

Care Quality Commission

Inspection Evidence Table

Dr Raphael Rasooly (1-538841289)

Inspection date: 27 October 2022

Overall rating: Not rated

Safe

Rating: Not rated

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 UK Health and Security Agency (UKHSA) 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: December 2021	Y
There was a fire procedure.	Y
Date of fire risk assessment: September 2022 Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice contracted with appropriate external companies to carry out Health and Safety and Fire Safety risk assessments and associated checks including portable appliance testing; Legionella risk assessment; electrical and gas installation checks; and emergency fire equipment and alarm checks. Risk assessments and checks were carried out at both sites. 	

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: October 2022 (external)	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
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
Explanation of any answers and additional evidence:	

The practice was recruiting additional clinical pharmacists and more regular GP locum capacity to manage increased levels of demand since the COVID-19 pandemic.

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
<p>Explanation of any answers and additional evidence:</p> <p>As part of this inspection, we carried out a series of standardised searches of the electronic records system to review the management and oversight of test results and clinical record keeping. Our searches did not identify any concerns. The quality of clinical record keeping had improved since our previous inspection.</p>	

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)	0.39	0.59	0.82	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected	1.9%	8.7%	8.5%	Significant Variation (positive)

Indicator	Practice	SICBL average	England average	England comparison
antibacterial drugs (BNF 5.1 sub-set). (01/10/2021 to 30/09/2022) (NHSBSA)				
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)	5.15	5.57	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	32.6‰	57.7‰	128.0‰	Significant Variation (positive)
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)	0.47	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)	4.6‰	4.8‰	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
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.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of 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

Medicines management	Y/N/Partial
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"> As part of this inspection, we carried out a series of standardised searches of the electronic records system to review whether the practice was monitoring its prescribing in line with national guidelines. Our searches did not identify any concerns. The practice maintained a small stock of medicines for use in an emergency and emergency medical equipment at both sites. The practice did not keep opiate pain relief medicine on the premises (for use in the event of an emergency). The practice had carried out a risk assessment showing why this decision was appropriate. 	

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:	5
Number of events that required action:	5

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

Event	Specific action taken
Practice received a batch of documents from an acute trust dating back to 2016.	All documents were reviewed and patient records updated as appropriate. No outstanding issues requiring contact with patients. The practice contacted the trust and notified them of any patients no longer registered with the practice. Incident shared with North West London Integrated Care Board.
District nurse alerted the practice that a patient was keeping expired and in-date insulin in the home.	Practice carried out a diabetes and medicines review with the patient. The expired insulin was removed.

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
<p>Explanation of any answers and additional evidence:</p> <p>As part of this inspection, we carried out a series of standardised searches of the electronic records system to review whether the practice was implementing selected national patient safety alerts in line with national guidelines. Our searches did not identify any concerns.</p>	

Effective

Rating: Not rated

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 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. ²	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 prioritised care for their most clinically vulnerable patients.	Y
Explanation of any answers and additional evidence:	

Effective care for the practice population

Findings
<ul style="list-style-type: none">The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.The practice maintained a register of patients whose circumstances may make them vulnerable and put in place care planning for those patients with ongoing needs who would benefit.Health checks, including frailty assessments, were offered to patients over 75 years of age.Flu, shingles and pneumonia vaccinations were offered to eligible patients. The practice had offered Covid-19 vaccinations through the primary care network during the first waves of the pandemic.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74 and new registration checks. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- 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 demonstrated that they had a system to identify people who misused substances.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- We carried out a search of the practice electronic records system to assess how the practice was managing aspects of care for patients with asthma, chronic kidney disease (CKD), hypothyroidism and diabetic retinopathy. We found that the practice was managing these conditions in line with guidelines.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan. GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

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) (UKHSA COVER team)	84	109	77.1%	Below 80% uptake
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) (UKHSA COVER team)	87	122	71.3%	Below 80% uptake
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) (UKHSA COVER team)	92	122	75.4%	Below 80% uptake
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) (UKHSA COVER team)	92	122	75.4%	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
<ul style="list-style-type: none"> The latest published figures for childhood immunisations show the provider had not met the WHO targets with published performance no better than that of the previous year. The practice was able to provide information about the benefits of immunisation in different languages and access to early/late immunisation appointments through a local Hub service. The provider also ran regular searches on the clinical system to identify non-attenders and a designated staff member contacted patients to encourage them to attend. Despite these actions, performance had remained below target levels and this remained an area for improvement.

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)	59.6%	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)	31.4%	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)	51.8%	57.1%	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)	72.0%	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 has been increasing its cervical screening coverage year on year since 2016. However, it remains markedly below the national target. The UK Health Security Agency figures for cervical cancer screening (snapshot date 30/06/2022) showed an improvement since the last inspection in 2020 (from 57% to 60%). Patients were able to book practice nurse appointments at both sites, and since 1 October 2022, at the weekend (Sunday). Saturday appointments were available through the primary care network hub. Patients overdue for cervical screening were sent a text message with a link enabling them to directly book an appointment. We were told that the practice's weekend appointments were proving popular and the practice expected to continue to improve cervical screening coverage and uptake as a result.

Monitoring care and treatment

The practice had a 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 had introduced regular six-monthly audits of higher risk medicines, (that is, medicines that require ongoing monitoring) and antibiotics. Our clinical searches showed that the practice had improved its management of patients prescribed higher-risk medicines and was following guidelines in relation to monitoring.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: The lead GP was responsible for clinical oversight and competency assessment, for example as part of the induction process. Clinical staff consistently told us this was a strength of the practice and the	

lead GP provided daily opportunities for clinical advice and support. The practice also used clinical meetings as an opportunity to discuss and reflect on specific cases.

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

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

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
Explanation of any answers and additional evidence:	

The lead GP took the lead for patients at the end of life, for example liaising with community health services and carrying out home visits and care planning. At the time of the inspection, no patient had an active DNACPR decision in their notes. Clinical staff members we interviewed were able to describe the process for making these decisions including the need to involve patients and, where appropriate, their family members and periodically review DNACPR decisions.

Caring

Rating: Not rated

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. But feedback from patients was more mixed.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff we interviewed, including both clinical staff and reception staff, described patients in a non-judgemental and way and consistently told us they were committed to providing a caring service. Staff were able to describe examples of how they had supported patients with more complex or multiple needs or who were living in vulnerable circumstances. 	

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)	63.6%	82.3%	84.7%	Variation (negative)
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)	61.4%	80.1%	83.5%	Variation (negative)
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)	79.7%	91.2%	93.1%	Variation (negative)
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)	58.5%	70.8%	72.4%	No statistical variation

Any additional evidence or comments

- The most recent results from the national patient survey showed a decline on patient experience scores since the previous inspection. The practice was aware of and disappointed with the results following a previous trend of improving patient experience.
- The practice leaders ascribed the results to a number of issues: patient preference for face to face appointments which the practice was now increasingly providing; patient unfamiliarity with the role of clinical pharmacists in primary care and the team sometimes being stretched at periods of high demand over previous months.
- The practice was recruiting more clinicians which it anticipated improving patient experience. The lead GP had observed new staff members' clinical consultation skills as part of the recruitment and induction process and was confident that new staff members were compassionate and caring when speaking with patients.
- Practice staff commented that the online consultation tool was not bespoke to the practice and some of their patients had fed back that it was difficult to use. Reception staff told us they helped patients to complete the online tool when the opportunity arose.
- The practice had not carried out its own survey but the 'Friends and family' feedback request had been restarted. This recent patient feedback was positive.
- The practice planned to carry out its own survey focusing on older patients as it believed this group was underrepresented in the national survey and had specific needs which it wanted to better understand.

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

Any additional evidence

The practice was planning to carry out its own patient survey in the coming weeks. This had been discussed with the patient participation group at the previous meeting.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Easy read and pictorial materials were available.• Across the practice team, staff could speak several languages that were frequently spoken as a first language in the local population.	

National GP Patient Survey results

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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)	77.0%	87.3%	89.9%	Variation (negative)

Any additional evidence or comments

The practice was increasingly providing face-to-face interviews following the COVID-19 pandemic which it believed would positively impact on patients' experience of involvement in decisions about care. Prior to the pandemic, patient experience had been in line with national norms for this indicator.

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

Carers	Narrative
Percentage and number of carers identified.	110 (1.3%)
How the practice supported carers (including young carers).	Practice policies covered the importance and process of identifying carers. There was a carers support leaflet available through the practice website and links to online resources. Carers were signposted to local support organisations and could be referred to the social prescriber if appropriate.
How the practice supported recently bereaved patients.	The practice could provide consultations and signpost to further resources. Bereavement counselling was available in the area.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Arrangements to respect patients' privacy and dignity had been considered at both sites and staff were aware of their responsibilities. • The practice premises at Neasden Medical Centre were not well designed to protect privacy at reception but the reception staff told us they were mindful of the need to communicate carefully to avoid confidential information being overheard. • Reception staff told us they might ask patients some questions to understand which professional was most appropriate for a patient's needs but they respected patients' preferences, for example, if a patient requested a GP consultation without wishing to give any further details. 	

Responsive

Rating: Not rated

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-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
Monday	8am-6pm
Tuesday	8am-7.30pm (Extended evening session)
Wednesday	8am-6pm
Thursday	8am-6pm
Friday	8am-6pm
Sunday (Neasden Medical Centre site only)	10am-5pm (Weekend session)

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none">The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.The practice could arrange transport for patients who were unable to independently travel to health appointments.There was a medicines delivery service for housebound patients.The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.

- Additional appointments were available until 7.30pm on a Tuesday and all day on Sunday so patients did not need to take time out of work or school to attend. GP and practice nurse appointments were available at the weekend.
- All parents or guardians calling with concerns about a young child were offered a same day appointment when necessary.
- Pre-bookable appointments were available to patients at additional locations within the area on weekday evenings and at weekends.
- The practice held a register of patients living in vulnerable circumstances.
- People in vulnerable circumstances were supported to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers. Information about locally available resources for homelessness was available on the practice website.

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 minimize the length of time people waited for care, treatment or advice	Partial
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice prioritised same and next day appointments for patients with more urgent conditions. This meant that patients with more routine issues might wait for over a week for an appointment. The practice had put in place a system to ensure that patients did not wait longer than two weeks for a routine appointment. • The practice had noticed that some referral pathways were slower since the COVID-19 pandemic. It was not always easy to refer patients for timely support with mental health problems. This was something that the practice was aware had been raised with health service commissioners for the area. 	

- Reception staff told us they were able to check that referrals had been sent and accepted when patients contacted the practice with queries and book patients to see a GP if problems were worsening. The practice had a system in place to track urgent referrals.

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)	53.4%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	50.5%	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)	53.3%	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)	52.6%	68.4%	71.9%	Tending towards variation (negative)

Any additional evidence or comments

The practice was making a greater proportion of face to face appointments available in line with patient preferences.

Source	Feedback
Staff interviews	Staff consistently told us that they believed they had enough appointments to meet patients' needs. The reception team were able to demonstrate availability on the practice appointment system for different appointment types.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	7
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	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
Complaint about an interaction between the patient and a clinical member of staff during a consultation.	The complaint was investigated by the practice manager and included discussion with the member of staff involved. The practice wrote to the patient explaining the circumstances of the incident and including an apology. Complaints were routinely discussed at practice meetings for any wider learning.

Well-led

Rating: Not rated

Leadership capacity and capability

There was compassionate and inclusive and 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: The leaders told us they had reflected on previous inspection findings and taken advice from external stakeholders in order to improve the service. We saw areas of clear improvement across all levels of the service, for example in terms of clearer governance, roles and responsibilities to improvements in specific areas, for example clinical record keeping.	

Vision and strategy

The practice had a vision and 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.	
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Since our previous inspection, the practice had sought advice from external stakeholders and taken action to improve as a result of this support, for example, taking on an experienced interim practice manager.• The practice was investing in additional clinical staff to meet patients' needs.	

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

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> All staff we spoke with were positive about the practice as a working environment. Clinical staff praised the lead GP for the quality of oversight and opportunities for discussion and development within the team. Staff described a warm and friendly working environment and were able to provide examples of how they worked together to meet patients', sometimes complex needs.

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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had reviewed and clarified roles and responsibilities. It had taken on an experienced practice manager who had oversight of systems and processes. 	

- The practice did not have backlogs of its own activities and was actively managing its call-recall systems. However, it did report delays in some referral pathways which were outside of its control and which had been communicated to local commissioning teams. The practice was unclear if local recovery plans were being put in place.

Managing risks, issues and performance

There were clear 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 was clearer about its risks and priorities for performance improvement than at our previous inspection. The practice was able to provide evidence to assure us that risks were being appropriately managed. • The practice had identified succession as a longer-term risk and had plans in place to strengthen the practice ownership and leadership arrangements. • In terms of performance, the team was aware that immunisations, screening and patient experience were all areas for improvement and had plans to address these areas. Plans to improve the uptake of childhood immunisation were not yet well developed however. 	

Appropriate and accurate information

There was a 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 improve care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an active patient participation group and kept minutes of meetings. However, membership had declined since the COVID-19 pandemic and this limited the range of feedback and ideas the group was able to provide.</p>	

Continuous improvement and innovation

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

	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

- The practice had introduced regular six-monthly audits of its prescribing of anti-biotics and higher risk medicines that require ongoing monitoring.
- The practice was acting on issues identified at CQC's previous inspection and visit.
- The practice was acting on advice and support from external stakeholders to improve.

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.
- %** = per thousand.