# Regents Park Practice

## Inspection report

Cumberland Market
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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 location | Good |
|---|---|
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive? | Good |
| Are services well-led? | Good |

# Overall summary

**This practice is rated as Good overall.** (Previous rating 01 2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Regents Park Practice on 13 July 2018. We carried out this inspection as part of our inspection programme.

At this inspection we found:

- The practice's uptake for cervical screening and breast and bowel cancer screening was below the national average.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are to:

- Consider developing a business plan to show the goals for the development of the practice.
- Consider ways to improve uptake of its cervical, breast and bowel cancer screening programmes for the benefit of patients.
- Consider placing a second thermometer in each of the vaccine fridges to improve temperature monitoring.
- Continue to review the practice opening hours to improve patient access.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

| | |
|---|---|
| **Older people** | Good |
| **People with long-term conditions** | Good |
| **Families, children and young people** | Good |
| **Working age people (including those recently retired and students)** | Good |
| **People whose circumstances may make them vulnerable** | Good |
| **People experiencing poor mental health (including people with dementia)** | Good |

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Regents Park Practice

Regents Park Practice is situated within NHS Camden Clinical Commissioning Group. The practice holds a Personal Medical Services contract (Personal Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provides a range of enhanced services of child health and immunisation; minor illness clinic; smoking cessation clinics; and clinics for patients with long term conditions.

The practice is located at Cumberland Market, London, NW1 3RH.

The provider has a second surgery, the Ampthill Practice which is managed by the same partner group and run by the same staff. Both practices also share the same policies and procedures with significant event analysis and clinical audits shared across both. The Ampthill Practice is inspected separately as it is separately registered with the CQC.

The practice website can be found at: www.regentsparkpractice.co.uk/.

The Regents Park Practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Treatment of disease, disorder or injury; Diagnostic and screening procedures; Family planning; Surgical procedures; and Maternity and midwifery services.

The practice has a patient list of approximately 6,200 at the time of our inspection.

The staff team at the practice includes two male full-time GP partners and a full-time female salaried GP. Between them the GPs work the equivalent of three full-time GPs. The clinical team is completed by a part-time female practice nurse and a full-time male practice nurse.

The non-clinical staff consist of a full-time practice manager, a full-time operations manager, a part-time care co-ordinator and nine administrative and reception staff (who work a mixture of full-time and part time-hours).

The practice is open:

Monday to Wednesday 9.00am and 6.00pm,

Thursday 9.00am to 1.00pm

Friday 9.00am to 5.00pm.

The phone lines open on all days at 8.30am.

Appointments are available:

Mornings Monday to Friday 9.00am – 1.00pm,

afternoons: Monday to Wednesday 2.00pm-6pm and

Friday 2.00pm – 5.00pm.

Patients of the practice can also access GP and Nurse appointments at the Ampthill practice which is managed by the same partnership team, or at four local hubs organised by Camden CCG. Appointments at hub locations are available Monday to Friday 6.30pm - 8.00pm and weekends between 8.00am and 8.00pm.

To assist patients in accessing the service there is an online booking system. Urgent appointments and home visits are available each day and GPs also provide telephone consultations for patients. During evenings and weekends, when the practice is closed, patients are directed to dial NHS 111 to access an Out of Hours service delivered by another provider.

Regents Park Practice serves a practice population with a deprivation score that is higher than the England average. For example, 39% of older people are affected by income deprivation, compared to a local average of 28 %, and the national average of 20%.

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.

Good

# Are services safe?

**We rated the practice as good for providing safe services.**

**Safety systems and processes**

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their 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.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

**Risks to patients**

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

**Information to deliver safe care and treatment**

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

**Appropriate and safe use of medicines**

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines minimised risks. However, we found that although the two vaccine fridges were new, there was only one thermometer for each fridge. This represented a potential risk if one of the fridge thermometers malfunctioned as there would be no reference temperature reading that would be provided if each fridge had a second thermometer.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

Good

# Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

**Track record on safety**

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

**Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

Good

# Are services effective?

**We rated the practice and all of the population groups as good for providing effective services overall.**

**Effective needs assessment, care and treatment**

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice worked closely with Ampthill Practice (half a mile from Regents Park Practice) which was run by the same partnership group. Accordingly, patients of the practice could be referred to the Ampthill Practice for ultrasound tests. To facilitate patients attending either practice staff could access patient records for both practices from either practice.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a three-monthly clinical review including a review of medication, and an annual frailty assessment.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension). For example, the practice had arranged to start offering specialist nurse led diabetes clinics.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

- Some childhood immunisation uptake rates met the target percentage of 90% or above. However, the percentage of children aged one who had completed the 5:1 vaccine course was 87%, which was below the minimum target of 90%. Also, the percentage of children aged two who had received the MMR immunisation for measles, mumps, and rubella was 89.9%, which was below the minimum 90% target. The practice was aware of this and explained that it had a large number of patients who refused to attend for the vaccine. It telephoned non-attenders and doctors offered the vaccine opportunistically when patients attended the surgery for other matters. The practice also recorded when patients refused the vaccine on behalf of their children.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 57%, which was above the CCG average of 56% but below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was below the national average. For example, uptake for breast cancer screening was 59% which was above the CCG average of 57% but below the national average of 70%.

Good

# Are services effective?

- The practice was aware of the issues with uptake of these screening programmes and had made efforts to increase uptake. However:
  - A large number of patients belonged to cultural groups that discouraged them from attending for screening.
  - The practice had a large patient turn-over of approximately 20% per year. Also some patient groups regularly left the country for extended periods of time, which made it difficult to contact and encourage them to participate in screening programmes.
  - Some patient groups had cultural objections to bowel cancer screening process.
- The practice had arranged for Bengali advocates to encourage members of that community to attend for screening.
- It had a telephone greeting in Bengali and an automated phone service, that operated 24 hours a day seven days a week, making it easier for patients to book appointments.
- When patients attended midwife clinics, the midwives recommended that eligible patients attend for cervical screening.
- The practice offered cervical screening appointments at different times throughout the week and a female sample-taker was available.
- The practice proactively telephoned patients to offer appointments. And to encourage them to take up screening. For example, a doctor had phoned patients who had not returned their bowel screening invitation letters to encourage uptake.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was in line with local and national averages.

**Monitoring care and treatment**

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

**Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

Good

# Are services effective?

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

**Coordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

**Helping patients to live healthier lives**

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

**Consent to care and treatment**

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the evidence tables for further information.**

Good

# Are services caring?

**We rated the practice as good for caring.**

**Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Most of the practices GP patient survey results were in line local and national averages for questions relating to kindness, respect and compassion. However:
  - The percentage of respondents to the GP Patient Survey who said that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments was 75%, compared to a CCG average of 86% and the national average of 90%.
  - The percentage of respondents to the GP Patient Survey who were satisfied or very satisfied with the practices opening hours was 57%, compared to a CCG average of 76% and the national average of 80%.
- The practice was aware of these issues and had taken steps to improve patient's satisfaction:
  - It had started offering patients the option to attend the Camden CCG Hub which offered appointments between 6.30pn – 8.00pm on weekdays and 8.00am – 8.00pm on weekends.
  - As the practice closed at 1.00pm on Thursdays, patients could book appointments at the Ampthill Practice which was open on Thursdays until 6.00pm.
- The practice undertook regular Friends and Family surveys which ask whether patients would recommend the practice to friends or members or their family. In the most recent survey 10 (91%) out of 11 respondents said they would be likely or very likely to recommend the practice.

**Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practices GP patient survey results were generally in line with local and national averages for questions relating to involvement in decisions about care and treatment.

**Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

Good

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services**

**Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. Patients could also be seen at one of four local GP Hubs which offered appointments up to 8.00pm on weekdays and from 8.00am to 8.00pm on weekends.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurses also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The care coordinator offered patients a range of support, including helping them to attend appointments and to get home.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, patients could access appointments at one of four GP Hubs up to 8.00pm and between 8.00am to 8.00pm on weekends.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The care coordinator provided support and assistance to vulnerable patients including on one occasion, taking a patient shopping for a new kitchen appliance.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

**Timely access to care and treatment**

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Good

# Are services responsive to people's needs?

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were generally in line with local and national averages for questions relating to access to care and treatment. However, the percentage of respondents to the GP Patient Survey who were satisfied or very satisfied with the practices opening hours was 57%, compared to a CCG average of 76% and the national average of 80%.
- The practice was aware of these issues and had taken steps to improve patient's satisfaction:
  - It had started offering patients the option to attend the Camden CCG Hub which offered appointments between 6.30pn – 8.00pm on weekdays and 8.00am – 8.00pm on weekends.
  - As the practice closed at 1.00pm on Thursdays, patients could book appointments at the Ampthill Practice which was open on Thursday until 6.00pm.

**Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

**Please refer to the evidence tables for further information.**

Good

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and to achieve priorities. It did not have a formal business plan but staff we spoke to were able to provide clear goals for the future of the practice.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and management.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- The practice's uptake for cervical screening was above the CCG average but below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was below the national average.
- The practice was aware of the issues with uptake of these screening programmes and had made efforts to increase uptake. However:

Good

# Are services well-led?

  - A large number of patients belonged to ethnic groups that discouraged them from attending for screening.
  - The practice had a large patient turn-over of approximately 20% per year. Also some patient groups regularly left the country for extended periods of time, which made it difficult to contact and encourage them to participate in screening programmes.
  - Some patient groups had cultural objections to bowel cancer screening process.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice considered and understood the impact on the quality of care of service changes or developments.

**Appropriate and accurate information**

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

**Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

**Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the evidence tables for further information.**