

Care Quality Commission

Inspection Evidence Table

Isleworth Medical Centre (1-4011815900)

Inspection date: 11 January 2023

Date of data download: 05 January 2023

Overall rating: Good

At our previous inspection on 13 December 2017, we rated the practice as good overall and in all key questions.

At this inspection, carried out on 11 January 2023, we rated the practice as good overall and in all key questions.

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
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Staff members we spoke with were familiar with the practice's safeguarding policies and were confident in the method of escalation if a safeguarding incident arose. Clinical staff told us about the process for monitoring patients potentially at risk of Female Genital Mutilation (FGM) and escalation of risks. The safeguarding policies were kept centrally in a folder on the shared drive	

Safeguarding	Y/N/Partial
<p>and the practice was moving towards a cloud storage based system, where policies were managed and uploaded.</p> <ul style="list-style-type: none"> • The practice held adult and children safeguarding registers which were reviewed on a regular basis. The practice had a safeguarding information sharing policy, which set out its process for sharing safeguarding information, including coding of medical records. Staff received safeguarding training during their induction and were shown how to use templates on the clinical system to ensure that safeguarding information was up to date and visible on a patient's clinical record. • We saw evidence that the practice had completed clinical audits into the safeguarding and adults and children in November 2022. In the clinical audit reviewing the safeguarding of children, the practice reviewed dashboards within its clinical records system to identify safety alerts and found no significant safeguarding concerns had been missed. The practice identified that some action was required to correct coding, often where other organisations had incorrectly coded as concerns, and other actions including recalling for immunisations, calling for reviews with clinicians or re-referring after a patient did not attend. The practice put in place an action plan and had reviewed all of the patient records where an action was required. The practice continued to review dashboards at least every quarter by a GP. In the audit reviewing the safeguarding of adults, the practice dashboards within its clinical system to identify safety alerts, which documented where there were safeguarding concerns where patients who did not attend or where a patient had an A & E attendance in the last 6 months. Patients who had safeguarding concerns as children which were not coded as being resolved, patients who had a documented history of domestic violence who had not had a risk assessment patients, patients coded as having a learning disability but no risk assessment and homeless patients with no risk assessments, were also identified. The practice found that no serious safeguarding concerns had been missed. The practice identified that some action was required, including ensuring patients on the domestic violence list were correctly coded and annual review of these patients, and correction of administrative errors on the homeless list and review of this list. The practice put in place an action plan and planned to review the dashboard on at least a quarterly basis. • The practice told us that it ensured that staff members were aware that safeguarding was everyone's responsibility and that it made sure that staff members had up to date training. • Safeguarding was discussed at quarterly quality and safety meetings, at weekly clinical meetings and the safeguarding lead and practice manager discussed safeguarding once a month with the practice manager and disseminated any relevant feedback to the practice team. The weekly clinical meetings were held across the provider's 2 sites, which allowed for sharing of common themes. The practice also held clinical 'huddles' at lunchtimes. The practice had clinical, pharmacist and reception messaging groups, where staff could raise immediate issues if necessary. • The practice told us that it monitored patients who did not attend appointments and sent a task to the reception team to ensure that patients were re-booked for an appointment. • Clinical staff liaised with other health professionals where required. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We reviewed staff files for two clinical and two non clinical members of staff. We found that staff records were well managed and that the practice had a recruitment policy and safer recruitment policy. We saw 1 Disclosure and Barring Service (DBS) check which was not present in of the files for a clinical member of staff, however the practice assured us that it had seen a copy of this DBS check and that it kept a spreadsheet of the reference numbers for all DBS checks completed. The practice told us that it would ensure that a copy of this DBS certificate was included in the relevant staff file. We saw that there were no references for the 2 non-clinical members of staff we reviewed. The practice told us that its process was to obtain references for all staff members as part of its pre-employment checks and that it had attempted to seek references for these members of staff but had not received responses. The practice told us that both members of staff were in their probation period and that no concerns had been identified. Staff vaccinations were up to date in line with UK Health Security Agency (UKHSA) guidance. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: October 2022	Y
There was a fire procedure.	Y
Date of fire risk assessment: 26 March 2021 and October 2022 Actions from fire risk assessment were identified and completed.	Y

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. Date of last infection prevention and control audit: 23 September 2022	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had an up to date infection prevention and control (IPC) policy. We found that the premises were well managed with an effective system for managing IPC. 	

- We saw evidence that an internal IPC audit had been carried out on 23 September 2022. One of the advanced nurse practitioners told us that they completed monthly hand hygiene observational audits and we saw evidence of actions identified and completed following these audits. We saw evidence that IPC was discussed at clinical governance and clinical meetings. We saw evidence that IPC was discussed at a business user meeting held at the practice which was attended by NHS property services on 27 June 2022.
- Staff we spoke with were aware of their IPC responsibilities.
- We saw evidence of a legionella risk assessment that was carried out internally in October 2022 and a water risk assessment that was carried out by NHS property services on 22 February 2022. Legionella bacteria can cause a pneumonia-type illness called Legionnaire's disease. We saw evidence of regular water temperature checking carried out at the practice.
- The practice had a policy for cold chain management and a process in place for the checking and monitoring of fridge temperatures. The practice maintained fridge temperature logs and the internal and external thermometers were checked twice a day. We found all medicines stored within the fridges to be in date.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff we spoke with were aware of what action to take in the event of a medical emergency and were aware of how to escalate concerns and raise an alarm. The practice had a patient clinical emergency protocol, which was available for staff to refer to on the shared drive. • We saw evidence that all staff, both clinical and non-clinical, had completed anaphylaxis and sepsis or sepsis awareness training. We saw that relevant clinical staff and the practice manager had completed basic life support training. Training was consistent with the approach set out in the practice's staff training policy. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We observed that clinical data was kept securely at the practice. The practice told us that it did not keep paper records on site and that all records, when received, were summarised and stored off site. Paper records, when received, were kept securely in a locked office, which was not accessible by patients, in a filing cabinet and were sent off site within 48 hours. The practice had a spreadsheet where it recorded and tracked medical records received. The practice had a notes summarising policy. The practice informed us that it had a dedicated member of staff who summarised patient records and used locum staff members to assist if the dedicated member of staff was away. At the time of our inspection, the practice had 19 patient records waiting to be summarised. The practice had a referral policy and a separate 2 week wait policy, which detailed that once a 2 week wait referral had been sent, the referral was added as a task to the 2 week wait log, which had a 10 day count down and flag. After 10 days, the task sent for the patient would turn red and administrative staff would check the electronic referral system to see if a patient had been offered an appointment. If a patient had not received an appointment, or it was unclear if they had or not, staff would telephone patients and then call the 2 week booking line for the relevant hospital and chase the appointment. The practice told us that the worklist was checked on a daily basis. We saw evidence of a 2 week wait referral audit that was completed by the practice on 5 December 2022, which reviewed all two week wait referrals completed in November 2022. The audit demonstrated that 18 (72%) patients referred in November 2022 had received an appointment within two weeks (4 referrals had been received by the hospital but had been passed onto the hospital advice and guidance system to request further diagnostics before an appointment, there were no appointments available for 1 patient but the patient would be contacted with an 	

appointment within the 2 week timeframe, 1 patient had been referred to a telephone clinic and 1 patient had been referred for triage.

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 average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHS Business Service Authority - NHSBSA)	0.54	0.59	0.82	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). (01/10/2021 to 30/09/2022) (NHSBSA)	8.0%	8.7%	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 prescribed for uncomplicated urinary tract infection (01/04/2022 to 30/09/2022) (NHSBSA)	5.64	5.57	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	90.0‰	57.7‰	129.6‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	0.33	0.45	0.58	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	4.1‰	4.7‰	6.7‰	No statistical variation

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

Medicines management	Y/N/Partial
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 high risk medicines (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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	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
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> We found that monitoring of patients prescribed disease-modifying antirheumatic drugs (DMARDs) was completed appropriately. We reviewed patients prescribed Methotrexate (an immunosuppressant used to treat inflammatory conditions) in our clinical searches and saw that of 24 patients prescribed this medicine, no patients had outstanding monitoring. We reviewed patients prescribed Azathioprine (a type of immunosuppressant used to calm or control the body's immune system) in our clinical searches and found that of 9 patients prescribed this medicine, one had outstanding monitoring, however, this patient had been prescribed this medicine in secondary care, where they were monitored, and there was no safety issue. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> We found that monitoring of patients prescribed high risk medicines was completed appropriately. We reviewed patients prescribed Angiotensin converting enzyme (ACE) inhibitors or Angiotensin II receptor blockers (ARBs) (medicines mainly used in the treatment of high blood pressure and heart failure) in our clinical searches and saw that of 725 patients prescribed these medicines, 6 had outstanding monitoring. We reviewed these patients and noted that the outstanding monitoring had been recognised by the practice in all cases and that there were reasons for the outstanding blood testing. The practice had a prescription management protocol which included the process for high risk drug monitoring. We found that medication reviews had been completed appropriately and in detail. We identified 85 patients in our clinical searches who had polypharmacy (more than 10 medicines) where no medication review had been completed in the last 18 months. We provided feedback to the practice that there was no obvious risk of harm and that patients had been seen and reviewed regarding their conditions in the interim. We suggested that the practice review these patients and code (if appropriate) the reviews that had taken place. We found that emergency medicines on site were organised, in date, and effectively managed. We found that the system for monitoring emergency medicines, emergency equipment and vaccinations was effective. We saw evidence of emergency medicines stock being checked routinely. We provided feedback to the practice that it should consider labelling the front of the emergency medicines boxes to clearly identify the contents. 	

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:	14
Number of events that required action:	14
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We found that the practice had an up to date significant events policy and recorded significant events centrally in a spreadsheet which set out the date of the incident, a brief description of the 	

incident, the outcome, key learning and actions taken, the lead at the practice and the practice meeting date where the incident and associated learning had been discussed.

- Staff members we spoke with were able to explain how they would escalate incidents to management. The practice told us that it had a standard form to be completed by staff members for incidents and near misses. This would be reviewed by the site manager and investigated and changes made to policies and processes where required. The practice told us that incidents, significant events and complaints and learning identified were discussed at the weekly practice meeting as a standing agenda item and would be escalated to the safety and quality group meetings if institutional changes were required. The practice met once per quarter to discuss significant events, incidents and complaints.
- The practice told us that it was honest and open with patients and ensured that it adhered to the duty of candour. The practice encouraged staff members to be open and confident in discussing incidents.

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

Event	Specific action taken
Patient's prescription of aspirin was paused before surgery and not restarted post surgery.	Patient was temporarily without antiplatelet medicine. No harm was identified. The key learning/ action identified was that protocols should be discussed at the practice meeting. Repeat medicines should remain on repeat prescription if they are temporarily paused, with a clear note indicating restart date if applicable. Discussed at practice meeting on 6 May 2022.
Two week wait referral sent to reception task group and not urgent task group as required.	Patient referral was sent 16 May 2022. The key learning/ action identified was that feedback should be provided to the GP that all 2 week wait and urgent referrals should be sent to the 2 week wait and urgent task group. Discussed at practice meeting on 18 November 2022.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • We found that the practice had an effective system in place to implement patient safety alerts. We reviewed a Medicines and Healthcare Products Regulatory Agency (MHRA) alert relating to female patients of childbearing age prescribed teratogenic medicines (medicines which are known or are suspected to have the potential to increase the risk of birth defects and development disorders). We identified 26 patients in our clinical searches who were prescribed these medicines and reviewed 5. We saw that it was not clear where one patient had been started on the medicine or whether they were under the endocrinology team and one patient where we could not see that a pregnancy prevention plan or annual risk assessment had been completed, although this patient had been informed of the risk, had effective contraception and was at low risk of harm. We provided feedback to the practice to review its process for completing 	

pregnancy prevention plans and annual risk assessments for patients on these medicines where appropriate.

- The practice had a process for the management of patient safety alerts. The practice told us that the pharmacy team dealt with incoming patient safety alerts and discussed at weekly pharmacy meetings as a standing agenda item. The team decided on actions to be completed on receipt of alerts and actioned urgent alerts immediately. The team recorded all alerts centrally in a spreadsheet, which could be accessed through the pharmacy team, which included the alert date, a description of the alert, a hyperlink to the alert, details if patients were contacted following receipt of the alert, a description of action taken, for example, discussion in a practice meeting, and the date actions had been completed. The pharmacy team discussed alerts relevant to the practice at the weekly practice meetings. The practice told us that practice meetings were recorded and staff listened to these recordings if they were unable to attend a meeting. The practice used a messaging platform for staff member teams, including an all staff group, all nurses and healthcare assistants group, all clinicians and advanced nurse practitioners group, all pharmacists group and all phlebotomists group to communicate effectively. The pharmacy team sent emails to staff members to keep them informed of any relevant alerts. The pharmacy team ensured that historical alerts with ongoing actions were adhered to by setting up alerts on the clinical system to prompt clinicians to consider before prescribing. The pharmacy team checked all prescription requests and detected anomalies. The pharmacy team conducted monthly audits on patient safety alerts.
- The practice ensured oversight and effective governance of alerts by reviewing all alerts at the quarterly quality and safety meetings to ensure that all had been dealt with appropriately.

Effective

Rating: Good

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. ¹	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated. ³	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 prioritised care for their most clinically vulnerable patients.	Y

Effective care for the practice population

Findings

- The practice provided the following services to its population groups:
- For older people:
 - On a bi-annual basis, the practice reviewed all patient data to build a holistic and comprehensive view of each patient and identified those on QOF registers, those who had outstanding actions that required follow up by clinicians in relation to QOF and other enhanced services, frailty scores, structured medication reviews required, the number of appointments each patient had in the previous 12 months and identified the patient's index of

multiple deprivation, and any outstanding vaccinations for influenza, pneumococcal, shingles or Covid-19.

- The practice had a series of patient level dashboards which were monitored on at least a monthly basis or more frequently at key times to maximise care. These included asthma, diabetes, patients at high risk of diabetes, mental health conditions, immunisations and care planning.
 - The practice identified patients with complex needs and offered them longer appointments and times of the day that best fit their needs.
 - The practice acknowledged that older patients may struggle with text messaging and self-booking of appointments and it monitored and telephoned patients who did not respond to clinic invites.
 - The practice arranged care planning appointments on Saturdays where patients were known to have carers, to enable carers who were of working age to be able to accompany them. The practice checked annually with all patients to confirm existing carers and to identify any new carers.
 - The practice, where patients were housebound, carried out a combination of telephone and face to face consultations delivered by the multidisciplinary team. For example, the practice's paramedic focused on frail patients that were housebound and carried out care planning and other health checks and vaccinations.
- For people with long-term conditions:
 - The practice had a multidisciplinary team including advanced nurse practitioners, practice nurses, healthcare assistants, clinical pharmacists, a physician associate, a paramedic and a musculoskeletal physician in addition to GPs, who had direct responsibility for managing patients with long-term conditions. The senior clinical pharmacist was the clinical lead for managing patients with long-term conditions.
 - On a bi-annual basis, the practice reviewed all patient data to build a holistic and comprehensive view of each patient and identified those on QOF registers, those who had outstanding actions that required follow up by clinicians in relation to QOF and other enhanced services, frailty scores, structured medication reviews required, the number of appointments each patient had in the previous 12 months and identified the patient's index of multiple deprivation, and any outstanding vaccinations for influenza, pneumococcal, shingles or Covid-19.
 - The practice assigned patients to specific clinicians or a combination of clinicians who needed to see a patient in sequence. Patients were prioritised based on:
 - Multiple co-morbidity (more complex patients also with polypharmacy were seen earlier in the year as they required ongoing follow up).
 - Frailty score with patients at higher risk of falls or frailty were seen sooner.
 - Index of multiple deprivation (more deprived patients who infrequently attended the practice were given priority).
 - Number of previous appointments (the practice saw higher attending patients sooner).

- Triage and follow up of acute presentations of asthma and COPD patients in urgent care or A&E where discharge letters were reviewed by the advanced nurse practitioners and were followed up for review if necessary.
- The practice had a series of patient level dashboards which were monitored on at least a monthly basis or more frequently at key times to maximise care. These included asthma, diabetes, patients at high risk of diabetes, mental health conditions, immunisations and care planning. The administrative team at the practice was responsible for the call and recall of patients.
- To assist with catchup work due to the Covid-19 pandemic, the practice had invested in staffing to increase capacity and ran regular Saturday clinics to improve access for its working age population. The practice told us that it had completed in excess of 401 diabetic care plans and 318 asthma care plans since April 2022.
- The practice send text messages to patients to signpost them to sources of information and support and ran a series of patient webinars on various medical conditions with the aim to raise awareness and engagement of patients in self-care.
- For families, children and young people:
 - The practice ran special childhood immunisation and flu clinics, which allowed younger patients to be seen when attending with adults.
 - The practice ran additional clinics during school half terms and holidays. For example, the practice focused on childhood asthma clinics during school holidays and prior to the start of the school year.
 - The practice ran more clinics on Saturdays to improve access for working age people, in particular for health checks, cervical screening and phlebotomy.
 - The practice engaged with patients to help increase the uptake of immunisations.
 - The practice discussed safeguarding in its clinical meetings to share concerns.
 - The practice had supported the London project on increasing the uptake of polio vaccinations.
 - The practice had introduced a respiratory triage list to manage the emerging risk of Strep A and ensure that children were triaged and antibiotics were prescribed as needed.
 - The practice sent out text messages to signpost patients to sources of information and support.
 - The practice had increased capacity on Saturdays, with nurse, healthcare assistant, advanced nurse practitioner, clinical pharmacists, paramedic and flu clinics taking place on Saturdays.
 - The practice had improved the number of patients registering for the NHS app, in comparison with other surgeries. The practice encouraged patients to use automated and online services, including the use of emails. The practice had increased the number of telephone and video consultation appointments and had introduced a new telephone system.

- The practice ran patient webinars to assist with raising awareness and understanding of medical conditions. For example, the practice ran a webinar which was attended by 150 patients on adult and childhood immunisations.
- For people whose circumstances may make them vulnerable:
 - The practice maintained a vulnerable patients register and ran enhanced health checks for learning disability patients with advanced nurse practitioners, either at the patient's place of residence or at the practice.
 - The practice allocated dedicated space and time for learning disability patients when it ran clinics or vaccination clinics, to allow patients space and time in a quieter environment to use services.
 - The practice had a system of alerts on its clinical records system to ensure that vulnerable patients were highlighted on the front screen, for example, indicating where patients required a sign language interpreter, wheelchair access or extended appointments.
 - The practice used a frailty scoring algorithm to highlight patients with moderate and severe frailty and offered these patients an extended appointment with a clinician.
 - The practice ensured that a clinician ran a weekly ward round at a nearby residential supported living home. The managers at the home had direct access to the surgery by using the bypass number for all enquiries.
 - The practice maintained a homeless register.
 - The practice conducted quarterly safeguarding audits.
- For patients experiencing poor mental health (including patients with dementia):
 - The practice ran dedicated clinics for mental health patients which were led by the North West London GP Lead for mental health. The practice had an established process for the management of mental health patients and provided additional targeted support.
 - The practice offered 'one stop' clinicians between the GP and healthcare assistants or physician associate to carry out physical checks.
 - The practice closely managed the call and recall process for mental health patients where the list and prioritisation was overseen by a GP. The practice contacted patients multiple times to encourage attendance. The practice called patients on the day of an appointment if they did not attend. The practice had a particular focus on patients who frequently attended the surgery and who were more intensive users of primary care services.
 - External acute and community clinicians regularly attended the practice for knowledge transfer and case reviews. The practice held a monthly multidisciplinary team meeting where learning was shared.
 - The practice used templates, reports and dashboards to identify patients and structure consultations.

- The practice interacted with the primary care support service to coordinate and manage regular multidisciplinary sessions.
- The practice told us that for patients with dementia or suspected dementia, the patient's history was taken from the patient themselves or a relative or close friend. The practice would then arrange for blood testing and other testing where appropriate.

Management of people with long term conditions

Findings

- We found that long-term conditions were managed appropriately by the practice. In particular:
- We identified 5 patients in our clinical searches where there was a potential missed diagnosis of diabetes. We reviewed these patients and found no issues with the management of these patients.
- We did not identify any issues with the overprescribing of short-acting beta2 agonist (SABA) inhalers (medicine used to treat the symptoms of asthma). We identified 6 patients in our clinical searches who had been prescribed 12 or more SABA inhalers in the previous 12 months and all of the patients we reviewed had received an asthma review.
- We found that monitoring of patients with acute exacerbation of asthma was completed appropriately. We identified 30 patients in our clinical searches (out of 1046 patients on the asthma register) who had been prescribed 2 or more courses of rescue steroids in the past 12 months. We reviewed five of these patients and all patients had been managed appropriately, with reasonable care provided.
- We did not identify any issues with the monitoring of chronic kidney disease (CKD) stages 4 or 5, patients with hypothyroidism or patients with diabetic retinopathy.

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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	125	142	88.0%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	122	145	84.1%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	125	145	86.2%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	123	145	84.8%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	26	36	72.2%	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 had not met the minimum 90% uptake for all of the childhood immunisation uptake indicators and was below 80% uptake on one of the indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all of the childhood immunisation uptake indicators.
- We received information from the integrated care board regarding the practice's immunisations uptake between 1 April 2022 and 30 April 2022 which indicated an improvement in uptake. The practice provided us with updated information regarding its immunisations uptake for October to December 2022 which indicated an improvement in uptake. However, this additional information was gathered using a different methodology and was not directly comparable.
- The practice told us that there had been a significant impact on the uptake of childhood immunisations due to the Covid-19 pandemic. The practice explained that its key challenges were:
 - A high transient population, where during the Covid-19 lockdown, a large proportion of patients with young families returned to their home country, principally in Eastern Europe and the Indian subcontinent.
 - The impact of the Covid-19 pandemic, which had caused disruption and concern to parents when bringing their children to healthcare facilities.
 - Vaccination fatigue by the general population, when the main focus was on adult Covid-19 vaccinations and a general vaccine hesitancy related to Covid-19 vaccinations, which had a knock on effect on the uptake of childhood immunisations.

The practice told us that these factors had resulted in some children not receiving their immunisations within the relevant timeframe, but that there had been significant improvement recently.

- The practice had a large population of overseas patients with children who had had their immunisations in another country under different vaccination regimes, which did not comply with UK standards and targets.
- The practice told us that it was working towards improving the uptake of childhood immunisations and reducing barriers to uptake. In particular, new patient checks, allocating new dedicated administrative resource for call and recall, using a management data and performance dashboard, using an escalation pathway to practice nurses and active list cleansing.
- The practice held regular patient webinars where all patients were invited to attend. The practice held a webinar on child and adult immunisations which was delivered by nurses and GPs from the practice. The practice provided leaflets to patients and information booklets.

Cancer Indicators	Practice	SICBL average	England average	England comparison
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). (Snapshot date: 30/06/2022) (UK Health and Security Agency)	66.7%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	61.4%	48.9%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	60.5%	57.2%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	48.1%	56.0%	55.4%	No statistical variation

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.

Any additional evidence or comments
<ul style="list-style-type: none"> The practice provided us with updated information regarding its cervical screening uptake for 2021 to 2022 which indicated an improvement in uptake. However, this additional information was gathered using a different methodology and was not directly comparable. The practice told us that its key challenges were: <ul style="list-style-type: none"> It had a hard to reach cohort of patients, particularly in the 25 to 49 years old age group. There had been an impact from the Covid-19 pandemic, which had caused disruption to and the stop/ start of the screening service, which was demonstrated in the drop in uptake between 2019 and 2020, and 2020 and 2021. A transient population, particularly in the specific age groups, and some patients lacked familiarity with NHS screening services and the need to engage. The practice had a large population of patients who were new to the UK and NHS primary care services. Some of the practice's patients had received their cervical screening abroad and the practice was unable to code these results onto the clinical records system because non-UK cervical screening was not accepted. The practice told us that there were synchronisation issues between the clinical records system and QOF. The practice told us that it was working towards improving the uptake of cervical screening and reducing barriers to uptake. In particular, new patient health checks, call and recall of patients, focusing on hard to reach cohorts of patients, accessible appointment times, active participation

in clinical trial, and direct engagement with the cervical screening service and commissioning leads.

- Patients were signposted to websites, leaflets and videos about the cervical screening process and importance within text messages. The practice had invited all patients to a series of patient education webinars on a variety of topics. One of the webinars was on the early detection of cancer, and GPs and nurses from the practice presented and answered questions from patients on cervical screening. The practice informed patients of any external webinars on cancer screening run by local cancer teams.
- The practice recorded all cervical screening completed in a dedicated book and highlighted any abnormal results received. The practice went through this book on a weekly basis to ensure that results had been received and chased results where required. Patients who required colposcopy were flagged in the book. The practice had a cytology policy, which included information the practice's failsafe processes.

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
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 provided us with a summary of quality improvement activities carried out between 2021 and December 2022. The practice provided details of the audits which it had carried out in the previous 12 months, examples of which included:
- Reviewing and de-prescribing proton pump inhibitors (PPIs) on repeat prescription for more than 1 year in patients aged over 65 years audit (June 2022)
The aim of this audit was to review and de-prescribe long term use of PPIs in patients aged over 65.
The audit identified 48 patients, with 9 patients not eligible, 36 patients reviewed, 20 doses reduced and 6 doses stopped.
The action points of the survey were to review patients after 6 to 8 weeks of starting PPIs, provide pharmacological advice and to update the repeat template once the medicine had been stopped.
The practice identified as a learning outcome that patients were more open to coming off PPIs if

the dose was reduced or switched to alternate days rather than the medicine being stopped completely on first review.

- Proactive near patient monitoring audit (November 2022)

The aim of the audit was to assess whether the practice's current practice regarding near patient monitoring was compliant with the NHS standard contract and to determine whether processes needed to be improved to improve patient safety. The practice proactively ran searches to find patients taking high risk medicines and then assessed patients to ensure appropriate and timely blood test monitoring.

The practice noted that since proactive searching was implemented in March 2020, blood test monitoring for patients had been maintained and that the 100% standard had been met. Where blood test monitoring was not possible, the practice re-directed patients to secondary care. The practice stated that in November 2022, there were no patients found with outstanding blood test monitoring.

- Broad spectrum antibiotic prescribing audit (March 2022)

The aim of the audit was to review volume and appropriateness of broad spectrum antibiotic prescribing and establish if there were any patterns within the prescribing.

The key learning points identified were that a significant proportion of antibiotic prescribing on the month reviewed was from the urgent care centre and as directed by the hospital, that for the benefit of patients, broad spectrum medicine was routinely issued instead of being issued at the hospital to avoid patients waiting for their prescriptions and that the majority of the practice's prescribing was legitimate and appropriate.

The practice had also undertaken or was in the process of undertaking further quality improvement work, examples of which included:

- Infection control audit (September 2022 and ongoing)

The practice conducted (and this work was ongoing) an infection control audit which looked at plan, do, study, act (PDSA) cycles, surveys of staff understanding, confidence and training (completed) and observational monthly audits.

The practice stated that staff knowledge had improved, stocking of rooms with hand gel and soap had improved and that hand hygiene had improved (with further improvements to be made).

- Improving care for victims of domestic violence (December 2022 and ongoing)

The practice had reviewed its processes with the aim of developing robust methods to recognize and support patients who were the victims of domestic violence. The priorities were to complete staff training, have a method of capturing all relevant patients, create a register of patients and hold multidisciplinary meetings and improve signposting.

- Telephone access project (July 2021 to October 2022)

The practice identified that telephone access had remained a recurrent concern for patients and that annual GP survey results, online reviews and individual complaints identified the need for improvement. The practice introduced a new telephony system and circulated a telephone access survey pre and post implementation to understand patient experience and evaluate if any improvements were identified.

The practice compared the survey results and found that following implementation of the new system, more than half of responses illustrated that patients found it easier to get through to someone on the telephone and that there was a shift towards reduced wait times.

The practice learning points and actions identified were to review call flow and apply changes in line with revised business processes in January 2023, increase patient awareness on how to use

online booking services in February 2023, to test and review calls where a patient was cut off a call in January 2023 and to re-audit in October 2023.

- The practice told us that it had undertaken work to improve the uptake of bowel cancer screening which had involved identifying relevant patients, chasing patients to ensure screening was completed, using multiple methods of communication. The practice reported that it had seen an improvement in uptake of screening.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff we spoke with told us that they felt encouraged to undertake training and were given protected learning time to complete training modules. There was a culture of learning at the practice and the practice management team had oversight of training. New members of staff had a detailed induction and staff had completed all mandatory training, in line with the practice's staff training protocol. • The practice conducted annual appraisals with staff members and identified personal and professional development needs during this process. Discussions about training and development were ongoing and were also discussed at practice meetings. The practice supported staff in developing their skills and areas of interest. The practice told us that it had future plans for the development of nurse training and that one of the advance nurse practitioners was a qualified teacher. The practice told us that it wanted to give staff a trajectory and a journey to learn. The practice told us that it had developmental frameworks for the pharmacy team, through pre-qualification and for post qualification. The practice had a competency matrix and pharmacy staff were self-appraised and also appraised by the chief pharmacist. 	

- Staff members we spoke with told us that they felt that the practice was staffed at capacity and that staff were diverted from the practice's sister practice if short term cover was required. The practice told us that during the Covid-19 pandemic, it had experienced challenges with staff sickness and it had the resilience to arrange cover where required during this period. The practice monitored demand and capacity and responded to this where required by ongoing recruitment of staff and developing training for staff. The practice promoted vacancies, including outside of the premises, and had an incentive scheme for staff members if they referred someone and they were employed. The practice used locum GPs, all of whom had access to the practice's policies and procedures and locum pack.
- The practice had a diverse workforce, which included GPs, chief nurse and senior nurse, advanced nurse practitioners (who carried out triage and minor ailments as part of their competencies) and musculoskeletal specialist, practice nurses (who carried out cervical screening and immunisations as part of their competencies), healthcare assistants, phlebotomists, physician associate, clinical pharmacists (who carried out long-term conditions management as part of their competencies, pre-registration pharmacist, prescribing technicians, pharmacy technicians. The pharmacy team completed regular audits.

Coordinating care and treatment

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

Indicator	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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice acted on communications from external services to maintain continuity of care. 	

Helping patients to live healthier lives

Staff were 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice utilised the services of a social prescriber. The practice referred patients for improving access to psychological therapies (IAPT) services, and the local services were based in the upper floor of the premises.• The practice told us that there were deprived areas within the locality and it had participated in an outreach programme during the Covid-19 pandemic to reach out to these patients and encourage immunisation. The practice referred and signposted patients to appropriate services, for example, warm hubs. The practice also participated in a park run and encouraged patients and staff to become involved. The practice was working on a 'green' initiative, where it encouraged and educated patients and staff about becoming more environmentally aware.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Y
Explanation of any answers and additional evidence:	

- There was a process in place for do not attempt cardiopulmonary resuscitation (DNACPR) decisions, which were well documented in the clinical records systems.

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

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 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 (01/01/2022 to 30/04/2022)	84.3%	82.3%	84.7%	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 (01/01/2022 to 30/04/2022)	81.0%	80.1%	83.5%	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 (01/01/2022 to 30/04/2022)	91.9%	91.1%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	57.6%	70.7%	72.4%	No statistical variation

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

Any additional evidence

- The practice contacted patients for feedback on services using a variety of methods:
 - Within an hour after every appointment, the practice sent patients up to two text messages. The first message asked that patients complete the standard Friends and Family questions, and it received an average of 850 responses per quarter. If patients responded to the first text message, the practice sent a second text message with a link to an online survey. The practice received an average of 230 responses to this survey each quarter.
 - The practice told us that it found this local survey, which it stated emulated the national annual GP survey questions, was more accurate and timely as a measure of patient experience because: it was carried out immediately after each and every appointment and was therefore fresh in the mind of a patient; it had a higher response rate, over 34 times higher than the response rate to the national annual survey; it was sent to each patient who attended an appointment rather than a randomly selected sample of registered patients and therefore was more accurate in representing the patient population; it was measured over a 12 month period rather than an annual sample and allowed the practice to identify shorter term trends and identifying correlations with any service pressures and seasonality resulting in a more accurate and informed response to patient feedback.
 - The practice told us that its local survey results showed significantly better satisfaction rates or very similar results, and in several instances exceeded the integrated care service and national performance. We were provided with evidence of a summary of the results from the practice's local survey.
- The practice analysed the feedback provided by patients in the national and its local survey and had identified the themes and put in place actions where appropriate.

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

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 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 (01/01/2022 to 30/04/2022)	89.6%	87.3%	89.9%	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice utilised an interpreter service where required, which it advertised on posters on the premises. The practice booked double appointments for patients where translation services were required. The practice provided assistance if a patient had a visual impairment. The practice had a hearing loop in reception and the surgery was accessible for patients with impaired mobility. The practice told us that it made adjustments for patients to facilitate their access to services. For example, if a patient was unable to read, the practice ensured that they would be contacted by telephone rather than by text messaging or letter. The practice arranged for home visits for patients where they were unable to attend the surgery. The practice told us that reception staff were trained to identify where patients may require additional assistance, for example if they had a mental health 	

condition, and spend longer with these patients where required. The practice added flags to its clinical records system to indicate where patients may need additional assistance.

Carers	Narrative
Percentage and number of carers identified.	554 patients (5.1%)
How the practice supported carers (including young carers).	The practice had a carers policy and a dedicated carers champion. During the registrations process at the practice, patients were asked whether they had or if they were a carer and the practice provided a carers pack to them. The practice had a noticeboard in the reception area which was maintained by the local council which included information useful for carers. The practice sent annual text messages to patients to enquire if they were a carer, if they used to be a carer or if they were cared for. The practice held a register of carers and updated this after it received responses. The practice coded carers on its clinical records system.
How the practice supported recently bereaved patients.	The practice had a notification of deaths policy. The practice would ensure that patients who telephoned and were distressed would be allocated to the duty doctor and an appointment would be booked where appropriate. The practice sent bereaved relatives a bereavement letter and leaflet.

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

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times

Day	Time
Opening times:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm
Saturday	8am to 12:30pm

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

- The practice told us that patients were generally able to access and book appointments when they required. The practice used a triage system and the advanced nurse practitioners triaged requests for appointments and allocated patients to remote or face to face appointments depending on clinical need. The practice told us that it ensured that it assessed what a patient's requirements were and allocated them to the appropriate member of the team, for example, pharmacy or GP, at the right time. Patients were able to book appointments online, up to four weeks in advance, by telephone and in person by attending the practice. The practice provided home visits for patients when required and the GP on call would assess whether a home visit was required once a request from a patient had been received.
- The practice had an access policy which detailed that all patients who believed they had an urgent medical problem which needed to be dealt with the same day were triaged by an advanced nurse practitioner. The advanced nurse practitioner would telephone the patient and then offer the most appropriate appointment based on clinical need.

- The practice offered longer and priority appointments for patients with vulnerable circumstances and multiple conditions or complex needs. The practice told us that patients with multiple conditions would be coded and an alert would be added to their clinical record.
- The practice provided GP services to a local residential home, with approximately 30 residents. The practice had put in place a bypass telephone number that the manager of the residential home could contact, which allowed for quicker access.
- The practice had maintained services throughout the Covid-19 pandemic. The practice had ensured that vulnerable patients had access to care packages and had completed checks on patients to ensure their wellbeing.

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

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 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 (01/01/2022 to 30/04/2022)	28.4%	N/A	52.7%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	38.1%	58.2%	56.2%	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 (01/01/2022 to 30/04/2022)	48.7%	58.9%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	58.6%	68.4%	71.9%	No statistical variation

Any additional evidence or comments

- The practice carried out its own rolling local survey with patients and had analysed responses and identified trends. They had developed an action plan which they were working through to improve patient experience including:
 - Access:
 - The practice had installed a new telephone system to allow a queue for reservation and call back options, in addition to menu options for signposting to sources of information. The practice told us that this reduced the need for patients to remain on the line and the inconvenience of waiting.
The practice had ongoing recruitment of reception staff to increase the capacity of reception to manage call volumes.
The practice provided a staff benefits package which allowed access to private healthcare services to support staff sickness. The practice told us that this assisted with the recovery of reception staff to reduce staff sickness rates by providing access to private healthcare and counselling services to manage the pressures of reception work.
The practice had arranged training by external providers on call handling and managing difficult situations, which was aimed at improving outcomes from telephone interactions and speed up the call handling process.
 - More appointments being available on the day and also on future dates

The practice had increased capacity across the GPs, nurses, pharmacists and healthcare assistants appointments.

The practice provided unlimited access to remote GP consultations using an online consultation service.

- Longer appointments

The practice proactively identified where a patient required a double appointment and offered extended appointments, including where a patient had complex needs. The practice had dedicated clinics with different appointment lengths, for example, mental health reviews, care planning, childhood immunisations and for patients requiring translation services.

- Fast track access for older patients

The practice proactively risk assessed and prioritised patients with a focus on care planning. The local care home had direct access to reception via the bypass telephone number during opening hours.

- Staff

- Regular GPs and less locum GPs

The practice had ongoing recruitment for substantive GPs. The practice focused on using a small number of regular locums who worked at other practices in Hounslow as salaried GPs of partner GP practices.

The practice directed emergency and urgent appointment requests to locum GPs and more complex routine appointment requests to regular GPs.

- More receptionists, nurses and GPs

The practice had increased capacity of appointments and told us that it offered in excess of its contractual requirements and funding.

- When we inspected, we saw that the practice had displayed information on the issues raised by patients an explanation of what actions had been taken or why action could not be taken for example regarding the premises décor and air conditioning which they had escalated to the premises owner

Source	Feedback
NHS website	<p>Five reviews in the past 12 months. Four 1 star reviews and 1 4 star review.</p> <ul style="list-style-type: none"> • Positive comments related to: positive feedback following cervical screening appointment regarding nurse advice provided and kindness. • Negative comments related to: poor management system and appointment availability and attitude of clinical staff. <p>The practice had responded to each concern raised on the NHS website. The practice told us that it also responded to concerns raised and feedback provided on an internet search engine feedback page.</p>

Listening and learning from concerns and complaints

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

Complaints	
Number of written complaints received in the last year.	15
Number of complaints we examined.	15
Number of complaints we examined that were satisfactorily handled in a timely way.	15
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We found that the practice had an up to date complaints policy and held a complaints spreadsheet, which recorded written and verbal complaints received. The spreadsheet contained information relating to the date received, the date of incident, the date the complaint was acknowledged, the target response date, a description of the complaint, the outcome following investigation, key learning points and actions, the date of response and the date the complaint had been discussed in a practice meeting. Staff members we spoke with were conversant with the practice's complaints process. The practice had a complaints leaflet which it provided to patients in paper format when requested or would send this to patients by email. The practice discussed complaints and learning identified in practice meetings. The practice told us that it celebrated positive comments and compliments received and shared these in practice meetings. We saw evidence of a spreadsheet where the practice logged positive comments received. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient fainted in reception area following blood test	Key learning and actions taken were that patients under the age of 18 would be given a longer appointment time and receive their blood tests on a bed rather than a chair, and that it would be recorded in a patient's clinical records if they had a history of fainting. The complaint was discussed at a practice meeting held on 23 November 2022.
Patient complained that practice took 4 days to provide a replacement prescription	The practice stated that the delay was due to non-availability of medication. Key learning and actions taken were that the staff member had meeting with practice manager and reception staff received customer service training. The

	complaint was discussed at a practice meeting held on 11 November 2022.
--	---

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The practice had analysed its practice population and demographics and had worked to engage patients. The practice had broadened and diversified communications and engaged with its patient participation group, held webinars with patients to engage patients on various health conditions, had provided training for staff and had a social media channel. The practice had worked on educating patients to increase their understanding of the allocation of their care to the most appropriate medical professional, for example, clinical pharmacists for management of long-term conditions. The practice told us that it had a proactive, rather than reactive approach and that it worked as a team to ensure the best care for patients.The practice told us that it had identified the challenge of recruitment and retention of the workforce and that it had a continuous recruitment programme where it sought to meet capacity and demand. The practice promoted education and training for staff members. The practice told us that it supported the mental wellbeing of staff members.The practice told us that it had engaged with the primary care network (PCN) and had shared ideas about the uptake of childhood immunisations and cervical screening. It told us that the practice managers in the PCN had a group that met every quarter for an away day, where ideas were shared.	

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
Explanation of any answers and additional evidence:	

- The practice had vision statement which detailed that its mission was that every person should be treated with dignity and respect, that healthcare was a team effort with patients at its heart, that individuals should be at the centre of their healthcare, that it believed in prevention and early detection of disease and that diet and exercise were essential to preventing disease, that the practice had a duty to provide patients with education and resources to enable patients to make lifestyle and healthcare decisions that would optimise wellbeing, that the practice would work with patients to minimise the risk of developing disease and to detect disease at early stages, that the practice would make every effort to see patients who were sick at the earliest opportunity, that the organisation was committed to providing care to patients and the community and that the practice would work with other healthcare organisations to provide best possible care.
- Staff we spoke with were fully conversant with the practice's mission and values and evidenced their understanding and role in achieving this.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice actively sought feedback from staff members using a variety of methods: <ul style="list-style-type: none"> - Team meetings The practice held regular weekly meetings for administrative and clinical staff groups, which provided staff members with an opportunity to raise recommendations and questions on operational matters and concerns. For example, the practice told us that issues with the telephone system were raised at this meeting and that this resulted in a project to improve the telephony systems. - All staff meetings The practice held an all staff meeting approximately once a month at lunchtimes where updates were given on internal and external topics and there was an opportunity for attendees to ask questions that they had. For example, staff members raised negative 	

feedback on the impact of online consultations using econsult and this resulted in a survey of staff and patients, an audit of activity data of this system and changes to the access and workflow structure of processing online consultations.

- Direct engagement between managers and staff
The practice told us that managers operated an open door policy and that staff were encouraged to provide feedback and raise concerns or suggestions. For example, the practice told us that the issue of pay was raised by staff on lower pay bands and following this all staff pay was reviewed and benchmarked. All lower paid staff were awarded pay rises, bringing them above the London living wage.
 - Messaging groups
The practice had a number of messaging groups for all staff in addition to specific groups of staff. The groups were used for general communication, colleagues reaching out for advice and support and to raise issues and feedback.
 - Workshops, team away days and extended meetings
The practice arranged workshops to bring together a mix of staff to discuss and develop their soft skills and address issues not directly related to their work. The sessions were run as interactive workshops facilitated by external trainers. The practice told us that they had held several workshops on managing stress, problem solving and dealing with difficult situations.
 - Annual staff survey
The practice carried out an annual anonymous online survey. There was a response rate of over 35% across all services and staff groups. Staff were asked to give free text feedback about what was good about working at the practice and what could be improved. Staff were asked whether they would recommend working at the practice with friends and family. The results and learning from the feedback was shared with staff at an all staff meeting.
 - Annual staff awards
The practice held annual staff awards which provided staff with an opportunity to nominate colleagues for a reward, which was held at an all staff Christmas event.
- The practice provided us with examples of feedback and actions taken and we saw examples of positive feedback received during the staff survey.
 - We received feedback in staff interviews that suggested that there was a positive relationship between staff, management and clinical staff, with staff reporting that they felt supported and enjoyed working at the practice.

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

Source	Feedback
Staff interviews	All staff we interviewed spoke positively about their employment at the practice. Staff members stated that they felt supported in their development, and that they felt comfortable and confident in raising any concerns with management. One staff member told us that the practice had a highly progressive culture, and that it constantly looked for ways to improve care for patients.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a governance framework in place and was effectively managing risks. The practice worked alongside the other practice and care home practice under the provider's umbrella and each site had a site lead and manager. Each site was run independently but had an integrated approach, and quality and safety meetings were held to ensure oversight and to make sure alignment between practices. The practice demonstrated commitment to best practice performance and risk management systems and processes. The practice ensured that staff had the skills and knowledge to ensure that systems worked effectively. We found that policies were regularly reviewed and up to date and there was good communication within the management team. 	

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

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

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

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:

- The practice told us that the patient participation group (PPG) engagement had shifted and that the practice was engaging with patients by holding online webinars to assist with patient education. The practice sent messages to patients and they were able to register online for webinars. Recent webinars held included sessions on early signs of cancer and adult and child immunisations. Patients were able to submit questions at the webinars. The local survey that the practice sent to patients included a question to patients enquiring whether they wished to become involved in the PPG.

Feedback from Patient Participation Group.

Feedback

We spoke with 2 members of the PPG who told us that prior to the Covid-19 pandemic, the practice had an active PPG, which had been attended by practice management, although they had found it difficult to try and engage with patients. Around the time of the Covid-19 pandemic, the practice had reduced resources to interact with the group and the PPG had declined. They told us that when the group met previously, the practice had listened, and had been open and honest with the group. They told us that the practice had tried to engage patients online and via webinars but that they were not aware of an active PPG currently. One PPG member told us that they felt that the practice provided an excellent service that met their needs.

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:

- Staff members we spoke with were consistent in their feedback that the practice strongly encouraged personal and professional development and learning. Staff were encouraged to undertake appropriate learning for their roles and were supported in their future aspirations.
- The practice had a strong culture of sharing learning from significant events and complaints and made improvements as a result of lessons learned.

Examples of continuous learning and improvement

- The practice had a programme of structured clinical audits.

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 SICBL 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 SICBL 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.
- **%o** = per thousand.