

**GP practices
in Camden:**
a study of variation 2015



About Healthwatch Camden

Healthwatch Camden is an independent organisation with a remit to make sure that the views of local service users in Camden are heard, responded to, taken seriously, and help to bring about service improvements.

Our duties (which are set out under the Health and Social Care Act 2012) are to support and promote people's involvement in the planning, running and monitoring of services; to gather views and experience and to make reports and recommendations for improvement based on those views; to offer information and advice on access to services and choices people can make in services; and to enable local people to monitor the quality of local services.

Our remit extends across all publicly funded health and social care in the borough. It includes statutory powers to enter and view any publicly funded health and social care service and to call for a formal response from the relevant bodies to any of the recommendations we make. Healthwatch Camden has a seat on the Health and Wellbeing Board and contributes to strategic thinking about reducing health inequalities across the borough.



Message from the Chair

This report from Healthwatch Camden offers a constructive contribution to discussions about primary care, highlighting some of the variability of service across our borough. It is not intended as a guide to patients nor a tool to help find the best GP practice. Instead, we hope it will help people to recognise where good practice exists and to work to deliver improvement where it is needed.

We know that people do not treat their GP practice like a shop where they pick and choose or move their custom depending on their experience of one retailer or another. People want a good GP close to where they live and, if faced with a choice, are most likely to make their decision based on a personal recommendation from family or friends. We also know that patients tend not to search for information about the quality of the diagnosis, treatment and care services provided by different GPs. Those who do seek such information report that they find it difficult to find and understand. Once registered, patients are generally loyal and prefer not to change their practice¹.

In reality, ensuring patients across Camden get the best possible GP services is not a task that can be achieved by leaving local people to vote with their feet.

Instead, encouraging service providers to compare performance, learn from variation and strive to replicate good practice can be a useful approach to improving quality.

This report explores the variation in performance across Camden's 36 GP practices through the lens of a selection of indicators and themes that are important to patients. Variation is the story of this report, not individual performance scores which, as we show, can vary depending on which indicators are selected. It is also important to note that in many cases there may be good and valid reasons for variation. But by asking what's the difference and why, this report is designed to be a helpful tool for all those people and organisations who are engaged in the effort to make Camden's GP services the best they can possibly be.

A handwritten signature in black ink that reads "Connie Smith". The signature is written in a cursive, flowing style.

Dr Connie Smith, MBE

Key Findings

- Analysis of patient experience and clinical performance data reveals wide variation across GP services in Camden.
- No single GP practice can be described as the best or worst across the whole range of indicators.
- By presenting publicly available data in a clear comparative format, Healthwatch Camden reveals a patchwork quilt of variation and tells thirty six different stories – one for every GP practice in Camden.
- Data on clinical performance show a generally high standard across all the GP practices in Camden. Nevertheless, the data reveal variation. For example the percentage of patients on the diabetes disease register who have a record of an albumin-creatinine ratio test in the preceding 12 months ranges from 100% at one practice to less than 10% at others.
- The data suggest that the practices located in the less deprived areas of the borough perform better but some practices in deprived areas are doing better than their neighbours.
- Numerous contextual factors, such as the differing social and economic circumstances of the patients registered at the practice, may contribute to variation in performance. However, no single factor appears to fully explain the differences in scores between the 36 GP practices in Camden.
- There is a good level of carer-awareness at all the GP practices but many fall short in efforts to formally identify patients who are unpaid carers and add them to the carer register.
- People with sensory impairments face barriers in many practices, most commonly related to communication challenges.
- Health advocates based in GP practices report variation in types of non-medical support sought by different patient groups. Patients from black, minority and ethnic groups are more likely to seek help with housing or benefits while white British patients are more likely to seek support around healthy living.
- Asking why the different practices perform well in some areas but show room for improvement in others could assist efforts to reducing variability of quality and improving equity of GP services for people across the borough.
- Healthwatch Camden wants to see all those individuals and different organisations that have an interest in commissioning and providing primary care services in Camden working towards addressing variations in quality so that every patient, wherever they live in the borough, can enjoy the best possible services.

Introduction

Whoever we are, at whatever time of life, we all have occasion to visit a doctor. Our general practitioner (GP) is at the heart of our health service and is our entry point into many other services – both health and social care.

That's why GP services are the number one topic that gets raised by local people when they talk to Healthwatch Camden. It's also the reason Healthwatch Camden has been keen to better understand what is working well or not so well at Camden's GP practices.

This report draws on publicly available data and on qualitative research with local people to explore the variation that exists in both patient experience and in the delivery of key services across the 36 GP practices in Camden. It presents a series of statistical tables which show variation in performance across different indicators. We've chosen the indicators to span a range of health issues. (We could have chosen others.) Each paints a slightly different picture of what is working better or worse at each practice. A key finding is that no single practice can be described as the best or worst across the whole range of indicators. Instead, the tables show us a patchwork quilt of variation. Asking what can be learned from these variations is the real subject of this report.

We urge readers to study the variations because, as the comparisons between the different practices demonstrate, every one of Camden's GPs shows room for improvement in some areas while at the same time performing well in others. Asking why this might be the case could unlock some of the answers to reducing the variability of service quality across the borough. A gap between the performance of one practice and that of a neighbour is surely a measure of the potential for improvement.

In highlighting the potential for improvement, Healthwatch Camden is very aware of the pressures faced by GPs and their staff who work long hours and face high patient numbers and financial constraints.

But the performance gaps revealed here may not always be a question of resources – or at least

not a consequence of resource constraints alone. For example, some of the aspects of service that are important to patients could perhaps be addressed with small changes in systems, a re-think of policies or minor shifts in attitude.

As the report progresses, we go on to dig deeper into the experiences of particular groups of Camden residents, such as unpaid carers and people with sensory impairments, to find out how the GP services are working for them.

By examining both big picture data and asking questions of different groups of patients, this report draws a picture of GP services that are good but where there is considerable variation in quality across different aspects of the services provided.

This report does not claim to know the answers to why the variations exist or how they could be reduced. But by identifying them and asking the question why, we hope to make a constructive contribution to the effort to learn and improve.

About the data

The data we use in the statistical Tables 1 - 4 are not new. The information on patient experience is freely available online (GP Survey <https://gp-patient.co.uk/>) and the clinical data are drawn from My NHS, NHS Choices (<http://www.hscic.gov.uk/catalogue/PUB15751>).

However, we know that it can be difficult to make sense of these information sources. In this report we have extracted the information that is specifically relevant to Camden, analysed the data and presented it in a way that gives a useful picture of how GPs are performing for people living in the borough.

For more information about the data sources and methodology see Box 1 on page 8 and the technical notes on page 36.

Table 1: Performance variation across Camden's GP Practices

The table shows the 36 GP practices in Camden ordered alphabetically. Column 1 shows the total score on a combination of patient experience indicators. Column 2 shows the score totals for a selection of clinical indicators. Dark shading designates the best quarter of the scores, medium shading designates the medium group of scores, light shading designates scores in the lowest quarter.

Practice name - alphabetical order	Patient experience (total score)	Clinical performance (total score)
Abbey Medical Centre	68.0	82.9
Adelaide Medical Centre	83.8	80.9
Amphill Practice	66.9	77.3
Belsize Priory Medical Practice	63.2	81.7
Bloomsbury Surgery	76.9	88.0
Brondesbury Medical Centre	75.0	81.3
Brookfield Park Surgery	69.6	80.3
Brunswick Medical Centre	57.8	81.0
Caversham Group Practice	76.5	77.8
Cholmley Gardens Medical Centre	82.7	78.8
Daleham Gardens Health Centre	84.4	84.1
Fortune Green Practice	75.2	79.8
Four Trees Surgery	78.5	84.6
Gower Place Practice	75.4	76.4
Gower Street Practice	83.4	68.4
Gray's Inn Road Medical Practice	70.6	81.5
Hampstead Group Practice	82.7	81.3
Holborn Medical Centre	75.6	73.3
James Wigg Practice	77.3	76.8
Keats Group Practice	79.5	81.1
Kings Cross Road Surgery	63.8	Not available
Museum Practice	89.8	79.6
Park End Surgery	87.3	75.2
Parliament Hill Medical Centre	84.0	83.9
Primrose Hill Surgery	77.6	78.0
Prince of Wales Medical Centre	72.0	78.8
Prince of Wales Road Surgery (Matthewman)	89.1	58.0
Queen's Crescent Practice	70.4	81.0
Regent's Park Practice	67.3	75.1
Rosslyn Hill Surgery	75.1	88.2
Somers Town Medical Centre	58.2	80.0
St Phillips Medical Centre	78.6	Not available
Swiss Cottage Surgery	79.1	80.8
West End Lane Medical Practice (Grasse)	69.1	63.4
West Hampstead Medical Centre	70.0	81.4
Westfield Medical Centre	63.6	87.9
Camden Average	75.9	78.7

Scores in the highest quarter
 Scores in the middle two quarters
 Scores in the lowest quarter

Chapter 1: What can we learn by looking at the statistics?

Most people in Camden are happy with their GP. The same is true for most people across the country. In many areas of England, over 80% of those patients surveyed answer that they have an overall good experience of their GP practice. For Camden the figure is 83%².

Moreover, feedback from local people to Healthwatch Camden tells us that most are pleased with their GP and place very high value on the service they receive. However, in the spirit of striving for continuous improvement, this report looks at what can be learned from variations between the different Camden practices across different aspects of their services. The findings tell 36 different stories – one for each GP practice in Camden. A close look at Tables 1 to 4 reveals that the data on every practice paints a slightly different picture of what is working better or less well than at others in the borough. A key finding is that no single practice can be described as the best or least good across the whole range of indicators.

Table 1 (opposite) presents a statistical table of all the 36 GP practices in Camden ordered alphabetically. The data show differences in performance on both patient experience and selected clinical indicators.

Here each GP Practice has been assigned a colour tint according to whether it has a score that is among the top quarter of Camden's GP practices (dark blue) or the middle group of performers (medium blue), or in the lowest quarter of the score sheet (light blue).

With this formulation it is possible for each practice to identify the areas in which it lags or leads, and to cross-compare its performance on each indicator against the other practices in Camden. Park End Surgery, for example, might ask why its performance on the collection of clinical indicators places it below the Camden average while its performance

on the patient experience indicators is one of the best in the borough. Conversely, Four Trees Surgery falls around mid-way on patient experience but comes fourth in Camden as shown by the data on clinical performance. Abbey Medical Centre and Westfield Medical Centre are two other practices where a poor patient experience score undermines a strong score on the clinical indicators. The table also shows that even the Museum Practice, which in column 1 comes out top in the patient experience scores, might endeavour to close the gap of eight percentage points that separate it from Rosslyn Hill Surgery and Bloomsbury Surgery which are the two best performers in the clinical performance indicator column. Another notable result is for Prince of Wales Road Surgery (Matthewman) which is right up top (second place) on patient experience but is last place on clinical performance.

Throughout this report it is the variation that should be the main point of interest rather than the achievement scores. It is the unwarranted variation (defined as variation in the utilisation of health care services that cannot be explained by differences in patient populations or preferences) that can highlight areas for improvement.

We have deliberately chosen a selection of clinical indicators, not the full NHS England dataset, so that we could focus on a range that can be clearly communicated and that we know matter to local people. It is important to note that a different selection of indicators would have produced different results. For example, our study does not include any data on medicines management where wide variation between Camden practices can also be seen. Readers who are interested in exploring further might take a look at the latest Care Quality Commission monitoring reports³. A full explanation of the data sources we used, how we analysed the

information and how we combined the results to produce the tables is available at the back of this report (see page 36). More detail on our selection of clinical performance indicators is provided in Box 1 (see page 8).

A Story of Unwarranted Variation

Tables 2a and 2b provide a fuller breakdown of the different indicators of patient experience and of clinical performance that have been used to inform our main Table 1. Across the different indicators we can explore many stories of variation in GP performance. Anyone interested in a specific GP practice can use these charts to pick out their own story of where the data appear to suggest that they are stronger or weaker than their neighbours.

Not one practice is among the top performers for every indicator. Similarly there is not one practice that performs badly in every area. By spotting combinations of lightest blue shading (signifying least good performers) and darkest blue shading (signifying best performers) we are invited to ask why so many GPs appear to perform better for patients with some conditions or on some aspects of patient experience than for others. Why, for example, should Daleham Gardens Health Centre record a relatively poor performance for patients with Cardio Vascular Disease when the data show the practice to be one of the best in Camden on all the other clinical indicators?

Variation in patient experience

The six indicators of patient experience shown in Table 2a are drawn from those used in the national GP Patient Survey⁴. They record patient feedback about different aspects of their experience ranging from ease of making an appointment to whether they report an overall good experience of the GP practice. Here again, the colour tinting serves to highlight the areas where some practices may be doing particularly well or surprisingly badly. For example, patients at Primrose Hill Surgery appear generally pleased with the service provided with very high scores on overall

experience and on ease of getting through on the phone. But patients appear to be registering a strong voice of discontent with the opening hours, giving Primrose Hill Surgery the lowest score of all the practices but one on this indicator.

Variation in clinical performance

Table 2b shows the variation across the five different indicators that have been selected to explore clinical performance. Each of the five indicators have been chosen because they tell us about how well the GP practice is succeeding in management, treatment, prevention or care in these crucial areas. As such, they provide a snapshot of how well each practice is attending to the known health needs of its patients.

Each of the five indicators (Cancer, Diabetes, Chronic Diseases, Cardio Vascular Disease and Dementia) are made up of results for different services that can reasonably be argued to demonstrate how well each practice is doing at protecting and improving people's health in these areas. (The details of the data and technical information about the calculations underlying each indicator can be found at the end of this report.) For example, we looked at three different services that GPs can be expected to provide for patients with diabetes: foot checks; flu immunisations; and albumin:creatinine ratio tests. We combined the results for each practice on each of these three services to find an overall score on diabetes management.

Only Rosslyn Hill Surgery records results that are among the top quarter of all the scores in all five areas. In the case of all the other practices, the data show variation in achievement across the different services provided. Sixteen out of the 36 practices record scores that range from among the highest to among the lowest depending on the different disease indicators. For example, Adelaide Medical Centre is among the top quarter of scores on chronic disease management while being among the middle range of scores on cancer, cardio-

Table 2a: Patient experience at Camden's GP practices

The table shows the results recorded by patients responding to the GP Patient Survey on six questions about their experience at their GP practice. The columns show the percentage of respondents who answered "yes" to the question. The scores are combined to obtain an average score which is shown in column one. The 36 practices are ordered according to their average score with the best score at the top.

Practice name	% Overall average of all indicators	% Easy to get through to GP surgery via phone	% Good experience of making appointment	% Good experience of GP treating you with care and concern	% Satisfied with opening hours	% Good experience of GP surgery	% Recommend GP surgery to someone new to the local area
Museum Practice	89.8	92.7	96.7	85.1	85.5	89.7	89.3
Prince Of Wales Road Surgery (Matthewman)	89.1	88.9	92.4	89.3	86.2	92.0	86.1
Park End Surgery	87.3	89.9	87.5	87.8	77.4	91.0	90.0
Daleham Gardens Health Centre	84.4	90.5	89.9	86.1	66.7	87.3	86.1
Parliament Hill Medical Centre	84.0	90.3	86.1	84.5	73.2	85.8	84.3
Adelaide Medical Centre	83.8	81.3	80.1	84.9	80.0	88.7	87.7
Gower Street Practice	83.4	88.3	85.7	75.7	80.6	84.3	85.6
Hampstead Group Practice	82.7	78.1	77.7	85.0	81.5	88.6	85.6
Cholmley Gardens Medical Centre	82.7	83.1	80.0	82.0	75.8	89.1	86.2
Keats Group Practice	79.5	71.0	74.4	84.0	71.8	90.2	85.4
Swiss Cottage Surgery	79.1	80.1	76.0	83.6	67.2	86.2	81.4
St Phillips Medical Centre	78.6	91.3	74.4	75.3	72.2	83.9	74.3
Four Trees Surgery	78.5	79.9	76.3	85.6	74.2	83.0	72.2
Primrose Hill Surgery	77.6	87.3	66.6	82.2	57.0	87.4	84.9
James Wigg Practice	77.3	74.0	62.4	84.4	75.5	83.3	84.3
Bloomsbury Surgery	76.9	81.0	74.1	78.8	75.1	80.1	72.2
Caversham Group Practice	76.5	69.6	64.0	90.3	75.5	82.3	77.2
Holborn Medical Centre	75.6	81.3	72.1	78.3	70.8	85.1	66.3
Gower Place Practice	75.4	78.7	78.4	73.5	62.8	77.9	81.4
Fortune Green Practice	75.2	79.7	81.2	75.2	66.4	73.3	75.2
Rossllyn Hill Surgery	75.1	75.6	68.9	89.7	59.9	82.8	73.7
Brondesbury Medical Centre	75.0	68.9	69.7	78.8	69.9	84.3	78.4
Prince of Wales Medical Centre	72.0	42.0	65.1	87.7	77.1	87.7	72.3
Gray's Inn Road Medical Practice	70.6	68.9	58.9	81.5	72.8	77.8	63.6
Queen's Crescent Practice	70.4	77.5	60.6	85.7	56.2	78.1	64.5
West Hampstead Medical Centre	70.0	55.9	54.6	82.9	68.1	84.9	73.9
Brookfield Park Surgery	69.6	68.2	68.7	75.0	60.7	76.4	68.8
West End Lane Medical Practice (Grasse)	69.1	83.8	88.0	58.1	64.7	67.7	52.6
Abbey Medical Centre	68.0	50.7	53.0	76.8	73.0	78.1	76.6
Regent's Park Practice	67.3	55.5	56.2	81.5	71.0	73.2	66.6
Amphill Practice	66.9	51.6	54.2	75.6	64.1	84.7	71.4
Kings Cross Road Surgery	63.8	67.6	46.9	66.5	61.6	72.8	67.1
Westfield Medical Centre	63.6	75.7	68.2	57.5	58.5	64.6	57.1
Belsize Priory Medical Practice	63.2	50.2	56.2	73.1	72.6	70.5	56.5
Somers Town Medical Centre	58.2	54.5	48.5	73.0	67.3	57.2	48.6
Brunswick Medical Centre	57.8	57.6	48.8	59.0	72.5	60.4	48.5

Scores in the highest quarter
 Scores in the middle two quarters
 Scores in the lowest quarter

BOX 1: What information are we using to assess clinical performance?

We have used a range of information to assess the performance of each GP practice in terms of the disease management, treatment and care they are providing for patients. All the information we have used is already in the public domain. Interested readers can find the original data sets by going to <http://www.hscic.gov.uk/catalogue/PUB15751>. However, it's hard for most people to make head or tail of the information in the pure form provided online by the NHS. That's why we decided to select the most useful data and organise it in a way that can tell a clear story for Camden.

From all the different data sets available, we chose the ones that can reasonably be considered to paint a fair picture of how well each GP is performing on a range of important but standard services. We talked to experts, including GPs, to check that the indicators we were choosing made sense. Other studies have noted that variation can also indicate over use of services⁵. However, we have focused on proven interventions where it is appropriate and desirable to reach the highest number of patients possible. We tried as much as possible to avoid using indicators that are likely to be very much affected by the extent and complexity of the health problems or social and economic circumstances that might be experienced by a GP's particular patient list.

The types of patients served by each practice can vary due to the location of the GP practice and the social or economic circumstances of the community. And for a variety of reasons, some patients may be more pro-active about looking after their own health and making sure they visit their GP. This makes it easier for the GP practice to deliver prevention and care services in a more timely fashion. So when we looked at the percentage of patients that each

GP practice is managing to reach with important services, we looked mostly (with some exceptions) at the success in servicing patients who are already registered as living with particular conditions that put them at high risk. For example, in providing our snapshot of GP performance on diabetes services, we looked only at the extent each practice is managing to serve patients who are already on the diabetes register and whose needs are therefore known to the practice. Trying to ensure that all Camden residents with diabetes are diagnosed and are on the register is another very important task but this was not part of our investigation for this report.

Our cancer indicator does not pertain to patients already on the cancer disease register but looks instead at an important generalised early detection service – cervical screening. The data on coronary heart disease and on chronic obstructive pulmonary disease speak to success in identifying patients with these conditions rather than exploring services for those already registered.

Some of our indicators are made up of one service while others combine data on as many as four different services. We combined the set of results within each indicator group by taking an unweighted average so that ones with more components did not count more heavily than others in the final scores. We took this decision because we did not want the availability of more suitable data to mean we placed more importance on the service provided to patients in one disease group rather than another. Of course, if we had weighted the indicators differently, our 'patchwork' of results would look slightly different but the overall message would remain the same – a story of variation.

Cancer: this indicator is made up of information on one preventive service –

1. The percentage of women aged between 25 and 65 registered at the practice whose notes record that a cervical screening test has been performed in the preceding 5 years.

Diabetes: this indicator is made up of information about three diabetes management interventions –

1. The percentage of patients, already on the diabetes register, who have had a flu immunisation over the preceding winter months (Sept-March).
2. The percentage of patients, already on the diabetes register, with a record of a foot examination and risk classification 1-4 within the preceding 12 months.
3. The percentage of patients, already on the diabetes register, who have a record of an albumin:creatinine ratio test in the preceding 12 months.

Chronic diseases: this indicator is made up of information on four different services that contribute to the management and care of a range of common chronic diseases, including mental health conditions –

1. The percentage of patients already diagnosed with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months.
2. The percentage of patients already diagnosed with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months.
3. The ratio of expected to reported prevalence of Coronary Heart Disease (which shows whether the practice is managing to identify patients who have CHD).

4. The ratio of expected to reported prevalence for Chronic Obstructive Pulmonary Disease (which shows whether the practice is managing to identify patients with COPD).

Cardio Vascular Disease: this indicator is made up of information on two aspects of care –

1. The percentage of patients already diagnosed with atrial fibrillation, measured within the last 12 months, who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy for the prevention of a stroke.
2. The ratio of expected to reported prevalence of Coronary Heart Disease (which shows whether the practice is managing to identify patients who have CHD).

Dementia: this indicator is made up of information on one disease management intervention –

1. The percentage of patients already diagnosed with dementia who have had a face to face review.

The full data sets are available in the Annex at the back of this report.

Data Limitations

As in any statistical analysis, we are reliant on data that have limitations but are the best available at the time. The GP Patient Survey (patient experience data) is a voluntary survey and the data gathered are not a randomised sample but reflect the views of those patients who chose to participate. The clinical data are collected by the NHS from GP practices which record and submit their own data on the indicators. The NHS collate and publish these data online. The data are presented as at the time of extraction (December 2014).



Table 2b: Clinical performance at Camden's GP practices

The table shows the performance of each practice for five different diseases or groups of diseases. The percentages in column 1 are a combined average for all the five diseases. The scores for each different disease are based on a combination of different services (see Box 1).

Practice name	Overall	Cancer	Diabetes	Chronic Diseases	Cardio Vascular Disease	Dementia
Rosslyn Hill Surgery	88.2	84.3	99.4	79.0	78.5	100.0
Bloomsbury Surgery	88.0	75.1	97.1	79.1	88.5	100.0
Westfield Medical Centre	87.9	78.2	97.7	85.4	78.1	100.0
Four Trees Surgery	84.6	80.9	90.6	74.6	76.7	100.0
Daleham Gardens Health Centre	84.1	89.7	96.1	69.6	64.9	100.0
Parliament Hill Medical Centre	83.9	80.1	96.1	71.3	77.2	95.0
Abbey Medical Centre	82.9	83.9	94.7	75.5	75.3	85.3
Belsize Priory Medical Practice	81.7	74.6	93.6	76.3	83.0	81.3
Gray's Inn Road Medical Practice	81.5	79.8	95.7	75.2	72.2	84.6
West Hampstead Medical Centre	81.4	82.0	93.7	74.3	70.3	86.7
Brondesbury Medical Centre	81.3	74.0	89.1	75.6	73.6	94.4
Hampstead Group Practice	81.3	79.8	92.6	73.4	74.9	85.8
Keats Group Practice	81.1	86.0	92.0	75.5	66.9	85.2
Brunswick Medical Centre	81.0	80.7	94.9	67.2	70.1	92.3
Queen's Crescent Practice	81.0	74.6	93.6	69.9	78.1	88.9
Adelaide Medical Centre	80.9	80.2	89.4	76.0	74.4	84.5
Swiss Cottage Surgery	80.8	75.9	94.6	69.7	67.1	96.6
Brookfield Park Surgery	80.3	77.1	94.9	68.2	67.1	94.1
Somers Town Medical Centre	80.0	71.1	82.0	72.0	75.0	100.0
Fortune Green Practice	79.8	77.5	93.2	70.4	58.1	100.0
Museum Practice	79.6	76.3	94.5	70.3	71.0	85.7
Prince of Wales Medical Centre	78.8	76.3	91.4	69.7	78.9	77.5
Cholmley Gardens Medical Centre	78.8	83.4	95.4	70.2	60.4	84.6
Primrose Hill Surgery	78.0	85.8	89.9	64.7	60.7	88.9
Caversham Group Practice	77.8	82.7	91.2	65.9	67.6	81.4
Ampthill Practice	77.3	82.5	86.1	65.7	73.3	79.2
James Wigg Practice	76.8	75.3	91.1	64.7	73.5	79.3
Gower Place Practice	76.4	81.6	91.1	55.7	53.5	100.0
Park End Surgery	75.2	80.3	94.4	65.3	61.2	75.0
Regent's Park Practice	75.1	74.3	81.6	71.4	72.4	75.9
Holborn Medical Centre	73.3	45.7	94.5	64.5	61.8	100.0
Gower Street Practice	68.4	44.7	93.2	52.4	51.6	100.0
West End Lane Medical Practice (Grasse)	63.4	46.0	43.8	56.5	70.7	100.0
Prince of Wales Road Surgery (Matthewman)	58.0	49.9	36.0	66.0	71.4	66.7
Kings Cross Road Surgery	Not available					
St Phillips Medical Centre	Not available					

■ Scores in the highest quarter
■ Scores in the middle two quarters
■ Scores in the lowest quarter

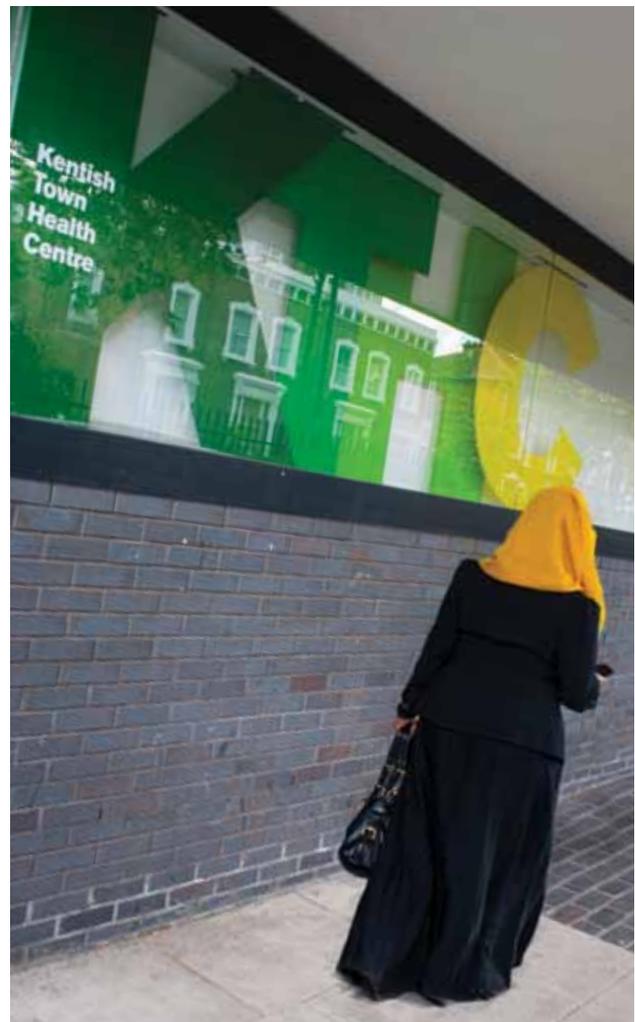
No single practice can be described as the best or worst across the whole range of indicators.

vascular disease and dementia indicators and among the poorer group of performers on the indicator for diabetes management.

It is beyond the scope of this report to explain the reasons for such a wide variation between the different practices or between the performances of individual practices for different services. One possible explanation might be simply a shortcoming in collecting and recording the data at the practice. Regular and accurate recording of information is a challenging endeavour and it is not uncommon to hear GPs and their staff lament the time that is required on reporting and administration. Yet as we see in the statistical information presented here, good data generates useful information that can support and assist efforts to provide the best possible services to patients.

A particularly committed and energetic nurse practitioner, an efficient and enthusiastic practice manager, or a GP with a specialist interest in a certain condition are other factors that can play a part in contributing to exceptional performance in one or other aspect of the service provided.

Chapter 2 explores some of the contextual factors that may help explain the variations. Whatever the reasons, the fact that some practices are able to both achieve and report such good results demonstrates that equally impressive results on the delivery of



different aspects of the service could be within the grasp of all the GPs in Camden.

Box 1 on page 8 shows a full list of each of the services we looked at to come up with our five composite indicators.

Exploring diabetes care as an example of a good GP service in Camden

We know that people who have diabetes are at risk of getting foot ulcers. There are over 100 foot amputations caused by diabetes every week in England, most of which should be preventable, and people with diabetes who have foot ulcers or an amputation have a higher risk of death within five years⁶. Checking the feet helps spot problems before foot ulcers develop. Painful or numb feet or dry cracking skin are some of the danger signs. Looking at what percentage of diabetes patients have their feet examined regularly by a nurse or doctor at their GP practice is therefore a good indicator of how well organised and proactive the practice is being about early intervention and care for those patients. Patients who have been diagnosed with diabetes should be on a register so that their GP knows of their condition and, ideally, every patient who is on the diabetes register should be having their feet checked in this way once a year.

Table 3 (column 1) shows that most of Camden's GP practices are succeeding in performing a foot examination for more than 90% of their registered diabetes patients every year. Westfield Medical Centre scores 100% which encourages us to ask what can be learned from their success. However, eight practices fall below the 90% mark and one outlier has a score below 50%.

Another indicator of good care for patients with diabetes is whether or not they are getting vaccinated to protect them from the flu each winter. People with diabetes are at high risk of serious flu complications like pneumonia and bronchitis, often resulting in hospitalization and sometimes even death. The flu can also make diabetes worse

because illness can make it harder to control the blood sugars. Flu immunisations are an efficient and inexpensive way for GPs to help maintain the good health of their diabetes patients and success in getting high numbers of those patients to come in for their flu jab is a sign of an active, well organised and efficient GP Practice. Looking at the information presented in Table 3 (column 2) we see again some clear differences between the performance of the different GP practices on this important preventive service. Four Trees Surgery, Bloomsbury Surgery and Rosslyn Hill Surgery all succeeded in immunising 100% of their diabetes patients against flu. Many others have percentages over 95%. However, Somers Town Medical Centre, Prince of Wales Road Surgery (Matthewman) and West End Lane Medical Practice (Grasse), which is now closed, all record below 70%.

Our third set of statistics around diabetes looks at the percentage of patients who have had what is called an albumin:creatinine ratio test during the year (column 3). Diabetes is a very common cause of kidney failure. Testing diabetes patients to check whether there is protein in their urine (ratio of albumin to creatinine) can tell the doctor whether the patient is at risk of developing kidney disease. Doing a test every year ensures that danger signs will be picked up early enough for effective treatment. Rosslyn Hill Surgery appears outstanding on this service with another 100% score. No surprise then that Rosslyn Hill Surgery comes out top of all of Camden's GP practices on the composite indicator for diabetes related clinical performance with an overall score of 99% (See Table 2b).

Why should this be and what can be learned from Rosslyn Hill Surgery that might help others to achieve such comprehensive coverage with diabetes services? This report does not claim to know the answers to these questions. But by identifying the variations between practices and asking why they exist, the research presented here hopes to encourage GPs and their staff as well as patient representatives, commissioners and policy makers to probe and explore to shed more light.

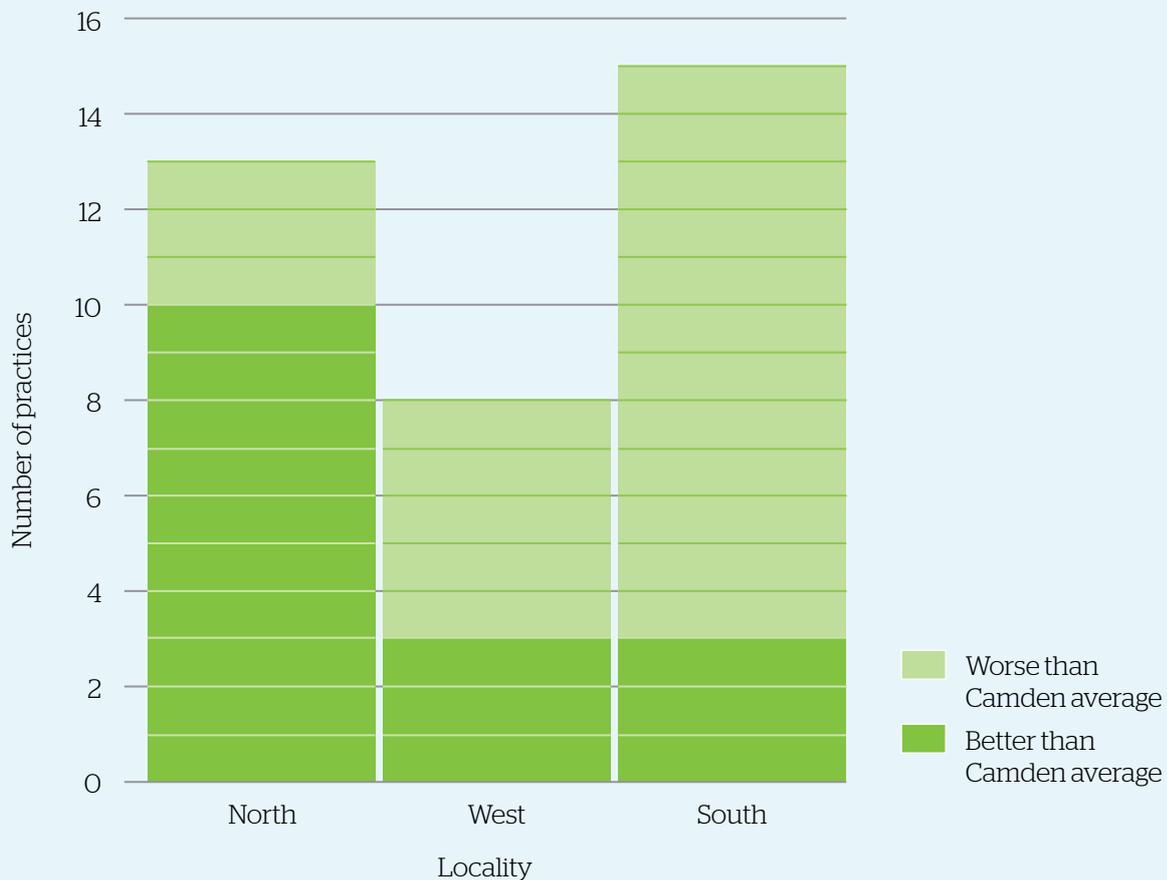
Table 3: How well does each GP practice care for its patients with diabetes?

The three columns show the percentage of patients who have had a foot examination, a flu vaccination or an albumin:creatinine ratio test in the past year. Each of these services is an indicator of good diabetes management and care. The percentages are of those patients who are already on the diabetes register at each GP practice.

Practice name - alphabetical order	Diabetes tests - foot exam	Diabetes tests - flu immunisation	Diabetes tests - microalbuminuria
Abbey Medical Centre	94.8%	96.4%	92.9%
Adelaide Medical Centre	90.4%	88.4%	89.4%
Amphill Practice	84.5%	89.0%	84.8%
Belsize Priory Medical Practice	95.4%	91.8%	93.6%
Bloomsbury Surgery	95.9%	100.0%	95.5%
Brondesbury Medical Centre	84.1%	96.8%	86.3%
Brookfield Park Surgery	92.2%	96.8%	95.7%
Brunswick Medical Centre	95.5%	96.4%	92.7%
Caversham Group Practice	93.0%	95.2%	85.5%
Cholmley Gardens Medical Centre	94.9%	98.0%	93.2%
Daleham Gardens Health Centre	98.4%	98.0%	91.9%
Fortune Green Practice	93.2%	98.7%	87.6%
Four Trees Surgery	89.0%	100.0%	82.8%
Gower Place Practice	87.7%	95.1%	90.4%
Gower Street Practice	94.5%	88.7%	96.4%
Grays Inn Road Medical Practice	95.1%	98.1%	93.9%
Hampstead Group Practice	90.9%	95.7%	91.2%
Holborn Medical Centre	92.8%	97.4%	93.4%
James Wigg Practice	92.7%	92.7%	87.8%
Keats Group Practice	92.0%	92.9%	91.2%
Museum Practice	94.3%	95.7%	93.4%
Park End Surgery	96.2%	91.5%	95.5%
Parliament Hill Medical Centre	93.9%	97.8%	96.7%
Primrose Hill Surgery	92.9%	97.7%	79.0%
Prince of Wales Medical Centre	89.4%	94.3%	90.6%
Prince of Wales Road Surgery (Matthewman)	47.8%	55.8%	4.3%
Queen's Crescent Practice	94.9%	99.0%	86.8%
Regents Park Practice	83.2%	80.2%	81.4%
Roslyn Hill Surgery	98.1%	100.0%	100.0%
Somers Town Medical Centre	95.4%	68.3%	82.2%
Swiss Cottage Surgery	96.9%	95.5%	91.5%
West End Lane Medical Practice (Grasse)	62.5%	65.6%	3.2%
West Hampstead Medical Centre	93.5%	94.8%	92.7%
Westfield Medical Centre	100.0%	98.1%	94.8%

Table 4: Does it matter where you live?

The table shows the number of GP practices that score better or worse than the Camden average on a combined total of patient experience and clinical indicator scores, grouped according to whether they are in the north, west or south locality of the borough.



Geographical variation

In Table 4 we can see that 10 out of the total of 13 GP practices located in the North Locality of the borough are better than the Camden average in terms of their combined scores for patient experience and clinical indicators. By contrast, only 3 of the 15 practices located in the South Locality are better than the Camden average. In the West Locality, 3 of the 8 practices are above average.

The geographical variation seen here must give pause for thought. We know that people living in the south of the borough of Camden are more likely than those in the north to be poor and disadvantaged. Across Camden there are wide inequalities in health and the underlying causes of those inequalities are related to matters of income, employment, housing, education, culture and other drivers that have no direct relationship with GP services. But although GPs cannot be expected

to address the underlying determinants of health, the primary care they provide can play a role in mitigating inequalities in health outcomes.

The imbalance between the performance data of GP practices in the north, west and south of Camden begs the obvious question of whether we are looking at cause or effect. However, most of the indicators we have chosen are ones that should be less affected by the different health status of the patients on the GP patient list because they pertain to the services provided for patients already diagnosed with a particular condition.

Poverty can contribute to poor health. Social and economic disadvantage can also make it less likely that patients will utilise the services offered by their GP or find it easy to comply with what the GP might recommend. Moreover, where practices are very busy trying to address a variety of medical

The challenges faced by many GP practices must be acknowledged – but are they intractable?

and non-medical needs for patients who may also face communication and other cultural and socio-economic challenges, it can be more difficult to ensure that every contact opportunity is taken to deliver disease management or prevention services. But must this double disadvantage be treated as inevitable?

A look back at Table 2b would suggest not. Of the three practices that hold the top combined scores for the clinical indicators we used, one is from the North, one is from the South and one is from the West locality. Four Trees Surgery and Queen's Crescent Practice are close neighbours and both serve many patients who live in Gospel Oak, one of the most deprived wards in Camden. Yet on the cancer indicator, Four Trees Surgery succeeded in performing a cervical screening test for more than 80% of its women patients aged between 25 and 65 while Queen's Crescent Practice provided this service for less than 75% of women in this age group who were registered with them.

Returning to Table 1, Primrose Hill Surgery which is located in a relatively advantaged area sits in the middle of the scoreline on both patient experience and clinical data only just above Gray's Inn Road Medical Practice and James Wigg Practice.

The next chapter looks further at a number of different contextual factors which may help explain some of the variations.



Chapter 2: Does local context explain the performance variations between GPs?

During the consultations around the preparation of this report, doctors, patients and other stakeholders asked Healthwatch Camden to explore some of the contextual factors that shape the environment in which Camden's GPs are working and which may shed light on why performance varies between them.

It's not a level playing field

GP practices are each very different from one another. They are not starting from a "level playing field" and these differences may explain some of the variation identified in this study.

Attempts are made to level the playing field within the formula by which payments to GPs are calculated. For example, funding is risk adjusted to compensate GPs who are serving patient populations considered to be at higher risk of needing treatment and care, particularly the elderly. But these adjustments in resources cannot fully address the complexity of the different circumstances in which GP services must operate.

Our discussions produced a list of some of the key contextual factors that might be most likely to help explain the variations seen in Table 2a on patient experience and Table 2b on clinical performance.

Demographic variation

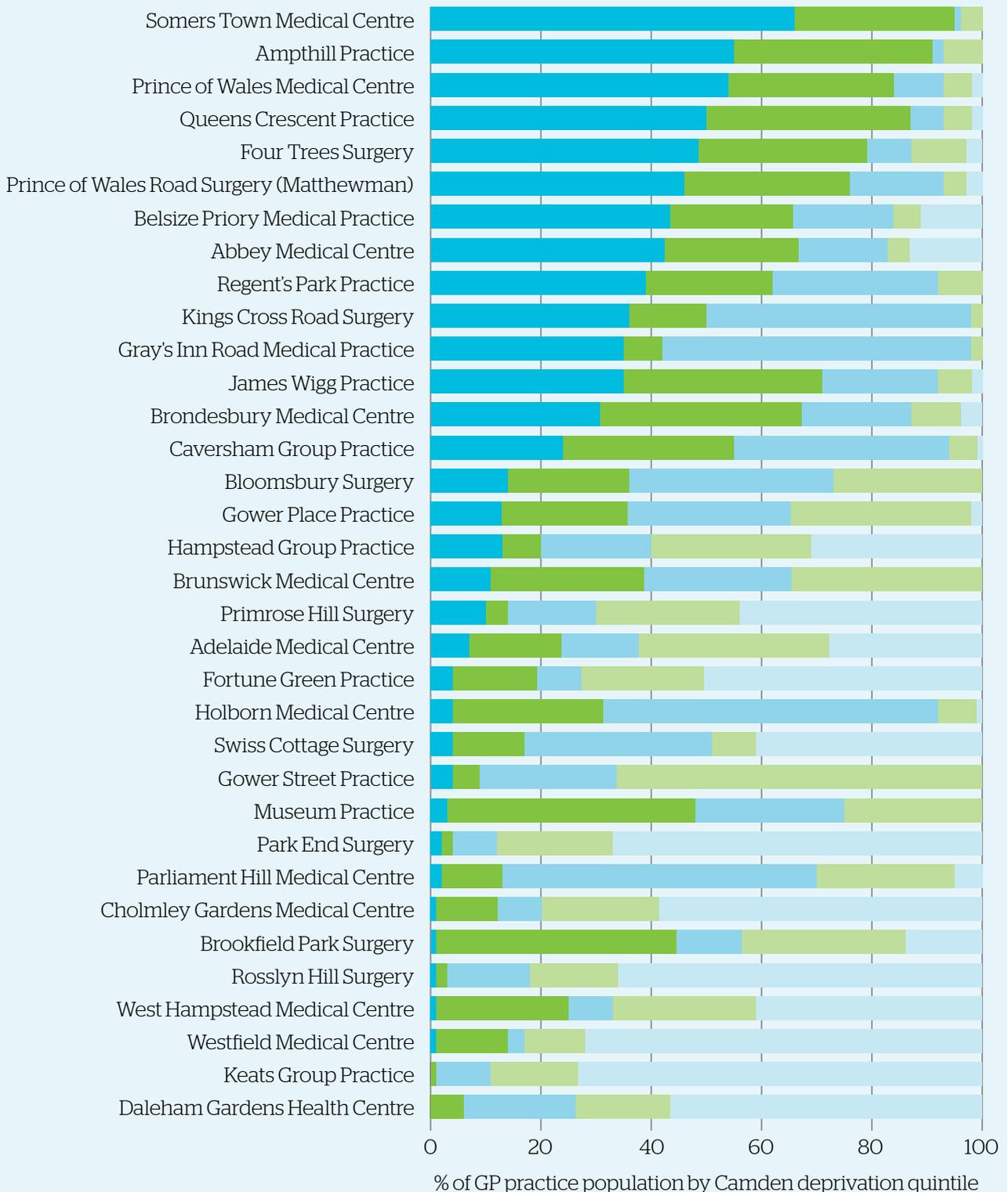
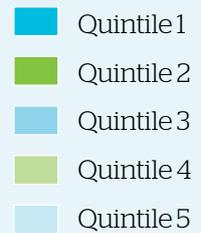
A crucial difference between each practice relates to the characteristics of the patients who are registered there. It is important to note that most of the clinical performance indicators chosen for this study pertain to the services provided for patients who have already been diagnosed with a particular condition and noted on the relevant disease register. Our indicators relate to the percentage (not the total number) of those identified patients who are receiving the specific service.

Nevertheless, patients who come from more deprived backgrounds, or for whom English is not the first language, may prove harder to reach with services. This is because their needs may be more complex and because their capacity to maintain their own health may be constrained by other social and economic factors with which they are contending. For example, GPs report that some patients may attend the practice seeking support around housing, or benefit payments or employment problems which can be time consuming and distract attention from clinical concerns. For these reasons it is possible that serving a higher number of more deprived patients may limit the capacity of the GP practice to deliver clinical services, such as foot checks for patients with diabetes.

We examined the demographic data that exist to tell us a bit more about the characteristics of the patients being served by each GP practice. Table 5 draws on data provided by Camden and Islington Public Health⁷ to list all the GP practices in order of the proportion of their patients who are among the most deprived in Camden. (Note: data for St Phillips Medical Centre and for the now closed West End Lane Medical Practice (Grasse) were not available.) It shows us that Somers Town Medical Centre serves the highest proportion of very deprived patients. Very small numbers of patients registered at Somers Town Medical Centre are among the most socially and economically advantaged population group in the borough (fewer than one per cent). At the other end of the spectrum, Daleham Gardens Health Centre and Keats Group Practice have fewer than one per cent of patients who are among the most deprived population group and at Keats Group Practice over seventy five percent of the patients are among the least deprived group.

Table 5: Does demographic variation across practice populations explain performance variations?

The table shows the percentage of people who are registered at each GP practice according to whether they are defined as being among the most deprived or least deprived populations in Camden. Quintile 1 represents those who are the most deprived and Quintile 5 represents the least deprived. The GP practices names are ordered from the top of the table according the percentage of their patient list who are among the most deprived.



Almost all the practices that have scores in the highest quarter of our patient experience table (Table 2a) are those that serve a relatively advantaged patient population. The exception here is the Prince of Wales Road Surgery (Matthewman) which comes near the top of the patient experience rankings but has a patient list comprised of more than 40% defined as very deprived. The practices with the lower scores on patient experience tend to be those with more deprived patient populations. But again, there are exceptions. For example, Westfield Medical Centre which records a low patient experience score serves one of the highest proportions of most advantaged patients of all the 36 practices and a very small proportion of the most deprived.

However, the clinical data tell a different story. There is not a strong correlation between the deprivation level of the patients and the performance of the practices on our selection of clinical performance indicators (Table 2b). Four Trees Surgery, Abbey Medical Centre, Belsize Priory Medical Practice and Gray's Inn Road Medical Practice are all among the top performers on the combination of clinical indicators but serve some of the highest proportions of patients who are most

deprived. Conversely, among the practices that fall in the lowest group of performers, half have patient lists comprised of high proportions of more advantaged and low proportions of most deprived people.

From this we must conclude that the level of deprivation among the patients registered with each GP does not fully explain the variations in clinical performance that we have found between the different practices. Moreover, while deprivation of practice population does appear to be associated with poorer patient experience feedback, some practices are finding ways to buck this trend.

List Turnover

Practices with a high rate of list turnover (meaning new patients are joining the list in high numbers and frequency due to population movement in the local area) may face a more difficult task to deliver key preventive and disease management services for these patients and to capture and record regular and reliable data on these.

To help shed more light on this, we looked at the available information on new registrations at each of Camden's GP practices⁸.



GP practices are not starting from a level playing field.

We wanted to see whether there is a link between those with the highest numbers of newly registered patients and those which have the lower scores on our set of clinical performance indicators.

We found wide variation in the percentage of each practice population that was newly registered in the year 2011/12 (the most recent year for which these data are published). This is not the same reporting year as the data from which we have drawn for our indicators but it nevertheless provides some indication of the extent to which the different practices are serving fast changing patient populations. At Gower Place Practice, no less than 34% of the patients on the practice register were newly registered in that year. At the opposite end of the scale, Somers Town Medical Centre had only 8% newly registered patients. The new registrations for Rosslyn Hill Surgery (which comes top of our table of clinical performance) are low at only 10% but are similarly low (at only 11%) for Prince of Wales Road Surgery (Matthewman).

From this we can understand that the percentage of newly registered patients at a practice does not provide a simple and direct explanation for variation in clinical performance although it may be a contributing factor in some cases.

Funding

Financial resources are crucial for the delivery of GP services. Although the sum invested in NHS General Practice has been slowly rising⁹, the amount of money GP partners can take home in pay has fallen in recent years¹⁰.

At the same time, demand and expectations have risen. Camden's GPs are operating in a difficult environment, working long hours, with many in poor premises and serving populations with high need.

It seems obvious that differences in the financial resources available must have an influence on the quantity and quality of services for patients. However, GPs are paid through a complex system of remuneration that defies simple explanation and the information needed to fully understand the resource variations is not easily available. Therefore, we looked at the differences in the type of contract for each GP practice to see whether this might contribute to explaining the variations in clinical performance and patient satisfaction that we have identified.

Contract Type

GPs have typically worked as independent contractors. As owners of their practices, GP partners take responsibility for the management of their practice as a small business and they share the profits with the other partners. Many also employ additional doctors to work in the practice on a salaried basis.

There are several ways that GPs currently receive payment for delivering services. The backbone of the practice income is paid by the National Health Service under the terms of a contract which specifies the core of what the GPs are expected to do. But contractual incentives and reward structures vary for different GP practices depending on the type of contract they have agreed with NHS England.

There are currently three main types of core contract: General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS). GMS is the contract agreed nationally. PMS is the contract negotiated locally and allows greater flexibility than the GMS contract to respond to the variations in need between areas. Most GPs in England are on either GMS contracts (around 55%) or PMS contracts (around 40%) and the

same is true for those in Camden. A small number are on a third contract type called Alternative Provider Medical Services (APMS) which is negotiated locally and allows the commissioners to contract with a wide range of providers including from the independent sector.

In addition, GPs can contract to receive payment for providing extra services on top of those set out in the core contract. These “enhanced services” include things like out of hours provision, minor surgery, sexual health screening, weight management, smoking cessation programmes and other services that meet locally agreed priorities.

Finally, a percentage of income depends on GPs taking part in the Quality and Outcomes Framework (QOF) which is a voluntary incentive scheme that provides financial rewards if the practice meets various indicators that encourage improvement in the quality of care in specific priority areas – mainly related to management of patients with long term conditions and to disease prevention.

Among the 36 practices in our study, there is a fairly even spread between those on GMS and PMS contracts. Just two (Kings Cross Road Surgery and Brunswick Medical Centre) are on APMS contracts¹¹.

Among the top performers on our clinical indicators (Table 2b) there are an almost equal number of

practices on GMS and PMS contracts. The same is true of the groups of practices with the middle range and with the lowest range clinical performance scores. Thus, there appears to be no obvious connection between the contract type and the ranking of the different practices on our selection of clinical indicators.

Turning to Table 2a, there is an almost equal number of practices on GMS and PMS contracts among those with the highest levels of patient satisfaction. Among those with lower levels of patient satisfaction there are a higher number of practices on GMS contracts and both the practices that are on APMS contracts are among those with the lowest patient experience scores. However, this correlation does not appear to be sufficiently robust to imply that contract type is causing performance variation of the types we are exploring here.

Premises

A meaningful investigation into the different premises of all the GP practices in Camden is beyond the scope of this study. However, it is important to acknowledge that the quality and size of premises can enhance or limit the potential for practices to deliver different types of services and may contribute to variations in patient experience and clinical performance against the indicators used. NHS England has recently presented a list of eight



GP practices in Camden which are described as having “premises issues”. These are: Gower Place Practice; Kings Cross Road Surgery; Somers Town Medical Centre; Brondesbury Medical Centre; Gower Street Practice; Museum Practice; Brookfield Park Surgery; and Belsize Priory Medical Practice¹².

Human resources

The size and quality of the workforce and the composition of the practice team can have an impact on the services for patients. Many of the disease management interventions on which we focus in this study, for example diabetic foot checks, can be delivered by a practice nurse or nurse practitioner or health care assistant rather than a doctor and there is evidence that the appropriate distribution of tasks across a team with different skills and training can deliver services more efficiently and with high quality¹³. However, many factors can influence the way GP practices organise their workforce, including the capacity of the premises, funds available to pay staff and the working practices and management preferences of the GPs themselves.

The latest central data available on practice staffing, returned by the practices, gives a snapshot of the position in September 2014¹⁴. (Seven Camden practices did not make this return.)

Among those for which the data are available, only two practices in Camden were found not to have a practice nurse but among others the nursing time available was very unevenly distributed. There was an over six-fold variation in the amount of nursing time available between practices.

Administrative and clerical staff play a very significant role in ensuring patients are called in and followed up for disease prevention and management interventions and are often responsible for data handling. Patient experience can be influenced both positively and negatively by non-clinical staff. Across the Camden practices there is a wide range in the level of administrative support available to doctors depending on the size and composition of

the clerical and administrative teams. Looking at all administrative and clerical staff there was an over three-fold variation in the amount of time available between the different Camden GP practices.

However, when it comes to human resources, numbers are not all that matters. A particularly committed and energetic nurse or an enthusiastic and efficient practice manager could produce better performance results than larger numbers of less efficient staff.

In trying to shed light on the causes of performance variation identified in this study, human resource questions that are worth considering include the level and competencies of the practice manager, the availability of a practice nurse and the extent to which the GPs themselves may be compensating for limited resources by working extraordinary amounts of overtime or with exceptional dedication.

Data reporting

By selecting a small number of indicators, this study is looking at Camden's GPs through only a limited lens. We chose our indicators carefully, using those that we know are relevant and make sense to patients and where reasonable quality data are available. (For a full explanation of the selection of indicators see Box 1 on page 8.) Different indicators would no doubt have produced a different order of performance scores for the Camden practices. For example, we do not include any indicators pertaining to medicines management which is another important indicator of service quality. But whatever indicators are used, the overall picture of GP services is of variation.

As with any statistical study, the quality of the findings is dependent on the quality of the available data. This study draws from the data provided by GP practices for the QOF (see page 36 for details). All the GP practices in Camden participate in the QOF and it forms one element of their payment by the NHS. However, variation in the way in which each practice reports the data may influence the results of our analysis.

Some of these inconsistencies are hard to identify and are common across all data reporting and statistical analysis. For example, human error can play a part as can the timeframe within which data are uploaded relative to the time of extraction for the purpose of the analysis.

It has also been noted that some patients chose to visit private providers for specific services and it may be the case that these interventions are not reported and recorded on the records that are held by their GP. In the case of the indicators that explore the difference between expected and reported prevalence of coronary heart disease and of chronic obstructive pulmonary disease, it is possible that expected prevalence has been overestimated and a GP practice cannot be expected to identify patients with specific conditions where they do not exist. These are all possible explanations for variation between the performance data of different practices. Variations of this type are to be expected and do not give cause for concern.

However, during our consultations we were alerted to an important aspect of data reporting which could have a meaningful impact on the results of our study: exception reporting. Exception reporting is the term used to describe the allowances that are made within the QOF reporting system for patients who, for good reason, do not receive specific recommended disease prevention or management interventions. Exceptions are permitted under the system so that GPs whose patients will not or cannot take up specific services, or where the intervention is not

clinically indicated, are not unduly penalised under the payment system. For example, if a registered diabetic patient has also been diagnosed with an unrelated terminal illness, the GP should not be expected to persuade them to undergo a diabetic foot check or a cervical screening test.

We wanted to explore whether variation in the use of exception reporting among Camden's GP practices might provide an explanation for the wide variation in performance on our selection of clinical indicators. To test this, we sought out the exception reporting data on one indicator using the example of cervical cancer screening which is the indicator we have used to explore GP services for cancer in Table 2b¹⁵.

We found that exception rates for cervical screening vary between GP practices from under 2 per cent at Four Trees Surgery and Primrose Hill Surgery to highs of 13 per cent at Gower Place Practice and 18 per cent at Brunswick Medical Centre. However, we found no obvious correlation between the rate of exception reporting and the rate of cervical cancer screening across the 36 practices. Nearly all those practices with scores for cervical screening in the highest quarter have low exception rates between 2 and 4 per cent.

Daleham Gardens Health Centre, which reports the highest percentage of women (aged between 25 and 65 years) who have had a cervical screening test in the preceding five years, has an exception rate of 4 per cent. Gower Street Practice (not to be confused with Gower Place Practice) has the lowest percentage

Camden's GPs are operating in a difficult environment, working long hours, and serving populations with high need.

of women patients undergoing cervical screening but also has only a modest exception rate.

This suggests that we must look elsewhere to fully understand why there is such a difference between the percentage of women benefiting from cervical screening between the different GP practices.[†]

No single explanations

This brief review of some of the contextual variations that exist for GPs across Camden does not claim to provide a comprehensive exploration of the myriad factors that may contribute to the variations in both patient experience and clinical performance that are revealed in Tables 2a and 2b. It is also important to note that not all variation points to a need for improvement. In many cases there will be good and valid reasons for the variation. What is clear however is that there is no single and obvious answer to the question of what causes the variations in GP performance. The apparently obvious explanations, such as the extent of deprivation of patients on the practice list or the use of exceptions in data reporting, do not correlate sufficiently to fully explain the higher or lower scores.

Therefore, in the endeavour to achieve more consistently high standards of service across the borough, an honest and detailed discussion is needed that can also acknowledge the role that may be played by different approaches to organisation of service delivery and by variation in the clinical treatment and disease management preferences of the different GPs.



[†] This study takes no account of patients "ceased" as these figures are not published.

Chapter 3: GP commitment to carers

There are an estimated 22,000 people in Camden who take on caring responsibilities every day – looking after a family member or friend with a disability or long term condition, mental health problem, or alcohol or substance misuse issue. They provide this service informally and without a wage. In doing so, they make a significant contribution to social care in the borough and to the sustainability of the National Health Service.

However, being a carer takes a toll. Unpaid carers who are providing high levels of care are twice as likely to suffer poor health as other people. Nationally, 84% of carers say caring has a negative impact on their health.

Recognising the valuable role played by carers, Camden Council, NHS England and other bodies make efforts to support carers in various ways including help to stay healthy. Carers are entitled to a free annual health check with their GP and a free flu jab. They are also entitled to more flexible doctors appointments because it can be difficult to leave the person being cared for during normal surgery hours. These things are all set out in NHS England's Commitment to Carers which was published in May 2014¹⁶. In addition, the Royal College of Practitioners (the professional association that represents GPs) has developed a range of resources to help GPs and their staff to support carers¹⁷.

However, people can only take advantage of these types of support if they are identified as an unpaid carer. Many of those who meet the definition of being an unpaid carer don't actually realise that they can take advantage of the extra services available and don't declare themselves to be carers.

Based on national estimates, one in ten people on every GP practice list in Camden is probably a carer but the vast majority are hidden. That's why, out of the 22,000 carers in Camden, only 2,500 are actually registered with Camden Carers Service - the service that exists to support carers in the borough.

Identifying Camden's carers is therefore an essential step in helping them to stay healthy and well so that they can continue to carry out their vital caring role.

GP Commitment to Carers

GPs can play a very important part in the identification of carers because most carers will be registered with a doctor and will visit a GP practice from time to time. The Royal College of Practitioners encourages GPs and all practice staff to make efforts to find and recognise carers and provides guidance on ways to do this – for example, by using their new patient questionnaire to ask people whether they look after a sick, disabled or frail relative or friend without payment¹⁸.

Healthwatch Camden wanted to find out how well the GP practices across Camden are meeting their "commitment to carers". Working with Camden Carers Service, we asked two researchers to be our "mystery shoppers" to visit all the Camden GP practices and make enquiries. We wanted to assess whether the practices are aware of the particular needs of carers and how proactive they are about trying to identify those people on their patient list who have caring responsibilities and to support them.

The researchers used a check list of things to look out for at every practice visit. How well the practice scored on all these is a good way of knowing whether that GP practice is "carer-aware". The researchers were briefed to look around the waiting room and then to approach the reception desk and to make enquires on behalf of a registered patient who was looking after an elderly relative and whose health was suffering as a result. The researchers talked to the reception staff and took note of the information they were given and the questions they were asked about the carer friend. If there were other patients waiting and the reception desk was too busy, they returned another time. A summary of the results is shown in Table 6.

Table 6: How “carer-aware” are Camden’s GP practices?

The table below summarises the performance of each GP practice on seven criteria selected to show whether the practice is sensitive to the needs of patients who are unpaid carers and takes appropriate action to provide support.

GP Practice - alphabetical order	Carer information visible in waiting area	Carer information on TV screen	Reception staff seemed carer-aware	Staff signposted carer to support services in Camden	GP staff referred to Carer Register without prompting	Offered flexible appointments for carer	Reception staff made carer feel listened to
Abbey Medical Centre	no	no	yes	no	no	yes	yes
Adelaide Medical Centre	yes	no	yes	no	no	yes	yes
Ampthill Practice	yes	no	yes	yes	yes	yes	yes
Belsize Priory Medical Practice	no	no	no	no	no	no	no
Bloomsbury Surgery	yes	no	yes	yes	no	yes	yes
Brondesbury Medical Centre	yes	unable to assess	yes	yes	no	yes	yes
Brookfield Park Surgery	no	no	yes	yes	yes	yes	yes
Brunswick Medical Centre	no	no	yes	no	no	no	yes
Caversham Group Practice	yes	no	yes	no	no	no	yes
Cholmley Gardens Medical Centre	yes	no	yes	yes	no	yes	yes
Daleham Gardens Health Centre	no	no	no	no	no	yes	yes
Fortune Green Practice	yes	no	yes	no	no	no	no
Four Tree Surgery	yes	no	yes	yes	yes	yes	yes
Gower Place Practice	yes	unable to assess	no	no	no	yes	yes
Gower Street Practice	yes	no	yes	no	no	no	yes
Gray’s Inn Road Medical Practice	no	no	no	no	no	no	yes
Hampstead Group Practice	no	no	no	no	no	yes	yes
Holborn Medical Centre	no	no	yes	no	no	yes	yes
James Wigg Practice	no	no	yes	no	no	yes	yes
Keats Group Practice	yes	no	no	no	no	yes	yes
Kings Cross Road Surgery	yes	no	yes	yes	no	no	yes
Museum Practice	yes	no	yes	no	no	yes	yes
Park End Surgery	yes	no	yes	no	no	yes	yes
Parliament Hill Medical Centre	yes	no info screen	yes	yes	no	yes	yes
Primrose Hill Surgery	no	no	yes	no	no	yes	yes
Prince of Wales Medical Centre	no	unable to assess	no	no	no	yes	yes
Prince of Wales Road Surgery (Matthewman)	no	no info screen	yes	no	no	yes	yes
Queen’s Crescent Practice	yes	no	yes	no	no	yes	yes
Regent’s Park Practice	yes	yes	yes	yes	yes	yes	yes
Rosslyn Hill Surgery	yes	no	yes	yes	no	yes	yes
Somers Town Medical Centre	no	no	yes	no	no	yes	yes
St Phillips Medical Centre	no	no	yes	no	no	yes	yes
Swiss Cottage Surgery	no	no	no	no	no	yes	yes
West End Lane Medical Practice (Grasse)	yes	no info screen	yes	yes	no	yes	yes
West Hampstead Medical Centre	yes	no	no	yes	no	yes	yes
Westfield Medical Centre	yes	no	yes	yes	no	no	yes

First we considered whether or not the practice helps patients to recognise that they are entitled to support if they are caring for friends or relatives. So our researchers checked whether they were displaying posters or leaflets or showing information from the Camden Carers Service on the electronic information screen in the waiting room. We found that more than half of GP practices (58%) had some information on display.

Camden Carers Service has a dedicated GP liaison worker who is available to support GPs to develop best practice in supporting unpaid carers.

Next we considered whether the reception staff did a good job of being “carer aware”. Receptionists are the gateway to many GP services and play a key role in communicating the ethos of the practice. We found that a large majority demonstrated that they were sensitive to the burden of responsibilities for carers. Staff in 75% of the practices responded in a sensitive and helpful way and overall 94% of the practices made the researchers feel listened to – a very positive finding.

However, we found that, in most cases, this sensitivity and awareness of the staff did not translate into the more concrete action of asking if the carer was formally registered as a carer or suggesting that this might be a good idea. At only four of the 36 practices did staff make reference to a carer register without being prompted by the researcher. These four were: Ampthill Practice; Brookfield Park Surgery; Four Trees Surgery; and Regent’s Park Practice. Despite being polite and kind in conversation with our researcher, very few GP reception staff demonstrated any knowledge that a register of carers exists and few seemed aware of the importance of ensuring that patients who are carers are formally identified.

Some receptionists signposted the researcher towards some of the wide range of support services that are available to carers in Camden. But this was a minority at 36% of those GP practices we visited.

Finally we found that about 78% of the practices do offer flexible appointments for carers. Flexible appointment times as well as free flu jabs and a free annual health check are all GP services to which every carer should be entitled.

Regent’s Park Practice demonstrated the highest commitment to carers scoring a “yes” on all seven indicators. Ampthill Practice and Four Trees Surgery were also found to be very “carer aware” with scores of six out of seven (only getting a “no” on the display of information on an electronic screen in the waiting room). At the other end of the scale, Belsize Priory Medical Practice scored zero out of seven indicators and Gray’s Inn Road Medical Practice scored one out of seven.

In sum, our research identified that there is a gap between the generally positive and helpful attitude of GP staff to patients who are carers and the important next step of ensuring that these carers are formally identified and referred to other support services in Camden. However, the fact that three practices are succeeding in demonstrating a very strong commitment to carers across all the indicators suggests that it is not unreasonable to expect others to strive to do the same.

BOX: Camden Carers Services

In Camden there is an organisation called Camden Carers Service for unpaid carers across the borough. Camden Carers Service offers the help and advice that carers need; finds the hidden carers who are not yet receiving support or whose needs have changed and makes sure that carers have a voice in planning services. It is also a gateway to a wide range of services provided by other local organisations and agencies working with carers in Camden.

To find out more go to www.camdenccs.org.uk

Chapter 4: Sensory impairments

Access to GP services

Access to GP services is a topic under the national spotlight at present, and Healthwatch Camden, in common with other local Healthwatch, receives many queries and comments from people who have experienced difficulty in getting a GP appointment or difficulty in communicating with the practice. This report does not explore the issue of access in detail, but we wanted to highlight some specific access issues that we are concerned about. Variations in equality of access result in increased disadvantage for some groups of patients.

Sensory impairment

Local people have told Healthwatch Camden that those who have sensory impairments can find it difficult to communicate with their GP practice. So we have begun a programme of research to find out more about the ways in which being d/Deaf or visually impaired or having a learning disability may make it more difficult for people to access the GP services to which they are entitled.

When we have completed this research we will be publishing a report and recommendations specifically about the experiences of patients with sensory impairments of a type that present communication barriers. However, our early discussions with d/Deaf service users, visually impaired service users and service users with learning disabilities have already yielded some interesting general findings which we can summarise here.

What have people told us?

Many of the issues faced by patients with sensory impairments are the same as those experienced by other Camden residents, for example, having difficulty making an appointment. However, there are some particular challenges for people for whom communication is more difficult.

d/Deaf patients

For d/Deaf people, many of these challenges are related to ensuring that good quality interpretation services are available when needed. For users of British Sign Language (BSL), it should, in theory, be possible to ensure that an interpreter is booked to be present for every GP appointment. In reality however, this is not always the case and can cause much inconvenience. It is particularly difficult to ensure that a BSL interpreter can be available for an emergency appointment.

Camden is working to develop a service of online interpreting services that should help ensure more immediate and flexible access for interpreting when it is not possible for a qualified BSL interpreter to be present. But such a service is not yet up and running and many d/Deaf patients have reservations about the quality of interpretation that can be provided online. Deaf patients told us that the problems of booking interpreters could often be solved if there were standardised and consistent systems for flagging their needs as d/Deaf patients on all patient information including appointment booking systems, computer check-in at the GP reception desk and on all referral letters.

Without an interpreter, or indeed for those who are not BSL users but rely on other forms of communication (such as lip reading, speech to text translation or assistance from hearing loops or other amplification aids) patients can encounter difficulties as soon as they walk into their GP practice.

"Deaf people have to be like owls - sitting there staring at people and trying to lip read."

Some of these difficulties could be easily addressed if there were to be sufficient Deaf awareness among staff and management. For example, where GP practices have installed protective glass in front of their reception desk, d/Deaf and visually impaired patients find they cannot see the face of the reception staff clearly. This means they cannot utilise their ability to lip read or to use the visual clues that are communicated by facial expression.

"The glass in front and the glare from the lights make it hard to see. I need to be able to see the receptionist's face to be able to lip read. Switching off the light helps."

People who are d/Deaf explained to Healthwatch Camden that communication difficulties make them feel frustrated and result in them being overlooked or treated in ways that make them feel disempowered and undermined.

"I have seen deaf people in tears because we feel like we are hitting a brick wall. And they look at you like you're nuts."

People told us that d/Deaf awareness is generally low among GP practice staff.

"They just come into the waiting room and shout your name lots of times."

"Everyone needs deaf awareness training."

Visually impaired patients

For people who are visually impaired, navigation around the practice is difficult. People told us that blindness or poor sight stops them from using the self check-in that is now common in many practices. Then people find they get left in the waiting room because they have not been able to see the screen that calls for appointments nor hear their name being called.

"I was left languishing in the waiting room and missed my appointment."

"They asked me why I wasn't looking!"

Issues around privacy and confidentiality are a concern because medical information is not provided in an accessible format. This means that there must be third party involvement in reading out text and often the subject matter may be sensitive.

Email communication can solve this. Electronic text suits visually impaired people as they can utilise a screen reader to enlarge the writing and take time to read slowly. Large print versions of correspondence

are also needed. However, in general, GP practices are not willing to use email to correspond with patients, citing the need for confidentiality and personal data protection.

Visually impaired patients reported a generalised lack of sensitivity and awareness of their needs.

"Crass comments by staff are demeaning and expose a lack of awareness of the situation and needs of visually impaired patients."

Patients with learning disabilities

People with learning disabilities say that GPs and practice staff need to know about the needs of people with learning disabilities and to know how to communicate with them appropriately.

Patients with learning disabilities need time to speak and to understand what is being said to them. They need people to communicate in clear and simple language. They need information in formats that they can understand - like short words and pictures - and they need people to realise that they may not be able to read or write well.

"Please use easy words and pictures to help us understand."

They don't want their doctor or other staff at the GP practice to ignore them or talk over them.

"When you don't talk to me it makes me feel sad and angry."

"Talk to us - not over our heads to our support worker or parents."

These patients don't usually feel confident to ask questions or to tell the doctor or other staff what they want or need if they are not getting it.

"A GP is like a god."

A common concern for these different groups of patients is that their communication difficulties make them feel disempowered when they go to

see their GP. It is particularly important for people with sensory impairments to feel in control during their encounter with a GP practice and there is a need for the systems and processes that surround GP appointments to allow for that control and independence to be exercised.

"I feel ignored." "I need to feel in control." "I need to feel safe."

For this reason, d/Deaf patients, visually impaired patients and patients with learning disabilities all find that it helps a lot if they can see the same doctor each time. A doctor who knows them is more likely to be able to communicate well, to give time, to show respect and to offer the necessary support.

Patients with sensory impairments all want clear information that is communicated in simple formats. This is particularly important with medical information and instructions, for example on prescriptions.

"I can't read or understand the jargon in the information they provide at GPs."

Everybody agrees that it would help if their particular needs were flagged in a standardised and consistent way on all GP systems. This would mean that any staff, whether a receptionist greeting them or any new doctor or nurse meeting them, would immediately see the need to take special measures to ensure that the patient is treated properly and receives the appropriate support.

Healthwatch Camden's research among patients with sensory impairments continues. We are also in the process of conducting research about access to GP services with patients from Black, Asian, and minority ethnic backgrounds. The results of both studies will be reported in full in reports to be published in early 2016. We hope that by sharing some of the early insights from the research, practices will be encouraged to think about what improvements they could make in these aspects of service delivery, as part of overall service development. It is another area where variation between practices will leave people seriously disadvantaged, so we hope that there will be good support for practices to adopt some standard approaches.



Chapter 5: volunteer health advocates

Everyone visits their GP from time to time and some people are frequent attenders. But the needs of many patients extend beyond the clinical care that is the primary job of the doctor or nurse. Health services on their own can only do so much to improve people's health because health is influenced by a wide range of social, economic and environmental factors - for example, what people eat, where they live, what financial stress they may be under, and whether they smoke or take enough exercise. Many of the services that can help address these wider determinants of health can be found in Camden. The more people make use of these services, the better their chances of staying in good health and the fewer times they may have to visit their doctor.

GP practices can be a "hub" that guides patients towards the other services that are available. But GPs themselves don't usually have the time to provide this guidance. They need to spend their appointments focusing on the clinical needs of their patients.

That's where the Health Advocates programme comes in. Health Advocates are volunteers who are based at the GP practice – usually sitting in the waiting room area. They have the time and the local knowledge to advise patients about the different community services that can help improve their health and wellbeing. This is sometimes called "social prescribing". It might mean chatting to a patient who needs to improve their fitness, finding out what types of exercise they think might suit them and making a phone call to book them into a dance class. It might mean listening to the financial and housing worries that a patient is dealing with and helping them find the right help through the local citizen's advice bureau.

The Health Advocates all have training in health awareness and mental health first aid and they are equipped with up-to-date information about the activities and services available in Camden. There is back up from an office-based support worker who can be called upon to help solve any particularly complicated enquiries.

The Health Advocates Programme is funded by the Camden Clinical Commissioning Group (CCG) and

is managed by Voluntary Action Camden who are responsible for liaising with the GP practices and for recruiting, training and overseeing the volunteers.

The aim is to ease the pressure on the doctors by offering additional types of guidance to patients while taking advantage of the GP practice waiting room as the best place to meet and talk to people. For many people, their GP is the first point of call when they feel the need for help. That's why the Health Advocates Programme sees the GP practice as an entry point to more than just clinical care, opening the doors to the vast range of community and other support services that can all play a role in improving people's health and wellbeing.

The CCG has also recently started to fund a Community Navigator programme for older people, which is another example of NHS and local voluntary and community service collaboration to guide people to available help.

What Can We Learn From the Patient Enquiries?

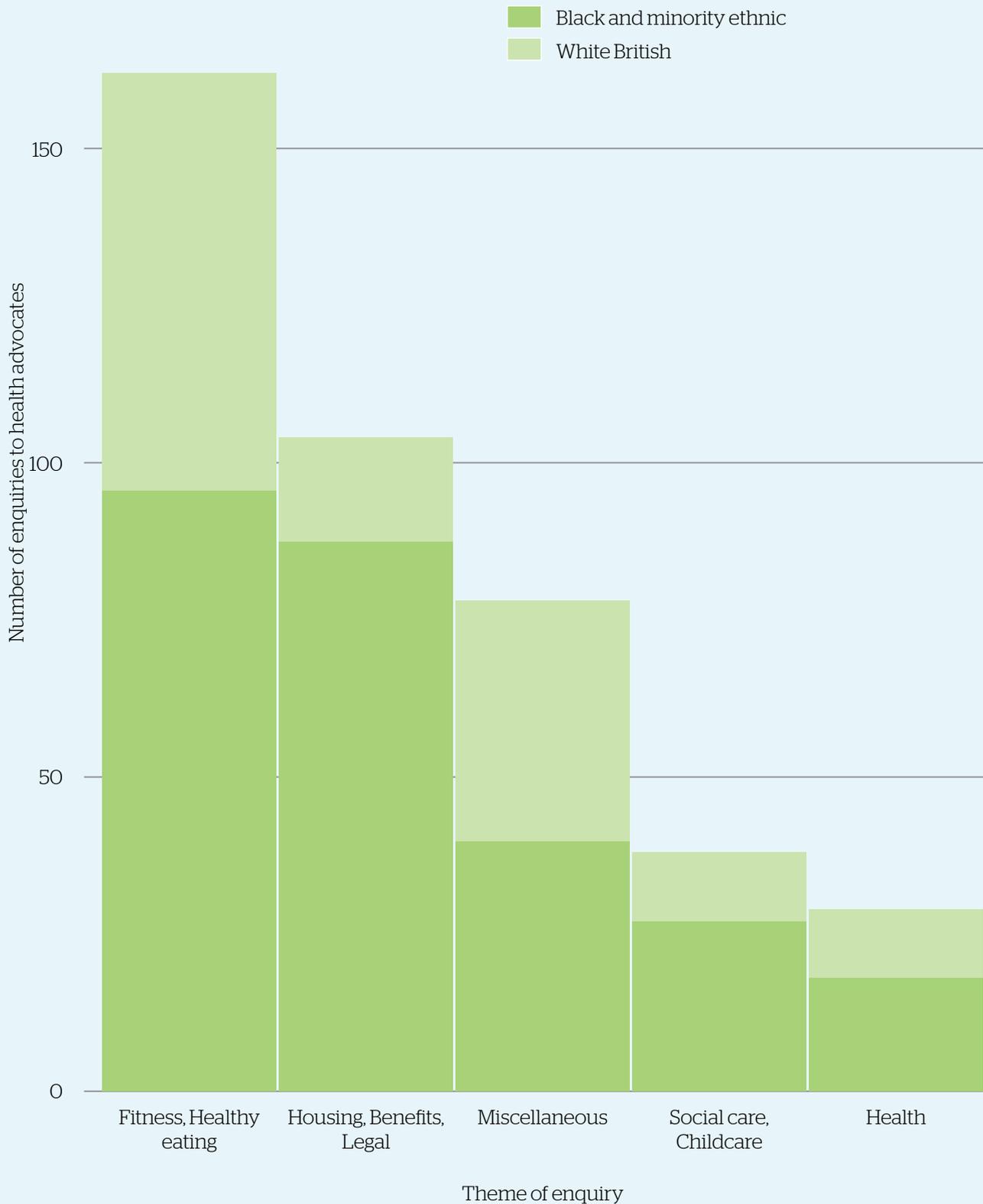
As part of their daily work, the Health Advocates record some basic information about the types of concerns patient are raising and the sorts of services to which they refer. This information, which is all anonymous, can help paint a clearer picture of the different needs of patients and help to plan services.

Healthwatch Camden has worked with the Health Advocates Programme to analyse the information that has been gathered. We wanted to find out which types of services most patients are looking for and whether different patient groups have a greater need for different types of services.

Table 7 shows the total numbers of enquiries that have been dealt with by Health Advocates at eight different GP practices over the past year. It groups the wide range of enquiries under five themes to show in general terms what patients are most often seeking help about. It also shows what percentage of those enquiries are from patients who describe themselves as being from a Black and minority ethnic background compared to the percentage from patients who describe themselves as White British.

Table 7: Who asks about what?

The bar chart groups the different types of enquiries to Health Advocates according to whether the patients are White British (WB) or from Black and minority ethnic backgrounds (BME)



Which of Camden's GPs has a Health Advocate?

Eight of Camden's GP practices currently have a Volunteer Health Advocate attached: Adelaide Medical Centre; Ampthill Practice; Brunswick Medical Centre; Caversham Group Practice; Gower Street Practice; Parliament Hill Medical Centre; Regent's Park Practice; and Swiss Cottage Surgery.

Looking at the results, we can see evidence for a number of interesting trends. First, it is clear that the majority of enquiries come from patients from Black and minority ethnic backgrounds (BME). It is encouraging to see that these groups are making good use of the services offered by the Health Advocates because it is often the case that BME people are less likely than White British to access services that are available to them, despite often living with greater needs. Secondly, it is clear that concerns around issues such as housing and financial benefits are very common among BME patients. White British patients are more likely to be seeking out ways to improve their fitness and healthy eating.

Other data collected also show us that women are more likely than men to choose to talk to a Health Advocate (32% men compared to 68% women).

What does a Health Advocate do?

Volunteer Health Advocates talk to patients about a vast range of concerns and help them to access many different types of services and activities across Camden.

Here are a few examples from the volunteers:

"Last week I booked an appointment for a Bengali woman with Hopscotch regarding her housing situation. I had the help of one of the GP interpreters who often helps out with referrals. At the same session I advised someone who had had heart surgery and a recent kidney transplant about his eligibility for the exercise on prescription scheme and I also referred a patient who was NFA to the safer streets team (with his consent)."

"I signposted a patient to a Hepatitis C Support Group."

"I made enquiries on behalf of a patient and found out about the free cycle training they could attend in Camden."

"I identified a suitable massage course at the City Lit."

"I helped a patient apply for a Radar NKS key so that they could use the disabled toilets."

What do the patients say about it?

"Thank you for your email following my talk with your colleague at my GP practice this morning.....you do seem to be offering a most helpful service.." Patient

Healthwatch Camden is pleased that some GP practices are working with Health Advocates. We welcome strong links between primary care and community resources. We think this approach could benefit people in more practices across the borough. At present, the programme is limited to 8 out of Camden's 36 practices. We would like to see 'social prescribing' become available as standard in every GP practice.

Chapter 6: Camden's GPs online

In the age of digital technology, many people in Camden are keen to make use of new ways of communicating with their GP practice online.

A good online offer will allow patients to do things like booking or cancelling an appointment or ordering repeat prescriptions via the website. This can help tackle some of the problems patients experience getting through to their GP on the phone and means they don't always have to travel to the practice.

In fact, GPs are now required to provide certain services for patients online in order to comply with the General Medical Services Contract 2014/15 which they make with NHS England¹⁹.

So it is now a requirement for GPs to offer online booking of appointments and online ordering for repeat prescriptions. And as of April 2015, GPs are supposed to give patients online access to a summary of their care record (Summary Care Record). This includes limited information on things like allergies and current medications. The intention is that this will be extended so that in future patients should be able to access their full medical records online.

In May 2015, Healthwatch Camden conducted research to assess how well each GP practice is doing in providing online services. We spent time on each practice website to determine how well the online offer is working for patients. For example, is the site easy to find using Google? Is it easy to navigate and is it kept up to date?

According to information held by the CCG, all 36 GP practices in Camden have enabled online access for patients and the NHS Choices website reports that every one of these practices does offer patients the option for booking appointments and ordering repeat prescriptions online. Healthwatch Camden was interested in how easy it is for patients to take advantage of this online offer.

What is the online offer from different GP practices in Camden?

We found that 34 out of the 36 GP practices in Camden have their own dedicated website which can be located easily by searching the practice name using Google. There were two exceptions. Daleham Gardens Health Centre had no website and could only be found online through NHS Choices which provides basic information about every practice in England. St Phillips Medical Centre had its own page on the website of the London School of Economics but no dedicated website for the practice.

About half of the practices appeared to face challenges in keeping their websites up to date – no doubt a matter of staff time and resources. Many sites were carrying old news items or other information that was out of date. Seventeen sites appeared up to date at the time of checking and the Adelaide Medical Centre stood out as having lots of very recent updates.

The most user-friendly website was that of Museum Practice which we found attractive, clear and easy to navigate. The site was also judged to be very informative with useful and detailed information. Park End Surgery, Parliament Hill Medical Centre and Adelaide Medical Centre all had very informative websites although we found them a little confusing in layout which made them less user-friendly.

Many GP practices use a dedicated online service provided by a commercial provider called Emis. This service – called "Patient Access" – has been designed specially to enable the GP practice to provide a number of online services by linking their own website directly to the Patient Access site. If the GP practice is subscribing to the Patient Access service from Emis then this will automatically provide the opportunity for online appointment bookings, online repeat prescriptions and online access to your summary care record in a standardised format that is the same for all those practices subscribing

to the service. However, not all practices were using Patient Access. Even among those who were, there was variation in the way each practice alerted and directed their own patients from their own website to the services that are available through the Patient Access site.

The great majority of Camden's GPs were offering the opportunity to book appointments online through the Patient Access service. Westfield Medical Centre used an alternative service called "systemonline" to provide online appointment bookings. However, seven practices were not providing online appointment booking which means that they were failing to comply with contractual obligations to do so. These practices were: Gray's Inn Road Medical Practice; James Wigg Practice; Prince of Wales Road Surgery (Matthewman); Queen's Crescent Practice; Somers Town Medical Centre; St Phillips Medical Centre; and West End Lane Medical Practice (Grasse) which is now closed. Among the practices that did provide online appointment bookings, we noticed that Cholmley Gardens Medical Centre, Brookfield Park Surgery and Brunswick Medical Centre could do a better job of signposting patients to this option from the practice website.

Among the practices that were not using the Patient Access service, four offered their patients the option of ordering repeat prescriptions online or via email through their own alternative system. Only at Queen's Crescent Practice and Somers Town Medical Centre did it appear to be impossible to order repeat prescriptions online. Among those who used Patient Access there were three practices (Museum Practice, Gower Street Practice and Four Trees Surgery) that did not indicate to patients that they could order a repeat prescription online even though this service was presumably available once patients had navigated their way to the Patient Access site and logged in. We could not check because our researcher was not able to log in to areas of any website that were only accessible to registered patients.

In general, the online offer from most of Camden's GP practices looks good. However, our investigation

into their preparedness to provide online access to patient medical records produced less positive results.

Only eight of the 36 practices made it clear on their own website that patients could see their Summary Care Record via the Patient Access site. Abbey Medical Centre advertised that this service was "coming soon". These eight were: Adelaide Medical Centre; Brondesbury Medical Centre; Cholmley Gardens Medical Centre; Fortune Green Practice; Hampstead Group Practice; Keats Group Practice; Park End Surgery; and Swiss Cottage Surgery. Parliament Hill Medical Centre told patients that online access to medical records would be available "next year" but it is unclear if this meant the Summary Care Record or the more ambitious offer of access to full medical records.

Most practices made no mention of patient access to their Summary Care Record. If the practice is subscribing to the Patient Access site, it may be that patients can see this service offer once they have logged in. Because this option was not available to our researcher, we could only assess whether or not each practice notified patients of online access to their Summary Care Record from the main practice website. Queen's Crescent Practice and Gray's Inn Road Medical Practice both provided information about Summary Care Records but did not offer access online to their patients.

In sum, the majority of Camden's GP practices were not succeeding in providing patients with online access to Summary Care Records or clearly informing patients that such a service was available online. Nor did they appear well prepared to provide patients with online access to their full medical records in the near future.

Nevertheless, other aspects of the online offer were progressing well. Our research concluded that most GP practices have seen fit to make the necessary investments in providing useful and easily accessible online services for patients.

Recommendations

The information presented in this report highlights the variations in performance between Camden's GP practices through the dual lenses of statistical analysis and qualitative research.

Throughout this report it is the variation, not the overall achievement scores, that interests us. We have focused on a small selection of indicators and other indicators would no doubt produce different results for different practices. But wherever we see that one practice in Camden can perform to the highest level we must ask why another cannot. What are some GPs doing that others are not? Why are some practices so strong on certain services but weak on others?

There may be very plausible reasons for these variations. But what can be done to eliminate the differences and raise all practices to match the performance of the best?

Our health services face massive challenge and primary care is expected to play a central role in meeting the challenge. Healthwatch Camden would like to see all those individuals and different organisations that have an interest in commissioning and providing primary care services in Camden working towards addressing variations in quality so that every patient, wherever they live in the borough, can enjoy the best possible services.

Healthwatch Camden makes the following five recommendations:

1. Local commissioners and providers of primary medical services should continue to note the variations between GP practices in Camden and seek to explore and understand the reasons for those variations as part of their ongoing efforts towards quality improvement and reduction of inequalities.
2. Local commissioners and providers of primary medical services should outline their plans to support and improve those GP practices which are most challenged, on either patient satisfaction or clinical indicators (including in areas such as medicines management that lie beyond the scope of this report).
3. Local commissioners, providers of primary medical services and patient representatives should encourage and support GP practices to share experience and learn from each other.
4. Camden's Health and Wellbeing Board partners should collaborate with GPs to support their role in tackling health inequalities.
5. Within the limitations of constrained resources, local commissioners should seek to redress the imbalance of investment in primary care compared to secondary and tertiary health services.



Technical notes on data sources and methodology

The data used in this publication come from the GP survey (‘patient experience’) and from NHS Choices (‘clinical performance’). The descriptions below explain the source, time period and coverage for each group along with further detail on data items used and how they were compiled for this report.

Coverage: Data on all the General Practices that fall within the Camden Clinical Commissioning Group (CCG) where available. Any practice that is situated within or on the borders of the borough of Camden but is part of an alternative neighbouring CCG is not included in this report, even if the practice serves patients who live in the borough of Camden. The report excludes two practices that have closed since the time of data extraction but prior to the time of data analysis. These are Bedford Square practice and Dr Shina’s surgery. Camden Health Improvement Practice is not included as it is not a general practice but a specialist health centre for homeless people and those with drug and alcohol addictions. West End Lane Medical Practice (Grasse) has closed prior to publication of this report but is included because it was still operating at the time of report preparation.

Patient Experience data:

Source: GP Survey <https://gp-patient.co.uk/>

Time period: Practice report (July 2014 publication). Contains aggregated data collected from Jul-Sept 2013 and Jan-Mar 2014

Results for the GP Survey are weighted so that the number of survey respondents for each practice does not bias the result. Information on the weighting can be found at <http://www.gp-patient.co.uk/faq/weighting/>

The following indicators were selected for analysis:

- Easy to get through to GP surgery via phone
- Good experience of making appointment
- Good experience of GP treating you with care and concern
- Satisfied with opening hours
- Good experience of GP surgery
- Recommend GP surgery to someone new to the local area

For each area, the combined percentage who recorded very good/ good, very easy/fairly easy, very satisfied/fairly satisfied, definitely recommend/probably recommend were taken. The Camden average for each measure was calculated using only the 36 practices presented in the table.

The ‘patient experience total score’ takes an (unweighted) average of these indicators to create an overall measure of patient experience. This is to give each of the individual indicators an equal share of the overall measure and to not introduce any skew or bias towards a particular indicator based on the number of responses.

Clinical performance data:

Source: My NHS, NHS Choices <http://www.hscic.gov.uk/catalogue/PUB15751>

Time period: data collected December 2014

Missing data: At the time of data extraction, there were no clinical data available for St Phillips Medical Centre and Kings Cross Road Surgery. We contacted the practices to ask why this might be the case and were referred to NHS England. We did not receive a response to our enquiry and therefore we were unable to include these two practices in the clinical performance data analysis.

Drawing from the full dataset available, we selected five disease groups: cancer, diabetes, chronic disease management, cardiovascular disease and dementia on which to focus. From among the indicators available on these five disease groups we made a further selection to enable us to focus on the most appropriate data for this analysis.

The following indicators (with indicator codes and full titles) were used to assess five disease areas:

Cancer

- Cervical cancer screening (QOFGP182): The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years.

Diabetes

- Diabetes tests - flu immunisation (QOFGP36): The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March.
- Diabetes tests - foot exam (QOFGP104): The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification 1-4 within the preceding 12 months.
- Diabetes tests - microalbuminuria (QOFGP33): The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months.

Chronic disease management

- Mental health - care plans (QOFGP110): The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months.
- Smoking support (QOFGP162): The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months.
- Identifying CHD (GPHLICH01): The ratio of expected to reported prevalence of Coronary Heart Disease (CHD). The ratio has been converted to a percentage for the purpose of combination with other indicators.

- Identifying COPD (GPHLICPD): The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD). The ratio has been converted to a percentage for the purpose of combination with other indicators.

Cardiovascular disease (CVD)

- Identifying CHD (GPHLICH01): The ratio of expected to reported prevalence of Coronary Heart Disease (CHD). The ratio has been converted to a percentage for the purpose of combination with other indicators.
- Atrial fibrillation (QOFGP150): The percentage of patients with atrial fibril, measured within the last 12 months, who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy for the prevention of stroke.

Dementia

- Dementia - review (QOFGP27): The percentage of patients diagnosed with dementia who have had a face to face review

Higher percentages in these indicators can be associated with a better service for patients. In order to get an overall assessment on how GPs perform on these clinical indicators, each disease group combines the indicators within them by taking an (unweighted) average. This is to give each of the individual indicators an equal share of the overall measure. Once the average for each disease group is calculated, these are then combined (again by taking an unweighted average) to create the 'clinical performance total score'. This ensures that each disease group takes an equal weighting in the overall score and is not skewed by the fact that some disease groups are being assessed by more or fewer indicators than others nor by the size of the groups of patients assessed in each of the underlying indicators.

The Camden average for each measure was calculated using only the 34 practices presented in the table that have data available.

As in any data analysis exercise, the data are presented as at the time of extraction (December 2014). This cannot take account of the patient call and recall systems that may apply at any individual GP practice and could influence the data recorded for the practice.

Table 4 - Variation by locality

This combines the total practice score for patient experience with the total practice score for clinical performance as shown in Table 1 and assesses how each practice's overall percentage score lies when compared to the Camden average (better than or worse than). If the score is more than 1 percentage point above the Camden average then the surgery is deemed to be 'better than' the Camden average. Similarly, if the score is more than 1 percentage point below the Camden average then the surgery is deemed to be 'worse than' the Camden average.

Taking these categories for each practice, the chart shows the overall number of surgeries in each "locality" in Camden, split by the number that are better than/worse than the Camden average. There are three localities as designated by the Camden CCG. The localities are: North; South; and West and are broadly representative of the geographical location of the practice within the borough. Camden CCG groups member practices into 3 localities to reflect the differing population make up and need in the patch. The rationale behind the decision was to allow member practices to be able to consider and agree locally the best way of utilising support offered by Camden CCG. Each Locality is represented by an elected Governing Body member who is responsible for providing information to localities and represents their views to Governing Body.

Table 5: Does demographic variation across practice populations explain performance variations?

This draws from data provided by Camden and Islington Public Health (Camden and Islington Public Health 2013 available at: <https://opendata.camden.gov.uk/download/68fm-zrxb/application/zip>) and shows the percentage of the total practice population (i.e. the people who are registered at the specific GP practice) who fall within Camden's definition of being among the most deprived to the least deprived.

Annex: Clinical data underlying Table 2b

Practice code	Practice name	Clinical indicators				
		Cancer	Diabetes			
		Cervical cancer screening ¹	Diabetes tests - flu immunisation ²	Diabetes tests - foot exam ³	Diabetes tests - microalbuminuria ⁴	Diabetes average
F83003	The Park End Surgery	80.3%	91.5%	96.2%	95.5%	94.4%
F83005	Gower Street Practice	44.7%	88.7%	94.5%	96.4%	93.2%
F83006	Amphill Practice	82.5%	89.0%	84.5%	84.8%	86.1%
F83011	Primrose Hill Surgery	85.8%	97.7%	92.9%	79.0%	89.9%
F83017	Hampstead Group Practice	79.8%	95.7%	90.9%	91.2%	92.6%
F83018	Prince of Wales Medical Centre	76.3%	94.3%	89.4%	90.6%	91.4%
F83019	The Abbey Medical Centre	83.9%	96.4%	94.8%	92.9%	94.7%
F83020	Adelaide Medical Centre	80.2%	88.4%	90.4%	89.4%	89.4%
F83022	Caversham Group Practice	82.7%	95.2%	93.0%	85.5%	91.2%
F83023	James Wigg Group Practice	75.3%	92.7%	92.7%	87.8%	91.1%
F83025	Regents Park Practice	74.3%	80.2%	83.2%	81.4%	81.6%
F83030	Four Trees Surgery	80.9%	100.0%	89.0%	82.8%	90.6%
F83042	Grays Inn Road Medical Practice	79.8%	98.1%	95.1%	93.9%	95.7%
F83043	Gower Place Practice	81.6%	95.1%	87.7%	90.4%	91.1%
F83044	The Bloomsbury Surgery	75.1%	100.0%	95.9%	95.5%	97.1%
F83048	Brunswick Place Medical Centre	80.7%	96.4%	95.5%	92.7%	94.9%
F83049	Dr Alan Samuel Muir Grasse	46.0%	65.6%	62.5%	3.2%	43.8%
F83050	Fortune Green Road Surgery	77.5%	98.7%	93.2%	87.6%	93.2%
F83052	Brookfield Park Surgery	77.1%	96.8%	92.2%	95.7%	94.9%
F83055	West Hampstead Medical Centre	82.0%	94.8%	93.5%	92.7%	93.7%
F83057	Parliament Hill Medical Centre	80.1%	97.8%	93.9%	96.7%	96.1%
F83058	The Holborn Medical Centre	45.7%	97.4%	92.8%	93.4%	94.5%
F83059	Brondesbury Medical Centre	74.0%	96.8%	84.1%	86.3%	89.1%
F83061	Museum Practice	76.3%	95.7%	94.3%	93.4%	94.5%
F83602	Westfield Medical Centre	78.2%	98.1%	100.0%	94.8%	97.7%
F83615	Cholmley Gardens Surgery	83.4%	98.0%	94.9%	93.2%	95.4%
F83623	Keats Group Practice	86.0%	92.9%	92.0%	91.2%	92.0%
F83632	The Queens Crescent Surgery	74.6%	99.0%	94.9%	86.8%	93.6%
F83633	Daleham Gardens Health Centre	89.7%	98.0%	98.4%	91.9%	96.1%
F83658	Belsize Priory Medical Practice - Group	74.6%	91.8%	95.4%	93.6%	93.6%
F83665	Swiss Cottage Surgery	75.9%	95.5%	96.9%	91.5%	94.6%
F83677	Dr Philip Matthewman	49.9%	55.8%	47.8%	4.3%	36.0%
F83682	Rosslyn Hill Practice	84.3%	100.0%	98.1%	100.0%	99.4%
F83683	Somers Town Medical Centre	71.1%	68.3%	95.4%	82.2%	82.0%
F83633	Kings Cross Road Practice [†]					

- 1 The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years
- 2 The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March
- 3 The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification 1-4 within the preceding 12 months

- 4 The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months
- 5 The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months
- 6 The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months

icators – Source: My NHS, NHS Choices <http://www.hscic.gov.uk/catalogue/PUB15751>

Chronic disease management					CVD			Dementia
Mental health – care plans ⁵	Smoking support ⁶	Identifying COPD ⁷	Identifying CHD ⁸	CDM average	Atrial fibrillation – prevention of stroke ⁹	Identifying CHD ⁸	CVD average	Dementia review ¹⁰
97.1%	96.3%	45.5%	22.4%	65.3%	100.0%	22.4%	61.2%	75.0%
86.4%	92.7%	27.5%	3.2%	52.4%	100.0%	3.2%	51.6%	100.0%
74.1%	92.4%	49.6%	46.6%	65.7%	100.0%	46.6%	73.3%	79.2%
84.8%	95.7%	52.6%	25.8%	64.7%	95.7%	25.8%	60.7%	88.9%
96.5%	94.0%	53.5%	49.7%	73.4%	100.0%	49.7%	74.9%	85.8%
73.8%	92.7%	54.7%	57.8%	69.7%	100.0%	57.8%	78.9%	77.5%
93.2%	94.5%	63.8%	50.6%	75.5%	100.0%	50.6%	75.3%	85.3%
93.2%	93.3%	68.8%	48.8%	76.0%	100.0%	48.8%	74.4%	84.5%
92.1%	90.6%	45.6%	35.2%	65.9%	100.0%	35.2%	67.6%	81.4%
69.5%	90.7%	51.7%	46.9%	64.7%	100.0%	46.9%	73.5%	79.3%
72.0%	93.6%	75.1%	44.8%	71.4%	100.0%	44.8%	72.4%	75.9%
94.3%	96.7%	54.0%	53.4%	74.6%	100.0%	53.4%	76.7%	100.0%
93.4%	97.8%	65.2%	44.3%	75.2%	100.0%	44.3%	72.2%	84.6%
93.5%	93.9%	28.5%	7.0%	55.7%	100.0%	7.0%	53.5%	100.0%
92.0%	97.7%	49.6%	77.0%	79.1%	100.0%	77.0%	88.5%	100.0%
91.0%	98.1%	39.5%	40.2%	67.2%	100.0%	40.2%	70.1%	92.3%
68.4%	93.9%	22.4%	41.4%	56.5%	100.0%	41.4%	70.7%	100.0%
100.0%	96.1%	69.5%	16.2%	70.4%	100.0%	16.2%	58.1%	100.0%
89.8%	96.1%	52.7%	34.2%	68.2%	100.0%	34.2%	67.1%	94.1%
90.2%	96.0%	70.6%	40.6%	74.3%	100.0%	40.6%	70.3%	86.7%
92.8%	96.1%	41.8%	54.4%	71.3%	100.0%	54.4%	77.2%	95.0%
98.2%	94.8%	41.5%	23.6%	64.5%	100.0%	23.6%	61.8%	100.0%
93.4%	94.6%	67.2%	47.2%	75.6%	100.0%	47.2%	73.6%	94.4%
94.7%	98.1%	46.6%	42.0%	70.3%	100.0%	42.0%	71.0%	85.7%
96.7%	96.0%	92.7%	56.3%	85.4%	100.0%	56.3%	78.1%	100.0%
100.0%	97.6%	62.4%	20.7%	70.2%	100.0%	20.7%	60.4%	84.6%
95.8%	96.8%	75.4%	33.8%	75.5%	100.0%	33.8%	66.9%	85.2%
92.9%	91.1%	39.3%	56.1%	69.9%	100.0%	56.1%	78.1%	88.9%
90.5%	98.0%	60.2%	29.9%	69.6%	100.0%	29.9%	64.9%	100.0%
94.7%	93.3%	51.4%	66.0%	76.3%	100.0%	66.0%	83.0%	81.3%
94.7%	96.1%	53.7%	34.1%	69.7%	100.0%	34.1%	67.1%	96.6%
92.9%	96.6%	31.8%	42.8%	66.0%	100.0%	42.8%	71.4%	66.7%
100.0%	98.7%	60.5%	56.9%	79.0%	100.0%	56.9%	78.5%	100.0%
81.8%	93.8%	62.3%	50.0%	72.0%	100.0%	50.0%	75.0%	100.0%

7 Ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD)

8 The ratio of expected to reported prevalence of Coronary Heart Disease (CHD).

9 The percentage of patients with atrial fibrillation, measured within the last 12 months, who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy

10 The percentage of patients diagnosed with dementia who have had a face to face review

¹ No data available

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