

St Andrews Health Centre

Quality Report

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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		Outstanding	☆
Are services safe?		Good	●
Are services effective?		Outstanding	☆
Are services caring?		Good	●
Are services responsive to people's needs?		Outstanding	☆
Are services well-led?		Outstanding	☆

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Andrews Health Centre on 14 September 2016. The practice provides NHS primary care services to registered patients and a GP-led walk-in centre (WIC) for non-registered patients. Overall the practice is rated as outstanding.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.

- There was evidence of quality improvement including clinical audit. We saw that the practice had put in place a comprehensive audit programme which was driven by the needs of the practice population in order to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Registered and non-registered patients said they could get an appointment with urgent appointments available the same day. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had modern facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

Summary of findings

- The practice had strong and visible clinical and managerial leadership and governance arrangements. The provider was aware of and complied with the requirements of the duty of candour.
- Leaders had an inspiring shared purpose and a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. Staff felt supported by management.
- There was a strong focus on continuous learning and improvement at all levels. The practice took pride in its role as a teaching and training practice and we saw that a learning and reflection culture was embedded in the organisation.

We saw several areas of outstanding practice:

- The practice had empowered its patients to help them self-manage their health in partnership with the practice through a free tele-health 'app'. Approximately 100 patients with high blood pressure (one sixth of the hypertension register) were home-monitoring their blood pressure and using the technology to submit readings to their doctor. The practice shared several case studies and positive patient outcome data from a pilot study which was presented at the Royal College of General Practitioners Annual Conference in 2016.
- The practice embraced social prescribing recognising that many patients attending the surgery had non-medical conditions and linked patients with sources of support in the community. Over 200 patients had been referred of which approximately

84% had engaged with a service, such as, the Young Carers Project, English language classes, craft groups, walking clubs, bereavement support group. We saw several case studies of very positive outcomes and improved wellbeing for patients.

- The practice had developed and piloted, as part of the Bromley by Bow Health Partnership, the educational programme 'DIY Health' for parents to improve their skills, knowledge and confidence in managing minor health concerns in children under the age of five. The 12-week programme covered topics such as fever, feeding, gastroenteritis, cold and flu and ear pain. One of the practice GPs had run an event for parents of children with eczema and created an illustrative book 'Sharing Stories with Itchysaurus'. Children had an opportunity to bathe a toy dinosaur in emollients, practice applying bandages and created posters which the practice had displayed in the surgery.
- The practice, as part of its Well Community initiative had started the social group 'Chatter Natter' which offered support for older and potentially isolated people to meet and have some refreshments and friendly conversation.

The areas where the provider should make improvement are:

- Consider implementing a system to advise patients when consultations were running late.

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.

Good



- There was an effective system in place 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 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 in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Clinical audits demonstrated quality improvement. The practice demonstrated quality improvement work was thoroughly embedded into its ethos and approach to clinical care. All staff were encouraged to be part of the audit programme.
- The practice used innovative and proactive methods to improve patient outcomes and had empowered patients and helped them self-manage their health in partnership with the practice through technology such as a free tele-health 'app' and the DIY Health educational programme for parents of children under the age of five.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and there was evidence of mentorship, appraisals and personal development plans for all staff.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey was comparable with CCG and national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and 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 outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice, as part of Bromley By Bow Health Partnership, had established the Well Programme and the community-facing element the Well Community with enabled solutions to health issues to be co-created by primary care staff and patients. As part of this initiative the practice had started the social group 'Chatter Natter' for older and potentially isolated people to meet and have some refreshments and friendly conversation.
- Data from the National GP Patient Survey was comparable with CCG and national averages for access. For example, 87% of patients were satisfied with the practice's opening hours (CCG average 74%; national average 76%) and 68% of patients said they could get through easily to the practice by phone (CCG average 67%; national average 73%).
- Patients could access appointments and services in a way and at a time that suited them. The practice was open between 8am and 8pm Monday to Friday for its registered patients and from 8am to 8pm Monday to Sunday, 365 days of the year for walk-in patients. Patients could also access bookable appointments at the hub located at the practice as part of the extended primary care access initiative on Saturday and Sunday from 8am to 8pm.
- The practice had modern facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



Summary of findings

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns.
- The practice encouraged and supported its staff to develop skills and progress their careers. We saw numerous examples of staff within the practice who had engaged in training to take on new roles and responsibilities within the organisation.
- There was a strong focus on continuous learning and improvement at all levels. The practice took pride in its role as a teaching and training practice and we saw that a learning and reflection culture was embedded in the organisation.

Outstanding



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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients over 75 had a named GP.
- The practice utilised a 'micro-team' approach to co-ordinate the care of its housebound, frail and elderly patients which included proactive home visits to avoid crisis and regular review of hospital admission and accident and emergency attendance data. Patients were called within three days of discharge to follow-up and a home visit arranged if required. We saw evidence that patients within this cohort were discussed at clinical meetings and multi-disciplinary meetings with the community team.
- There was a system in place to ensure patients on the end of life register were visited every two weeks by their named GP and family and carers were given access to a by-pass phone number to ensure immediate access to the team.
- The practice ran a weekly in-house social group 'Chatter Natter' for older and potentially isolated people to meet and have some refreshments and friendly conversation.
- The practice supported 'The Loneliness Project' which is a community research programme to find out how loneliness affects older people in Tower Hamlets.

Outstanding



People with long term conditions

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

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. Longer appointments and home visits were provided.
- The practice had developed a 'micro-team' approach to the co-ordination and continuity of care for this cohort of patients which enabled patients with co-morbidities to be seen once and avoid multiple appointments. The practice liaised with relevant health and care professionals to deliver a multidisciplinary package of care. Patients at risk of hospital admission were identified as a priority. Data for emergency admissions showed the practice was lower than the CCG and national averages per 1,000 population (practice 10%; CCG 12%; national 15%).

Outstanding



Summary of findings

- The practice had empowered its patients to help them self-manage their health in partnership with the practice through a free tele-health 'app'. Approximately 100 patients with high blood pressure (one sixth of the hypertension register) were home-monitoring their blood pressure and using the technology to submit readings to their doctor. The practice shared positive patient outcome data from a pilot study which was presented at the Royal College of General Practitioners Annual Conference in 2016.
- The practice ran a coffee morning for patients with hypertension. The event was open to registered and non-registered patients and offered advice on monitoring blood pressure at home, how to improve blood pressure, blood pressure checks and an opportunity to chat to others who had hypertension.
- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 71% compared to the national average of 78% (practice exception reporting 6%; CCG 7%; national 12%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 97% compared to the national average of 94% (practice exception reporting 14%; CCG 14%; national 18%).
- The practice ran an insulin initiation clinic for patients with type two diabetes and held joint clinics with secondary care clinicians to manage complex diabetes patients.
- The practice ran an in-house anticoagulation clinic to monitor and manage patients on medication that prevented blood clots.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice had systems in place to follow-up on persistent non-responders for childhood immunisations and those not attending child health appointments including secondary care appointments. Childhood immunisation rates were comparable with national averages.

Outstanding



Summary of findings

- The practice had developed a 'micro-team' for the co-ordination of new births which enabled the six to eight week baby check, health visitor review, post-natal check and the first schedule of childhood immunisations to be arranged on one day to avoid multiple visits to the surgery.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice referred to the Tower Hamlets Gateway Perinatal Midwifery Team supporting vulnerable women during pregnancy.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 82%.
- The practice provided an in-house intra-uterine device and sub-dermal contraceptive implant service.
- The practice had been awarded the 'You're Welcome Award' (a scheme designed to act as a quality mark for providing safe, confidential and appropriate services to young people).
- The practice ran 'DIY Health' a 12-week participatory learning model aimed to empower parents to manage minor ailments in children up to the age of five. Topics included fever, feeding, gastroenteritis, cold and flu, ear pain and skin conditions.
- The practice had hosted several health awareness and promotion sessions which included a children's day and a women's day.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open between 8am and 8pm Monday to Friday for its registered patients and from 8am to 8pm Monday to Sunday, 365 days of the year for walk-in patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Patients also had access to e-consultation through the practice website and patients with high blood pressure the free tele-health technology that allowed patients to home-monitor their health, submit

Outstanding



Summary of findings

readings through an 'app' and communicate with the practice's clinical team. We saw positive feedback regarding the convenience of the 'app' for those who work and found it difficult to regularly attend the practice for appointments.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had alerts on the clinical system for patients with autism, hearing and sight impairment.
- The practice had developed its cultural competence to address the needs of its diverse patient population. For example, ensuring timely completion of documentation following a patient death to facilitate some religious burial timeframes, medicines and blood test advice during periods of fasting and health and immunisation advice for pilgrimage.
- The practice offered longer appointments for patients within this cohort who required them which included those with a learning disability and those requiring an interpreter.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and signposted vulnerable patients through its social prescribing referral system to various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.
- Clinical and non-clinical staff members had undertaken Identification and Referral to Improve Safety (IRIS) training. This was a general practice based domestic violence and abuse (DVA) training, support and referral programme for primary care staff and provided care pathways for all adult patients living with abuse and their children. The practice hosted in-house domestic violence clinics.
- The practice participated in research that helped identify patients with unknown chronic active hepatitis. The practice was awarded star GP practice of the month in May 2016 by the "HepFree" team for high rates of testing and identification.
- The practice provided a substance misuse clinic for its patients.

Outstanding



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 86% compared to the national average of 88% (practice exception reporting 7%; CCG 7%; national 13%).
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 94% compared to the national average of 84% (practice exception reporting zero per cent; CCG 6%; national 8%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice signposted patients experiencing poor mental health to support groups and voluntary organisations through its social prescribing referral programme.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice collaborated within its network and organised a mental health awareness day in conjunction with MIND charity. The event had over 60 attendees.

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 showed the practice was performing in line with local and national averages. Three hundred and sixty-nine survey forms were distributed and 87 were returned. This represented a response rate of 24% and approximately one per cent of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 77% and the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 35 comment cards, of which 28 were positive about the service experienced, six included positive and negative comments and one was negative. Patients who had responded positively said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients told us they felt involved in their treatment and care. The negative comments included getting through to the practice by telephone, accessing appointments and appointments not running to time.

We spoke with six patients during the inspection which included registered and walk-in patients. Overall we found patients were satisfied with the care they received and thought staff were friendly and caring. Several patients commented that there was no system in place to advise patients when doctors were running late and reception staff did not always inform them.

Results of the Friends and Family Test for the period August 2015 to August 2016 showed that 91% of patients were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider implementing a system to advise patients when consultations were running late.

Outstanding practice

- The practice had empowered its patients to help them self-manage their health in partnership with the practice through a free tele-health 'app'. Approximately 100 patients with high blood pressure (one sixth of the hypertension register) were home-monitoring their blood pressure and using the technology to submit readings to their doctor. The practice shared several case studies and positive patient outcome data from a pilot study which was presented at the Royal College of General Practitioners Annual Conference in 2016.
- The practice had developed and piloted, as part of the Bromley by Bow Health Partnership, the educational programme 'DIY Health' for parents to improve their skills, knowledge and confidence in managing minor health concerns in children under the age of five. The 12-week programme covered topics such as fever, feeding, gastroenteritis, cold and flu and ear pain. One of the practice GPs had run an event for parents of children with eczema and created an illustrative book 'Sharing Stories with

Summary of findings

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- The practice, as part of its Well Community initiative had started the social group 'Chatter Natter' which offered support for older and potentially isolated people to meet and have some refreshments and friendly conversation.

St Andrews Health Centre

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, practice nurse special advisor and an expert by experience.

Background to St Andrews Health Centre

St Andrews Health Centre is located at 2 Hannaford Walk, London, E3 3FF in a two-storey purpose built modern medical centre with access to 11 consulting rooms on the ground floor and five consulting rooms on the first floor. The first floor is accessible by lift. There is an independently-operated pharmacy within the building. The practice moved to the premises in 2012. The property is managed and maintained by NHS Property Services.

The practice provides NHS primary care services to approximately 10,600 registered patients and a GP-led walk-in centre (WIC) for non-registered patients with approximately 30,000 attendances per annum. The practice holds a combined Alternative Provider Medical Services (APMS) contract for its registered and WIC patients (a locally negotiated contract open to both NHS practices and voluntary sector or private providers e.g. many walk-in centres). We inspected both the service provided to registered patients and walk-in patients in the WIC.

The practice is part of Tower Hamlets Clinical Commissioning Group (CCG) which consists of 36 GP practices split into eight networks. St Andrews Health Centre is part of network six (Mile End East and Bromley by Bow Health Network) which includes four neighbouring practices.

St Andrews Health Centre is part of Bromley by Bow Health Partnership (BBBHP) which runs two other practices in Tower Hamlets serving around 27,000 patients in total.

The practice population is in the first most deprived decile in England. People living in more deprived areas tend to have greater need for health services. The borough has the lowest male life expectancy rate of any London borough (77.5 years) and almost half (49%) of children are living in poverty, the highest rate in London. The practice catchment area has a large Bangladeshi population and a proportion speak English as a second language. The practice has a much larger than average proportion of young adults on its patient list, particularly in the age ranges 20-24, 25-29 and 30-34.

The practice is registered as an individual with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services; family planning and surgical procedures.

The practice staff comprises of two male and two female GP partners and three female and two male salaried GPs. They were supported by two advanced nurse practitioners, four practice nurses, two healthcare assistants and a phlebotomist. The non-clinical team comprised of a practice manager, an assistant practice manager, a surgery co-ordinator, an administrator, a secretary and 13 patient assistants (receptionists).

The practice is a training and teaching practice and at the time of our inspection had two GP registrars at the practice. The practice also participates in the 'Open Doors' practice nurse programme (an initiative set up in 2007 in response to practice nurse shortages in Tower Hamlets, the scheme recruits nurses from secondary care and provides them with practice nurse training and undertake secondment in general practices in the area).

Detailed findings

The practice was open between 8am and 8pm Monday to Friday for its registered patients and from 8am to 8pm Monday to Sunday, 365 days of the year for walk-in patients.

St Andrews Health Centre serves as one of four hubs in Tower Hamlets set up as part of the Prime Minister's Challenge Fund (the Challenge Fund was set up nationally in 2013 to stimulate innovative ways to improve access to primary care services) to provide extended primary care access. Patients could access bookable appointments at the hub located at the practice on Saturday and Sunday from 8am to 8pm. We did not inspect this service.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice had not been previously inspected.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 September 2016. During our visit we:

- Spoke with a range of staff (GP partners, salaried GP, advanced nurse practitioner, practice nurses, healthcare assistant, practice manager, patient co-ordinator and patient assistants) and spoke with both registered and non-registered patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised 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.

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 with dementia).

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

Safe track record and learning

There was an effective system in place for reporting and recording significant events at the practice for both registered and non-registered patients seen at the walk-in centre.

- 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and had recorded 10 significant events in the past 12 months. For example, the practice removed all paper copies of the British National Formulary (BNF) following a medicines error due to an out-of-date edition. Following this they only used the electronic version of the BNF. We saw that guidance on accessing the electronic version of BNF was part of the induction process. Two up-to-date paper copies of the BNF are kept on the premises in the event of an IT failure and for home visits.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed its process for disclosing medical records to a third party following an information breach where inappropriate information was released. All requests are now reviewed by the on-call doctor and signed off as appropriate to release. The practice voluntarily shared the incident with the Information Commissioner's Office (The UK's independent authority set

up to uphold information right in the public interest, promoting openness by public bodies and data privacy for individuals). All staff we spoke with regarding the incident were aware of the new process.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We observed safeguarding flowcharts in the consulting rooms which included Female Genital Mutilation (FGM) guidance. There was a lead member of staff for safeguarding children and adults which included mental capacity. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. Safeguarding policies included guidance on the recommended safeguarding read codes (standard clinical terminology system used in general practice) to ensure accuracy and consistency. All staff we spoke with were aware of the safeguarding alert system. The practice had a system in place to identify and monitor children and vulnerable families who did not attend child health appointments including childhood immunisation and secondary care appointments. We saw evidence of regular meetings with health visitors which were minuted. The practice had undertaken a two-cycle audit of children not attending secondary care appointments. This was an on-going audit which was reviewed with the health visitors.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, advanced nurse practitioners and practice nurses were trained to safeguarding level three, healthcare assistants to level two and non-clinical staff to level one.

Are services safe?

- The practice had in place a chaperone policy and we observed notices in the consulting rooms advising 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. (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). All staff we spoke with were aware of their responsibilities as a chaperone and where to stand to observe the procedure. The presence of a chaperone was recorded in the clinical notes.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk.
- An infection control audit had been undertaken in August 2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, the repositioning of vaccines in the vaccine fridges to allow sufficient space around the vaccine packages for air to circulate. We looked at five vaccine fridges out of nine on the day of the inspection and we observed vaccines were stored in accordance with guidance.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice utilised prescribing optimisation software which interfaced with the practice's clinical system to ensure safe and appropriate prescribing. The practice had in place a prescription storage policy and we observed blank prescription forms and pads were securely stored and there was a system in place to monitor their use. All prescriptions were removed from consulting rooms each evening and securely stored.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). They were signed by the nurses and the lead GP. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber (PSDs 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 has assessed the patient on an individual basis).
- The walk-in centre (WIC) service utilised advanced nurse practitioners who had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions and we saw evidence that they were practising to both national and local guidance. On the day of the inspection staff in the WIC told us they received mentorship and support from the medical staff for this extended role. One of the partners was the clinical lead overseeing the WIC and we saw evidence of regular audit of clinical notes to ensure all clinicians were following local and national guidance.
- We reviewed five personnel files, including a locum file, and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception back office which identified the local health and safety representative. The practice had undertaken a health and safety risk assessment in September 2016.

Are services safe?

- There was a fire procedure in place and we saw evidence that all fire extinguishers and the fire alarm were maintained. There were three trained fire marshals and all staff we spoke with on the day knew who the marshals were. The practice were in the process of training all its patient assistants (receptionists) in the role of fire marshal to ensure adequate experienced staff to be responsible for the four zoned fire areas in the two-storey building. We saw evidence that a recent fire evacuation drill had been undertaken. All staff we spoke with knew where the fire evacuation point was located.
- The practice had an up-to-date fire risk assessment undertaken in October 2014 and we saw evidence that findings identified had been actioned.
- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken in April 2016 and portable electrical appliances had been checked annually by the landlord.
- A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been undertaken in July 2014 and we saw evidence that findings identified has been actioned.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure

enough staff were on duty. The doctors operated a 'buddy' system for when they were absent from the surgery and had adopted the 'micro-team' ('teams within teams') approach to co-ordinate the care of certain cohorts of patients to ensure continuity.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There were panic alarms and an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available on both floors and an accident book was kept on reception.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had a 'buddy' system with another practice in the locality.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines, including National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.

The practice monitored that these guidelines were followed through audits and random sample checks of patient records. We saw evidence in minutes of meetings that NICE updates were discussed in clinical meetings.

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 were 98% of the total number of points available with 5.9% exception reporting. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 71% compared to the national average of 78% (practice exception reporting 6%; CCG 7%; national 12%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 97% compared to the national average of 94% (practice exception reporting 14%; CCG 14%; national 18%).
- Performance for hypertension (high blood pressure) was comparable to the national average. For example, the percentage of patients with hypertension in whom the

last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 88% compared to the national average of 84% (practice exception reporting 3%; CCG 3%; national 4%).

- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 86% compared to the national average of 88% (practice exception reporting 7%; CCG 7%; national 13%).
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 94% compared to the national average of 84% (practice exception reporting zero per cent; CCG 6%; national 8%).

The practice participated in a local health initiative run by the CCG which included completed care plans for diabetes patients. Data received from the network coordinator for 2015/16 showed the practice had completed 92% of care plans for patients with diabetes against a target of 60-90%.

There was evidence of quality improvement including clinical audit.

- There was evidence of quality improvement including clinical audit. We saw that the practice had put in place a comprehensive audit programme which was driven by the needs of the practice population in order to improve patient outcomes and included audits relating to safeguarding, prescribing, clinical care, the walk-in centre and referral rates. This also ensured that audits were completed through to their second cycle in order to monitor the changes and any improvements made. The practice encouraged all clinical staff to undertake audits and shared with us audits undertaken by the nursing team, registrars and medical students.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. At the time of our inspection the practice were involved in the East London Gene Study (aimed to improve health among people of Pakistani and Bangladeshi heritage by analysing the genes and health of local people) and had recruited over 600 candidates and the



Are services effective?

(for example, treatment is effective)

HepFree Study aimed to identify patients with unknown chronic active hepatitis. The practice was awarded star GP practice of the month in May 2016 by the “HepFree” team for high rates of testing and identification.

- There had been 11 clinical audits completed in the last year of which four were two-cycle audits where the improvements made were implemented and monitored. For example, the practice had been highlighted as high prescribers of narrow spectrum antibiotics (antibiotic medicine active against a selected group of bacterial types) and audited its prescribing of the antibiotics Trimethoprim and Amoxicillin. In the first cycle audit undertaken between January and March 2015, 20 patients records were randomly selected for patients prescribed both Trimethoprim and Amoxicillin. A review of the prescribing of Trimethoprim showed that eight out of 20 prescriptions did not meet existing guidelines and six prescriptions were the appropriate choice of antibiotic but the duration of treatment was not in line with guidance. A review of the prescribing of Amoxicillin showed that eight out of 20 prescriptions did not meet existing guidelines. As a result of the audit findings the practice nominated a antibiotics champion and commenced peer review of prescribing with a ‘buddy’. A second cycle audit undertaken for the period January to March 2016 showed improvement but it was found prescribing outside guidelines was mainly by locum clinicians. The practice told us they have held one-to-one meetings with locum staff and ensured the locum pack and induction programme reflected local antibiotic guidelines.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire 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 had update training in diabetes and asthma care.
- 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 and discussion at practice meetings.

- The learning needs of staff were identified through a system of mentorship, 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 practice nurses undertaking the Nursing and Midwifery Council (NMC) revalidation process.
- The practice encouraged its staff to participate in ‘The Blend’ training and development programme designed by the Bromley by Bow Health Partnership that encouraged a multi-speciality approach to improving the health and wellbeing of the local community. The five-week course brought together people working in a variety of roles, for example, managers, doctors, health advocates, and encouraged innovative ways of designing and producing responses to the health needs of local populations.
- All staff had received an appraisal within the last 12 months. Quarterly mentorship sessions were organised between the partners and salaried GPs and the partners and the advanced nurse practitioners. The sessions included a review of aspirations and goals for the upcoming year, training needs and opportunities within the organisation. One of the salaried GPs told us they had developed an eczema health training session for children and parents ‘Sharing Stories with Itchysaurus’ and had produced an illustrated book.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.



Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice operated a 'buddy' system for when clinicians were absent from the surgery.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had a system in place to monitor two-week wait referrals to ensure patients had received an appointment. The practice shared with us an audit undertaken by a final year medical student which had been presented at a clinical meeting to assess the conversion rate for cancer referrals compared to the national average and to compare cancer incidences in the practice population.
- The practice had effective systems in place to monitor did not attend (DNA) notifications from secondary care referrals and for children who did not attend for immunisation. Non-attenders were reviewed by the safeguarding lead in conjunction with the health visitors and we saw evidence of this from minutes of meetings with health visitors.
- The practice used an IT interface system which enabled patients' electronic health records to be transferred directly and securely between GP practices. This improved patient care as GPs would have full and detailed medical records available to them for a new patient's first consultation.

Staff worked together and 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice had a system in place to ensure patients nearing end of life were visited every two weeks by their named GP and family and carers were given access to by-pass phone number to ensure immediate access to the team.

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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example:

- The practice embraced social prescribing (a means of enabling health care professionals to refer patients with social, emotional or practical needs to a range of local, non-clinical services in the wider community) recognising that many patients attending the surgery had non-medical conditions. Referral pathway included health, wellbeing and healthy lifestyle support, community activity and social groups, social welfare, legal advice and money management, adult learning and skills development and employability and employment programmes. The practice told us this was a single point referral route for all non-clinical services and a 'social triage' service based on a comprehensive and holistic assessment of need.
- The practice, as part of the Bromley by Bow Health Partnership, had developed and piloted as part of a Tower Hamlets CCG innovation bursary and quality improvement scheme, 'DIY Health' a 12-week educational programme for parents to improve their skills, knowledge and confidence in managing minor health concerns in children under the age of five. The co-produced curriculum aimed to empower parents and improve their skills and confidence to access the right help at the right time for minor ailments. Topics discussed included fever, feeding, gastroenteritis, cold and flu, ear pain and skin conditions. The practice shared with us photographs and details of a recent event 'Sharing Stories with Itchysaurus' for parents and children coping with eczema. During the event children



Are services effective?

(for example, treatment is effective)

had the opportunity to bathe a toy dinosaur in emollients and create a poster of what made them feel better when they are itchy. Parents were given practical advice on how to apply emollients and parents and children were shown how to apply bandages. The practice had made a display of the children's posters in the practice. The practice had evaluated the project through post-event feedback questionnaires and we saw positive comments from parents. The practice told us that the success of DIY Health had resulted in Tower Hamlets CCG initiating further pilots in the borough.

- The practice had empowered its patients to help them self-manage their health in partnership with the practice through a free tele-health 'app'. Approximately 100 patients with high blood pressure (one sixth of the hypertension register) were home-monitoring their blood pressure and using the technology to submit readings to their doctor. The practice shared positive patient outcome data from a pilot study which was presented at the Royal College of General Practitioners Annual Conference in 2016. The practice planned to extend the 'app' to patients with diabetes requiring blood sugar monitoring and peak flow monitoring for respiratory patients.
- The practice had adopted the 'micro-team' ('teams within teams') approach to co-ordinate the care of certain cohorts of patients. The micro-team unit was made up of a GP, advanced nurse practitioner, practice nurse and administrator and provided continuity of care to an identified group of patients for example housebound patients and those with long-term conditions.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone 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 available on NHS Choices. The practice ensured a female sample taker was available and the learning disability lead for the practice maintained the learning disability register to ensure women with a learning disability had access to cervical screening and were assisted in making an

informed choice. There were failsafe systems in place 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.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 95% (CCG 88% to 92%; national 73% to 95%) and five year olds from 83% to 95% (CCG 81% to 94% and national 81% to 95%). The practice also participated in a CCG-led network incentive scheme to increase childhood immunisation uptake in the locality. The practice shared with us an action plan to maximise uptake which included the proactive telephone follow-up of parents who did not attend, developing an immunisation educational session for parents at the six-week baby check, ensuring immunisation records were up-to-date for children transferring into the practice using both the personal child health record ('red book') and data transferred into the clinical records. The practice told us there was close liaison with the practice safeguarding children lead, practice lead nurse and health visitors for persistent non-responders and we saw evidence in minutes of meetings with the health visitors of discussion and outcomes of children not up-to-date with immunisation. The liaison with health visitors also extended to monitoring vulnerable families who did not attend child health appointments including secondary care appointments.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The uptake of NHS health checks was monitored as part of a CCG-led network incentive scheme. Data provided by the network showed that the practice had exceeded its target of 15%-17% and had completed 19% of eligible patients.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 35 Care Quality Commission comment cards received, 28 were positive about the service experienced, six included positive and negative comments and one was negative. Patients who had responded positively said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients told us they felt involved in their treatment and care. The negative comments included getting through to the practice by telephone, accessing appointments and appointments not running to time.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was statistically comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.

- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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. We also saw that care plans were personalised.

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

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 90%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

We saw evidence that the practice had reviewed and acted upon the findings of the survey. For example, the practice

Are services caring?

had held a learning event with the nursing team whose outcome scores had been positive and shared tips and consultation methods. Consultation styles and skills were also discussed with the GP trainers.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Several members of the practice staff spoke other languages, for example Bengali, Hindi, Gujarati and Italian.
- Information leaflets were available in easy read format and health and self-management advice was available on the practice website which included links to the NHS Choices health A-Z of conditions and treatments, the 'Welcome to Patient' symptom checker and local pharmacy search.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 112 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP would contact the relatives by telephone and send a condolence card. This call was either followed by a consultation at a flexible time and location to meet the family's needs 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

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice was open between 8am and 8pm Monday to Friday for its registered patients and from 8am to 8pm Monday to Sunday, 365 days of the year for non-registered walk-in patients. Registered patients could also attend the walk-in centre. The practice also served as one of four hubs in Tower Hamlets providing extended primary care access. Patients could access bookable appointments at the hub located at the practice on Saturday and Sunday from 8am to 8pm.
- There were longer appointments available for patients with a learning disability and those requiring an interpreter.
- Same day appointments were available for children and those patients with medical problems that required same day consultation. Patients were triaged at the walk-in centre and seen by a GP or an advanced nurse practitioner depending on triage outcome. Infants were triaged as a priority.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice had a pro-active system of home visits for those patient nearing the end of life.
- The practice operated from a modern, spacious, purpose-built two-storey medical centre. The first floor was accessible by lift. We saw that waiting areas were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to consultation rooms. Accessible toilet facilities, baby changing and breast feeding facilities were available. The practice had a hearing loop system in place and demonstrated an alert on the clinical system for patients with hearing and sight impairment and autism who may need additional assistance.
- The practice described how it had developed its cultural competence to address the needs of its diverse patient

population. For example, ensuring timely completion of documentation following a patient death to facilitate some religious burial timeframes, medicines and blood test advice during periods of fasting and health and immunisation advice for pilgrimage.

- Patients had access to translation services and several members of the practice staff spoke other languages, for example Bengali, Hindi, Gujarati and Italian.
- The practice, as part of Bromley By Bow Health Partnership, had established the Well Programme managed by a dedicated team to facilitate the development of a new model of primary care with people and the community at its heart. The practice told us the programme is about wellness and not just managing illness and supported patients to manage their own health. The community-facing element of the programme was the Well Community with the vision to create a platform in which primary care staff and local people are able to redefine their relationships and where solutions to health issues were co-created. The practice produced a monthly patient newsletter to highlight the initiatives started at the practice. For example, the social group 'Chatter Natter' for older and potentially isolated people to meet and have some refreshments and friendly conversation.
- The practice ran a refreshment morning for patients with hypertension. The event was open to registered and non-registered patients and had 25 regular participants. The event offered advice on monitoring blood pressure at home, how to improve blood pressure, blood pressure checks and an opportunity to chat to others who had hypertension.
- In conjunction with four other practices in the locality the practice had participated in the Health Literacy Project which involved the creation of an accessible health and wellbeing resources library.
- The practice had been awarded the 'You're Welcome Award' (a scheme designed to act as a quality mark for providing safe, confidential and appropriate services to young people).

Access to the service

The practice was open between 8am and 8pm Monday to Friday. Appointments were from 8am to 12 midday, 12 midday to 4pm and 4pm to 8pm. In addition to



Are services responsive to people's needs?

(for example, to feedback?)

pre-bookable appointments that could be booked up to four weeks in advance, telephone consultations and urgent appointments were also available for people that needed them.

Patients had access to e-consultation, a platform that enabled patients to self-manage and consult online with their own GP through their practice website. The practice provided free wi-fi in its waiting room to encourage patients to access on-line self-help material and resources.

The walk-in centre was also open between 8am and 8pm Monday to Sunday, 365 days of the year. Registered patients could be seen in the walk-in centre.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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 in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated complaints team who handled all complaints in the practice which comprised of a GP partner, the practice manager and the surgery co-ordinator.
- We saw that information was available to help patients understand the complaints system. For example, on the practice website and in the surgery in the form of a leaflet which included all information in the line national guidance.

The practice had recorded eight complaints from its registered patients and 11 complaints from its walk-in service in the past 12 months (August 2015 to August 2016). The practice had categorised formal written complaints into clinical and non-clinical to ensure they were dealt with by the appropriate member of the complaint team in the first instance.

We saw evidence that complaints had been discussed in clinical and non-clinical meetings and at the end of the year all complaints were discussed in a whole practice meeting which the practice told us was an opportunity to analyse any trends and ensure appropriate learning had been identified and actioned.

All the complaints we reviewed had been handled satisfactorily and in a timely manner. We saw evidence of apology letters to patients which included further guidance on how to escalate their concern if they were not happy with the response.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The leadership and culture of the practice was used to drive improvements and deliver high quality patient-centred care. The practice used innovative and proactive methods to improve patient outcomes, working with other organisations to deliver the best outcomes and deliver the care within the community wherever possible.

The practice shared with us a clear vision, mission and values which was to deliver high quality primary care, address health inequality, work in partnership with patients and deliver a patient-centred holistic approach. Staff we spoke with on the day were engaged and aware of their responsibilities to fulfil the vision.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The business plan was available to patients on its website.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care which was overseen by the Bromley by Bow Health Partnership Board which maintained an overview of organisational development, finance and resources and patient focus. The local governance framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs, nurses and the practice management team held lead roles in key areas, for example, in safeguarding, mental capacity, infection control, clinical governance and prescribing.
- There was a clinical lead for the walk-in centre (WIC) who provided oversight of the service and supervision of its staff. The practice was required to submit monthly contract performance data regarding waiting times and types of conditions seen. In addition to this, the practice undertook regular clinical record audits to monitor performance of its staff in line with recognised guidance for good medical practice in urgent and out of hours care. The practice also audited frequent attenders and prescribing within the service. The advanced nurse

practitioner in the walk-in centre on the day of the inspection, who was a regular locum member of staff, told us they received mentoring, felt it was a good environment to learn and a good practice to work in.

- The Quality and Outcomes Framework (QOF) was managed by the entire team with a clinical and non-clinical lead for each indicator. This extended to enhanced services and the local incentive scheme. The management of the practice had a comprehensive understanding of the performance of the practice and was overseen by a dedicated performance manager.
- Practice specific policies were implemented and were available to all staff on the practice intranet document management system. All staff we spoke with knew how to access them.
- There was clear evidence of quality improvement including clinical audit. We saw that the practice had put in place a comprehensive audit programme which was driven by the needs of the practice population in order to improve patient outcomes. This also ensured that audits were completed through to their second cycle in order to monitor the changes and any improvements made.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice 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 partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place 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.

Are services well-led?

Outstanding



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

There was a clear leadership structure in place and staff felt supported by management.

- The practice held regular meetings which included a weekly partners meeting, weekly clinical meetings for doctors and nurses, quarterly whole practice meetings and reception team meetings. Some staff we spoke with told us they were paid to attend clinical meetings if they were not on duty. Meeting minutes we reviewed showed that meetings were structured, detailed and well attended. There was a system in place for staff who were unable to attend a meeting to access a copy of the minutes.
- 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. There was high levels of staff satisfaction with all staff we interviewed. Staff we spoke with said they were proud of the practice as a place to work and spoke highly of the culture and team. This included a regular locum clinician working in the walk-in centre.
- 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 partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice through feedback at mentorship sessions and staff surveys.
- The practice encouraged and supported its staff to develop skills and progress their careers. We saw numerous examples of staff within the practice who had engaged in training to take on new roles and responsibilities within the practice and the overarching organisation. For example, non-clinical staff training to become healthcare assistants.
- The practice developed and delivered a patient assistant (receptionist) training session which was attended by reception staff from within the network of five practices.
- The practice recognised staff contribution through a spotlight award which gave staff members an opportunity to vote for colleagues who they felt had gone above and beyond in the care and assistance of patients. We saw that recent staff members who had been recognised was a GP and a patient assistant (receptionist).

- The practice encouraged its staff to participate in 'The Blend' training and development programme designed by the Bromley by Bow Health Partnership that encouraged a multi-speciality approach to improving the health and wellbeing of the local community.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), in-house health events and patient social groups, surveys, NHS Choices and complaints received. The practice acted on feedback from patients, for example, it redesigned its website to be more patient-friendly and easier to navigate.
- The PPG was established in 2012 and met quarterly at different times of the day to accommodate the commitments of all members of the group. Members we spoke with told us the practice had made improvements as a result of their feedback, for example, a more personalised service with staff wearing name badges and introducing themselves and promoting the on-line appointment booking system. We saw minutes of the meetings.
- We found there was a high level of staff satisfaction with all the staff we interviewed, including regular locum staff. The practice had gathered feedback from staff through staff meetings, appraisals, mentorships sessions 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 strong focus on continuous learning and improvement at all levels. The practice took pride in its role as a teaching practice for medical students and training practice for GP registrars and we saw that learning was embedded in the organisation. Three of the leadership team were approved trainers and at the time of our inspection the practice had two GP registrars in training.

Are services well-led?

Outstanding



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

The practice also participated in the 'Open Doors' practice nurse programme (an initiative set up in 2007 in response to practice nurse shortages in Tower Hamlets, the scheme recruited nurses from secondary care and provided them with practice nurse training and undertook secondment in general practices in the area). Training opportunities had also been provided to non-clinical staff, for example staff training as healthcare assistants.

The practice was active within the Tower Hamlets CCG and one of the partners was the CCG Chair.

The Bromley by Bow Health Partnership model of primary care had been cited as one of the new models to secure primary care in the publication Securing the Future of General Practice commissioned by the Kings Fund and Nuffield Trust.

The practice, as part of Bromley By Bow Health Partnership, had established the Well Programme managed by a dedicated team to facilitate the development of a new model of primary care with people and the community at its heart. The practice told us the programme is about wellness and not just managing illness and supported patients to manage their own health.