Burnley Practice

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?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

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? - Good

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 recently retired and students - Good

People whose circumstances may make them vulnerable - Good

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

We carried out an announced comprehensive inspection at Burnley Practice on 2 November 2017. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Burnley Practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- 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.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and worked with other local and national healthcare providers to share best practice.

We saw areas of outstanding practice:

- The practice used information technology systems to monitor and improve the quality of care. The electronic dashboard used across the provider group was a powerful tool for understanding the practice's comparative performance across a range of clinical indicators and had provided access to bespoke searches relevant to medicines management and effective care. This enabled the practice to readily identify when follow up tests and screening were due in the management of patients with long term conditions.
- The practice had offered GP services to 380 street homeless people or those in temporary or hostel accommodation in the London Borough of Brent. One of the GPs was offering weekly clinics in a local shelter home. A dedicated counsellor was employed by the practice who was acting as a regular link between the homeless patients, keyworkers at the hostel and the practice. The practice' computer system would alert staff to all of the outstanding care needs of patients who visiting the practice. This helped clinicians provide more effective care for patients who preferred to attend the practice infrequently.
- The practice had used innovative and proactive methods to assure effective communication across the organisation. For example, the practice had initiated an online networking tool to share learning, information, ideas including social events and peer support. The provider was using this online tool to monitor the performance and utilising the resources, such as, managing the winter pressure or when the demand increased for appointments. The provider had sent the weekly and monthly staff bulletins to all staff members. This provided them with any information about the practice including clinical updates, staffing matters, training opportunities and any changes within the practice group. An interactive on-line messaging system, 'message my GP' was available for patients to direct non-urgent queries to a GP with a response turnaround of up to 48 hours.
- Staff had access to a learning and development portfolio featuring face-to-face and web-based training programs tailored for each staff role. For example, fortnightly web-based training for healthcare assistants; development support for practice nurses; a development programme for practice managers and pharmacists and a fortnightly consultant led learning program for clinicians.

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

- Review the system in place to improve the management of blank prescription forms.
- Review the system in place to promote the benefits of breast cancer national screening in order to increase patient uptake.

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

Burnley Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser.

Background to Burnley Practice

- Burnley Practice is a GP practice located in Brent in North West London and is part of the Brent Clinical Commissioning Group. The practice is located in purpose-built premises within the community health centre site. A number of community health services are offered at the health centre by the different providers. The practice is fully accessible and has a disabled parking space in front of the building.
- Services are provided from: Burnely Practice, Willesden Centre For Health, 1st Floor, Robson Avenue, London, NW10 3RY.
- Online services can be accessed from the practice website: www.burnleygp.co.uk.
- Burnley Practice is managed by the provider organisation AT Medics Limited. The company took over the contract to provide NHS primary care services at Burnley Practice on 1 November 2016. AT Medics Limited is run by six GP directors who are all practicing GPs. The company manages 37 GP practices across London.
- The practice offers 80 appointments per 1000 registered patients per week.
- The practice provides primary medical services to approximately 6,800 patients through an alternative provider medical services (APMS) contract. (APMS is a locally negotiated contract open to both NHS practices and voluntary sector or private providers).
- The practice population of patients aged between 0 to 9 and 20 to 44 years old is higher than the national average and there is lower number of patients aged between 10 to 19 and aged above 50 years old compared to national average.
- Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 57% of the population is composed of patients with an Asian, Black, mixed or other non-white background.
- This is a training practice, where a doctor who is training to be qualified as a GP has access to a senior GP throughout the day for support. We received positive feedback from the trainee we spoke with.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- 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.
- 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. 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.

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.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely. On the day of inspection we saw there was a system in place to monitor the use of blank prescription forms for use in printers but these were not correctly recorded and tracked through the practice at all times.
- 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.
- The practice benefited from a corporate business intelligence tool which enabled staff to easily run searches on the patient records system including reports relevant to medicines management such as

Good

Are services safe?

antibiotic prescribing and patients prescribed higher risk medicines. This reporting tool enabled staff to identify individual patients at potential risk for further follow up and review.
- 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 employed two clinical pharmacists who were independent prescribers. The pharmacist's responsibilities included carrying out a programme of medicines reviews, liaising with the local CCG prescribing team, medicines optimisation and telephone triage.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a 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.
- 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 reviewed its arrangement for summarising patients' notes to address the back log caused due to lack of resources.
- The practice carried out a thorough analysis of the significant events and shared learning across the practice and regionally with other practices in the provider group. The provider monitored trends in significant events across all practices in the group and evaluated any action taken.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

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.

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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Performance for the daily rate of prescribing of Hypnotics (medicines used to treat insomnia) was 0.91 which was comparable to the CCG average of 0.48 and the national average of 0.98.
- Performance for the daily rate of prescribing of all antibacterial medicines was 0.9 which was comparable to the CCG average of 0.79 and the national average of 1.01.
- Performance for the percentage of antibiotic medicines prescribed that were Cephalosporins (usually prescribed for patients undergoing dialysis) or Quinolones (used to treat infections) was 4% compared to the CCG average of 5% and national average of 5%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are 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. Over a 12 month period the practice had offered 143 patients a health check. 141 of these checks had been carried out.
- 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.

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.
- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 91% locally and 91% nationally.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. The practice had an effective recall system in place for child immunisation.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

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

- The practice's uptake for cervical screening was 80%, which was in line with the 81% coverage target for the national screening programme. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- 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:

Good

Are services effective?

(for example, treatment is effective)

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- Data from 2016-17 showed, performance for dementia face to face reviews was in line with the CCG average and national average. The practice had achieved 84% of the total number of points available, compared to 85% locally and 84% nationally.
- 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 in line with the CCG average (92%) and national average (90%).
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 94% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, compared to 93% locally and 91% nationally.

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.

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 96% and national average of 96%. The overall exception reporting rate was 11% compared with a 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).

- Quality and Outcome Framework (QOF) data 2016-17 showed that the practice had achieved good outcomes for patients despite taking over the practice contract part way through the financial year. We noted the system and processes had been well developed and supported high achievement targets.
- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 94% locally and 94% nationally.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- There had been five clinical audits commenced in the last one year, four of these were completed audits where the improvements made were implemented and monitored.
- The practice used information about care and treatment to make improvements. For example, the provider had developed a performance dashboard monitoring a range of clinical indicators associated with the effective management of longer term conditions. For example, the dashboard tracked practice progress on completing nine evidence-based checks (including blood sugar, blood pressure and foot checks) for patients diagnosed with diabetes. This system flagged patients with missing checks for follow-up and review and also enabled the practice to see how it was doing compared to other practices in the provider group. The percentage of diabetic patients with well controlled blood sugar levels (that is, their most recent IFCC-HbA1c was 59 mmol/mol or less) had increased from 65% in 2015/16 to 79% in 2016/17. (The national average for this indicator was 72%).

Effective staffing

Staff 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.

- 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. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the

Good

Are services effective?

(for example, treatment is effective)

Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 had introduced a new document handling system to streamline the workflow which reduced the quantity of written information directed to doctors daily so they could focus for example on clinical letters requiring action or reconciliation of medicines. The clinical staff told us this had greatly reduced the time they spent on unnecessary paperwork.
- 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.

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 health.
- Data showed, in total 60% of patients eligible had undertaken bowel cancer screening and 62% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 73% respectively.
- 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.
- A number of community health services were available within the health centre site where the practice was located.
- The practice had hosted a successful health & wellness open day for members of the public in April 2017. The practice used this event to gather feedback whilst also promoting the range of services provided by the practice. The event was attended by a wide range of local healthcare providers offering information and advice on accessible services aimed at improving the health and well-being of different groups of patients.

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.

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.
- All but one of the 10 patient Care Quality Commission comment cards we received were positive about the service. One comment card was negative which highlighted dissatisfaction about the service provided by some reception staff. Three patients and a member of the patient participation group (PPG) we spoke with were also happy with the service. Several patients commented that the service had improved since the service had been taken over by the current provider. Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- We saw the NHS friends and family test (FFT) results for last six months and 96% patients were likely or extremely likely recommending this practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and eighty-three survey forms were distributed and 89 were returned (a response rate of 23%). This represented about 1.3% of the practice population. The practice results were comparable or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 89% of patients said the nurse was good at listening to them compared to the CCG average of 84% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared to the CCG average of 85% and the national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 94% and the national average of 97%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice had developed an action plan in response to the national GP patient survey results. Actions which had been implemented included additional customer service, equality and diversity, and dignity and respect training for nursing staff. The practice had increased nurse sessions.

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):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Good

Are services caring?

- 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 patients who were carers. The practice had hosted an open day earlier in the year which included representatives from a carer's organisation to raise awareness. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 130 patients as carers (2% of the practice list).

- Carers were invited to receive annual flu vaccination, offered health checks and given priority access to appointments. Written information was available to direct carers to the various avenues of support available to them, for example respite breaks for patients with learning disability.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 85%.

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, 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. For example, the practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. However, the space was limited and the practice was sharing waiting area with the other service.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had secured a funding to move the practice on the ground floor with more space and additional consulting rooms in April 2018.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and baby changing facility.
- The practice had installed a multilingual touch screen check-in facility to reduce the queue at the reception desk. The practice website included a translation facility.
- The practice installed an automatic floor mounted blood pressure monitor in the premises for patients to use independently.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice sent text message reminders of appointments and test results.

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.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals.

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.
- An anti-coagulation clinic was offered onsite, resulting in patients who required this service not having to travel to local hospitals. (An anticoagulant is a medicine that stops blood from clotting).
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats.

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. Records we looked at confirmed this.
- 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, the practice offered extended hours on a Saturday morning from 9am to 1pm for working patients who could not attend during normal opening hours.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- In addition, the patients at the practice were offered extended hours appointments through a locality hub Monday to Friday from 6pm to 9pm, Saturday and Sunday from 8am to 8pm at the practice premises. This extended hours service was funded by the local CCG.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours. For example, an interactive on-line messaging system, 'message my GP' was available for patients to direct non-urgent queries to a GP with a response turnaround of up to 48 hours.

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.
- The practice had worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had provided GP services for homeless people who were able to register with the practice using the practice address. The practice offered services to 380 street homeless people or those in temporary or hostel accommodation in the borough of Brent. The practice was pro-active and flexible in accommodating their medical appointments and visits by taking into consideration their past history and medical needs. One of the GPs was offering weekly clinics in a local shelter home.
- A dedicated counsellor was employed by the practice who was acting as a regular link between the homeless patients, keyworkers at the hostel and the practice. The counsellor offered eight sessions per homeless patient which included regular support to manage their anxiety, depression, isolation and drug and alcohol related issues. This process had enabled the practice to gather previous medical history and necessary patient information to ensure delivery of services in a safe and effective manner. Patients who required additional support were referred to a relevant specialist service where more intensive support was available.
- Patients visiting the practice were encouraged to see the doctor and would be accommodated on the same day where possible. This meant that GPs were able to undertake opportunistic health and medicine reviews. The practice also provided letters for homeless patients to support them with accessing housing.
- On the day of inspection the practice informed us that the funding for homeless project had been withdrawn recently. However, the practice was continuously providing the services and trying to secure the funding.

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 the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. However, some patients we spoke with raised concerns that patients had to wait long time (30 to 45 minutes) in the waiting area after their allotted appointment time. The practice informed us they had introduced catch up breaks between appointment slots for GPs and was monitoring the situation.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use and pre-bookable appointments could be booked up to eight weeks in advance.
- We checked the online appointment records of two GPs and noted that the next pre-bookable appointments with named GPs were available within three to four weeks and with any GP within one to two weeks. We noted that the next pre-bookable telephone consultation appointment with any GP was available within 48 hours. Urgent appointments with GPs or nurses were available the same day.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above or comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 83% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and national average of 71%.
- 83% of patients 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 77% and the national average of 84%.
- 91% of patients said their last appointment was convenient compared with the CCG average of 72% and the national average of 81%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 53% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 44% and the national average of 58%.
- 79% of patients said they would recommend this practice to someone new to the area compared with the CCG average of 69% and the national average of 77%.

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 complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last six months. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- 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. For example, the practice informed us they had organised a customer service skills training to improve staff skills.

Are services well-led?

Good

(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 good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They 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 care and promote good outcomes for patients.

- The provider had a clear vision to deliver world class, accessible primary care for patients, to innovate and invest in staff. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 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. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They 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 provider was offering cycle to work scheme and children voucher scheme.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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 interactive and 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 proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

Good

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

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

- 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. 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.
- A comprehensive understanding of the performance of the practice was maintained through a variety of mechanisms including the electronic 'dashboard' system, a monthly and a weekly bulletins and regular meetings. Performance information was shared with the central governance team and directors and with other practices in the provider group.
- 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.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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. For example, the practice had initiated an online networking tool to communicate quickly and urgently with all staff members in relevant groups. This networking platform was used to share information, peer support and monitor the resources.
- There was an active patient participation group. We met a representative of the PPG who told us the practice was responsive to ideas and feedback from patients and had made significant changes to the practice website to promote better access.
- The practice had carried out an internal patient survey in June 2017.
- The service was transparent, collaborative and open with stakeholders about performance.
- Guidelines were discussed in clinical meetings; the weekly and monthly staff bulletins and at learning sessions organised by the provider. This provided staff any information about the practice including clinical updates, staffing matters, training opportunities and any changes within the practice group.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice demonstrated some innovative processes that had been developed and implemented by the provider organisation for operational use at practice level. For example, a streamlined document handling system had been implemented to eliminate duplication and reduce the volume of correspondence that GPs dealt with. The practice estimated this had successfully reduced the amount of time that the GPs spent on

Are services well-led?

Good

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

unnecessary paperwork by an hour per day. The process was operated by a trained administrative staff member with regular oversight by one of the GPs and the process was routinely audited.

- The electronic dashboard used across the provider group was a powerful tool for understanding the practice's comparative performance across a range of clinical indicators and had helped drive local improvement, for example in managing diabetes. We were told that the provider was considering ways to make this software more widely available to the NHS.
- 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.
- The provider promoted staff learning and career development with a range of formal and informal learning opportunities. Staff had access to a development portfolio featuring training programs tailored for each staff role. For example, fortnightly web-based training for healthcare assistants; development support for practice nurses; a development programme for practice managers and a fortnightly consultant led learning program for clinicians.