked through a spreadsheet which also identified if patients received three or more calls and text messages with a telephone call booked. Parents and carers received a telephone call with the practice nurse in order to provide relevant information regarding the benefits of immunising their child if they did not respond to three calls or messages.
- Discussions are held with the safeguarding lead GP to take appropriate action if the practice nurse feels there are any concerns relating to the safety or best interest of children.
- The practice provided training to staff during practice huddles to ensure staff are equipped to answer any queries parents and carers may have and where needed to be able to signpost to the appropriate service.
- The practice found, within certain demographics and marginalised communities, childhood immunisation awareness was lacking. The practice worked closely with their community health link workers to address cultural or linguistic barriers and tailored information to specific demographics.
- The administrative buddy works closely with the health visiting team to opportunistically book children in for immunisations when they are attending appointments for a health visitor review.
- The practice requested feedback from patients to act on any concerns/barriers that may have been identified.

Cancer Indicators	Practice	SICBL average	England	England comparison
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Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	41.8%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	49.5%	N/A	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	52.0%	55.1%	54.9%	No statistical variation
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (6/30/2023 to 6/30/2023) (UKHSA)	54.3%	N/A	80.0%	Below 70% uptake

#### Any additional evidence or comments

- The practice recognised their cervical cancer screening uptake of 54.3% was below the national target of 80%.
- The practice held a Women's Health Event aimed at informing and educating women about the importance of women's health, primarily cervical cancer screening. The event was held by multi-lingual GP's, nurses and administrative staff. The event included walk-in clinics for cervical screening, contraception advice, blood pressure checks and general health and lifestyle advice. The practice were able to provide patients with free products such as sanitary pads and vitamins. Positive feedback was received from patients with some patients telling the practice they were not aware cervical screening was provided free of charge prior to the event.
- Other healthcare professionals are encouraged to proactively discuss and recommend cervical screenings during routine patient appointments.
- Practice nurses provide information to staff members on how to effectively communicate the benefits and importance of screening to patients during practice huddles.
- An administrative buddy works alongside the nurse to monitor appointments, cancellations and recalls.
- When booking cervical screening appointments, the practice provides patients with information to patients on what is in place to work around their schedules. This includes pre-bookable, self-booking and weekend appointments with the practice nurse, as well as evening and weekend appointments across multiple sites within the borough with their extended hours service.
- The practice assures patients they have a safe, private and comfortable environment for their female patients undergoing screening.
- Text message reminders are sent on a weekly basis as well as leaflets detailing relevant information to patients.
- The practice made arrangements for patients to attend multiple appointments on the same day to help reduce the need to travel to the practice on different days.
- The practice requests feedback from patients who have undergone their cervical screening appointments by sending feedback links to provide google reviews. This information is used to improve their service and address any concerns or barriers identified.
- The practice found, within certain demographics areas in underprivileged and marginalised communities, access to healthcare service were limited and lacking. The practice worked closely with their community health link workers to address cultural or linguistic barriers and tailoring information to specific demographics.

- For patients who wish to be removed from the cervical cancer screening programme, the practice offered an appointment with the nurse.

### 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.**

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
<ul style="list-style-type: none"> <li>• The practice had an ongoing programme of both clinical and non-clinical audits and quality improvement programmes that were used to monitor quality and make improvement when actions were identified.</li> <li>• The practice performed an audit of patients with a potential misdiagnosis of diabetes. The aim of the audit was to ensure the practice was not missing a diabetes diagnosis by contacting patients with a HbA1c reading of 48mmol/mol or more. A search showed there were 11 patients who had a reading of 48mmol/mol or higher. As a result of the audit, all clinicians were made aware where a HbA1c reading was recorded, patients should be contacted to repeat a blood test within 2 weeks. The second cycle of the audit identified eight patients with a reading of 48mmol/mol who had not been diagnosed as diabetic. All eight patients were reviewed by clinicians in an appropriate timeframe and were offered appropriate health checks and advice.</li> <li>• The practice conducted an audit to determine if patients who were prescribed azathioprine and sulfasalazine (disease-modifying anti-rheumatic drugs which are used for the treatment of rheumatoid arthritis and other inflammatory conditions) were being monitored for their full blood count and liver functioning. From the first cycle, the practice's clinical database identified 72% of patients prescribed azathioprine with completed up to date blood tests with 57% of patients prescribed sulfasalazine completing up to date blood tests. As a result of the first cycle, prescribers were reminded of their responsibilities to ensure blood tests were undertaken prior to prescribing to patients and to update medical records or download blood tests carried out via secondary care. In the second cycle, 100% of patients prescribed azathioprine completed up to date blood tests with 80% of patients prescribed sulfasalazine had completed up to date blood tests.</li> </ul>	
Any additional evidence or comments	
Other quality improvement programmes included audits regarding teratogenic drugs, benzodiazepine drugs, gabapentinoids, the monitoring of patients on lithium and audits to identify if patients on azathioprine have had timely monitoring.	

### 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.	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
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
<ul style="list-style-type: none"> <li>The practice staff had access to allied health professionals through their Primary Care Network (PCN). Professionals who supported the practice included pharmacists, social prescribers and health and wellbeing coaches.</li> <li>Clinical leads worked closely with practice pharmacists and physician associates to ensure all allied health professionals completed quarterly consultation audits.</li> <li>Allied health professionals took part in practice Objective Structured Clinical Examinations (OSCE's). These examinations included assessing performance of clinical staff in simulated clinical environments.</li> </ul>	

### Coordinating care and treatment

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

	Y/N/Partial
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
<ul style="list-style-type: none"> <li>The practice held regular multi-disciplinary meetings to discuss patients with complex needs and those with safeguarding concerns.</li> <li>The practice shared urgent care plans on a software which allowed secondary care organisations direct access via the practices' electronic patient record system.</li> </ul>	

### 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 and tackling obesity.	Y
<ul style="list-style-type: none"> <li>Staff directed patients, where necessary, to self-assessments for mental health issues, such as the Improving Access to Psychological Therapies Programme (IAPT).</li> <li>The practice had access to a social prescriber from their Primary Care Network (PCN). The social prescriber works with local communities to provide patients with practical, housing and social support.</li> <li>The practice ran community events to tackle health and social issues. For example, women's health events, diabetes projects and frailty walks.</li> <li>The practice's population consists of some patients who were relocated due to the Grenfell Tower Fire. The practice held an event to provide education to patients to conduct regular health checks to keep on top of their health if any underlying health conditions were caused. Speakers from different languages attended so patients whose first language was not English were able to understand.</li> <li>'Community champions' who work with the practice's Primary Care Network carried out community engagement activities such as classes Zumba dancing and coffee mornings.</li> </ul>	

### Consent to care and treatment

**The practice always obtained 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
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
Staff had access to consent policies and completed training in relation to the Mental Capacity Act. Our clinical review of notes where a DNACPR decision had been recorded they identified where possible the patient's views had been sought and respected. We looked at three patients who were on palliative care and found appropriate DNACPR decisions were recorded and accessible.	

**Caring**

**Rating: Good**



At the last inspection in September 2015 the Caring key question was rated good. The practice continues to be rated good for providing caring services following this inspection.

### 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
<ul style="list-style-type: none"> <li>Patients we spoke to spoke positively about their experience at the practice.</li> <li>The practice had a diverse population and this was reflected in the diversity of staff at the practice.</li> <li>Staff members explained the importance of respecting the social, cultural and religious needs of patients.</li> </ul>	

Patient feedback	
Source	Feedback
Patient interview	We spoke to three patients on the day of the site visit. All three patients spoke positively about the treatment received from both clinical and non-clinical staff.

### National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	87.6%	82.4%	85.0%	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 (01/01/2023 to 30/04/2023)	82.9%	80.6%	83.8%	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 (01/01/2023 to 30/04/2023)	92.0%	91.1%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall	72.8%	70.2%	71.3%	No statistical variation

experience of their GP practice (01/01/2023 to 30/04/2023)				
				Y/N
The practice carries out its own patient survey/patient feedback exercises.				N

### Any additional evidence

The practice did not carry out its own patient surveys but created an action plan as a result of the national GP patient surveys. For example, as a result of patient dissatisfaction in seeing a preferred GP, the practice created an action plan to increase the amount of salaried GP's to increase the continuity of care for patients.

### 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
<ul style="list-style-type: none"> <li>The practice had access to interpreting services for patients.</li> <li>The practice had a hearing loop.</li> </ul>	

Source	Feedback
Interviews with patients.	We spoke to patients during the site visit as well as telephone conversations with members of the practice's Patient Participation Group. All patients we spoke to told us they felt well-cared for by the clinicians and spoke positively about their involvement in decisions about care and treatment.

### National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	86.8%	87.8%	90.3%	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 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

Carers	Narrative
Percentage and number of carers identified.	The practice's carers register identified 235 patients which amounted to 1.53% of the practice population.
How the practice supported carers (including young carers).	Carers were prioritised for vaccinations and flu jabs.
How the practice supported recently bereaved patients.	Bereaved patients were signposted to bereavement support services.

### Privacy and dignity

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

	Y/N/Partial
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
<ul style="list-style-type: none"> <li>Staff informed us how they were able to offer patients a private space to discuss sensitive issues.</li> <li>Confidentiality was covered as part of a new staff induction and staff signed a confidentiality agreement as part of their employment.</li> </ul>	

## Responsive

## Rating: Good

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practice, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated 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
<ul style="list-style-type: none"> <li>• People's individual needs and preferences were central to the delivery of tailored services.</li> <li>• There were innovative approaches to provide integrated person-centred pathways of care that involved other service providers, particularly for people with complex needs or patients who were hard to reach. For example, as part of the practice's Grenfell Initiative, the practice held an event in March 2023 to reach out to and educate the cohort of patients who were affected by the Grenfell Tower fire, with 18 of the 42 affected patients on the practice list attending. The practice appointed two dedicated healthcare professionals (of a similar ethnic background to most of the affected patients) to lead the Grenfell Initiative. The initiative aimed to ensure the unique needs of the patient group were met and highlighted additional services offered by the practice such as the Grenfell Enhanced Physical Checks and extended appointment times for affected patients.</li> <li>• The practice prioritised the recruitment of healthcare workers who shared similar cultural backgrounds or spoke the same languages as their patient population to increase the quality of care provided to patients. There were, in total, 16 different languages spoken by staff members. Staff members who spoke other languages had name badges which highlighted the language they spoke, making it more comfortable for patients to reach out to staff who do not have English as their first language.</li> <li>• The practice organised a community event with Community Health and Wellbeing Workers and Community Champions to meet patients from the Worlds End Estate (a deprived estate situated close-by to the practice). This allowed patients to voice any concerns and to meet clinician staff with services such as walk-in blood pressure readings offered at the event.</li> <li>• The practice held a diabetes workshop which was led by a practice GP and healthcare assistant. Trainers from local gyms attended to educate on the importance of physical activity and to demonstrate exercises patients could try at home. Leaflets were provided and patients were given free day passes at the gym. As a result of positive feedback received from patients who attended the workshop, the practice planned to run future group consultations with diabetic leads within the practice.</li> <li>• The practice offered a dedicated My Care My Way (MCMY) service to patients aged over 65. This was an integrated care service to assist elderly patients with additional health and social needs. Under the MCMY service, the practice introduced regular frailty walks to tackle loneliness and social isolation. The practice found this promoted engagement and they were able to signpost to patients for their specific health needs. The practice found on average patients who attended the frailty walk had booked approximately 23 appointments in the previous twelve months, with the figure increasing to 48 appointments in the following twelve months.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6:30pm
Tuesday	8am – 6:30pm
Wednesday	8am – 6:30pm
Thursday	8am – 6:30pm

Friday	8am – 6:30pm
Saturday	9am-3pm
Appointments available:	
Monday	8am – 6:30pm
Tuesday	8am – 6:30pm
Wednesday	8am – 6:30pm
Thursday	8am – 6:30pm
Friday	8am -6:30pm
Saturday	9am-3pm

#### Further information about how the practice is responding to the needs of their population

- Appointments with nurses were available until 6:30pm between Monday to Thursday, until 6pm on Fridays and between 10am and 3pm on Saturdays.
- 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.
- 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.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Patients under 5 and over 65 were automatically provided face-to-face appointments with a 50/50 split between face-to-face and telephone/online consultations.
- 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 took part in the Very Important Vulnerable Adult (VIVA) project – a project designed to help homeless and frail patients. The practice offered extended appointment times to some homeless patients to necessitate additional time for discussions and comprehensive care planning. Additionally, fees are waived for housing letters and medical reports for homeless patients to support them to obtain housing and other resources.
- The practice worked collaboratively with the Royal Marsden for the 'Man Van' initiative in July 2023. The initiative was a service which invited men for free health checks. The practice engaged with males over the age of 45 through text messages with dates and locations across London. The practice found there was an uptake of 106 patients who performed prostate cancer screening through the initiative.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, the practice implemented 'placeholder' appointments for patients with learning disabilities and severe mental health issues; these appointments were booked before appointments for vulnerable patients to decrease waiting time in the waiting area and to ensure they were seen on time.
- The practice signed up for the Veteran Friendly Practice Accreditation and identified a clinical lead for this role. This practice told us this allowed them to facilitate a feeling of familiarity between patients and the practice through seeing a specific GP.

## Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<ul style="list-style-type: none"> <li>The practice monitored telephone calls and waiting times using an external software and discussed performance in daily practice huddles.</li> <li>The practice showed us their telephone reports between September 2023 to November 2023 with results showing 70% of calls were answered in less than 10 minutes and more than 50% of calls being answered within five minutes.</li> <li>As a result of feedback from staff and patients, the practice identified there were issues in patients obtaining same day appointments. The practice consulted with patients and staff to create a change in triaging, created a model where the duty doctor worked closely with pharmacists and administrative staff and trained staff in care navigation. As a result, total appointment availability increased, Do Not Attend's decreased from 6% to 3% and there was positive feedback from Patient Participation Group members on getting an appointment on the same day.</li> <li>The practice reviewed their increased telephone activity between 8am-1pm and through analysis of telephone reports. Therefore, they adjusted the start times of administrative staff to ensure more receptionists were available to handle incoming calls during peak hours.</li> <li>Patients can book appointments in a variety of ways. This includes booking appointments through the telephone and email, at the reception desk, through Accurx, through e-Consult and through a smartphone application.</li> <li>The practice informed us 72% of their patients are registered to use the smartphone application. The application allowed users to have real time access to clinicians who were able to triage patient queries.</li> <li>The practice were able to directly book patients appointments with their Extended Hours Hub if they were not able to provide appointments in-house or if patients were not able to attend.</li> <li>The practice referred patients to the Community Pharmacy Consultation Service which allowed local pharmacies to deal with patient queries.</li> </ul>	

## National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
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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 (01/01/2023 to 30/04/2023)	62.6%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	69.6%	57.4%	54.4%	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 (01/01/2023 to 30/04/2023)	68.3%	57.1%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	77.8%	69.7%	72.0%	No statistical variation

#### Any additional evidence or comments

- Indicators showed the practice achieved higher than average satisfaction figures in the latest national GP patient survey both locally and nationally. However, the percentage of patients who responded positively to how easy it was to get through to someone at the GP through the phone had decreased in the past two years from a percentage score of 79.9% to 62.6%. As a result, the practice recruited additional receptionists to decrease waiting times on the phone and conducted training sessions to improve reception staff triaging to deal with patient queries in a more efficient way. A duty doctor worked alongside a physician's associate and near to administrators to assist with patient queries and triaging.
- The practice created an action plan as a result of the 2023 National GP patient surveys. Actions included, for example, the recruitment of additional receptionists.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 14 reviews on the NHS website with 4 reviews relating to access to the service. Three of the reviews were negative about their experience in making an appointment. One out of the four reviews was positive about their access to the practice.
Patient interviews during site visit	We spoke to three patients during the site visit. All three patients were satisfied with booking appointments and appointment times at the practice. Two patients spoke positively about using a smartphone application to book appointments.
Telephone conversations with Patient Participation Group	We spoke to two patients from the Patient Participation Group (PPG). One patient informed us there were no issues with accessing the practice whilst the second patient told us appointments were accessible by telephone most of the time.

#### 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.	25

Number of complaints we examined.	10
Number of complaints we examined that were satisfactorily handled in a timely way.	10
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complaint related to comments made by clinicians perceived as rude.	Practice manager responded to patient to apologise and a telephone conversation or meeting with the clinician was offered. At a practice meeting, taking a patient-centred approach to communication was highlighted.

## Well-led

## Rating: Good

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practice, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated 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
<ul style="list-style-type: none"> <li>The practice was part of a large organisation providing primary care services across different locations. There were many layers of management and support was provided centrally from regional managers and directors. Clinical support was provided from the regional medical director and the practice was led</li> </ul>	

by two clinical leads (who conducted GP sessions at the practice). Clinical leads, regional directors and the practice management met regularly to discuss operational and strategic issues.

- The practice understood the challenges they faced and identified the necessary actions to address these challenges. For example, the practice recognised there were capacity issues with 15,000 patients. The practice maximised space with effective rota management, remote working and reached out to CLCH and the Integrated Care Board in supporting their business plan to obtain additional clinical rooms.
- Feedback received from staff was consistently positive. Staff members told us leaders at the practice were approachable and supportive.
- The practice encouraged upskilling and internal promotion. Some members of staff had worked at the practice for a few years in a variety of roles. For example, an administrative staff member trained to work as a healthcare assistant and the practice manager worked in several different roles at the practice prior to becoming a practice manager.

## Vision and strategy

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

	Y/N/Partial
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
<ul style="list-style-type: none"> <li>• The practice's vision statement was to be a leading healthcare provider delivering high-quality, patient-centred care. All staff members we spoke to understood the importance of the visions and values of the practice and worked collaboratively to achieve this. For example, many staff members held additional responsibilities; for example, buddying up with a nurse to increase the uptake of childhood immunisations and cervical cancer screening.</li> <li>• Patients were central to the practice's vision and values. The practice worked with patients to improve the quality of care provided by the practice. For example, patients were not satisfied with waiting for phones to be answered so the practice introduced a call-back system. The practice also, as a result of patient feedback, recruited additional doctors to provide patients with more choice to see clinicians.</li> </ul>	

## 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 had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<ul style="list-style-type: none"> <li>The practice held daily huddles each morning before the practice opened. Staff members informed us this allowed them the opportunity to provide any feedback, raise concerns and be informed of any important updates.</li> <li>The practice held well-being sessions for staff and various social events were arranged throughout the year to support their wellbeing. There were high levels of staff retention with internal promotion and long-term staff members working at the practice.</li> <li>All staff members had access to an employee assistance programme.</li> <li>Feedback from staff regarding practice culture was positive when speaking to both clinical and non-clinical staff.</li> </ul>	

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

Source	Feedback
Staff interview	A member of staff we spoke to told us the practice was a place where all staff members were seen and treated equally.

### 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
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
<ul style="list-style-type: none"> <li>The practice was part of a large organisation providing primary care services across different locations. Governance was overseen centrally with several layers of management and oversight involved. There was strong and clear governance structure and oversight within the practice and staff understood the roles and responsibilities of each other.</li> <li>Responsibilities were shared amongst clinical and non-clinical members; for example, there were named lead roles for safeguarding, childhood immunisations and complaints handling.</li> <li>Clinical leads worked collaboratively to ensure the monitoring of test results, prescribing and patients with long-term conditions were managed effectively.</li> <li>Minutes of meetings were maintained and accessible to relevant staff.</li> <li>There was a comprehensive range of detailed governance policies which were regularly reviewed and put into practice.</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 quality improvement programme in place.	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
<ul style="list-style-type: none"><li>• Risk registers were used to maintain oversight and manage the delegation of tasks and the appropriate timescales for follow-up.</li><li>• The practice had a programme of clinical and non-clinical quality improvement activities and audits to improve the quality of care provided to patients.</li><li>• There was an up-to-date business continuity plan (reviewed in August 2023) in preparation for major incidents. Staff members we spoke to were able to identify how to locate the business continuity plan and were aware on how to maintain the safety of staff and patients in the event of an unplanned major incident.</li></ul>	

## 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 monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
<ul style="list-style-type: none"><li>• The provider used regional and national internal and external data to benchmark achievement and monitor performance.</li><li>• Clinical performance data was monitored and routinely discussed at practice meetings to identify any areas of improvement. Examples included external data analysis about performance in the management of patients with long-term conditions and high-risk drug prescribing.</li></ul>	

## Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
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

Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	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
<ul style="list-style-type: none"> <li>The practice worked closely with their patients to improve services and quality of care. The practice held quarterly meetings with their Patient Participation Group (PPG) in which management and clinicians from the practice attended.</li> <li>The practice organised regular community events to promote healthcare and reach out to members of the public. This included a dedicated service for vulnerable patients with close collaboration with case workers, a dedicated service for survivors of the Grenfell Tower fire, frailty walks with elderly patients and diabetes workshops.</li> <li>The practice worked closely with regional directors and was able to share and learn from other practices in the same organisation.</li> <li>The practice were looking to restart 'practice manager' clinics in which patients were welcome to attend to discuss non-medical matters, such as complaints, with the practice manager.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
We spoke to two members of the Patient Participation Group. Both members spoke positively about the engagement the practice had with patients and their responsiveness to patient requests.



## Continuous improvement and innovation

**There were 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
<ul style="list-style-type: none"><li>There was a programme of quality improvement activities and two-cycle audits carried out within the practice. Quality improvement programmes included audits regarding teratogenic drugs, benzodiazepine drugs, gabapentinoids, the monitoring of patients on lithium and audits to identify if patients on high-risk drugs had timely monitoring.</li><li>The practice is committed to learning from success and errors. Incidents were routinely discussed and reported rapidly using an internal healthcare toolkit and staff members at the practice attended peer group workshops on learning from significant events.</li><li>Continuous improvement was encouraged within staff promotion with some members of staff training for clinical roles.</li><li>The practice conducted internal Objective Structured Clinical Examinations (OSCE's). These examinations included assessing performance of clinical staff in a simulated clinical environment. This allowed the practice to review the performance and knowledge of clinical staff and to feedback to staff on where improvements or changes can be made.</li></ul>	

## 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)	≥3
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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 persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those 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.
- **UKHSA:** UK Health and Security Agency.
- **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.
- ‰ = per thousand.