Church Road Health

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

Summary of findings

Contents

Overall summary

This practice is rated as Good overall. (Previous inspection June 2015 – Overall Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Outstanding

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students – Good

People whose circumstances may make them vulnerable – Outstanding

People experiencing poor mental health (including people with dementia) – Good.

We carried out an announced comprehensive inspection at Church Road Health Practice on 26 January 2018. 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 met 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.At this inspection, we found:

- The practice had clear comprehensive 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 had the skills, knowledge, and experience to carry out their roles. The practice had a comprehensive appraisal and development procedure for all administration and nursing staff.
- Staff treated patients with compassion, kindness, dignity and respect.
- The practice organised and delivered services to meet patients' needs. It took account of patients' needs and preferences.
- Leaders at all levels were visible and approachable. They had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Summary of findings

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

- 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.
- There was a strong emphasis on the safety and well-being of all staff. The human resources manager explained that part of the personal development review looked at the staff's well-being.
- There were clear responsibilities, roles, and systems of accountability to support good governance and management.
- The practice had a computer system that enabled all staff to quickly and easily access policies, procedures and information about the practice and patients.
- The practice involved patients, the public, staff and external partners to support high-quality sustainable services.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice:

- The practice worked with the department of academic general practice at Queen Mary Westfield Hospital and developed a standard child safeguarding computer template for use in all GP practices in Newham CCG. The lead clinician at Church Road Health had trained other practices including over 150 practice staff in the CCG to use the system correctly and trained practices to appropriately manage safeguarding issues. Within the practice, they had developed a safeguarding team that supported quality improvement and had a whole practice approach to safeguarding. The staff reviewed the patient lists of looked after and safeguarded children. This enabled the identification of 100 children at risk who staff may not have previously identified on the child protection register. In response to the staffs findings, the practice improved staff training and the registration form for new child patients.
- The practice offered a named GP to a local home that accommodated patients with behaviours that challenged, who had a learning disability. The GPs visited the home, telephoned, or used video conferencing to assess patients. If patients visited the surgery risk assessments were in place and these included specific waiting instructions for reception. The patient's had met the GP to reduce stress. In addition, the GP held an additional multidisciplinary meeting with the hospital team and home staff to ensure they met patients' needs. The care home staff described how the GP had worked with the staff at the home to develop a protocol for staff to follow to reduce the patient's hospital admissions.
- Leaders had an inspiring shared purpose, and strove to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff. There is a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce. The practice had a comprehensive appraisal and development procedure for all administration and nursing staff, This had resulted in 26 staff progressing or moving on from the organisation and had provided payment for the course and protected time In addition, the practice had an admin/reception 'bank' scheme in which they offered a four-week training programme for people from the local community to get experience and basic training in what is involved in working in a GP practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)Chief Inspector of General Practice

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	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	Outstanding
People experiencing poor mental health (including people with dementia)	Good

Church Road Health

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, a practice nurse specialist adviser, and an expert by experience.

Background to Church Road Health

Church Road Health practice is situated in Manor Park in London and located within NHS Newham Clinical Commissioning Group. Church Road Health was one of the three practices of First 4 Health Group. The practice holds a Personal Medical Services contract (Primary Medical Services agreements are locally agreed contracts between NHS England and a GP practice). The practice had a patient list of just over 12,849 at the time of our inspection. In addition, the practice had accepted 1,400 patients onto the register with two days' notice when a neighbouring practice had suspended its service in October 2017 for six weeks. More recently, the practice had agreed to register 420 patients who had not responded to correspondence from NHS England regarding the need to register with a new GP.

The practice catchment area is classed as within the group of the second most deprived areas in England. (The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas in England. The Index of Multiple Deprivation ranks every small are in England from one (most deprived area) to 10 (least deprived area). Approximately 84% of the people in the area are from black minority and ethnic groups. A higher than average number of patients is recorded as having long-term conditions. For example, the practice had approximately 12% of the practice population of patients with diabetes compared with the local Care Commission Group (CCG) average of 7%. The practice has a high number of children under the age of five years approximately 1141 (approximately 9% of the practice population).

The staff team at the practice included a male and female partner. Twelve GPs, (nine female and three male covering approximately 46 sessions). The nursing team included two female and one male practice nurse, five healthcare assistants. Church Road Health practice was an approved training practice for GP Registrars. Operational managers and a team of reception and administration staff supported these.

- The practice was open between 8am and 6.30pm Tuesday, Wednesday, Thursday and Friday.
- The practice offered extended hours surgeries from 8am to 8pm on a Monday and 8am to 6.30pm on a Wednesday and Saturday morning 9am to 12pm.
- Appointments were available all day and the practice did not close during the day.
- Urgent appointments were available each day and GPs completed telephone consultations for patients.
- When the practice was closed the patients are directed to the GP Co-op service who were based at the Walk-in Centre at Newham University Hospital, Glen Road, Plaistow, London E13 3NT. When the surgery was closed, the telephone is directly connected to this out-of-hours service. Or directed to the 111 service.

Good

Are services safe?

Our findings

At our previous inspection on 15 June 2015, we rated the practice as requires improvement for providing safe services, this was because staff had not followed the recruitment procedure and not ensured that locum GPs working at the practice had received level three training in safeguarding children. These arrangements had significantly improved when we undertook a follow up inspection on 26 January 2018 . The practice, and all of the population groups are now rated as good for providing safe services.

Safety systems and processes

There were comprehensive systems to keep patients safe, which took account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems. Patients who used the practice were at the centre of safeguarding and protection from discrimination. Innovation was encouraged and had achieved sustained improvements in safety and continual reductions in harm. For example:-

- Following the previous CQC inspection, the practice identified that child safeguarding computer data at the practice and across other GP practices within the CCG was not accurate. As a response, the lead clinicians and managers at the practice worked with the department of academic general practice at Queen Mary Westfield Hospital and developed a standard child safeguarding computer template for use in all GP practices in Newham CCG. The template enabled practice to accurately record and code when a child was at risk. Other practices in the local CCG commenced using the template; however, an audit identified recording errors. In response, the lead clinician at Church Road Health has trained other practices in the CCG to use the system correctly. Following the introduction of the template more children were identified a safeguarding risk in the CCG. In conjunction with the CCG and a fellow doctor and nurse they developed a strategy to deliver safeguarding training in the CCG. This has resulted in 150 staff trained across Newham practices.

The practice had a proactive approach to anticipating and managing risks to patients whom used the practice, which was embedded and was recognised as the responsibility of all staff. Staff were able to discuss risk effectively with people using the service. For example:-

- Within the practice, they had developed a safeguarding team that supported quality improvement and had a whole practice approach to safeguarding. The team consisted of two GPs, a healthcare assistant and two administration staff. The practice provided protected time for staff to carry out these roles. This enabled the identification of 100 children at risk who staff may not have previously identified on the child protection register. In response to the staffs' findings, the practice improved staff training and the registration form for new child patients.
- The development of the team had encouraged the whole staff team to focus upon safeguarding. Staff discussed safeguarding each month in the customer care meetings. The GPs and nurses had completed safeguarding training for adults and children at level two and three. Following the development of the team the practice had experienced reception staff alerting the safeguarding lead about concerns picked up from observing behaviour in the waiting room and when children did not attend appointments.
- The practice worked with other agencies to support patients and protect them from neglect and abuse and held monthly multidisciplinary team meetings.
- The practice had a comprehensive recruitment policy and a robust system to evidence that staff had complied with the policy. The practice carried out staff checks, including checks of professional registration where relevant, on recruitment, and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required.
- Staff who acted as chaperones were trained for the role and had received a DBS check. The practice had a comprehensive chaperone policy for staff to follow. (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.)

Good

Are services safe?

- There was an effective system to manage infection prevention and control. Staff had received the appropriate training.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Staff completed rotas three months in advance.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The practice had a protocol for staff to follow in an emergency.
- A protocol was in place and clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, the practice had responded to local patient need and covered for 1400 patients at short notice following a practice suspending the service. The managers explained that they had now recognised the difficulties this had caused for their own patients, such as access to appointments.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.
- The practice had 9%, (1168 patients) registered and activated to view their medical record online via smartphone or patient access website.
- The practice had implemented two-week waiting safety netting system to ensure patients with urgent treatment needs were seen promptly by the hospital.

Safe and appropriate use of medicines

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

- The provider employed two pharmacists between the three practices to review the prescribing of medicines.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. The practice had a system in place to ensure patients on high-risk medicines had the appropriate reviews and blood tests.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Although the building was managed by NHS property services, the practice had ensured that they had sight of or had carried out all of the necessary risk assessments for example, fire, legionella and premises.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. The practice had an overall risk register that was monitored by the management team.

Good

Are services safe?

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a comprehensive system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice had recorded 11 significant events in the last 12 months. The significant event log enabled the practice to audit the progress of the review and provided evidence of which meetings the staff discussed the significant events. The log also recorded whether staff had considered duty of candour to the patient's applicable.
- 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. For example, the practice had a breached a patient's confidentiality on reception. The practice responded by informing the patient involved and the authorities, and reviewed how information was kept in reception to prevent a further incident.
- There was a system for receiving and acting on safety alerts. The practice manager demonstrated how they received safety alerts and disseminated them to the appropriate staff. The practice carried out a search of their database to identify patients at risk and responded appropriately. Staff discussed the alerts at clinical meetings.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups with the exception of the population group for people whose circumstances make them vulnerable that we rated outstanding.

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. Staff followed clear clinical pathways, some developed within the practice and local clinical protocols supported this.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of hypnotics prescribed per Specific Therapeutic group was 0.17% which was better than the CCG average of 0.41% and the national average of 0.9%.
- The average percentage of antibiotic items prescribed that were Cephalosporin's were or Quinolones was 3.9%, which was better than the CCG average of 4.5% and national average of 4.7%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Through the practice intranet, the clinicians had access to a directory of useful resources for patients. For example, the online clinical software incorporated links to National Institute of Health and Care Excellence (NICE) guidelines and support and advocacy groups.
- As part of their work with the local CCG the practice have taken part in enhancing the diagnosis and prevention of cardio vascular disease (CVD) in Newham by integrated use of electronic health records. The project delivered service improvement by building clinical pathway templates within the clinical computer software for diagnosis and management of CVDs and making them accessible to specialists in the hospital setting.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.
- The practice visited a local 60-bedded care home weekly. This enabled patients to receive a consistent approach and helped to prevent admission to hospital.
- The practice held monthly multidisciplinary team meeting where district nurse, palliative care, telehealth, mental health, and social care teams were present.

People with long-term conditions:

- The practice monitored patients to identify all patients who had a chronic disease. Staff followed national guidance, local and practice protocols to ensure a consistent approach to care and treatment. Staff identified and monitored patients at risk of developing diabetes. The practice had identified 27 patients at risk of developing a long-term condition by reviewing patient records.
- In response to approximately 10% of the practice population with asthma or chronic obstructive airways disease and 12% with diabetes, the practice had increased the number of nurses and health care assistants.
- 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. The practice had trained nurses to perform chronic disease assessments in partnership with doctors.

Good

Are services effective?

(for example, treatment is effective)

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 91% which was better than the CCG and national average of 83%. The practice also had a low exception rate of 1% for this indicator. (Patients can be exception-reported from individual indicators for various reasons, for example if they are newly diagnosed or newly registered with a practice, if they do not attend appointments or where the treatment is judged to be inappropriate by the GP (such as medication cannot be prescribed due to side-effects). They can also be exception-reported if they decline treatment or investigations.)
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months, was 83%, which was better than the CCG average of 73% and the national average of 80%. However, the exception rate was 23% was higher than the national average of 13%. In response, the practice had sent out 897 text messages to patients to remind them to attend. In addition, if a patient visited the practice, they were directed to the receptionists to book an appointment. They were also planning to implement a new system, where a trained only a trained doctor could agree exception reporting. Also, prior to exception reporting following the patient receiving three reminders to attend the practice they received a telephone call.
- Two of the doctors had recently trained to provide insulin initiation. (This enabled patients to self-monitor their blood glucose at home to determine the amount of glucose in the blood at any given time. The doctors taught self-monitoring skills at the time of diagnosis and at the time of the therapy). At present 42 patients had been commenced on this treatment.
- To ensure a consistent approach to chronic diseases, a doctor at the practice had produced in-house resources and practice clinical guidelines. These were available for staff to hand out to patients.

Families, children and young people:

- The practice had a high number of children under five (1141).
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Between April 1 2015 and March 31 2016 uptake rates for the vaccines given were slightly lower than the target percentage of 90%, with three areas having a range of 88.2 to 89.2%. In response, the practice had improved in 2016/2017 to over the national average of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. At the initial appointment, the practice took the opportunity to introduce patients to health promotion. For example, smoking cessation advice, exercise, mental wellbeing and weight management.
- A doctor at the practice had provided training to other GP practice staff in Newham on long-acting reversible contraception (LARC).
- The practice had arrangements in place to follow up children who did not attend appointments.

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

- The practice's uptake for cervical screening was 84%, which was above the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 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 took into account the needs of those whose circumstances may make them vulnerable. The practice worked closely with the palliative care team, who attended regular multidisciplinary team meetings.
- The practice carried out an end of life quality improvement project, which provided information packs to patients and families to facilitate end of life care decisions.
- The practice offered a named GP to a local home that accommodated patients with behaviours that challenged and who had a learning disability. The GP had met with all of the patient's to help reduce their

anxiety when they received treatment. The GP held an additional multidisciplinary meeting with the hospital team and home staff to ensure they met the patient's needs. The staff hoped this would reduce hospital admissions, and planned to audit the number of hospital admissions in 2018 to highlight any improvements and learning. In addition, the care home staff described how the GP had worked with the staff at the home to develop a protocol for staff to follow to reduce the patient's distress should they require admission to hospital.

- The practice held a register of patients who have learning disabilities and ensured that the records included an alert to staff to make them aware the patient may require a longer appointment. The practice prevalence for this is 0.8% compared to CCG average of 0.4%. Staff had completed 58% of their annual health reviews.
- The provider has worked closely with the CCG to promote Coordinate my Care (CMC). Coordinate my care is a digital end of life plan that was shared with the London Ambulance, service, community nurses, hospices and general practice. This plan was used to record the patient's wishes such as information about do not resuscitate decisions and where a patient may wish to die.

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

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 84% and the national average of 85%. Where the practice's exception rate was zero, which was better than the CCG average of 5% and the national average of 7%.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in the previous 12 months. This was better than the CCG average of 89% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 96%; CCG 92%; national 92%); and the percentage of patients experiencing poor mental and physical health who had received discussion and advice about smoking cessation (practice 97%; CCG 97%; national 95%).
- All practice staff had attended dementia awareness training.

Monitoring care and treatment

The practice learnt and improved the quality of care they provide through a process of auditing their performance.The practice had member who staff was responsible for the interrogation of the QOF and reported any issues to the practice manager and the medical director. In addition, they carried out various searches to identify vulnerable patients or patients affected by safety alerts. Where appropriate, clinicians took part in local and national improvement initiatives. For example due to the prevalence of tuberculosis in the local population, they had searched the patient register for those who might be at risk and invited them for a blood test.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 90% and national average of 96%. The overall exception reporting rate was 12% compared with the CCG average of 7% and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

In the past year, the practice had 1,920 patients join the practice and 1,150 leave the practice. They also had a higher than CCG and national average of patients with chronic obstructive airways disease and diabetes, which could have affected the exception reporting. In response they had recruited and trained nurses and health care assistants. The staff described how they sent text and letter reminders. In addition, they had commenced staff giving patients a slip at the end of any visit to take to reception to book the appointment and they felt this was showing some success. To encourage patients to take up the offer of flu vaccines they had met up with the local religious leaders. Also, the practice were planning to implement a new

system, where a trained doctor could only agree exception reporting. In addition, prior to exception reporting, a patient following the three reminders to attend the practice, they also received a telephone call.

- The practice was actively involved in quality improvement activity. For example, two cycle asthma audits for exacerbation and urinary tract infection management, hospital admissions, medication and cancer referrals. The audits identified areas of improvement. For example, the need to ensure follow up where patients had not received ultrasound scan appointments and the need for full red flag history in abdominal pain, especially alcohol and NSAIDs in dyspepsia.
- The practice were proactive and often led many local and national initiatives and often acted as the practice where trials were carried out. They worked with the CCG and voluntary organisations to improve the care for their patients. Examples, in the report include, training, enhancing practice patient management computer systems and practice governance systems. The east London Patient Record, Coordinate my Care and the work with the London Black Women's Project.
- Staff at the practice were involved in various research projects for example Hepfree. In 2016 to 2017, 114 patients were test and the practice found that three patients had an unknown previous Hepatitis B infection. Early treatment can prevent the development of liver disease.
- In 2016, the practice tested 104 patients of whom 23 were found to have a positive diagnosis of latent tuberculosis, which the practice treated.

Effective staffing

- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff wereproactively supported, and encouraged to acquire new skills, use their transferable skills, and share best practice. The practice had created a culture within the organisation for training, developing, and internal promotion of staff wherever possible. The practice had actively created new roles and job opportunities so that there was an opportunity for supported career development and succession planning within Church Road Health. Examples were the creation of the central management team, local operations managers and Local Medical Directors.
- The practice had a comprehensive appraisal and development procedure for all administration and nursing staff, called 'successpathways' that had been in place since 2012. This had seven stages and focused on staff taking personal responsibility for how they experienced every aspect of their life. For example, work, home and in the wider community. It included a 360-degree appraisal, self-reflection, and input from colleagues that resulted in a report. The report fed into the staffs' yearly appraisal and informed their development plan. This had resulted in 26 staff progressing or moving on from the organisation. For example, a medical administration receptionist had progressed to the reception manager, a receptionist had progressed to the operations manager and a receptionist to a health care assistant and doctors had progressed to medical directors. The staff we spoke with talked positively about the appraisal process.
- In addition to the SuccessPathways programme, for those members of staff who raised unresolved personal or family issues, the practice contributed to the cost to attend external personal development training.
- The practice had supported two nurses and a pharmacist to independently prescribe medicines in the last two years. The practice supported the staff both financially and with protected time for formal supervision by a GP. A practice GP provided both clinical and additional educational supervision.
- The advanced nurse practitioner was supported by monthly clinical supervision from a GP and a pharmacist who reviewed clinical notes and prescribing.
- Staff were provided with protected time to attend training and had the skills, knowledge, and experience to carry out their roles. For example, 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.

Good

Are services effective?

(for example, treatment is effective)

Coordinating care and treatment

Staff, teams and services were committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services. For example:-

- 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 was actively involved in the CCG to enhance the development of data sharing across the health sector. For example, the practice was the pilot site for Newham innovative data sharing digital document transfer. The local impact was more clinical information was shared promptly and securely between GPs, community nurses, urgent care centres, and the local hospital. This had enhanced the multidisciplinary team working to enable the care planning of vulnerable patients. Other projects included the promotion of the east London Patient Record (eLPR) in 2015.
- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- Staff discussed complex patient's needs in multidisciplinary meetings.

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.
- 85% of new cancer cases who were referred using the urgent two week wait referral pathway data, which was better than the CCG average of 53% and the national average of 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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 and 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. Staff had undertaken Mental Capacity Act training. In addition, the GPs had been involved in the recording of Deprivation of Liberty (DoLs) assessments in the care home.
- 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.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received ten Care Quality Commission comment cards, nine were positive about the service experienced and one felt that most of the doctors did not listen to them.
- We spoke with 12 patients during the inspection; all said the staff treated them with kindness and respect.
- The practice mission statement included 'we will maintain a positive attitude, show compassion, appreciate, and treat everyone with respect'. Staff used this as a tool to discuss their approach at the customer care meeting each month to patients.

Results from the July 2017 annual national GP patient survey where 363 surveys were sent out to patients and 85 returned. This represented about 0.66% of the practice population. The practice was lower than average for some its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 74% of patients who responded said the GP gave them enough time, compared with the CCG average of 86% and the national average of 86%.
- 88% of patients who responded said they had confidence and trust in the last GP they saw, compared with the CCG average of 91% and the national average of 95%.
- 71% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared with the CCG average of 71% and the national average of 86%.
- 85% of patients who responded said the nurse was good at listening to them, compared with the CCG average of 85% and the national average of 91%.
- 75% of patients who responded said the nurse gave them enough time, compared with the CCG average of 83% and the national average of 92%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw, compared with the CCG average of 92% and the national average of 97%.
- 78% of patients who responded said the last nurse they spoke to was good at treating them with care and concern, compared with the CCG average of 81% and the national average of 91%.
- 78% of patients who responded said they found the receptionists at the practice helpful, compared with the CCG average of 77% and the national average of 87%.

In response, the practice was in the process of carrying out a nurse survey collecting 30 responses for each nurse, and used this to inform the nurses' annual 360-degree appraisal system. They also planned to implement the same process for the GPs. The practice had also discussed the findings at the customer care meetings, where all staff were present. They had increased the number of reception staff at peak times'. In addition, the practice collected, reviewed and responded to feedback from the monthly friends and family survey, and the website home page that asked patients 'Are you happy with our service?'.

Involvement in decisions about care and treatment

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

Good

Are services caring?

- Interpretation services were available for patients who did not have English as a first language. The practice leaflet had details of which languages the GPs could speak. Clinical room doors had notices to inform patients in different languages.
- We saw notices in the reception areas, in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 125 patients as carers (approximately 1% of the practice list).

- To engage with and support carers in the practice. In conjunction with the local carers network, the practice helped to arrange a 'carers day' in December 2017. The practice contacted all the carers on the register and four attended. Following reflection on the feedback from the carers the practice developed a carers information pack for the practice website. The event enabled the carers who attended the event to increase their knowledge of the support available for carers.
- The practice had developed a bereavement pack that informed patients of what services the practice could offer and what other agencies were available for support. The pack was available on the practice website.

Results from the national GP patient survey showed there was a lower response to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 73% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 79% and the national average of 86%.
- 69% of patients who responded said the last GP they saw was good at involving them in decisions about their care, compared with the CCG average of 74% and the national average of 82%.
- 73% of patients who responded said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 81% and the national average of 90%.
- 69% of patients who responded said the last nurse they saw was good at involving them in decisions about their care, compared with the CCG average of 77% and the national average of 85%.

In response, the practice had reviewed the findings at practice meetings and implemented an action plan. The action plan included that the nurse manager was to hold joint clinic sessions with the nurses and health care assistants to identify what the cause of lower percentage. The practice was also in the process of carrying out a survey of the nurses patients to check for improvements. In addition, a similar process would be followed for GPs.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, overall good for providing a responsive service, and all of the population groups .

Responding to and meeting people's needs

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

- The practice had clear and accessible standard operating procedures for the reception staff to follow when they booked patient appointments. These included details of checking if the patient needed an interpreter, what was appropriate for the minor illness clinic, and home visits.
- Staff offered patients with more complex or multiple diagnosis longer appointments. To ensure a consistent approach staff followed a comprehensive list of the type of appointments and time allocated to them.
- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. The practice was located in a multi-use centre that gave patients access to health visitor, midwifery, dental and phlebotomy services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice was implementing the 'patient partner'. This system allowed patients to book, cancel, check, or change appointments at any time, night, or day using their telephones.

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 nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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.
- 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.
- The practice offered a family planning service.

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, extended opening hours one evening a week and Saturday appointments.
- Telephone GP consultations were available, which supported patients who were unable to attend the practice during normal working hours.
- The practice offered appointments once a month with the practice nurse on a Saturday for cervical smears and immunisations.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people,

Good

Are services responsive to people's needs?

(for example, to feedback?)

those with a learning disability, asylum seekers, people experiencing or at risk of domestic violence, those with severe frailty, people who had experienced or were at risk of female genital mutilation (FGM), people with mental Health needs and those with dementia. Staff carried out searches using the computer system to check for significant issues, and staff then reviewed any identified in practice meetings.

- The practice offered a named GP to a local home that accommodated patients with behaviours that challenged, who had a learning disability. The GPs would visit the home or use video conferencing to assess patients, or risk assess whether it was appropriate for the patient to visit the practice.

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 had developed action packs for patient who had a new diagnosis of dementia that were available from the practice and on the practice website.
- The practice held GP led dedicated monthly mental health and dementia clinics.

Timely access to the service

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

- Waiting times, delays and cancellations were minimal and managed appropriately. The practice had an advanced nurse practitioner who saw patients with minor illnesses. Where the receptionists could not be offer an appointment on the day or where patient requested a home visit, they were offered a telephone consultation with the on call duty doctor. The doctor reviewed the treatment needs of the patient and offered the most appropriate appointment.
- Patients with the most urgent needs had their care and treatment prioritised. Staff said the next routine GP appointment was in 10 days and a nursing appointment was 14 days.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local averages. 363 surveys were sent out and 85 were returned. This represented about 0.66% of the practice population. This was supported by observations on the day of inspection and completed comment cards, where patients raised the issues with the telephone system and accessing appointments.

- 71% of patients who responded were satisfied with the practice's opening hours, compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 58% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 56% and the national average of 71%.
- 72% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment, compared with the CCG average of 73% and the national average of 84%.
- 67% of patients who responded said their last appointment was convenient, compared with the CCG average of 67% and the national average of 81%.
- 63% of patients who responded described their experience of making an appointment as good; compared with the CCG average of 62% and the national average of 73%.
- 27% of patients who responded said they do not normally have to wait too long to be seen, compared with the CCG average of 41% and the national average of 58%.

In response, the practice had reviewed the survey at the customer care meeting ,implemented an action plan and included this on the practice risk register. They planned to the introduction of a new telephone system in February 2018, increasing the number of consultation rooms in April to allow for an increase in appointments and reviewing the punctuality of the doctors commencing surgery. In addition, the practice had 'you said', 'we did' examples given were patients had stated they had to queue to use the internet screen to check in, in response the practice had installed a second screen. In response to 'long queues at reception', they had increased the number of staff at peak times'.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The medical director reviewed all clinical complaints.
- The complaint policy and procedures were in line with recognised guidance. Nine complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice discussed complaints at the staff meetings to identify any themes and trends and if any further action was required. In 2017, the practice had received nine complaints, five about a clinical issue, two about the staff attitude and two about the practices general administration.
- The practice logged both verbal and written complaints, the log enabled the practice to track back to the complaint and any meetings.

Are services well-led?

Outstanding ☆

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

Our findings

We rated the practice, and all of the population groups, as outstanding for providing a well-led service.

Leadership capacity and capability

There was a strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and patient's experiences.

- There was a strong collaboration, team working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- Leaders had the experience, capacity, and skills to deliver the practice strategy and address risks to it and future leadership of the practice.
- 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. Succession planning was proactively managed by the practice team and staff reported a low staff turnover levels.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a mission statement that was reviewed at monthly customer care meetings that all staff attended. The mission statement was:

  'We are passionate about keeping you healthy. We are committed role models and work as a team in order to support our patients, our colleagues, and our community. We will maintain a positive attitude, show compassion, appreciate and treat everyone with respect. We are dedicated to providing an extraordinary service to all.'

- The strategy was in line with health and social priorities across the region. The practice had reviewed the practice population and identified areas where the practice needed to increase the service.
- The practice monitored progress against delivery of the strategy in local management team meetings.

Culture

Leaders had an inspiring shared purpose, and strove to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff. There was a strong organisational commitment and effective action towards ensuring that there was inclusion across the workforce.

- The practice actively promoted a positive environment, appreciating the work that staff carry out, and continually addressing staff morale. This influenced the way staff performed and encouraged the willingness of staff to go the extra mile for both patients and colleagues. As a result provide a positive experience for patients at the practice.
- The practice had a comprehensive appraisal and development procedure for all administration and nursing staff, called 'successpathways' which had led to 26 staff members developing their careers further.
- The staff we spoke with stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients. This was demonstrated by the mission statement. In addition, the practice had covered at short notice for a suspended service and offered a GP service to 1,400 patients in October 2017 for six weeks.
- Leaders and managers acted on behaviour and performance consistent with the vision and values. We saw evidence of a robust annual appraisal system and the human resources manager and partner provided examples of how the management would review a member of staff's performance and take action if an issue was raised. This may include looking at other suitable job options within the practice.
- 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.

Are services well-led?

Outstanding ☆

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

- 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.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The human resources manager explained that part of the personal development review looked at the staffs well-being.
- Staff described positive relationships between staff and teams. Staff described team events and days, which they said had been fun and brought them together as a team.

Governance arrangements

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

- The provider had a large management team that consisted of two partners who dedicated their time to management in the roles of Chief Executive and Group Medical Director. The Chief Executive led the central management team that consisted of human resource, finance, performance, and nursing team managers. The Group Medical Director led the medical management team that consisted of the medical directors. At each location the provider had an operational manager and a reception manager.
- Staff were trained to work across all three locations.
- The practice had a computer system that enabled all staff to access quickly and easily policies, procedures and information about the practice and patients. The provider had recently implemented a system that was based upon the CQC domains of safe, effective, caring, responsive, and well-led. This would enable staff to provide a prompt and consistent approach to patient care and treatment and supported good governance.

  The practice set up a safeguarding team consisting of two GPs, a healthcare assistant and two administration staff to ensure that they continued to identify and monitor children and adults at risk of abuse.
- The inspection identified other systems in place to minimise risk for example in regarding to the premises, health and safety, infection control. The practice had an overall risk assessment that identified all of the organisational risks to the practice.
- The staff held regular meetings for example, nursing and admin team meetings weekly, local management and human resources meetings twice weekly and medical directors, multidisciplinary team meetings monthly and a customer care meeting monthly. The meetings had standing agenda items, such as significant events, QOF, complaints and a review of the needs of the population groups at the practice.
- Staff were clear on their roles and accountabilities. For example, the practice had developed a standard operating procedure for nursing staff working in the minor illness clinic.

Managing risks, issues and performance

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

- The provider had a risk register for the service that highlighted and rated all the current risks to the practice and patients. This was reviewed regularly by the group medical director.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- 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 had plans in place and had trained staff for major incidents. For example the staff had responded promptly to the loss of the telephone lines and the closure of the practice due to an incident in the adjacent street.

Appropriate and accurate information

The practice invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.

Are services well-led?

Outstanding ☆

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

- 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 practice used information technology systems to monitor and improve the quality of care. The practice had put into place a computer system to enable GPs to write directly into the patient notes whilst visiting the bedside of patients at the local care home. This meant up to date information was immediately available to the district nursing team.
- The provider has worked closely with the CCG to promote Coordinate my Care (CMC). Coordinate my care is a digital end of life plan that was shared with London Ambulance, Community nurses, hospice and general practice. This plan was used to record the patient's wishes such as information about do not resuscitate decisions and where a patient may wish to die. This has resulted in patients' choice regarding place of death being respected. For example, Church Road Health carried out 35 CMC plans in 2016-17. The provider had facilitated training for other GP practice to explain the benefits of using the CMC plan.
- 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 developed services with the full participation of those who use them, staff and external partners as equal partners. Innovative approaches are used to gather feedback from people who use services and the public, including people in different population groups, and there was a demonstrated commitment to acting on feedback.

- The practice had a communication and engagement officer who led PPG Meetings, liaised with the community to arrange workshops and awareness events in the practice and helped encourage patients to be more proactive in relation to their health and wellbeing. The role increased the number of patients attending the PPG meetings and sharing their views on how the organisation could improve their services and involve the patients in their care more. This had resulted in improved communication through the introduction of a new telephone system, which had enabled the practice to operate cross cover and support from the other practices within their group during stressful periods.
- To encourage participation in PPG, the practice introduce 'patient engagement events' in the last year, which included holding a Macmillan coffee morning, engaging with 'beat the street" – a local walking group, and instigating a patient engagement event for carers.
- The service was transparent, collaborative and open with stakeholders about performance. The practice worked with other agencies to support patients and protect them from neglect and abuse and held monthly multidisciplinary team meetings (MDT).
- The practice collated the information from the monthly friends and family survey, analysed it to identify any trends, and implemented an action plan in response. For example in November 2017, patients had raised that that they had difficulty in accessing the practice by telephone. In response, the action plan stated the practice was to invest in a new telephone system of virtual receptionist and a telephone upgrade in progress as of February 2018.
- The practice had 'you said', 'we did' examples given where patients had stated they had to queue to use the internet screen to check in, in response the practice had installed a second screen. In response to 'long queues at reception', they had increased the number of staff at peak times'.
- The practice recognised that their population was in a deprived area, (level two) with a black and ethnic population of 84% that had complex social issues, including domestic violence, The practice had an admin/reception 'bank' scheme in which they offered a four week training programme for people from the local community to get experience and basic training in what is involved in working in a GP practice. Where the 'bank staff' had shown themselves to have the necessary interest and aptitude to do the job, they were employed as admin/reception bank staff list.

Are services well-led?

Outstanding ☆

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

Continuous improvement and innovation

There was a fully embedded and systematic approach to improvement, which made a consistent use of a recognised improvement methodology. Improvement was seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the organisation, and the CCG and staff were empowered to lead and deliver change.

Church Road Health GPs were leading on and acting as the pilot site for a number of initiatives across Newham. Including;

- The provider was the Chairperson of a local group who had promoted the development of the computer software with the local hospital trust and the CCG to enable the sharing of patient information. Information from the CCG, stated that, currently the CCG have over 22 information sharing agreements. This included care record sharing, reporting and data extraction agreements. The majority of Newham Practices were actively sharing and using the care record to help support patient care. The provider has been instrumental in communicating and encouraging the Newham GPs to take part.
- The practice was involved in the introduction of a new data sharing agreement in Newham with all NHS services. This and several other IT projects were piloted at Church Road Health before being rolled out to Newham.
- Health Networks (2017 and ongoing) in piloting the development of GP cluster/locality based public health/ prevention networks involving Primary Care, Local Authority and Voluntary sector staff.
- The practice had supported the CCG to develop a computer spreadsheet that enabled the CCG to monitor the participation of GP Practices in MDT meetings. The spreadsheet recorded when, where, who attended the meeting and if the staff had access to the patient records and was completed by CCG staff who attended the MDT meetings to record minutes.
- In 2017, the provider and the staff at the practice presented and shared their knowledge and experience of using the clinical software product with other GP practices in Newham. As a result, many practices in Newham have adopted some of the methods shared to help them to improve their effectiveness and efficiency of the practice. For example, document management processes, the use of NHS eReferrals and the use of workflow manager have all been adopted for use by other practices.
- The practice was piloting the use of video conferencing multidisciplinary meeting to enable staff from social care and secondary care to attend. If successful, the CCG will use this for other members.

Doctors at the practice were encouraged to contribute to the work of the CCG. For example:-

- One of the doctors had led for the CCG on increasing medical students placements, as part of Newham Together, the Community Education Provider Networks (CEPNs).
- A doctor at the practice had led the design and development of the trainer resource and a learning management portal. The portal was designed to provide information on to general practices across the north, central and east London on what is required to develop as a learning practice. The first stage was standardised statutory/mandatory and training resources in general practice.

Other areas that demonstrated both innovation and development for the community were:-

- Following the inspection the provider developed a further clinical template 'resources and links' for staff to complete. The practice planned to develop this into a directory of useful resources for patients. Which were selected to empower patients from vulnerable groups, for example support organisations, mentoring and opportunities for adult learning, volunteering or supported work schemes, or clinical information translated into the languages of the population we serve. This template will grow with time and form the centre of a social prescribing toolkit.
- The practice had a history of supporting London Black Women's Project (LBWP) to tackle the issue of domestic violence within Newham. Recently they have collaborated on a national three-year project called GP Champions for Youth Health Project. The practice had worked with the LBWP to raise awareness amongst GP's through workshops and information dissemination about domestic and sexual violence. In addition, the practice engaged in research on the self-harm within the

Are services well-led?

Outstanding ☆

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

South Asian female community, which had a significant impact on the health sector in terms of identifying causes. The practice staff had received training regarding domestic and sexual violence from the project.