

Parkview Practice

Quality Report

Cranston Court
56 Bloemfontein Road
Shepherds Bush
London
W12 7FG
Tel: 0203 7046003
Website: www.parkvieww12.co.uk

Date of inspection visit: 31 October 2017
Date of publication: 10/01/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Parkview Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkview Practice (formerly known as Parkview Centre for Health & Wellbeing: Dr Canisius & Dr Hasan) on 10 February 2016. The overall rating for the practice was requires improvement. The practice was rated good for providing caring and responsive services and requires improvement for providing safe, effective and well-led services. This was specifically in relation to some aspects of risk management, quality monitoring and governance arrangements.

The full comprehensive report on the 10 February 2016 inspection can be found by selecting the 'all reports' link for Parkview Centre for Health & Wellbeing: Dr Canisius & Dr Hasan on our website at www.cqc.org.uk.

An announced comprehensive inspection was undertaken on 31 October 2017. Overall the practice is now rated as good

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patient satisfaction survey information we reviewed showed patients felt the practice offered a good service and staff were helpful, friendly, attentive and polite and treated them with dignity and respect.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had accessible facilities and was equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Review the effectiveness of the arrangements for responding to medical emergencies as a collective with the other co-located practices in Parkview Centre for Health.

- Review current high exception reporting rates for long-term conditions with a view to moving to area average.
- Continue to monitor and improve Quality and Outcomes Framework (QOF) performance.
- Continue to encourage the uptake of cervical smears.
- Continue to encourage the uptake of childhood immunisations.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents, but the effectiveness of some required review.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Quality and Outcome Framework (QOF) data 2016/17 showed that the practice had achieved 93% of the total number of points available for all of the clinical indicators measured, (CCG average 90% and national average 95.5%).
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed satisfaction scores on consultations with GPs and nurses were mostly comparable to local and national averages.

Good



Summary of findings

- Survey information we reviewed showed patients felt the practice offered an excellent service and staff were caring, professional and attentive and treated them with dignity and respect.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had accessible facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The management team had been expanded and a practice management consultancy company had been contracted to assist with the development of the practice.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to identify risk and to monitor and improve quality, but the latter required further development

Good



Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The principal GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- All patients over the age of 75 had a named GP to promote continuity of care. These patients were offered regular health checks including medication review, chronic disease and dementia screening.
- The practice used risk stratification tools to identify older patients at high risk of hospital admission and these patients were invited in for review to create integrated care plans aimed at reducing this risk. Patients were contacted after any unplanned admission and care plans updated if required.
- The practice made use of the local virtual ward scheme to support older patients with complex medical issues at home.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- Regular multi-disciplinary team meetings attended by district nurses, community matron and community palliative care team were held to discuss and manage the needs of older patients with complex medical care.
- The practice worked in partnership with the local branch of Age UK and other local voluntary services to support patients over the age of 60 in the community.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Data showed performance for diabetes related indicators was comparable with locality and national averages although exception reporting was high for some indicators.
- All patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- The practice employed a diabetes specialist nurse who helped manage the high number of diabetic patients registered at the practice with the support of the practice nursing team. They had a role in diabetic monitoring, insulin initiation and complex diabetes medicine management.

Good



Summary of findings

- The practice offered in-house spirometry, electrocardiogram (ECG) and 24-hour blood pressuring monitoring services.
- The practice used risk stratification tools to identify patients with complex medical needs at high risk of hospital admission and these patients were invited in for review to create integrated care plans aimed at reducing this risk.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice made use of the local virtual ward scheme to support patients at home with multi-disciplinary team input.
- Regular multi-disciplinary team meetings attended by district nurses, care navigator and social workers were held to discuss and manage the needs of patients with complex medical conditions.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- The practice had safeguarding procedures and policies in place. Information about safeguarding children was displayed in all consulting rooms. Staff had received role appropriate training and were aware of their responsibilities to raise concerns and who to contact.
- There was a system to identify and follow up children living in disadvantaged circumstances and those who are at risk for example, children with a high number of accident and emergency attendances and children who were carers. Staff had received training in identifying young people who are carers. Patients identified as a result were referred to the local young carers support group.
- Immunisation rates 2016/17 fell below the 90% national expected coverage of immunisations given to children up to two years of age.
- Appointments were available outside of school hours and the practice building was suitable for babies and children.
- The practice offered shared antenatal and postnatal care as well family planning and contraceptive services.
- The practice referred women/families in pregnancy or adopting babies to local support services focusing on parent-infant relationships.
- Staff had all received training on Female Genital Mutilation (FGM) and were aware how to identify and report suspected cases.

Good



Summary of findings

- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- Extended hour appointments were available weekdays and at weekends for patients unable to attend the practice in normal working hours. Telephone consultations were also available daily.
- There was the facility to book appointments and request repeat prescriptions online.
- The practice offered NHS health checks for patients aged 40 to 74 years of age.
- The practice referred patients to the Hammersmith and Fulham health Trainer Service Team who provided support to improve well-being and life-style choices, such as health eating, weight loss and increasing physical activity.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice has signed up to the local Out of Hospital service for homeless patients. Reception staff notified the clinical team if a patient was homeless and these patients were discussed at the weekly clinical meeting. Homeless patients were offered extended appointments, food vouchers, referral to local support groups and opportunistic health promotion.
- The practice maintained a register of patients with learning disability and these patients were invited to annual health check and medication review.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had a shared care arrangement for substance misuse with a local provider.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Data for 2016/17 showed that 80% of patients' diagnosed with dementia on the practice list, had their care reviewed in a face to face meeting in the last 12 months; compared to the CCG average of 80% and national average of 84%.
- The practice maintained a register of people experiencing poor mental health and these patients received annual health checks and medication review.
- There was a system in place to follow up on patients who had attended A&E because of their mental health needs.
- The practice had access to a Primary Care Mental Health Nurse to review vulnerable patients who did not meet the criteria for secondary care of acute mental health services.
- There was an Improving Access to Psychological Therapies (IAPT) counsellor on site once a week at the practice.
- Patients at risk of dementia were identified and offered an assessment.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice offered advanced care planning for patients with dementia with support from the local community palliative care team.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published 7 July 2017. The results showed the practice was performing similar to or above local and national averages. Three hundred and eighty two survey forms were distributed and 85 were returned. This represented a completion rate of 22% and 2% of the practice's patient list. The results showed the practice was performing at or below local and national averages. For example,

- 74% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 76% and the national average of 77%.

The practice was aware of where patient feedback fell below national averages and had implemented an action plan to improve patients' experience.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Comments received described staff as caring, professional and attentive and the environment as clean and welcoming.

We spoke with nine patients including four members of the patient participation group during the inspection. All patients said they were satisfied with the care they received and thought staff were caring and understanding. The Friends and Family (FFT) results for September 2017 showed that 90% of patients would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Review the effectiveness of the arrangements for responding to medical emergencies as a collective with the other co-located practices in Parkview Centre for Health.
- Review current high exception reporting rates for long-term conditions with a view to moving to area average.
- Continue to monitor and improve Quality and Outcomes Framework (QOF) performance.
- Continue to encourage the uptake of cervical smears.
- Continue to encourage the uptake of childhood immunisations.

Parkview Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an expert by experience.

Background to Parkview Practice

Parkview Practice (formerly known as Parkview Centre for Health & Wellbeing: Dr Canisius & Dr Hasan) is a well-established GP practice situated within the London Borough of Hammersmith & Fulham. The practice lies within the administrative boundaries of NHS Hammersmith & Fulham Clinical Commissioning Group (CCG) and is part of the GP locality group, Network Four. The practice is an approved training practice for medical students and trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice.

The practice provides primary medical services to approximately 5,025 patients living within Hammersmith and Fulham and holds a General Medical Services (GMS) contract. GMS is a contract between NHS England and general practices for delivering general medical services. The services provided include chronic disease management, maternity care and health checks for patients 45 years plus. Health promotion services include, cervical screening, childhood immunisations, contraception and family planning.

The practice is situated at Parkview Centre for Health and Wellbeing, Cranston Court, 56 Bloemfontein Road, White City/Shepherds Bush, London, W12 7FG. This is a purpose

built health and social care facility which is shared with three other GP practices. There are also a wide range of community services on site including district nursing, health visiting, community dental services and wellbeing and support services. The whole site building is managed by Community Partnerships Management Services which is part of NHS Property Services.

The practice has access to five consultation rooms, a dedicated reception and waiting area on the ground floor and administrative space on the first floor. Accessible facilities are available throughout the building. There is no public car parking on site but pre-payable on street parking is available in the surrounding area.

The practice population is ethnically diverse and has a slightly lower than the national average number of male and female patients between 5 and 19 years of age and higher than the national average number of patients 20 to 39 years of age. There is a slightly lower than the national average number of patients 40 to 59 years of age and a higher than the national average of patients 60 years plus. The practice area is rated in the second most deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2015/16 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (56%, 42%, and 53% respectively).

The practice team comprises of one female principal GP, two salaried GPs one male and one female and one male and one female locum GPs who collectively work a total of 22 clinical sessions a week during core hours. Two female trainee GPs are currently in attendance at the practice four days a week in addition to four part time practice nurses and two part time health care assistants. The administration team is led by a practice manager and

Detailed findings

supported by a business manager, reception manager, an administrator and four reception staff. A prescribing pharmacist and a diabetes specialist nurse were employed by the practice part-time.

The practice opening hours are from 8am to 6.30pm Monday to Friday. Consultation times in the morning are from 9am to 12noon and in the afternoon from 3pm to 6pm Monday to Friday. Extended hour appointments are offered from 6.30am to 8pm Monday to Friday, 9am to 5pm on Saturday and 9am to 1pm on Sunday. Patients from other GP practices within NHS Hammersmith & Fulham CCG can also access hour extended hour appointments provided by the practice as part of the Out of Hospital Weekend Plus Service. Telephone consultations are offered daily and bookable appointments can be booked three months in advance. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, maternity and midwifery, surgical procedures and treatment of disease disorder & Injury.

The practice was previously inspected under the new methodology on 10 February 2016 and achieved an overall rating of requires improvement.

Why we carried out this inspection

We undertook a comprehensive follow-up inspection of Parkview Practice (formerly known as Parkview Centre for Health & Wellbeing: Dr Canisius & Dr Hasan) on 10 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, caring, responsive and well-led services.

During the inspection we identified concerns in relation to some aspects of risk management, quality monitoring and governance arrangements. The full comprehensive report on the 10 February 2016 inspection can be found by selecting the 'all reports' link for Parkview Centre for Health & Wellbeing: Dr Canisius & Dr Hasan on our website at www.cqc.org.uk.

We asked the provider to take action and we undertook a follow up inspection on 31 October 2017 to check that action had been taken to comply with legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked NHS England to share what they knew. We carried out an announced visit on 31 October 2017. During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, practice manager, administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Detailed findings

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our last inspection on 10 February 2016, we rated the practice as requires improvement for providing safe services as the systems and processes in respect of managing risks were not effectively assessed, monitored and mitigated across all areas. This specifically related to the management of incidents and recruitment arrangements.

These arrangements had improved when we undertook a follow up inspection on 31 October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our last inspection on 10 February 2016 the practice did not carry out a thorough, documented analysis of significant events and there was no lead identified within the practice for the management of them.

At this inspection on 31 October 2017, there was an effective system for reporting and recording significant events. All significant events were reviewed by the GP clinical and management leads.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- From three documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events including where necessary a root cause analysis.
- There was a system for managing safety alerts including the sharing of them with locum clinical staff.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For

example, an incident occurred when the practice was unable to contact two patients for follow-up of their two-week wait referrals due to a change in their contact details. As a result, the practice reviewed the event and updated their two-week referral policy to advise GPs and nurses to confirm patient contact details at the time such referrals were made. The practice had also conducted regular audit of all two-week wait referrals to ensure that they had been followed-up correctly.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and . Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurse level 2 and all other staff level 1. A notice in the waiting room advised patients that chaperones were available if required.
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check, which had been absent for reception staff at the last inspection on 10 February 2016. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the practice premises to be clean and tidy. There were cleaning schedules and monitoring systems in place, including specifications for the cleaning of clinical equipment. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken by the practice and we saw evidence that action was taken to address any improvements

Are services safe?

identified as a result. For example, the practice now had an independent data logger to confirm accuracy of the vaccine fridge temperature, which had been highlighted as an area to improve on.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised most risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions, which included the review of high-risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

At our last inspection on 10 February 2016, the practice could not evidence that appropriate identification and DBS checks had been undertaken for recruited staff.

At this inspection on 31 October 2017, we reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety (H&S) policy and H&S risk assessments had been undertaken.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan that identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents but the effectiveness of some required review.

- There was an instant messaging system on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Some newly appointed members of staff were due to complete BLS training the following month.
- The practice had access to a shared defibrillator available on the premises and had oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were accessible to staff in a secure area of the practice and staff knew of their location. All the emergency medicines we checked were in date and stored securely. However, we observed that the emergency medicine box did not include dexamethasone for the treatment of croup, diclofenac injection for analgesia and furosemide for left ventricular failure. The practice told us that there was an arrangement to utilise medicines kept by the other

Are services safe?

practices in the health centre, if such emergencies occurred. We also observed that emergency medicines and equipment were not all stored in a central location. The effectiveness of the arrangements for responding to medical emergencies had not been formally tested.

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our last inspection on 10 February 2016, we rated the practice as requires improvement for providing effective services as operational arrangements were weak in some areas and there was limited evidence of quality improvement.

These arrangements had improved when we undertook a follow up inspection on 31 October 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

At our last inspection on 10 February 2016 clinical meetings were not routinely documented to ensure staff were updated with clinical guidance as necessary and there was no evidence that the practice checked that guidelines were followed

At this inspection on 31 October 2017 clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date including locum staff. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. New guidelines were discussed at clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2016/17 was 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 90% and national average of 95.5%. The overall clinical exception rate was 20%, which was higher than the clinical commissioning group (CCG) average of 12% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The most recent published QOF data 2016/17 for diabetes related indicators showed that performance was comparable to locality and national averages;

- 69% of patients on the diabetes register had an IFCC-HbA1c less than or equal to 64 mmol/mol measured in the last 12 months, compared to the CCG average of 76% and England average of 79%. Exception reporting 2016/17 was 11% compared to both the CCG and England rate of 12%.
- 69% of patients on the diabetes register had total cholesterol level of 5mmol/l or less measured in the last 12 months, compared to the CCG average of 78% and England average of 80%. Exception reporting 2016/17 was 11% compared to the CCG and England rates of 12% and 13% respectively.
- 67% of patients on the diabetes register had a blood pressure reading of 140/80 or less measured in the last 12 months compared to the CCG average of 74% and England average of 78%. Exception reporting 2016/17 was 22.5% compared to the CCG and England rates of 12% and 9% respectively.

The most recent published QOF data 2016/17 for mental health related indicators showed that performance was above locality and national averages;

- 98% of patients, on the register, with schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in the last 12 months; compared to the CCG average of 88% and England average of 90%. Exception reporting was 6% compared to the CCG and England rates of 13% and 12.5% respectively.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses; alcohol consumption had been recorded in the preceding 12 months; compared to the CCG average of 89% and England average of 91%. Exception reporting was 8% compared to the CCG and England rates of 9% and 10% respectively.

The most recent published QOF data 2016/17 for other health related indicators showed that performance was at or above locality and national averages;

- 99% of patients on the register with hypertension had a blood pressure reading measured in the last 12 months

Are services effective?

(for example, treatment is effective)

that was 150/90mmHg or less; compared to the CCG average of 81% and England average of 83%. Exception reporting was 30.5% compared to the CCG and England rates of 6% and 4% respectively.

- 76% of patients with asthma on the register who have had asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions; compared to the CCG and England average of 76.5%. Exception reporting was 4% compared to the CCG and England rates of 4.5% and 8% respectively.
- 91% of patients, on the register, with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months, compared to the CCG average of 88% and England average of 90%. Exception reporting was 21% compared to the CCG and England rates of 10% and 11% respectively.

The practice attributed high exception reporting rates in part to a large list size growth, which had been increasing by 100 to 140 patients per month. In addition, there was a high prevalence of patients with long-term conditions. In an effort to improve patient outcomes the practice had employed an experienced diabetes specialist nurse, set up a monthly Saturday diabetic clinic in addition to weekly clinics and provided seven-day a week access to GP's nurses and health care assistants. The administration team regularly run intelligent monitoring reports to identify when patients were due for tests and used text messaging to encourage patients to attend for screening. The practice anticipated improved QOF performance for 2017/18.

At our last inspection on 10 February 2016 although the practice participated in CCG led clinical audit, there was limited evidence of completed clinical audits demonstrating quality improvement. At this inspection on 31 October 2017 there was evidence of quality improvement including clinical audit:

- There had been six clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice conducted an audit on management of osteoporosis to assess if prescribing of secondary prevent was in line with NICE guidelines. The first cycle found 71% of patients were receiving

appropriate secondary prevention treatment for osteoporosis, which was below the set standard of 100%. The practice discussed the results at the practice meeting to raise awareness of the issue and the patients identified as not receiving appropriate secondary prevention were invited in for review. Subsequent re-audit found an improvement in results with 100% of patients being prescribed appropriate osteoporosis secondary prevention.

Information about patients' outcomes was used to make improvements such. For example, the practice used risk stratification tools to identify patients at risk of hospital admission and invite them in for review to create integrated care plans aimed at reducing this risk. Care planning appointments were 45 minutes long with either the GP or the Health Care Assistant. Patients were contacted following hospital discharge and review arranged if required to update their care plan.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources, discussion at practice team meetings and attendance at CCG led events.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Most staff had received an appraisal within the last 12 months or were due to receive one.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic-life support, information governance and infection and prevention control. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of 20 documented examples we reviewed we found that the practice shared relevant information with other services in a timely way for example, when referring patients to other services.

At our last inspection on 10 February 2016, multidisciplinary working was taking place but this was generally informal and record keeping of meetings was limited or absent.

At this inspection on 31 October 2017, there was evidence to support that staff worked with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Regular meetings took place with other health care professionals, including community matron, district nurses and social services, when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was no minor surgery performed at the practice.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation

The most recent published results 2016/17 for the cervical screening programme showed the practice uptake rate was 60%, which was below the CCG average of 71% and significantly below the national average of 81%. Exception reporting was 4.5% compared to the CCG and England rates of 10% and 7% respectively). The practice considered that low uptake was attributable to read coding issues. They were currently undertaking an audit of missing targeted patients to reconcile those who had received cervical screening elsewhere to update data held. The audit was due for completion by March 2018. The practice told us that extra communications had been sent to more than 300 women since January 2016 to remind them of overdue cytology and options for evening and additional weekend screening appointments.

There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

The practice did not achieve the 90% national expected coverage of immunisations given to children up to two years of age in all of the four areas measured. For example; Data 2016/17 showed that;

Are services effective?

(for example, treatment is effective)

- 88% of children aged one had received the full course of recommended vaccines.
- 66% of children aged two had received pneumococcal conjugate booster vaccine.
- 68% of children aged two had received haemophilus influenzae type b and Meningitis C booster vaccines.
- 73% of children aged two had received Measles, Mumps and Rubella vaccine.

Immunisation rates for five year olds were slightly above CCG averages but below national averages. For example;

- Measles, Mumps and Rubella dose one vaccinations for five year olds was 87%, compared to the CCG average of 86% and national average of 94%.
- Measles, Mumps and Rubella dose two vaccinations for five year olds was 76.5%, compared to the CCG average of 65% and the national average of 88%.

The practice had developed a strategy to encourage parents to book their children in for immunisation appointments after school hours and at weekends. The practice had employed nurses with language skills and cultural similarity to the practice population to facilitate discussion with ambivalent parents and improve compliance. The practice anticipated improved immunisation take up rates for 2017/18.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years of age. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our last inspection on 10 February 2016, we rated the practice as good for providing caring services. When we undertook a comprehensive follow up inspection on 31 October 2017 the practice was also rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were caring, professional and attentive and treated them with dignity and respect.

We spoke with five patients and four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published 7 July 2017 showed patients felt they were treated with compassion, dignity and respect. Satisfaction scores were mostly comparable to local and national averages. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.

- All patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 86%.
- 76% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 80% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published 7 July 2017 showed patients responded mostly positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 74% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 90%.

Are services caring?

- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 77% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. Practice staff spoke a range of languages including those spoken by some of the practice's patient population including Arabic and Somali speaking clinicians.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice patient list as carers. Patients identified as carers were offered annual health checks, flu immunisation and referral for a carer's assessment and support from local carer charities. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our last inspection on 10 February 2016, we rated the practice as good for providing responsive services. When we undertook a comprehensive follow up inspection on 31 October 2017 the practice was also rated as good for providing caring services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours from 6.30am to 8pm Monday to Friday, 9am to 5pm on Saturday and 9am to 1pm on Sunday for working patients who could not attend during normal opening hours.
- Longer appointments were available for patients with a learning disability and for those patients with multiple long-term conditions.
- Home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments for patients signed up to receive them.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately and were directed to other services for any travel vaccinations not performed.
- The practice had accessible facilities and which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- Patients could book routine appointments and request repeat prescriptions on line.

Access to the service

The practice opening hours was from 8am to 6.30pm Monday to Friday. Consultation times in the morning are

from 9am to 12noon and in the afternoon from 3pm to 6pm Monday to Friday. Extended hour appointments were offered from 6.30am to 8pm Monday to Friday, 9am to 5pm on Saturday and 9am to 1pm on Sunday. Patients from other GP practices within NHS Hammersmith & Fulham CCG can also access hour extended hour appointments provided by the practice as part of the Out of Hospital Weekend Plus Service.

Results from the national GP patient survey published 7 July 2017 showed that patient's satisfaction with how they could access care and treatment was mostly comparable to or above local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 66% of patients said they could get through easily to the practice by phone compared to the compared with the CCG average of 74% and the national average of 71%.
- 71% of patients said that the last time they wanted to see or speak to someone they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 49% of patients said they usually get to see or speak to their preferred GP compared with the CCG average of 50% and the national average of 56%.
- 70% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 46% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

The practice was aware of where patient feedback fell below national averages and following review of workflows and behaviours in reception, they had implemented an action plan to improve patient experience. This included, release of more appointments for patients to book on-line and promoting on line services. This had resulted in an increased uptake use of on-line services from 3% in March 2017 to 11% in September 2017.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was managed by the duty doctor who in cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns including the maintenance of a log of all complaints, inclusive of those received verbally, to monitor trends.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information in the practice leaflet, practice website and complaints procedure leaflet.

We looked at 10 complaints received in the last 12 months and found they were satisfactorily handled in a timely manner, with openness and transparency and with written apologies where appropriate. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint from a patient about difficulties booking an appointment for 24-hour blood pressure monitoring, the practice reviewed the case and made the decision to apply for a second 24-hour blood pressure monitoring machine to reduce waiting times for this service.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our last inspection on 10 February 2016, we rated the practice as requires improvement for providing well-led services as there were areas of weakness in governance arrangements, specifically in relation to quality monitoring to make improvements.

These arrangements had improved when we undertook a follow up inspection on 31 October 2017. The practice is rated as good for providing well-led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients underpinned by a clear vision to improve the health, well-being and lives of patients.

- The practice had a mission and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans, which reflected the vision and values and were regularly monitored. The practice had an appointed business manager that led in this area.

Governance arrangements

At our last inspection on 10 February 2016, the practice governance framework to support the delivery of good quality care required improvement. There was no programme of continuous clinical and internal audit and re-audit used to monitor quality and to make improvements. A comprehensive understanding of the performance of the practice was not maintained and practice meetings were not routinely recorded and minuted.

At this inspection on 31 October 2017, the practice had an overarching governance framework, which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

- A comprehensive understanding of the performance of the practice was maintained. Clinical meetings were held weekly and practice meetings on a monthly basis which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

Since our last inspection on 10 February 2016, there had been changes to the leadership structure with the resignation of two GP partners and the appointment of a new practice manager, business manager and reception manager. The practice had also contracted a management consultancy company to assist with the development of the practice.

On the day of inspection the principal GP and management support team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The principal GP encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

At this inspection on 31 October 2017, we saw that the practice held and minuted a range of multi-disciplinary

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

meetings including meetings with district nurses, health visitors and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

At our last inspection on 10 February 2016, the practice processes for seeking patient feedback and engaging patients in the delivery of the service was in development.

At this inspection on 31 October 2017, we saw that the practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG

met regularly and submitted proposals for improvements to the practice management team. For example, The PPG had suggested introducing a practice newsletter, which the practice was progressing.

- the NHS Friends and Family test, complaints and compliments received
- complaints and compliments received.
- staff through team meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had taken part in the local CCG Social Prescription Pilot and achieved the highest referral rate. One of the practice GP's was actively involved in a local CCG project in partnership with Healthy London Partnership and was leading on a forthcoming paediatric asthma event hosted at the practice, to provide education and training for parents and young people in the community on the management of asthma.