QUALITY ACCOUNT
2025/2026

LCW
London Central
& West

CONTENTS

CHIEF EXECUTIVE'S INTRODUCTION

Welcome to the LCW Quality Account for 2025/2026. This publication is an important part of our accountability to the patients, partners, commissioners and stakeholders we deliver care for. I am pleased to provide you with this summary of the quality initiatives that LCW has undertaken throughout the year, and to give you a high-level overview of some of our plans for 2026/2027.

During 2025/2026, LCW has continued to deliver a high volume of urgent and primary care services to patients across London. Over the course of the year, we supported more than 520,000 patient contacts, reflecting both ongoing demand and the important role our services play within local health systems.

Our focus this year has been on strengthening the core systems that support safe, consistent care. In particular, we have developed a more joined-up approach to quality oversight through the introduction of a single organisational Quality Assurance Group and an enhanced Balanced Scorecard aligned to Care Quality Commission expectations. This has improved how we identify and monitor risk, and how assurance is provided from frontline services through to the Board.

We have also continued to embed the Patient Safety Incident Response Framework. Alongside improvements to how incidents are reported, this has supported a more open and structured approach to learning. An increase in incident reporting and learning activity reflects growing engagement from colleagues and a continued shift towards a more transparent safety culture.

Listening to and learning from patient experience remains an important part of our approach. This year, we have taken steps to improve how feedback is gathered and used, including better linking of patient comments with wider quality and safety processes. Most patients continue to report that they are treated with dignity and kindness, and we have made a number of practical changes to services in response to the feedback received.

We have also made progress in improving the oversight of patients waiting within our services, including clearer processes for identifying those who may need more urgent review and keeping patients informed where delays occur. Alongside this, our work on medicines management has continued to support safe and appropriate prescribing across an increasingly broad service footprint.

These developments have been supported by the commitment of our colleagues and the continued collaboration with our partners across the NHS. I would like to thank all staff and partners for their ongoing contribution to the delivery and improvement of our services.

To the best of my knowledge the Quality Account for 2025/2026 is an accurate and fair representation of the quality of services that LCW provides.

As we look ahead, our focus will remain on building on these foundations, ensuring that our services continue to be safe, responsive and aligned with the needs of the populations we serve.

Tessa Harvey
Chief Executive, LCW

MEDICAL DIRECTOR'S INTRODUCTION

I am pleased to introduce LCW's Quality Account for 2025/2026 and reflect on the progress we have made in strengthening the quality, safety and effectiveness of the services we provide.

Quality improvement is not a single programme of work; it is a continuous commitment that must be embedded throughout every aspect of service delivery.

One of our most significant achievements this year has been the continued embedding of the Patient Safety Incident Response Framework (PSIRF). Through investment in training, improved reporting systems and the introduction of innovative approaches such as QR code incident reporting, we have seen a substantial increase in incident reporting and learning activity. Importantly, this reflects a culture where colleagues feel empowered to raise concerns, share learning and contribute to safer care. The increase in reporting should therefore be viewed as a positive indicator of organisational openness and safety culture rather than a deterioration in care quality.

We have also strengthened our organisational governance through the establishment of a single Quality Assurance Group and the further development of our CQC-aligned Balanced Scorecard. Together, these provide clear visibility of quality, safety, patient experience and operational performance across all services, ensuring that risks are identified early and that assurance is provided from frontline teams through to the Board.

Listening to patients has remained central to our approach. During the year we improved how feedback is collected, analysed and linked to quality and safety processes. This has enabled us to identify opportunities for improvement more effectively while also recognising the many positive experiences reported by patients. The feedback we receive continues to shape service developments and helps ensure that our services remain responsive to the communities we serve.

Our focus on medicines management, antimicrobial stewardship, safeguarding, infection prevention and control, and clinical audit has provided further assurance that care is being delivered in line with national guidance and best practice. These programmes have supported safer prescribing, strengthened governance arrangements and promoted continuous clinical improvement across the organisation.

I am particularly proud of the way colleagues across LCW have embraced learning, innovation and collaboration throughout the year. The achievements described within this report are the result of the dedication, professionalism and compassion demonstrated every day by our multidisciplinary teams, supported by our partners across the NHS.

Over the past year, LCW has continued to strengthen its digital capabilities whilst ensuring that patient safety remains at the centre of every technological development.

We have adopted the principles of digital clinical safety across the organisation, embedding robust governance arrangements and clinical oversight into the design, implementation and ongoing monitoring of digital systems. This approach has underpinned a range of developments, including the enhancement of our electronic patient record systems, the implementation of digital front-door solutions within primary care, and the development of prescribing support tools designed to strengthen safe and effective clinical decision-making within our urgent care services.

We are well placed to embrace emerging technologies and to work collaboratively with partners across the NHS to improve patient access, experience and clinical outcomes. Our ambition is not only to deliver innovation within LCW services, but also to develop scalable solutions that can support wider healthcare systems and the populations we serve.

While innovation creates significant opportunities, our guiding principle remains unchanged; patient safety, clinical effectiveness and positive outcomes must always come first. All digital developments will continue to be subject to rigorous clinical assurance and governance processes.

As we look ahead to 2026/2027, our priorities will focus on improving access to care, enhancing efficiency across urgent care pathways, strengthening medicines governance, and ensuring that the voice of patients remains at the heart of service design and improvement. By maintaining our focus on quality, safety and continuous learning, we will continue to provide services that are safe, effective, responsive and centred on the needs of our patients and communities.

I would like to thank all LCW colleagues, our partners and our patients for their continued support and contribution throughout the year. Together, we remain committed to delivering high-quality care and continually improving the services we provide.

Dr Murtaza Ali
Medical Director

SERVICES DELIVERED BY LCW

LCW provides a range of urgent and primary care services across London, serving a population of approximately 4.5 million patients.

In 2025/2026, LCW delivered 520,399 contacts, including telephone assessments, face-to-face appointments and home visits, across Clinical Assessment Services (CAS), Out of Hours (OOH), Urgent Treatment Centres (UTCs) and at our GP Practice.

520,399	4.5m	15
Total Patient Contacts	Population Served	number of boroughs

North Central London

LCW provides CAS and OOH provision for residents in North Central London (NCL) in partnership with London Ambulance Service. Out of hours care is delivered through remote telephone assessment, home visits to those patients requiring care at home and through face-to-face appointments delivered at our Primary Care Centres (PCC) located at:

- The Whittington Hospital
- The Laurels Healthy Living Centre
- Finchley Memorial Hospital
- Chase Farm Hospital
- Royal Free Hospital

LCW provides GP services at the Whittington Hospital Urgent Treatment Centre (UTC); this service went live in July 2025.

North West London

LCW provides CAS in Northwest London (NWL). This service is provided in partnership with the London Ambulance Service (LAS) NHS Trust and Practice Plus Group (PPG).

LCW holds the contract for GP OOH in NWL. LCW provides care across five of the boroughs and we partner with PPG to provide care in three boroughs in a sub-contracting arrangement.

Out of hours care is delivered through remote telephone assessment, home visits to those patients requiring care at home and through face-to-face appointments delivered at LCW Primary Care Centres (PCC) located at:

Charing Cross Hospital
St Charles Centre for Health and Wellbeing

LCW also provides single point of referral (SPOR) services in the boroughs of Hammersmith and Fulham, Kensington, Chelsea and Westminster; this is to support housebound residents access the services they need. It also helps keep residents in their own homes, avoiding unnecessary stays in hospital through appropriate referral to community urgent response services.

LCW works in partnership with Imperial College Healthcare NHS Trust to deliver the Partnership for Health GP Practice. This is a GP practice serving approximately 10,000 patients across two sites; one at Hammersmith Hospital and the other at Charing Cross Hospital. LCW also provides GP services to the Hammersmith, Charing Cross and St Mary's UTCs.

LCW delivers the assessment and treatment component of the UTC at West Middlesex Hospital in partnership with Chelsea and Westminster NHS Trust; the trust provides the streaming component of the service.

LCW works with West London NHS Trust to support the delivery of the Ealing Community Partnerships contract through enhanced out of hours support to care homes in Ealing as well as GP support to wards across the Trust.

North East London

LCW provides out of hours GP visiting services for the residents of City & Hackney.

CQC Registration

All services delivered by LCW are regulated by the Care Quality Commission (CQC) for the registered activities of:

- Transport services, triage and medical advice provided remotely; and
- Treatment of disease, disorder or injury

In addition to the locations mentioned above, we also provide services from:

- St Charles Centre for Health and Wellbeing, Ladbroke Grove W10; and
- Ballards Lane, North East Finchley N12

LCW was last inspected by the CQC in July/August 2023 where LCW's 111 and CAS services were awarded and overall "Good" rating. We continue to work collaboratively with the CQC as we transition to the new CQC assessment framework, ensuring our governance and quality assurance activities are aligned with the updated Quality Statements.

QUALITY AND GOVERNANCE AT LCW

Over the last year, LCW has taken several steps to strengthen and improve upon the governance frameworks which underpin all aspects of care provided to our patients, their families and carers. In quarter 4 of 2024/2025, we transitioned from Local Assurance Groups (LAG) to an organisation wide Quality Assurance Group (QAG). QAG meets monthly and is a crucial forum for colleagues across the organisation to come together and share learning, best practice and develop actions to improve services; this is driven in a systematic and objective way through our new CQC aligned Balanced Score Card (BSC) and Patient Safety Incident Response Framework (PSIRF) which we have embedded through 2025/2026.

The organisation has also strengthened its governance in relation to Health IT systems, so that it can safely consider, implement and review the implementation of any new systems or relevant changes to any existing systems.

"Ward to Board" Visibility

LCW places significant importance in the flow of information on the quality and safety of our services ("Wards") to the LCW Board ("Board").

The Medical Director is accountable for the clinical quality and safety of services delivered by LCW and is a member of the Board.

The LCW Quality, Performance and Workforce Committee (QPW), a subcommittee of the LCW board and meets on a quarterly basis to review key outcomes and emerging risks as identified at the monthly QAG meetings. Chaired by a non-executive director from the Board, assurance is sought and provided that the organisation is delivering services in line with regulatory requirements and that any emerging risks are documented and have associated remedial action plans.

The information and assurance provided through QPW is then provided to the Board through the Medical Directors report.

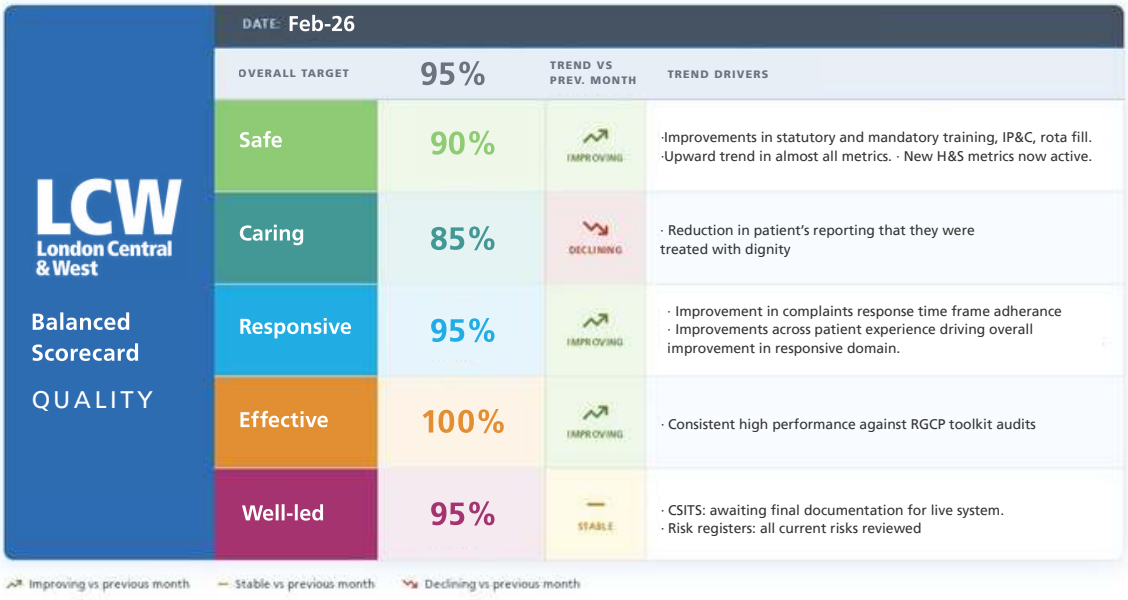
This ensures that there is a clear flow of information relating to the quality and safety of our services, as well as performance delivery against Key Performance Indicators (KPIs) and workforce compliance, from individual service lines through to the Board.

Balanced Score Card

In 2024/2025, we launched the first iteration of our BSC which provided LAGs and later, QAG with a set of quality, patient safety and experience indicators against which to benchmark and track quality and safety elements of our service provision.

In 2025/2026, we have made several improvements to the BSC, most notably, its alignment to the 2025/2026 CQC Quality Statements. The purpose of this was to ensure that we maintained and expanded upon our visibility of key quality and safety elements while linking these to the relevant Quality Statement. Each domain has a subset of relevant Quality Statements, with achievement metrics aligned to contractual or national best practice targets. In practical terms, the BSC is reviewed at the beginning and end of QAG to identify any emerging risks and then assurance is sought through the meeting that relevant actions have been identified to resolve and mitigate against these.

Image 1. Summary section of the new Balanced Score Card



Balanced Score Card – Impact

The Balanced Score Card has had a significant positive impact on how we monitor and assure quality across the organisation:

- Provides a systematic approach to quality assurance, aligned to regulatory and contractual requirements
- Helps to identify key areas of risk and concern against which action plans are developed and monitored through QAG
- Encompasses more quality and safety indicators beyond traditional incident, complaint and Freedom of Information Act and Subject Access Request compliance, with metrics for:
    - Health and Safety
    - Safety in clinical IT systems
    - Clinical documentation audits
    - Infection, Prevention and Control
    - Safeguarding

Clinical Safety in IT Systems

In response to the growing Health IT systems market, LCW has taken several steps be able to consider any such systems and their benefit to patient care in a safe way and in line with national guidelines.

These steps include:

- A dedicated Clinical Safety in IT systems Group (CSITS) which meets to review all aspects of the Clinical Risk Management Files associated with any proposed or existing Health IT System
- Increased the number of Clinical Safety Officers (CSOs) through NHS Digital accredited training courses.
- Developed and implemented our Clinical Safety in IT Systems Policy, which clearly defines our approach to meeting the necessary requirements as set out in NHS England's digital clinical standards (DCB0129/0160).

ACHIEVEMENTS AGAINST THE 2025/2026 QUALITY OBJECTIVES

Following on from the quality objectives set by the organisation in 2024/2025, colleagues co-designed and agreed upon a set of objectives for 2025/2026. These objectives were agreed as areas of priority and signed off by the LCW Board for 2025/2026 year.

They were:

QUALITY OBJECTIVE 1

Fully embedding the Patient Safety Incident Response Framework (PSIRF) and fostering a proactive safety culture within the organisation.

QUALITY OBJECTIVE 2

Strengthen our approach to patient engagement to enable a better understanding of our services from the patients and communities we serve.

QUALITY OBJECTIVE 3

Strengthen the safety and experience of patients waiting across Integrated Urgent Care delivery (IUC), through queue management and comfort calling

QUALITY OBJECTIVE 4

Focus on antibiotic prescribing by continuing strong antimicrobial stewardship and ensuring safe, consistent prescribing practices across all services.

QUALITY OBJECTIVE 1: PSIRF

Fully embedding the Patient Safety Incident Response Framework (PSIRF) and foster a proactive safety culture across urgent care services, with structured support and leadership

As a key part of the NHS patient safety strategy, PSIRF replaced the previous Serious Incident Framework as the system by which patient safety incidents were investigated. The four key aims of PSIRF are:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Support oversight focused on strengthening response system functioning and improvement

LCW began to utilise learning responses from PSIRF through 2024/2025; however, it was identified that to fully realise the benefits of the framework, the organisation would need to ensure that the necessary components were understood by those using them and were embedded across the organisation.

WHAT DID WE DO

- Created and signed off a new PSIRF policy, with input from subject matter experts
- Developed an organisational PSIRF Plan, identifying key priority areas and appropriate learning responses to incidents within these areas
- Rolled out a communications plan across the organisation, through newsletters, team meetings, one-to-ones

  Sought feedback from colleagues through our staff survey in relation to patient safety, specifically, their view on if the organisation acted where patient safety issues were identified
- Delivered training via a 3-day NHS England accredited training course for all colleagues involved in learning responses and investigations
- Implemented an incident reporting form that aligns with our PSIRF
- Launched an organisation wide incident reporting QR code, removing barriers to reporting by enabling colleagues to “see it, snap it, report it”. The QR code enabled colleagues to immediately report a patient safety incident through a form which links directly to our Quality Management System, Radar.

IMPACT

The table below provides a comparison of key metrics to demonstrate the impact of Quality Objective 1.

Table 1. Comparison of key PSIRF metrics: 2024/2025 vs 2025/2026

Metric	2024/ 2025	2025/ 2026	Variance
Incidents reported	258	364	+41%
QR code reporting*	0	74	N/A
PSIRF Learning responses**	8	50	+525%

* Implemented in 2025/2026 only.

** The organisation utilised the SI Framework for part of the 2024/2025 period, in which methods such as 72 hour reviews, were still common place.

This table demonstrates that:

- There was a 41% increase in the total number of incident reported in 2025/2026 compared to the previous year
- 21% of incidents reported were done so through the organisation's new QR code
- There was a 6-fold increase in the number of PSIRF aligned learning responses undertaken in 2025/2026 when compared to 2024/2025.
- 80% of the incidents reported via the QR code were done so by colleagues delivering care within our services i.e. not by their line manager or senior leaders

Additionally, the following areas were identified as having been positively impacted by the changes resulting from this quality objective:

- Over 80% of respondents to the staff survey felt that if they raised a potentially serious patient safety incident, senior leaders would look into it and investigate
- Over 80% of respondents to the staff survey felt that senior leaders provided a climate that promotes patient safety
- We conducted several after action reviews, involving colleagues affected by the associated patient safety incident; feedback was wholly positive with colleagues reporting that the approach was non-accusatory and promoted an environment for learning and improvement.

CASE STUDY 1

West Middlesex Urgent Treatment Centre (UTC) - Management of Traumatic Hand Injuries

Several incidents were reported through Quarter 1 and 2 of 2025/2026, relating to the management of hand injuries at the West Middlesex Urgent Treatment Centre (WMUTC). Following a series of Swarm huddles and After-action reviews, several common trends were identified as contributory system factors within this cohort of incidents. These included:

- Delays in contacting relevant speciality teams within the trust, including technical barriers
- Exposure to and training in less common presentations specific to traumatic hand injuries

The input of colleagues involved in these incidents, embracing the principles of PSIRF, resulted in several actions being taken, including:

- Joint training and shadowing sessions held with trust speciality hand/plastics teams, for all UTC staff involved in the management of traumatic hand injuries
- Collaboration with trust speciality hand/plastics teams to unify and improve upon communication methods used for seeking advice and/or referral

As a result, from Quarter 3 onwards, there were no further incidents reported in relation to the management of traumatic hand injuries at the WMUTC.

CASE STUDY 2

Management of temperature excursions across LCW sites

Using the new reporting form, accessed by the QR code, a receptionist colleague from one of our Primary Care Centre (PCC) sites reported an incident relating to a prolonged temperature excursion affecting medications stored at the site.

Following an initial Swarm huddle, it was identified that there were contributory system factors that could result in similar incidents occurring across the organisation.

This included:

- Variation in the processes used to record, react and report to temperature excursions
- Audit processes to verify temperatures were being logged and monitored appropriately
- Variation in how colleagues were trained to identify, record and react to temperature excursions

As a result of this, the following actions were identified and implemented:

- Creation of the Safety and Compliance Checklist - Standard Operating Procedure, unifying the approach several key safety and compliance components of service delivery, including temperature recording and escalation
- Creating a single record for all safety and compliance checks, through utilising MS Teams. This provides team leaders and service managers with greater visibility of the safety and compliance checks that have been completed at each site. It also enables them to identify any trends and recurring issues so that corrective actions can be taken where necessary
- Training was delivered across all operational teams in the use of the new SOP, including receptionists, drivers and operational navigators.

Since the development, rollout and training in this new SOP, there have been no incidents of reactive temperature excursions i.e. those that have been identified after administration of medication.

QUALITY OBJECTIVE 2: PATIENT ENGAGEMENT

Strengthen our approach to patient engagement to enable a better understanding of our services from our patients

Patient experience and engagement are fundamental in adhering to the organisation's values of putting patients first, driving change and focusing on our communities. With this objective, we set out to gain a better understanding of how patients, their relatives and carers interact with our services and what their experience is of these at each interaction. We also set out to understand who our seldom heard patient groups are and what steps we needed to take to hear more frequently from them.

WHAT DID WE DO

- Created a baseline assessment from our 2024/2025 patient experience data sets to help shape our actions for the 2025/2026 year
- Identified parents of babies and young children as one of our seldom heard groups
- Reviewed our patient experience platform to identify barriers to providing responses
- Created, implemented and embedded a process whereby all comments submitted through our patient experience questionnaire were linked back to the case number for that interaction.
- Promoted routes for patients to feedback about their experience, by rolling out banners with QR codes linking to feedback forms across all LCW sites.
- Built in monthly tracking of response rates through the Quality Assurance Group (QAG)
- Balanced Score Card; this also included how patients responded to questions relating to being treated with dignity and kindness, in line with Care Quality Commission (CQC) quality statements.
- Rollout of 'Quality Boards' across LCW sites, on which patient experience response rates are displayed as well as "You said, we did" communications to patients.
- Shared good practice from LCW sites that are achieving good levels of patient responses

IMPACT

- Working with our patient experience platform provider, we have migrated to a new reporting platform which provides us with greater detail relating to locations, trends and demographics details of patients that have responded to the questionnaire

- By being able to link feedback comments to the originating cases in our Integrated Urgent Care and Out of Hours services in the 2025/2026 year, the Quality, Patient Safety and Experience team reviewed 531 free text comments provided by patients, to identify any potential patient safety incidents. This review resulted in:

    - Identifying 7 interactions which were investigated as formal complaints

    - Identifying 3 interactions which were investigated through learning responses in line with our PSIRF policy

- Through our Balanced Score Card and its alignment to CQC Quality Statements, we identified that of 535 total respondents that used our Integrated Urgent Care and Out of Hours services:

    - 82% of respondents reported that they were treated with kindness through their interaction

    - 80% of respondents reported that they were treated with dignity through their interaction

    - 89% of respondents reported that they were happy with the safety of the care provided to them

- We rolled out our Quality Boards across all LCW sites in Quarter 4 of the 2025/2026 year; sites now display information specific to that location in relation to patient experience. There is also a dedicated "You said, we did" section, to keep patients informed of what actions we have taken because of their feedback. Examples of this include:

    - Working with our colleagues at the West Middlesex Hospital site to overhaul and revamp the patient waiting area for the Urgent Treatment Centre, including dedicated space for parents with young children and babies

    - Provided training workshops for colleagues at the Hammersmith and Fulham Centres for Health to promote best practice in complaints management. This followed feedback provided by patients that it was unclear how to make a complaint and who would be investigating it

- By sharing learning through our QAG, we identified that the West Middlesex UTC site was achieving high (greater than 5% of total attendances) rates of patient feedback, due to having immediate access to feedback routes at the site. As a result, we developed patient experience banners and implemented them across all sites. This resulted in patients having immediate access to the information needed to provide feedback, either via the QR code on the banner or website link provided.

QUALITY OBJECTIVE 3: QUEUE MANAGEMENT AND PATIENT SAFETY

Strengthen the safety and experience of patients waiting across IUC delivery, through queue management, comfort calling and potential automation solutions

Patients accessing healthcare across the NHS will often have a period where they are waiting for the next step of their journey to commence. In services provided by LCW, this might include short waits for an appointment at one of our PCC locations or a wait within our Clinical Assessment Service queue, based on the outcomes of NHS 111 assessments.

With this quality objective, we set out to ensure that wherever patients are waiting in our service, our systems and processes can:

- Promptly identify and escalate potentially deteriorating patients
- Keep patients informed of any delays affecting their journey through our services and, provide them with information on what to do if they feel more unwell

WHAT DID WE DO

- We completed a mapping exercise to ensure that the highest priority cases received from NHS 111 were clearly visible within our triage queue
- Established the use of Virtual Clinics, providing Senior Clinical Navigators (SCN) with the ability to assign cases of similar types to the most appropriate clinical skill set e.g. medications and prescriptions enquiries assigned to a pharmacist
    - This results in clearer visibility of higher acuity cases within the triage queue, particularly at times of high demand
- Analysed our existing comfort calling1 provision to understand what improvements could be made to achieve greater adherence and consistency
- Using patient experience feedback and performance, we sought to identify what safety approaches were required within our PCCs to ensure patients in those settings were always waiting safely
- We embarked on a project to develop real time data dashboards for all IUC services, mapping forecasted activity against real time capacity, demand and productivity. The aim of this is to provide greater management information for on-call and service delivery teams to assist with reducing breaches and ensuring the quality of patient care is maintained

IMPACT

- The mapping exercise resulted in clear priority stratification within our clinical assessment queues, supporting SCNs with assigning clinical resource to the most urgent cases
- At times of high demand, virtual clinics have provided SCNs with a tool to manage appropriate cases within a controlled environment, ensuring that the highest acuity cases are clearly visible within our main queues
- Our Safe Patient Management Standard Operating Procedure has provided our PCC teams with clear guidance on:
    - how to identify and escalate potentially deteriorating patients promptly
    - how to safely manage patients that Did not attend (DNA) or in the case of our paediatric patients, those that Were Not Brought (WNB) to their appointment; instead of simply closing these cases, attempts are made to contact them, risk assessments are carried out and where appropriate, escalation made to emergency services and safeguarding teams
- Our comfort calling 'heat map' has provided us with clear information on when patients are waiting the longest for a call back and our adherence ensuring that they receive a comfort call to provide them with an update and check on their condition
- Comfort calling training was rolled out across a wider range of operational staff groups, beyond operational navigators and administrative support teams, to include drivers and receptionists. This has enabled us to provide greater resilience at times of high demand by having more capacity to carry out comfort calling
- We have engaged with an organisation to develop our real time dashboards, with the first tranche of reports scheduled to be released in Q1 of 2026/2027.

QUALITY OBJECTIVE 4: ANTIMICROBIAL STEWARDSHIP

Build on the work carried out in 2024/2025 to continue strong antimicrobial stewardship and ensuring safe, compliant management of drugs as we expand services and sites where Controlled Drugs will be held.

LCW places great importance on ensuring that clinicians delivering care within our services are prescribing antibiotics in line with national and local guidelines to ensure that broad spectrum antibiotic usage is kept low and only when appropriate to the presenting condition. The organisation also takes its regulatory and statutory duties very seriously when it comes to the storage, movement and prescribing of controlled drugs.

With this quality objective we set out to build on the foundations of the work carried out in 2024/2025 by strengthening our medicines management governance, using condition specific audits to assure ourselves of appropriate antimicrobial prescribing and ensuring that we maintained high standards of controlled drugs management in line with the requirements of our Home Office licence.

WHAT WE DID

- We conducted a review of our Medicines Management policy in order to ensure it reflected current best practice and guidelines as well as reflecting local requirements at a location specific level e.g. PCC sites, visiting vehicles etc.
- We undertook several condition specific audits over the course of 2025/2026, including urinary tract infections and respiratory tract infections as two of the most common presentations into our services requiring potential antibiotics prescribing
- We undertook several controlled drugs prescribing audits to assure ourselves that these drugs were being prescribed in appropriate quantities and that any outliers were identified
- In addition to our clinical documentation audits, we enhanced the feedback provided to clinicians in relation to their prescribing practice
- We successfully applied for and were granted a Home Office licence for our Royal Free PCC site and successfully renewed our licence for our St Charles main office.

IMPACT

- Our medicines management policy is now easier to navigate, with specific guidance provided through a suite of support SOPs for location specific needs

- Our condition specific audits demonstrated appropriate antimicrobial prescribing, with low use of broad spectrum antibiotics. Further information is provided in the 'Examples of clinical audit' section

- The process of applying for and successfully receiving our Home Office licences for the Royal Free PCC (new) and St Charles main office (existing) demonstrates our ability to provide continued assurance against regulatory requirements through our governance framework

REVIEW OF QUALITY PERFORMANCE

The transition from local assurance groups to the organisational Quality Assurance Group (QAG) has resulted in a focused forum which brings together colleagues from across the organisation to identify trends in quality areas, discuss emerging and current risks and develop action plans to address any gaps identified.

It also serves as the crucial forum from which assurance is gained that the governance systems and processes at LCW, designed to keep our patients and staff safe, are effective.

The introduction of the QAG Balanced scorecard (BSC) has enabled the forum to quickly identify areas of concern or potential risk, so that sufficient time is spent in the meeting identifying the contributing factors and associated remedial action plans to address those concerns and risks. The BSC has been designed to align with the CQC Quality Statements, while using contractual KPIs as the basis for measuring achievement against these. The BSC is split into the 5 main CQC quality domains:

SAFE **CARING** **EFFECTIVE** **RESPONSIVE** **WELL-LED**

Within each domain are several indicators, aligned to the relevant CQC quality statements and an associated target score; these scores in turn align to contractual KPI requirements, where required, or national guidance and best practice.

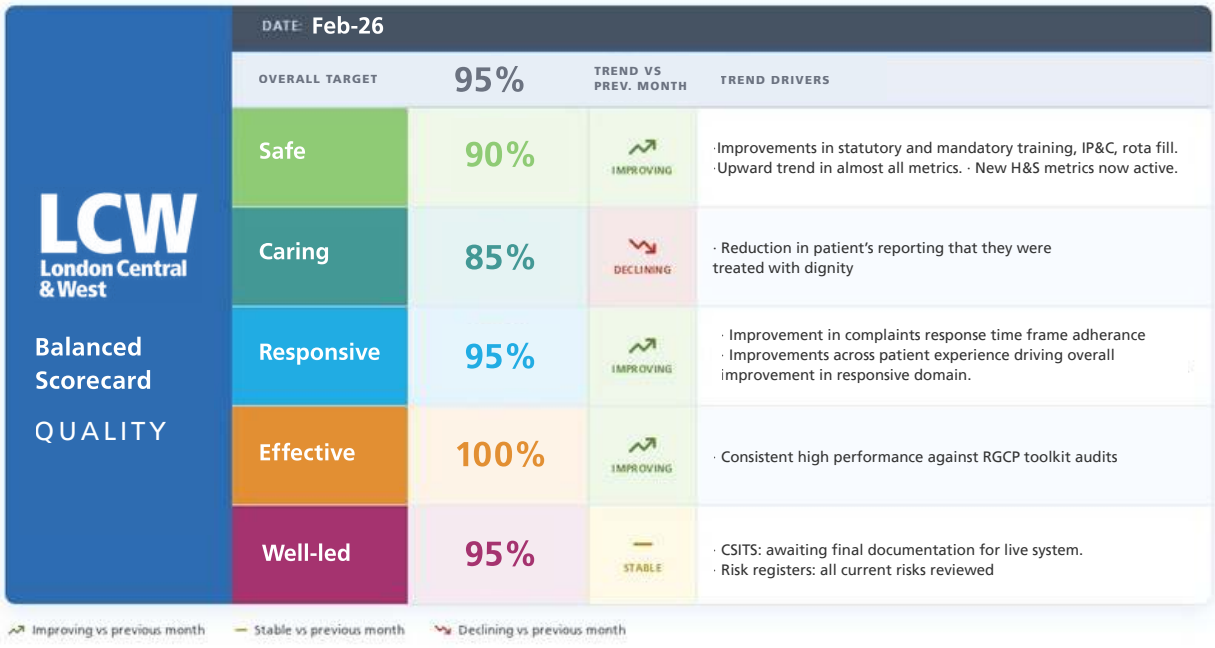


Fig 1. Summary overview of each domain and the trends driving increased/decreased performance from the previous month.

Fig 2. Illustrative example of the Safe domain indicators within the BSC

Domain	CQC Assessment Framework – Quality Statement Area	Description	Indicator	Total Number OR Confirmation Indicator Met	Indicator Score / Audit Score	Trend vs Previous Month	Target
SAFE	Learning culture	Incidents are reported and investigated	Total incidents received and percentage responded to within 20 working days	28	96%	—	95%
		Learning from incidents and complaints is shared	All learning from completed complaint/incident investigations has been shared	Yes	100%	—	100%
	Safeguarding	There are effective systems, processes and practices to make sure people are protected from abuse and neglect	Safeguarding missed referrals audit completed for reporting month	Yes	100%	—	100%
	Safe environment	There are effective arrangements to monitor the safety and upkeep of premises and equipment	Health and safety annual assessment completed for all sites	No	89%	—	95%
			Total actions outstanding from annual H&S assessment and percentage in date	21	100%	—	100%
	Safe and effective staffing	Staff received the appropriate training relevant to their role	a. Percentage completion of all statutory and mandatory training – Clinical	No	83%	↑	95%
			b. Percentage completion of all statutory and mandatory training – Operational	No	87%	↑	95%
		There are appropriate staffing levels to make sure people received safe and good quality care	Percentage operational rota fill across all areas	No	85%	—	95%
			Percentage clinical rota fill across all areas	Yes	96%	—	95%
	Safe systems, pathways and transitions	Safety and continuity of care is a priority throughout people's care journey	Comfort calling completion rate – total breaches and percentage CC4	3,066	25%	↓	100%
	Infection prevention and control	There is an effective approach to infection, prevention and control which is in line with relevant national guidance	Total IP&C audit actions and percentage overdue for action	6	0%	—	<5%
			IP&C audit score rate: PCCs	Yes	95%	↑	90%
			IP&C audit score rate: Visiting	STC 1/2/3/4	93%	↑	93%
			IP&C audit score rate: Practice	Yes	95%	—	95%
			IP&C audit score rate: VMUTC	Yes	98%	↑	95%
			IP&C audit scores rate: STC/BL	Yes	93%	—	95%
	Medicines management	People's medicines are appropriately prescribed and supplied in line with relevant legislation and current national guidance	Total number of medicines management related incidents and percentage managed in line with policy	5	100%	—	100%

BSC = Balanced Scorecard • IP&C = Infection Prevention & Control • H&S = Health & Safety • CC4 = Comfort Call 4

Fig 3. Illustrative example of the Effective domain within the BSC

Domain	CQC Assessment Framework – Quality Statement Area	Description	Indicator	Total Number OR Confirmation Indicator Met	Indicator Score / Audit Score	Trend vs Previous Month	Target
EFFECTIVE	Evidence based care	Safety alerts relevant to the organisation have been shared with all relevant staff groups, including independent contractors	Confirmation that all safety alerts reviewed and relevant ones shared as a percentage	Yes	100%	—	100%
		People that use the service experience outcomes that meet agreed expectations as set out in legislation, standards and evidence-based clinical guidance	General Practitioner: total cases audited and average score (max 25) – NCL/NVL CAS/OOH combined	548	22.58	—	20.00
			General Practitioner: total cases audited and average score (max 25) – Imperial UTCs	No data	No data	—	20.00
			General Practitioner: total cases audited and average score (max 25) – VMUTC	62	23.15	—	20.00
			General Practitioner: total cases audited and average score (max 25) – Whittington UTC	28	23.36	—	20.00
			ACP: total cases audited and average score (max 25) – NVL/NCL OOH/CAS combined	194	22.15	↑	20.00
			ACP: total cases audited and average score (max 25) – VMUTC	45	23.52	—	20.00
			Pharmacist: total cases audited and average score (max 25) – NVL/NCL OOH/CAS combined	3	23.50	↓	20.00

BSC = Balanced Scorecard • ACP = Advanced Clinical Practitioner • NCL/NVL = North Central London / North and West London • UTC = Urgent Treatment Centre • OOH = Out of Hours

The BSC is used at the start of the QAG to identify areas requiring further discussion and then subsequently at the end of QAG to provide assurance that appropriate actions have been identified for those areas. Furthermore, it supports gaining assurance that the areas requiring further attention in previous months have seen an improvement because of actions taken.

Quality Metrics: Total for 2025/2026

The table below shows the total number of complaints, incidents, Healthcare Professional Feedback (Internal/External) and PSIRF learning responses recorded for the 2025/2026 year.

	Complaints	Incidents	HCP F I /E	PSIRF Learning Responses
FY25/26 Total	118	364	270	39 35 SWARMs·3 AARs·2 PSIIs
Total contacts (all services)	520,399	520,399	520,399	520,399
Rate (% of contacts)	**0.02%**	**0.06%**	**0.05%**	**0.007%**

Table 1. Total incidents, complaints, Healthcare professional feedback and PSIRF learning responses recorded for 2025/2026.

Incident Reporting

The work carried out for Quality Objective 1 for the 2025/2026 year resulted in improvements that extend beyond the implementation of PSIRF. Through the launch of the QR code for incident reporting, and the cultural shift created by the PSIRF training and communications programme, there has been a meaningful increase in the total number of incidents reported in 2025/2026 compared to 2024/2025.

Time Frame	Total Incidents Reported
2024/2025	258
2025/2026	364
Variance	**+106 (41%)**

Table 2. Total incidents reported in 2024/2025 compared to 2025/2026

The increase in the number of incidents reported was largely driven by use of the QR code, with 74 of the additional 106 incidents reported coming from this route.

In addition to the increase in incident reporting, it was identified that more incidents were being reported at the point of identification; this is particularly important as it demonstrated increased awareness of potential patient safety issues and colleagues being less likely to wait until they spoke to a line manager to report a problem.

Table 3 below shows the number of incidents across LCW services.

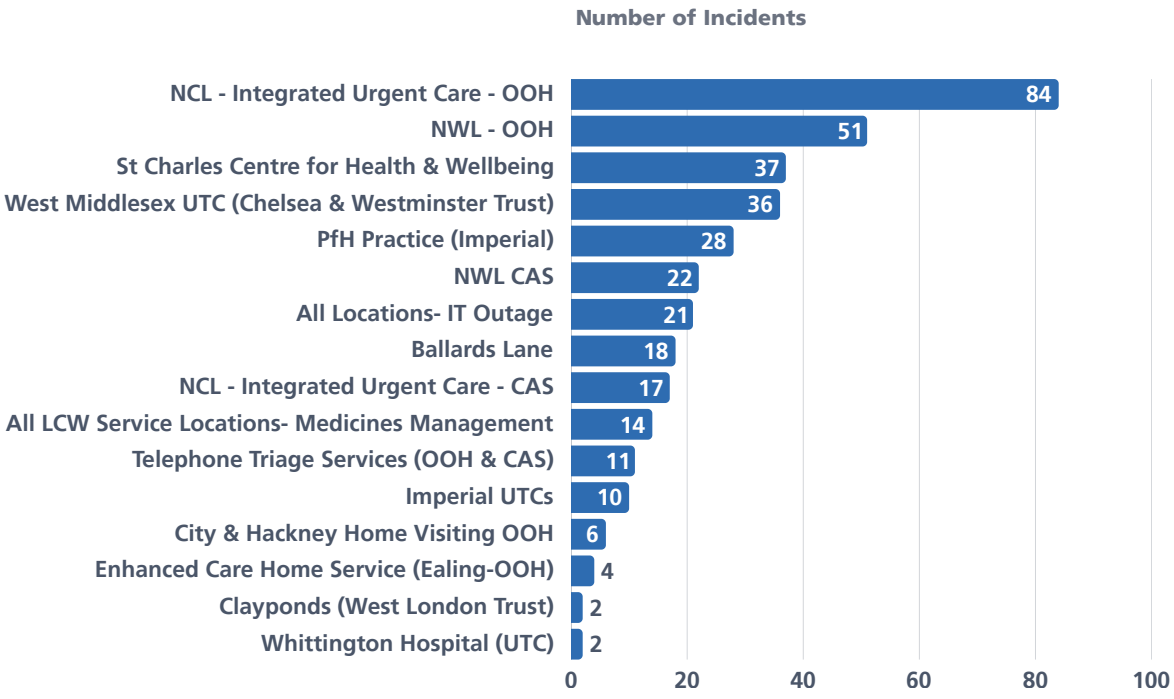


Table 3. Number of incidents reported across LCW services

- Incidents at St Charles Centre for Health include incidents reported for the organisation such as Health and Safety and information governance and those impacting corporate services
- All locations – IT outage includes incidents affecting the entire organisation including corporate services
- Incidents reported at Ballards Lane include incidents reported specific to the operation of the site such as health and safety, information governance and those impacting corporate services

Trends

A thematic analysis of the incidents raised in 2025/2026 identified the following trends, in order of frequency:

1. Information Management and Technology including location specific IT outages, systems access, telephony access, software errors and systems connectivity

2. Medicines management including temperature excursions, cassette management and reconciliation errors

3. Information governance*

To address these themes, the organisation has taken the following steps:

IM&T

- Introduction of 24/7 IT service desk provision
- Strengthened its IT network infrastructure to improve stability and access
- Strengthened relationships with service delivery partners to help resolve issues at sites where LCW occupies space

*No information governance incident met the threshold for reporting to the Information Commissioners Office (ICO). Each incident is discussed with the Data Protection Officer for the organisation to confirm if an incident meets the threshold.

Medicines Management

- Development and rollout of the Safety and Compliance Standard Operating Procedure
- Development and roll out of driver training competencies, which include medicines cassette management
- Electronic logs, via dedicated MS teams channels, of temperature logging within IUC services and West Middlesex UTC. These logs are then checked by urgent care team leaders to ensure compliance against the SOP and to verify that no excursions have occurred
- Extensive training has taken place with operational and clinical colleagues, including driver training workshops, reception team workshops and
- Redesign of the visiting service preparation area in St Charles, including greater visibility of key medicines management processes
- Medicines management related incidents are monitored as a component in the new balanced score card
- All medicines reconciliation errors, both controlled and non-controlled drugs are subject to a swarm huddle review to promote identification of common trends and contributory factors that result in the errors

Patient Experience Including Complaints and Compliments

The experience of patients, their families and carers is of paramount importance to LCW. It helps the organisation to understand areas of good practice and importantly, where improvements can be made to services for patient safety and experience.

Patients can feedback through several routes:

- Via the LCW Website patient feedback form
- Friends and Family Test (FFT) text message (Practice)
- I Want Great Care text message (IUC and OOH)
- Civica patient experience survey (West Middlesex UTC)
- Patient experience survey (Imperial UTCs)

The Quality, Patient Safety and Experience team has worked to ensure that the complaints process is integrated into the organisation's PSIRF process; if a complaint indicates a patient safety issue, this is reviewed in line with PSIRF and the appropriate learning response is initiated.

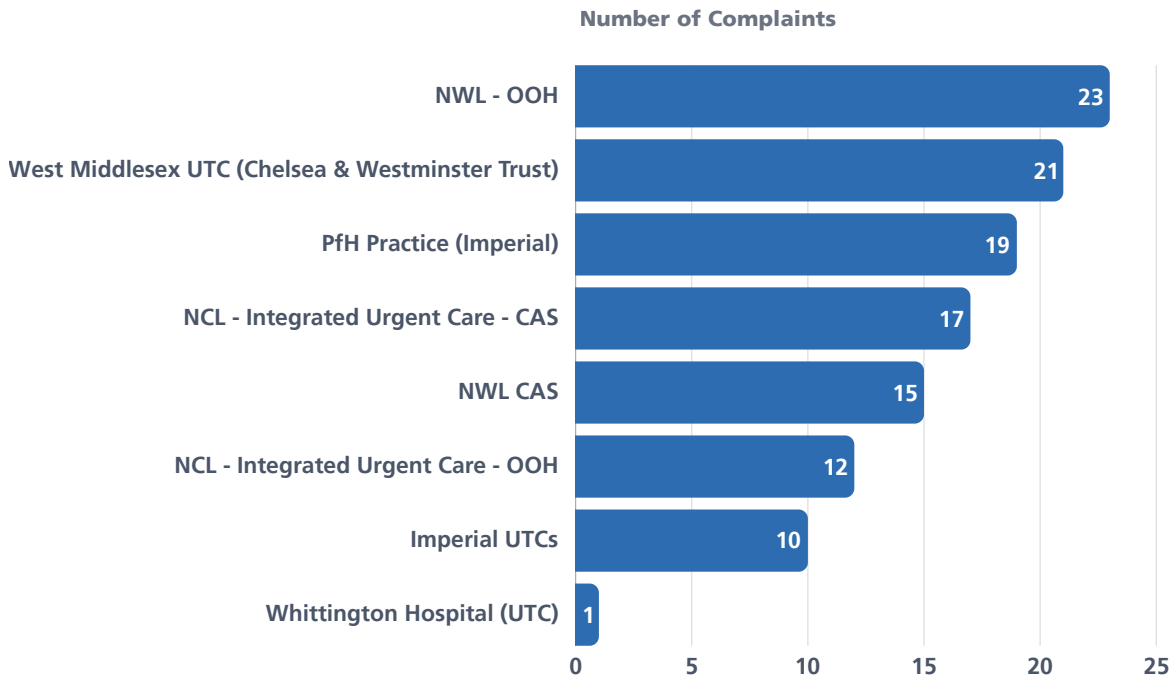
The table below shows the number of complaints received, comparing 2024/2025 to 2025/2026.

Table 3. Total complaints received in 2024/2025 compared to 2025/2026

Year	Total Complaints Received
2024/2025	83
2025/2026	118
Variance	**+35 (42%)**

The increase in complaints can be attributed to improved reporting and visibility of complaints from services delivered jointly with our partners. This has been achieved through established joint governance meetings and improved recording of complaints from these services within Radar. The greatest increase in reporting of complaints has been from the Hammersmith and Fulham Centres for health, which had 19 complaints. Graph 1. Shows the distribution of complaints across the services provided by LCW.

Complaints



Graph 1: Distribution of complaints across LCW services, 2025/2026

Trends

Analysis of our complaints identified the following trends, in order of frequency:

1. Staff attitude
2. Clinical management of cases***
3. Delays in accessing/receiving care

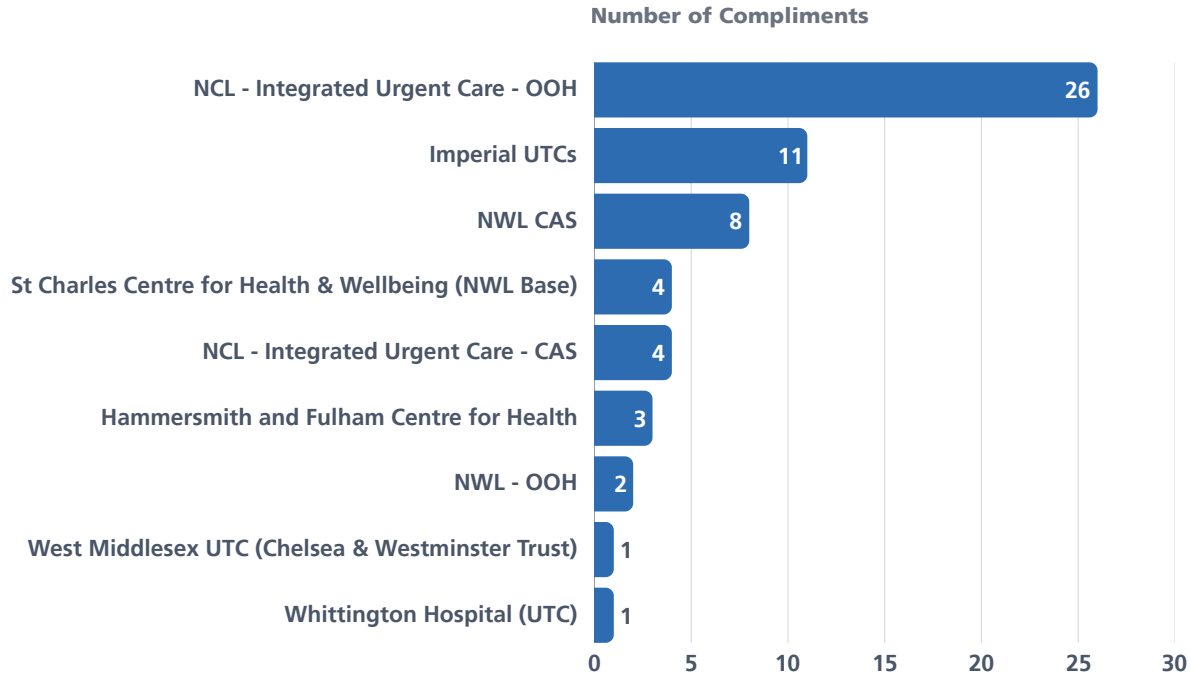
To address these areas, the following actions were taken:

- Staff training provided for compassion fatigue and management of patient's expectations, in particular, providing patients with a clear rationale as to why a particular onward referral service was suggested
- Training of wider staff cohort to perform comfort calls, to ensure patients are kept informed of any delays and to identify if any deterioration has occurred that requires a more urgent response
- Clear rationale provided in complaint responses, detailing why a particular onward referral service or management plan was suggested, including any relevant national guidelines that support that decision

***Relates to patient's experience of the outcome/onward referral decision and not clinical misdiagnoses which are reported as incidents.

Compliments

We received **60 compliments** across several services in 2025/2026. The chart below shows the distribution of where the compliments originated from.



Graph 2: Compliments received by service in 2025/2026

What Our Patients Said

"The call back was very quick, the doctor listened to what the issue was and gave clear instructions on what to do."

"Clear communication and reasoning that lead to the best outcome. fabulously sympathetic triage nurse. Very patient and asking relevant questions. Prompt attention and clear about what to do and what happens next. Excellent service"

"The speed at which I was accommodated, whilst in distress due my mother's distress. So THANK YOU VERY MUCH. Everything that I was told would happen, happened. Call back and eventually home visit by a GP, in the early hours of Sunday morning, by a caring / understanding GP. I truly appreciated the service I experienced, more so because I know / have an understanding of just how busy the team from call handlers to GP's are. Can't THANK YOU ALL ENOUGH."

CLINICAL AUDIT

For LCW, clinical audit is a fundamental component of our governance framework. Our Audit & Performance team lead on a range of audits to demonstrate the organisation's clinical effectiveness and adherence to professional standards and national best practice. During 2025/26, LCW completed clinical audits across a range of governance programmes, including routine RCGP audit activity, condition-specific reviews, end-to-end pathway reviews and digital safety audits.

Using the Royal College of General Practitioners (RCGP) Out of Hours Audit Toolkit, LCW undertakes audits of clinical documentation and call recordings. At least 1% of all cases completed by our multidisciplinary team of clinicians is subject to this audit. Feedback is provided to clinicians on a monthly basis, requesting case review and reflection where needed. In cases where they are deemed 'cases of excellence' the clinicians are also contacted and informed of this positive feedback . Themes identified from these audits are shared monthly at the Quality Assurance Group and scores are monitored through the Balanced Score Card, across the range of LCW services. Using this data we now also have sent out 2 clinician reports with average of audit scores from preceding months specific to RCGP criteria so they can review any areas of improvement which has been feedback with much positivity amongst the clinical cohort.

To ensure consistency across the audit team, audit benchmarking sessions are held between auditing team and the clinical leads every quarter. Through this exercise, we ensure that the variation in scores between individual auditors is within an acceptable range and that completion of the RCGP toolkit is done so in a consistent manner.

In addition to the documentation and call recording audits, the audit and performance team undertake audits which provide assurance that we are providing patients with care that is in line with national best practice and guidelines, such as condition specific audits. In 2025/26 we reviewed the management of Urinary Tract Infections (UTIs) and Respiratory Tract Infections (RTIs) within our service, feedback given when needed and findings published in our Learning from Experience Bulletins. LCW is also committed to ensuring that patients receive the right care, first time by conducting audits of end outcomes. There is also a strong focus on ensuring that the outcome of our clinical decisions are not adversely impacting the wider healthcare system, through audits of Emergency Department and Ambulance Service referrals. This is now implemented as part of our routine audit schedule every quarter. By reviewing the highest referring clinicians (by percentage) to ED or LAS we then review a proportion of these cases. Any that we feel could have been managed differently are feedback to. We also share this information with clinicians in their quarterly reports. Finally, we also audit calls from High Intensity Users (HIUs) (in NWLOOH contract) to support with the identification of vulnerable individuals who may benefit from Universal Care Plans (UCPs) that allow us to provide them with care and support that best meets their needs. Reaudits of cases have shown use of OOH care reduce with appropriate interventions.

LCW also participates in End to End reviews of various patient pathways, through our Clinical Quality Review Group meetings with colleagues from LAS, Practice Plus Group (PPG) and Quality representatives from the NWL/NCL integrated care boards (ICBs). The purpose of these reviews is to identify any system wide learning or gaps in provision. Examples of end to end reviews have included:

- Referrals to Urgent Community Response services
- Management of pain within the out of hours period
- High Intensity Users

Examples of Clinical Audit

Table 5. Examples of clinical audits undertaken in 2025/2026

Subject	Audit Type	Impact
ED/LAS referrals	Audit of referrals made to the London Ambulance Service or Emergency Departments. Conducted on a quarterly basis.	Over the course of the 2025/2026 year, these audits demonstrated: 1. A reduction in the number of inappropriate referrals seen to ED/LAS 2. Reduction in the number of 'outliers' i.e. clinicians who had been identified as over referring (and under referring) In addition to individual clinician feedback, sharing of any identified best practice and areas for improvement were also shared through the organisation's Learning from Experience Bulletin
Chaperone Re- Audit	In 2024/2025, LCW undertook an audit to determine adherence to documenting the use of chaperones for intimate examinations. In 2025/2026, a 2nd audit of this area was conducted to provide assurance of continued adherence, in line with RCGP updated guidance on the definition of intimate examinations	The re-audit demonstrated that there was 100% compliance, supported by a clinical system change which presented clinicians with a pop-up box, reminding them to document consent/dissent for a chaperone where appropriate.
Urgent Home Visits	The purpose of this audit was to determine the appropriateness of Urgent Home Visits which remains one of the organisation's most critical services. Following a change in which Senior Clinical Navigators4 (SCNs) review all Urgent Home Visits requests, the audit was conducted to identify the impact of the change and benefit to patients	The audit identified that there was an appropriate reduction in the number of Urgent Home Visits requested from the ICAP queue, with no adverse impact to patients noted. The impact of this was that there was an improvement to urgent home visiting attendance within 2 hours and therefore patients with the greatest clinical need, such as those at the end of life, were supported and seen promptly.
Common conditions audits: Urinary Tract Infections, Respiratory Tract Infections	The purpose of this audit was to provide assurance that common conditions, often requiring antimicrobial prescribing, were being managed appropriately and in line with national guidelines.	The audit demonstrated that for both these common conditions, management was primarily in line with national guidelines. Best practice was disseminated to clinical staff in learning bulletins. It also demonstrated on the whole appropriate prescribing using national guidelines for antimicrobial prescribing, ensuring low broad spectrum antibiotic usage5 in favour of correct first line treatment.

INFECTION PREVENTION AND CONTROL

LCW has made several significant improvements to its Infection, Prevention and Control strategy through 2025/2026. Led by the organisation's Head of Clinical Services and supported by subject matter experts (SME) within the field, we undertook a review of our approach to IP&C which included:

- A review of the organisation's IP&C policy, with SME input to ensure alignment to national best practice from the National Infection Prevention and Control Manual (NIPCM)
- Redesign of all IP&C assurance audits to align with the new policy
- Roll out of IP&C Link training to support with the delivery of audits across LCW sites and services
- Design of a bespoke IP&C audit for our visiting vehicles, using guidance from NIPCM

Over the course of 2025/2026 , the organisation successfully completed a series of audits, with remedial action plans where necessary, for the majority LCW sites and services6. This has strengthened our relationships with key delivery partners in areas where LCW occupies clinical room space to ensure that services are provided in locations that are adherent to IP&C requirements. This includes:

- All Primary Care Centre sites (PCCs)
- Hammersmith and Fulham Centres for Health
- All Urgent Treatment Centre (UTC) sites
- St Charles and Ballards Lane hubs
- St Charles hub — visiting vehicles

The results of all IP&C audits, associated remedial actions and incidents are monitored through the Quality Assurance Group and scores have been integrated into the Balanced Score Card.

SAFEGUARDING

LCW's Safeguarding strategy is a fundamental component of our governance framework. We understand that vulnerable patients are more likely to contact IUC and OOH services, or present to one of our UTCs. The organisation has a range of measures to support our teams to identify, support and refer patients for whom a potential safeguarding concern has been identified.

Training

Staff have access to safeguarding training, commensurate with their role and in line with the Roles and Competencies for health care staff intercollegiate document,v ia our Bluestream training platform. Training completion is monitored through the Balanced Score Card and compliance is reported through QAG on a monthly basis.

Safeguarding Supervision

Staff have access to safeguarding training, commensurate with their role and in line with the Roles and Competencies for health care staff intercollegiate document, via our Bluestream training platform. We also deliver frequent, face to face, safeguarding level 3 training sessions through our dedicated safeguarding team.

Communication

The safeguarding team have implemented the Safeguarding corner on the LCW intranet, providing links to key resources for teams to access. A monthly newsletter is also a new feature for 2025/2026 and is shared across all teams, with our system partners, including ICB colleagues, who are invited to our monthly safeguarding meetings.

Assurance

The safeguarding team conduct audits to provide assurance that any referrals made have been done so appropriately and to identify if there have been any potential missed safeguarding referral opportunities. Through these audits and supervision sessions, the safeguarding team identify 'hot topics', to which guidance and support is provided. Examples in 2025/2026 include:

- Factors that may identify hidden safeguarding concerns in frequent callers where an unmet need may exist
- Raising the profile of how to support patients where there are potential domestic violence concerns

Safeguarding in Numbers

The tables below provide an overview of the numbers of safeguarding referrals and nature of referrals made through 2025/2026.

Table 4. Number of safeguarding referrals made from urgent care services

Month	Adult	Child	Total
Apr 2025	55	17	72
May 2025	70	24	94
June 2025	61	18	79
July 2025	75	18	93
Aug 2025	54	20	74
Sep 2025	51	15	66
Oct 2025	49	14	63
Nov 2025	65	22	87
Dec 2025	64	18	82
Jan 2026	62	22	84
Feb 2026	45	24	69
Mar 2026	53	11	64
Total	**704**	**223**	**927**

Table 5. Categories of referrals made for adults and children from urgent care services

Categories	Adult	Child	Total
Child/Adult Needs	384	41	425
Domestic Abuse	14	2	16
Financial Material	6	0	6
Medication Error	25	1	26
Mental Health	92	5	97
Neglect	42	144	186
Organisational/Institutional	31	0	31
Physical	20	7	27
Psychological/Emotional	22	3	25
Self-harm	23	15	38
Self-neglect	38	0	38
Sexual	7	5	12
Total	**704**	**223**	**927**

TRAINING AND DEVELOPMENT

The organisation is committed to ensuring that teams have access to training and development opportunities, to support them in their roles.

Training sessions are organised in response to themes emerging from incident and complaints as well as through feedback from our teams.

The table below provides information on what clinical teaching sessions were provided over the course of 2025/2026.

Table 6. Clinical teaching sessions delivered in 2025/2026**

Subject	Date
COPD/Asthma — managing complications	29 April 2025
Antibiotic training	17 May 2025
Approach to abnormal LFTs — practical approaches to upper abdominal pain	10 June 2025
Update in Acute mental health presentations, Bipolar Disorder and Depression	20 October 2025
Urology in Urgent Care & Case presentations	27 November 2025
Cardiac Valvular disease, the decompensated patient and case presentations	6 January 2026
Gastroenterology presentations and management in urgent care	24 February 2026
Primary Ovarian insufficiency and Ovarian Torsion	25 March 2026

To support our quality objective focusing on embedding PSIRF within LCW, a 3-day training event was also delivered to a multidisciplinary team of staff. This training event focused on several areas of PSIRF including:

- Impact of human factors in patient safety incidents
- Systems based investigations using Systems Engineering Initiative for Patient Safety (SEIPS) methodology
- Different types of learning response tools and how to utilise them
- Supporting patients, their families and staff who have been involved in patient safety incidents

We have also delivered training sessions for our operational teams, focusing on areas such as:

- Comfort calling
- Complaints investigations and responses
- New SOP workshops - held to support teams with their understanding of new or updated standard operating procedures affecting their service areas.

****Medication errors in the context of safeguarding referrals relates to incidents such as missed doses for patients who are reliant on carers or others to administer their medication

MEDICINES MANAGEMENT

Led by the Deputy Medical Director, our Medicines Management Group has developed into a key monthly forum from which key escalations are reported into QAG. The group meets monthly to review several areas of our medicines management governance:

- Prescribing trends and compliance against national prescribing guidelines
- Review of all safety alerts and associated actions, received through the Central Alerting System
- Review of all medicines management incidents to identify trends and emerging risks, as well as to identify remedial actions
- Support antimicrobial stewardship programs to reduce resistance risks and to ensure formularies on LCW prescribing systems reflect current national guidance
- Maintain oversight of all controlled drugs related management systems
- Promote evidence-based cost-effective prescribing

The group has carried out several audits to provide assurance against these areas, which are fed through QAG into QPW and then the Board.

Examples of audits include:

Broad Spectrum Antibiotic Prescribing - Q1–Q3 2025

This audit examined the prescribing of broad-spectrum antibiotics - including Co-amoxiclav, Cefalexin, and Ciprofloxacin - across our IUC and OOH services from May to November 2025. The indications for which these antibiotics were prescribed included:

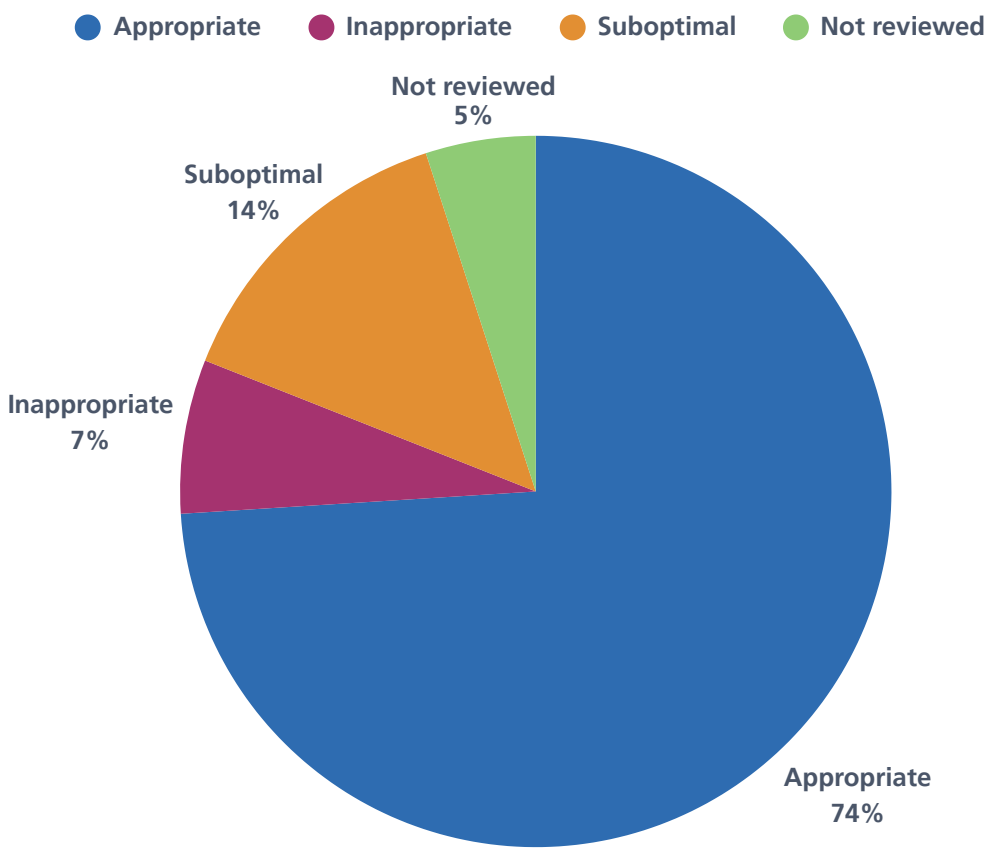
- Recurrent and complicated UTIs
- COPD or asthma exacerbations
- Skin and soft tissue infections (e.g. abscesses, hidradenitis)
- ENT and eye infections
- Surgical wound prophylaxis
- Gastrointestinal infections (e.g. diverticulitis)

Each prescription was evaluated for its clinical appropriateness, with the results shown below.

Table 6. Results of antimicrobial prescribing audit Q1–Q3 2025

Category	Count	Percentage
Appropriate	63	67.0%
Not Appropriate	15	16.0%
Unclear / No Documentation	7	7.4%
AMS Opportunity Identified	9	9.6%

Antimicrobial Prescribing Audit Results



Appropriateness of Broad-Spectrum Prescribing (May–Nov 2025): 67% appropriate prescribing

Key findings:

- The majority of broad-spectrum prescriptions were appropriate.
- Inappropriate use occurred due to automatic repeats, patient expectation, or unclear rationale.
- There were missed opportunities to use delayed prescriptions.
- Certain prescribers and indications (e.g. recurrent UTI, rescue packs) appeared repeatedly.

Recommended Actions

- Provide feedback to clinicians with recurrent inappropriate use.
- Review use of repeat Ciprofloxacin prescriptions
- Promote delayed/no prescribing strategies.
- Ensure clear documentation of rationale for every prescription.

IUC and OOH Controlled Drugs Prescribing Rates

The organisation closely monitors prescribing trends in relation to the prescribing of controlled drugs (CDs) in the IUC and OOH services, to ensure that these drugs are being prescribed in accordance with national guidance and our own policies. Key findings from 2025/2026 monitoring include:

- Controlled drug prescriptions, against total prescriptions issued within those time frames, remained consistent at approximately 10% of all prescription issued
- In March 2026, of 4708 total prescription issues:
    - 6.4% were for opioid based medications, primarily for end-of-life care
    - 1.3% were for short courses of diazepam.

Compliance against the standard operating procedure which details maximum recommended issue lengths for specific medications was monitored on an ongoing basis

In instances where prescription issues were given for longer than the recommended time frame, feedback was provided on a one-to-one basis.

Overall, the audits over the 2 quarters demonstrated good compliance with CD prescribing, as well as timely feedback in the instances where compliance was not met, as well as evidence of improvements in compliance as a result of feedback.

LOOKING FORWARD TO 2026/2027

Looking forward to 2026/2027, LCW undertook a series of engagement events with teams from across the organisation to co-design and agree upon a set of quality objectives for the year ahead. These objectives reflect the areas where the organisation believes it can make the most significant impact on the quality and safety of our services, and where there is the greatest opportunity for improvement based on our experience and learning from 2025/2026.

QUALITY OBJECTIVE 1

Improving timely access to local care within care settings, by strengthening rota fill and consistency in face-to-face services so patients can be seen closer to home, when they need to be.

QUALITY OBJECTIVE 2

Deliver high quality, efficient care across urgent care pathways by improving efficiency in UTC settings, while maintaining and enhancing patient outcomes and experience.

QUALITY OBJECTIVE 3

Keeping patients safe across all care settings, by strengthening governance, security, and accountability around controlled drugs to ensure safe, reliable, and compliant care.

QUALITY OBJECTIVE 4

Embedding the patient's voice in service design, through meaningful engagement and patient feedback, ensuring services reflect the needs and priorities of the communities we serve.

LCW London Central & West