

# Fairhill 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 previously carried out an announced comprehensive inspection of Fairhill Medical Practice on 31 August 2016. The overall rating for the practice was Good. However the practice was rated as requires improvement for providing effective services due to having higher than expected levels of exception reporting (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) under the Quality Outcomes Framework (QOF). The full comprehensive report can be found by selecting the 'all reports' link for Fairhill Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focussed inspection carried out on 25 May 2017 to confirm that the practice had carried out their plan to make the required improvements we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made.

Overall the practice is now rated as Good.

Our key findings were as follows:

- The practice had reviewed the levels of and processes for exception reporting, and had taken steps to improve outcomes for patients.
- Although the most recent published data from 2015/16 showed that the practice exception reporting rate

was still higher than local and national averages in some areas, unpublished data for 2016/17 indicated that the exception reporting had decreased in a number of clinical areas.

- Up to date risk assessments for health and safety, infection control and fire safety were in place, and were subject to monitoring and review.
- The practice had increased the regularity of non-clinical staff meetings.
- Information about how to complain was on display at the practice.

The area where the provider should make improvements are:

- Continue to review and monitor recently implemented initiatives to improve exception reporting of patients in the cervical screening programme, in order to improve these measures in the Quality and Outcomes Framework.

At this inspection we found that although the practice was still below local and national averages for exception reporting under the Quality and Outcomes Framework (QOF) for some measures, evidence was seen that changes had been undertaken to reach more of these patients. This included patients with conditions such as coronary heart disease, chronic obstructive pulmonary disease, dementia and rheumatoid arthritis. Consequently, the practice is now rated as good for providing effective services, and remains good overall.

# Summary of findings

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

# Fairhill Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector.

## Background to Fairhill Medical Practice

Fairhill Medical Practice is a large practice based in Kingston, south London. The practice list size is 22,210. The practice population is diverse and is in an area in London of low deprivation. One of the three branches is located on the premises of a local University and as such is only accessible to patients from the University. Compared to an average GP practice in England, there is a higher than average percentage of patients in employment or full time education and a significantly higher than average percentage of patients between the ages of 15 and 29.

The practice has a Personal Medical Services (PMS) contract and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice operates from three locations; the main practice is on Kingston Hill, with one branch on Fairfield South and one in the Kingston University Health Centre on the Penrhyn Road campus.

The staff team comprises five GP partners and seven salaried GPs, of which nine are female and three male. The GPs provide 66 clinical sessions per week. There is one female lead nurse, two female practice nurses and one phlebotomist. Non clinical staff include an operations manager, two practice managers, three deputy managers, two medical secretaries and 17 administrator / receptionists.

When the practice is closed patients are automatically directed from the practice telephone to the NHS 111 service, and the urgent care centre at the nearby Kingston Hospital. This information is also available on their website and in their practice leaflet.

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

## Why we carried out this inspection

We previously carried out an announced comprehensive inspection of Fairhill Medical Practice on 31 August 2016. The overall rating for the practice was Good. However the practice was rated as requires improvement for providing effective services due to having higher than average exception reporting rates (see the main body of this report for full details) in their quality performance data. The full comprehensive report can be found by selecting the 'all reports' link for Fairhill Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Fairhill Medical Practice on 25 May 2017. This inspection was carried out to review in detail the actions taken by the practice to make improvements.

# Detailed findings

## How we carried out this inspection

We carried out an announced focused inspection of Fairhill Medical Practice on 25 May 2017. This involved reviewing evidence that:

- The practice had carried out risk assessments for health and safety and fire safety in line with practice policy, monitored and reviewed actions arising.
- Infection control audits had been carried out annually and actions reviewed and monitored.
- The practice had reviewed the exception reporting system for coronary heart disease, chronic obstructive pulmonary disease, dementia, rheumatoid arthritis and cervical screening.
- Information about how to complain was on display at the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Management, monitoring and improving outcomes for people

At the previous inspection in August 2016 the practice was performing in line with local and national averages for the Quality and Outcomes Framework (QOF), which is a system intended to improve the quality of general practice and reward good practice. Although overall performance was good, the exception reporting rate (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) was higher than expected in a number of areas and the practice was rated as 'requires improvement' for providing effective services.

At the follow up inspection in May 2017 the practice exception reporting rate had increased in some of the areas highlighted above, and decreased in others. Evidence was seen at the inspection that the practice had subsequently taken steps to decrease their exception reporting, and this was reflected in unpublished data for the 2016/2017 QOF year.

At the previous inspection the most recent published results of the overall clinical exception reporting rate was 15%, compared to the Clinical Commissioning Group (CCG) average of 10% and the national average of 9%. At the time of the subsequent focussed inspection the rate was 16%, compared to the CCG average of 7% and the national average of 6%.

This practice was not an outlier for any QOF (or other national) clinical targets at either inspection.

A comparison of the most recently published exception reporting data available at both inspections showed:

- Overall QOF performance for dementia related indicators remained comparable to CCG and national averages between the original comprehensive inspection in August 2016 and the subsequent follow up inspection in May 2017.
- In the time between these inspections, performance for dementia related indicators had improved overall, however the exception reporting rates had increased. For example the number of patients diagnosed with dementia whose care had been reviewed in a

face-to-face review in the preceding 12 months had increased from 89% to 92%, however the exception reporting rate had increased from 21% (7 of 34 patients) to 37% (14 of 38 patients).

- QOF performance for rheumatoid arthritis indicators remained comparable to CCG and national averages between the original comprehensive inspection in August 2016 and the subsequent follow up inspection in May 2017.
- QOF performance for chronic heart disease (COPD) indicators remained comparable to CCG and national averages between the original comprehensive inspection in August 2016 and the subsequent follow up inspection in May 2017.
- In the time between these inspections, performance for COPD indicators had decreased but the practice exception reporting rates had also decreased. For example the percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months had decreased from 100% to 94% and the exception reporting rate had decreased from 20% to 7%.
- QOF performance for the cervical screening programme was above the CCG and national averages at both the original comprehensive inspection in August 2016 and the subsequent follow up inspection in May 2017, when it was 96%.
- In the time between these inspections, the practice exception reporting rate for the cervical screening programme had increased from 32% to 38%. The percentage of patients receiving the intervention was 59% which was below the CCG average of 74% and the national average of 76%.

Evidence was seen at both inspections that there was a system in place for contacting patients by letter three times, phone call and text message before excepting them from the QOF data.

The practice stated at both inspections that their relatively high levels of exception reporting were partly due to having an exception reporting system which they adhere to all year round, and having a significant proportion of their patient list who were in higher education and so were harder to contact. However, at the previous inspection CQC did not

# Are services effective?

(for example, treatment is effective)

accept that this should significantly affect the data for conditions less common among student population, such as chronic heart disease, dementia and rheumatoid arthritis.

Since the previous inspection the practice had responded to the ongoing pattern of above average exception reporting for a number of clinical indicators. Between April 2016 and April 2017 the practice allocated individual clinicians to each of its registered patients with dementia who needed an annual review. In addition to their standard protocol of regularly contacting these patients to invite them to the practice, the responsible clinician conducted a home visit with the district nurse to any patients that did not respond to requests. Unverified data was seen at the follow up inspection that the practice had not excepted any patients from this list for the QOF year 2016/17. This new protocol was also being followed for patients with a learning disability, although this had been started more recently and no data was available at the time of the inspection.

The practice also told us that because the main practice was adjacent to Kingston Hospital, many patients with long term conditions were under the care of the consultants at

that hospital and therefore chose not to attend the practice for an annual review. Additionally, the practice population was in an area of low deprivation (the eighth least deprived decile on the index of multiple deprivation) and many of their patients with chronic conditions chose to receive care privately. Evidence was seen that when these patients were excepted from the QOF register a note was made on their clinical record of the circumstances of this decision.

In relation to the cervical screening programme the practice had undertaken initiatives to deduct (de-register) patients from their list who no longer lived in the area, in order to avoid repeatedly excepting these patients from the QOF data. One measure of the number of these patients registered at a practice is the number of notifications received from Primary Care Support England (PCSE) who correspond with patients who may have moved from an area. Evidence was seen at the follow up inspection that over the previous 12 months the number of these notifications had decreased from 900 to 162. It was not clear at the time of this inspection if these measures had improved performance for uptake of the cervical screening programme.