

Care Quality Commission

Inspection Evidence Table

Great Chapel Street Medical Centre (1-8059424917)

Inspection date: 8/12/13th October 2021

Date of data download: 27 October 2021

Overall rating: Good

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

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: September 2021	Y
There was a fire procedure. Date of fire risk assessment: 25/03/2021	Y
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: 02/06/2020	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

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> All staff had received basic life support and Sepsis training, there were Sepsis posters in reception and clinical rooms. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had effective systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment, with weekly and monthly multi-disciplinary-team (MDT) meetings.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - NHSBSA)	0.90	0.49	0.69	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2020 to 30/06/2021) (NHSBSA)	4.5%	10.8%	10.0%	Tending towards variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2021 to 30/06/2021) (NHSBSA)	4.70	5.60	5.38	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	311.5‰	58.1‰	126.1‰	Variation (negative)
(to) (NHSBSA)	-	-		-
(to) (NHSBSA)		-		-

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisation to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	N/A
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 PHE guidance to ensure they remained safe and effective.	Y

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:	2
Number of events that required action:	1

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

Event	Specific action taken
Blood samples taken by venepuncture were not collected by the courier – noticed the next day	Admin now have a 'phones and bloods' policy at end of the day (turning phones to out-of-hours option). Nurses and GPs also to ensure that bloods collected before closing- ideally all aim for 4:30pm so gives time for courier to be arranged if surgery have been forgotten

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We saw examples of actions taken on recent alerts for example, regarding, SGLT-2 inhibitors.	

Effective

Rating: Good

QOF requirements were modified by NHS England 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 delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had Prioritised care for their most clinically vulnerable patients during the pandemic	Y

Effective care for the practice population

Findings
<ul style="list-style-type: none">• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this patient group.• All patients with a learning disability were offered an annual health check.• End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.• The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.• The practice demonstrated that they had a system to identify people who misused substances.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice had a high prevalence of patients with severe mental illness and personality disorder. The practice supported and contributed to the Personality Disorder Network in Westminster in which professionals are able to discuss and receive advice with complex patient cases.
- The practice had developed an integrated mental health team that worked with the practice including a psychiatrist, mental health nurse and counsellor.
- The psychiatrist was based at the practice one day per week. The counsellor worked at the practice three days of the week and provided general counselling for patients including bereavement counselling. GPs would refer patients to the psychiatrist, in-house counsellor or refer them to Improving to Access Psychological Therapy (IAPT).
- The practice had recognised that drug and alcohol abuse was prevalent amongst the homeless population and drugs and alcohol advice with a Mental Health nurse was provided for patients five days per week.

People whose circumstances make them vulnerable:

Findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice provided an outreach service out of hours in which the practice nurse would access homeless shelters and search for homeless people on the street to reach people with complex needs who may find it difficult to engage with health and social care providers.
- The practice participated in reactive early multidisciplinary meetings with patient consent involving support workers from day centres, hostels and Street Outreach services for early identification of housing/benefits/social need
- The practice had close liaison and joint working with immigration advice services within the day centres such as Connections St Martins, Passage House Assessment Centre.
- The practice held regular proactive meetings with Adult Social Care and Adult Safeguarding leads particularly for those with complex social situation and vulnerabilities.

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

Ranitidine prescribing audit

Background

Between 8/10/19 and 03/02/20 multiple alerts were sent out via MHRA regarding Ranitidine due to possible contamination with NDMA (N-nitroso dimethylamine, or NDMA, is a yellow, odourless liquid chemical once used to make rocket fuel. It is also a by-product of several manufacturing processes and water chlorination) which has genotoxic and carcinogenic potential.

Search

All currently patients prescribed **Ranitidine** of any formulation prior to 27/11/19 were searched for and the 'actions' advised were for **pharmacies** to stop supplying / dispensing the medications rather than advice to doctors/nurses to stop prescribing it.

Results

16 patients had been prescribed Ranitidine prior to this date. 7 of those were in the last 12 months 4 of those were in the last 1 month.

Practice actions

These 4 patients notes were reviewed on **28/11/19**

- alert put on their Patient Plan to review the prescription and either STOP or SWITCH to an alternative.
- It was cancelled from the Repeats list if applicable.
- When the patient next requested a prescription, they were informed of the safety concerns and supply issues and offered alternative therapy where needed.

Results

The search was done again 3 months later, and the result **showed 1 patient** had been prescribed Ranitidine since this time.

Practice Actions

The notes for this patient were reviewed

Noted that the prescription had been issued on 28/11/19 in the morning prior to the search / previous audit being done and repeat medications being cancelled. Prior to the 27/11/19 SDA, there were no 'actions' for prescribers.

Any additional evidence or comments

Due to the uniqueness of the practice, and the very small number of registered patients, the practice does not participate in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). Staff explained that because of the transient nature of their patients it was difficult to monitor outcomes.

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

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-centered care when they moved between services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice was supported by and collaborated with various external organisations such as the Central & North West London Mental Health Trust, Central London Community Healthcare, Community Mental Health Teams, Drug Dependency Units, Social Services, housing providers and rehabilitation centres in order to achieve this.• The service was recognised for their contribution to London's Homeless Health Response to Covid-19 and won the Health Service Journal's national Health and Local Government Partnership Award in 2020.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Flu vaccinations were offered to all patients as the practice recognised that their patient population were all at risk. Pabrinex (a course of up to 3 vitamin injections for heavy alcoholics who appear at risk of brain injury as a result of their alcohol use) were provided opportunistically for patients. Patients who may be in need of extra support were also identified by the practice. These included those at risk of developing a long-term condition and those requiring support in other areas such as benefits, employment and housing. Patients were then signposted to the relevant service. 	

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.	Y

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgmental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

Patient feedback	
Source	Feedback
Google reviews	Great service and Doctors does a fantastic job! Highly recommend.
	Great Dr for homeless people friendly staff and good service
	Very friendly and helpful staffs

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

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

Source	Feedback
The Connection at St Martin's	<p>King Georges Health Beds & ICN beds</p> <p>We are in regular contact with the nurse who runs a health bed project from GCS in conjunction with a local commissioned hostel King Georges. Having Great Chapel Street leading with this has been fantastic, as it allows us to house someone sleeping rough, who has health needs, for a period of time – around 6 weeks. During this stay they are intensively triaged, stabilised, and hopefully referred on, into longer term accommodation.</p> <p>Joint Health Outreach</p> <p>The Street Engagement Team go out with a Great Chapel Street nurse once a month, and also arrange ad-hoc outreach shifts to target vulnerable people who need an urgent medical intervention. The staff that come out on shift with us are incredibly compassionate and are very knowledgeable about the client group we work with.</p> <p>The general service at GCS</p> <p>Feedback from our team generally, is that GCS are an approachable health care provider, and the staff that we have relationships with their go out of their way to provide compassionate care to people that usually wouldn't make it through the door at other services. GCS offer an essential service, and while I am sure there are always areas to improve on, they are making a significant difference to people's lives.</p>

	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

<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Carers	Narrative
Percentage and number of carers identified.	N/A
How the practice supported carers (including young carers).	N/A
How the practice supported recently bereaved patients.	N/A

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: Outstanding

At the January 2018 inspection we saw several areas of outstanding practice including:

- The practice provided an outreach service out of hours in which the practice nurse and the Social Advocacy Worker would access homeless shelters and search for homeless people on the street to reach people with complex needs who may find it difficult to engage with health and social care providers.
- The practice employed a Social Advocacy Worker who was available five days per week to provide patients with housing, benefits and employment advice. The Social Advocacy Worker assisted patients with job applications, represented patients at court hearings in relation to benefits sanctions and liaised with re-housing services to access temporary or permanent accommodation for patients.
- Practice staff provided training for staff working in other organisations for the homeless such as hostels in relation to monitoring of medicines and management of aggression.

At this inspection we found that the practice had maintained and improved these Areas by;

- Expanding the nurse led out reach to include, once per week – nurse in-reach session to homeless day centres offering clinical support to both patients and other day centre users
- Once each per month (so twice per month in total) these session are accompanied by a sexual health nurse.
- Twice per week – nurse in-reach to homeless hostel, as part of health access beds and wrap-around support to ten patients as part of safe discharge service
- Two sessions per week – nurse complex case management as part of health access – four days plus case load of up to twenty six others offering accommodation off the streets to patients needing treatment unable to be offered if rough sleeping – partly to avoid use of emergency hospital admission.
- North West London-wide work across all eight boroughs, performing health needs assessments for people experiencing homelessness placed in 'local authority hotels.
- The practice contributed towards extremely low COVID-19 positive rate in homeless patients due to their rapid re-deployment of clinical staff into the community to set up health intervention in 'hotels for the homeless.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice understood the needs of its population and tailored services in response to those needs. For example, offering walk in services for dentistry, podiatry, offering social advocacy were all added to the service as a direct result of this patient group's identified need. The practice improved services where possible in response to unmet needs. The facilities and premises were appropriate for the services delivered. The practice worked as a cohesive team and practice staff were able to inter-refer patients to other members of staff working in the centre. For example, patients receiving treatment from GPs or practice nurses could be referred for dental, psychiatric, podiatry, alcohol, substance misuse and mental health services within the practice. The practice participated in reactive early multidisciplinary meetings with patient consent involving support workers from day centres, hostels and Street Outreach services for early identification of housing/benefits/social need The practice had close liaison and joint working with immigration advice services within the day centres such as Connections St Martins, Passage House Assessment Centre. The practice held regular proactive meetings with Adult Social Care and Adult Safeguarding leads particularly for those with complex social situation and vulnerabilities. The practice offered a patient centred and flexible service which went beyond essential medical care interventions. For example, staff were able to accompany patients to receive specialist interventions from hospital services and other service providers and patients were able to access shower facilities and clean clothes on request at the practice. The practice had recognised that drug and alcohol abuse was prevalent amongst the homeless population and drugs and alcohol advice with a Mental Health nurse was provided for patients five days per week. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	0900=1700
Tuesday	0900=1700
Wednesday	0900=1700
Thursday	0900=1700

Friday	0900=1700
Appointments available:	
Monday	0900=1700
Tuesday	0900=1700
Wednesday	0900=1700
Thursday	0900=1700
Friday	0900=1700

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

- At the January 2018 inspection we found that there were innovative approaches to providing integrated person-centred pathways of care that involved other service providers. Staff told us that research indicated that 25% of all rough sleepers in England and Wales were in Westminster and that rough sleepers had a life expectancy up to 40 years less than the national average. In response to this data, the practice provided an outreach service out of hours in which the practice nurse and the Social Advocacy Worker would access homeless shelters and search for homeless people on the street to reach people with complex needs who may find it difficult to engage with health and social care providers. At this inspection we found that although the service no longer had a Social Advocacy Worker the service had been expanded to include Homeless Health Service, a team of community nurses based in homeless day centres and the senior practice nurse held a weekly session at a vulnerable women's day centre in the area. The centre was a woman only space and had a significant group of homeless vulnerable migrant women. It was chosen in response to concerns about a lack of smear uptake, an increase in rates of unwanted pregnancy in this population and concerns about exploitation of this vulnerable group of women.
The outreach service led to the development of the Integrated Care Network (ICN) which has been adopted by the local authority and CCG. The ICN is an organised network providing intermediate health care to the homeless population in Westminster, the network worked with the homeless health services and hospitals in the borough. The ICN team accepted referrals from GP's and hospitals, once a patient was referred, they were given a hostel bed for six weeks whilst their health care needs were met, the ICN team provide a 'wraparound package' which addressed health and homelessness needs.
- The practice was registered with Westminster Foodbank as a distributor of foodbank vouchers for people identified in a crisis. On presenting their voucher at the foodbank centre, people can receive a hot drink and a food bag and are also signposted to other services where appropriate.
- During the COVID 19 pandemic the practice found that most of their patients were being temporarily housed in hostels and hotels, so the service responded to this by changing their mainly walk in service to an expanded out reach programme, with clinicians visiting the hotels and hostels to continue to provide the service to their patients

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Patients were able to make appointments in a way which met their needs.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
There were systems in place to support patients who face communication barriers to access treatment.	Y
Patients with urgent needs had their care Prioritised.	Y
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The average appointment length was 17 minutes. • During the COVID 19 pandemic the service would go to hostels and hotels where the homeless were being housed. They would also give the homeless access to mobile phones and tablets so that remote consultations could take place. 	

Source	Feedback
Enquiry	Good service. wonderful nurses. Doctors excellent. Beautiful carers.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	2
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Regarding not receiving a subject access request (SAR)	The service refreshed their staff training around documenting telephone conversations, particularly in relation to SARs and their follow-up and information needed to safely get a SAR to a patient.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
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

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: <ul style="list-style-type: none">The vision was to give voice and access to patient group that are largely excluded and face the highest health inequalities.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behavior 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

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

Source	Feedback
Staff interviews	I think we all work very well within the team, both admin and clinical staff are able to get along and build relationships. Yes, I feel supported by the GP's and practice manager and feel comfortable approaching any of them if I have any concerns.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. 	

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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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints. 	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y

There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> During the COVID 19 pandemic the practice found that most of their patients were being temporarily housed in hostels and hotels, so the service responded to this by changing their mainly walk in service to an expanded out reach programme, with clinicians visiting the hotels and hostels to continue to provide the service to their patients They provided the hostels and hotels with tablets so they could carry out online consultations and also gave the patients mobile phones so that they could contact them. 	

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
Explanation of any answers and additional evidence:	

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice led in North West London -wide work across all 8 boroughs, performing health needs assessments for people experiencing homelessness placed in 'local authority hotels. They had close liaison with Westminster City Council – rough sleeping commissioners, public health officials, CCG commissioners, third sector peer support, homeless health nursing team, substance misuse services – daily strategic meetings The practice also provided training and education to local organisations such as the salvation army and local hostels. Additionally, the lead GP had been the Designated Medical Practitioner for two of the nurses in the Homeless Health Service during their non-medical prescribing course. 	

Continuous improvement and innovation

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

	Y/N/Partial
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There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement	
<ul style="list-style-type: none"> • King George's Hostel – health beds for complex discharge / step down / high health needs for NRPF (no recourse to public funds) and those in rough sleeping pathway. Funded by Rough Sleeping Initiative (MHCLG) in conjunction with Westminster City Council. • Integrated Care Network – health beds for vulnerable rough sleepers with health need (CCG funded) • Single Point of Contact – duty acute nursing support for hostels (Public Health England funded) • Homeless Health MDT Project – specialist support for mainstream GP colleagues (PHE funded) • Roma clinic – a targeted clinic formed in response to rapid escalation of health needs in street homeless Roma population 	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
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- ‰ = per thousand.