

Clapham Junction Medical Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clapham Junction Medical Practice on 2 June 2016. The overall rating for the practice was good; however for people experiencing poor mental health (including people with dementia) and people with long term conditions, the rating in the effective domain was requires improvement. Consequently, the effective domain overall was rated requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Clapham Junction Medical Practice on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 23 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 2 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Performance for diabetes related indicators had improved and was comparable to the local and national averages.

- Performance for mental health related indicators was comparable to the local and national averages and exception reporting rates had improved to below local and national averages.

We also reviewed the areas we identified where the provider should make improvement:

- The practice had undertaken infection control audits and had recorded actions taken to address identified issues including supplying a separate fridge for patient specimens that required refrigeration.
- Health and Safety risk assessments showed action had been taken to ensure cleaning chemicals were safely stored and safety information readily available for them.
- The practice provided us with evidence of fire risk assessments carried out for both sites and we saw evidence of fire alarm testing, and testing to ensure electrical appliances were safe to use.
- The accessibility and facilities available at each site had been reviewed and signs put up advertising the availability of areas for breast feeding and private conversations. The practice had also consulted with

Summary of findings

patients and the local clinical commissioning group about the improvements required to facilities and accessibility and had decided to close their Lavender Hill site.

- The practice had reviewed and updated their business continuity plan to include staff contact details.

However, there were also areas of practice where the provider should make improvements:

- Continue to review and develop ways of improving outcomes for patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services effective?

Following our June 2016 inspection, the practice put in place a number of measures to improve outcomes for patients with long term conditions and people experiencing poor mental health (Including people with dementia) including;

- Employing an IT administrator to improve computer system coding across all patient groups to ensure effective recording of patient reviews and outcomes submitted to the quality and outcomes framework (QOF) programme.
- Regular reviews of QOF performance by the lead GP and IT administrator/coder to identify areas where the practice is underperforming, and review the relevant patient list and booking review appointments with the practice nurse and/or GP as appropriate.
- Enlisting help from the community diabetic nurse specialist to provide joint clinics with the practice nurse once a month reviewing patients with poorly controlled diabetes.

Data from 2015/2016 showed:

- Performance for diabetes related indicators had improved and was comparable to the local and national averages.
- Performance for mental health related indicators was comparable to the local and national averages and exception reporting rates had improved to below local and national averages.

The practice also provided us with up to date QOF performance data for 2016/17 which demonstrated that the practice were on target to achieve local and national targets for QOF; however, this data had not yet been submitted for 2016/17 and therefore was unverified and could change.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

People with long term conditions

The provider had resolved the concerns for effective identified at our inspection on 2 June 2016 which applied to this population group. The population group rating has been updated to reflect this.

Good 

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effective identified at our inspection on 2 June 2016 which applied to this population group. The population group rating has been updated to reflect this.

Good 

Clapham Junction Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector carried out this desk based review

Background to Clapham Junction Medical Practice

Clapham Junction Medical Practice provides primary medical services in Wandsworth to approximately 3,200 patients and is one of 44 member practices in the NHS Wandsworth Clinical Commissioning Group (CCG). The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

Wandsworth has 50% more 20 to 40 year olds, but 33% fewer older people than other south west London boroughs, reflected in the patient demographics for the practice with 10% of patients aged 65 or over, 78% of patients aged 18-65 years old and 12% aged 18 or younger.

The practice population is in the fifth more deprived decile with income deprivation affecting children and adults higher than national averages.

The practice operates from two sites, the main site is located at 263 Lavender Hill, Battersea London, SW11 1JD

(known to staff and patients as Lavender Hill Site or LHS) and the branch site is located at 7 Farrant House, Winstanley Road, Battersea, London SW11 2EJ (known to staff and patients as Farrant House Site or FHS).

The Lavender Hill site is a converted residential property over two floors and has two consulting rooms and one treatment room, one administration room, reception, patient waiting area, kitchen and one staff and one patient toilet. This site does not have disabled access facilities or step free access into the building or between floors. There are no baby change facilities installed or breast feeding area advertised; however, staff told us they could provide a suitable area if requested. The lavender Hill site is currently closed to patients.

The Farrant House site is a purpose built ground floor premises within a residential block of flats. There are two consulting rooms, one treatment room, one practice manager's room, one administration room, one reception and back office, one patient and one staff toilet and one kitchen. There are disabled access facilities with baby change facilities installed and step free access throughout.

The practice clinical team is made up of one full time and one part time GP partners one male and one female, with one female part time practice nurse. The practice offers 15 GP sessions per week. The non-clinical team consists of four administrative and reception staff.

The practice main site opens between 8.30am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.30am and 6.30pm Monday to Friday. Appointments are available between 9.00am and 1.00pm Monday to Friday and between 5.00pm and 6.30pm on a Monday, Tuesday and Thursday and from 4.30pm to 6.30 pm on a Wednesday and Friday. Patients are able to pre

Detailed findings

book a telephone consultation with a GP to be held between 12.00am and 12.30pm. Extended hours are available on Monday, Tuesday and Thursday evenings from 6.30pm until 8.00pm for pre booked appointments.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8.30am when the practice directs patients to seek assistance from the locally agreed out of hours provider.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.

Why we carried out this inspection

We undertook a comprehensive inspection of Clapham Junction Medical Practice on 2 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement in the effective domain. The full comprehensive report following the inspection on 2 June 2016 can be found by selecting the 'all reports' link for Clapham Junction Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up desk based inspection of Clapham Junction Medical Practice on 23 January 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Clapham Junction Medical Practice on 23 January 2017. This involved reviewing evidence that:

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with the local and national averages for clinical indicators related to long term conditions, including diabetes.
- Exception reporting figures were comparable to local and national averages for clinical indicators, including those related to mental health conditions.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 2 June 2016, we rated the practice as requires improvement for providing effective services as data from the Quality and Outcomes Framework (QOF) for 2014/15 showed patient outcomes were below average compared to the local and national averages for a number of clinical indicators for people with long term conditions and exception reporting rates were higher than average for clinical indicators related to mental health conditions.

These arrangements had improved when we undertook a follow up inspection on 23 January 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

Following our June 2016 inspection, the practice put in place a number of measures to improve practice QOF performance including;

- Employing an IT administrator to improve computer system coding across all patient groups to ensure effective recording of patient reviews and outcomes submitted to the QOF programme.
- Regular reviews of QOF performance by the lead GP and IT administrator/coder to identify areas where the practice is underperforming, and review the relevant patient list and booking review appointments with the practice nurse and/or GP as appropriate.
- Enlisting help from the community diabetic nurse specialist to provide joint clinics with the practice nurse once a month reviewing patients with poorly controlled diabetes.

The most recent published results (2015/16) showed the practice achieved 91% of the total number of points available, compared to the local clinical commissioning group (CCG) average of 94% and the national average of 95%.

The practice exception reporting rate was 4% compared to the CCG average of 4% and the national average of 6% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/2016 showed:

Performance for diabetes related indicators had improved and was comparable to the local and national averages.

For example:

- The percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 71% (CCG 73%, national 78%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 71% (CCG 75%, national 80%).

However, performance for one indicator had not improved:

- The percentage of patients on the diabetes register, in whom the last IFCC-HbA1c (a specific blood glucose level test) is 64 mmol/mol or less in the preceding 12 months was 61%, compared to the local clinical commissioning group (CCG) average of 74% and the national average of 78%.

Performance for mental health related indicators was comparable to the local and national averages and exception reporting rates had improved to below local and national averages. For example:

- 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 was 82% compared to the CCG average of 89% and the national average of 89%. The exception reporting rate for this indicator was 3.4% (1 of 29 patients) compared to the CCG average of 7.5% and the national average of 7.5% and the national average of 13%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 79% (CCG 89%, national 89%). The exception reporting rate for this indicator was 0% (CCG 6%, national 10%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% of six patients (CCG 85%, national 84%). The exception reporting rate for this indicator was 0% (CCG 4%, national 7%).

Are services effective? (for example, treatment is effective)

The practice provided us with up to date QOF performance data for 2016/17 which demonstrated that the practice were on target to achieve local and national targets for QOF; however, this data had not yet been submitted for 2016/17 and therefore was unverified and could change.