

# Hampton Medical Centre - Lewis

## Quality Report

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Date of inspection visit: 28 September 2017

Date of publication: 06/11/2017

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 responsive to people's needs?

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 of Hampton Medical Centre on 17 March 2016. The practice was rated as requires improvement overall. Breaches of legal requirements were found relating to the Safe and Responsive domains. We carried out a desk-based re-inspection of the practice on 26 January 2017 in order to check that the practice had addressed the breaches of regulation identified at the previous inspection. During this inspection we found that the practice had addressed the issues relating to safety, but that further improvement was required in relation to their responsiveness, and a Requirement Notice was issued in relation to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the focussed inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breaches of regulation 17 (Good governance).

We undertook this further focussed desk-based inspection on 28 September 2017 to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report covers our

findings in relation to those requirements. You can read the reports from our previous inspections by selecting the 'all reports' link for Hampton Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Following the focussed inspection in January 2017, we found the practice to be good for providing safe services. The practice had made some improvements in providing responsive services but there remained areas relating to patient satisfaction which had not been fully addressed and therefore they remained rated as requires improvement for providing responsive service but were rated as good overall. Following this further follow-up inspection, they are rated as good for providing responsive services and overall.

Our key findings were as follows:

- The practice continued to improve its NHS GP Patient Survey satisfaction scores in relation to patient access to the service, although in some areas they remained below local and national averages. They had an action plan in place to address areas of low satisfaction.
- The practice was pro-actively trialling ways to make it easier for patients to book appointments and to provide feedback on their experiences.

# Summary of findings

- The practice actively engaged with the Patient Participation Group and could provide examples of action they had taken in response to the group's feedback.

The areas where the provider should make improvement are:

- They should continue to review and act on patient feedback in order to further improve patient satisfaction in the service provided.

**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 responsive to people's needs?**

- The practice continued to improve its NHS GP Patient Survey satisfaction scores in relation to patient access to the service, although in some areas they remained below local and national averages. They had an action plan in place to address areas of low satisfaction.
- The practice was pro-actively trialling ways to make it easier for patients to book appointments and to provide feedback on their experiences.
- The practice actively engaged with the Patient Participation Group and could provide examples of action they had taken in response to the group's feedback.

**Good**



# Summary of findings

## The six population groups and what we found

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

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# Hampton Medical Centre - Lewis

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk-based follow-up inspection was conducted by a CQC inspector.

## Background to Hampton Medical Centre - Lewis

Hampton Medical Centre provides primary medical services in Hampton to approximately 12,500 patients and is one of 29 practices in Richmond Clinical Commissioning Group (CCG).

The practice population is in the third least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is higher than the CCG average of 10%, and for older people the practice value is 12%, which is higher than the CCG average of 11%. The age distribution of the practice population is largely in line with local averages. Of patients registered with the practice, the largest group by ethnicity are white (86%), followed by Asian (8%), mixed (3%), black (2%) and other non-white ethnic groups (1%).

The practice operates from premises which have been altered and extended several times, and at the time of the follow-up inspection the practice was nearing the completion of a further programme of extension and renovation. The practice is a short walk from Hampton train station and car parking is available on the surrounding streets. All patient facilities are on the ground floor. The first floor is used as an open-plan meeting room for staff. The

practice has access to nine doctors' consultation rooms and three nurse consultation rooms. The practice team at the surgery is made up of two part time male GPs, one full time male GP and two part time female GPs who are partners, and one part time male salaried GP, one full time male salaried GP and one part time female salaried GP. In addition, the practice also has two part time GP Registrars. In an average week, the practice provides 50 GP clinical sessions. The practice has one full time female nurse and one part time female nurse, and a full time female health care assistant. The practice team also consist of a practice manager, operations manager and nine reception/administrative staff.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8.30am and 6pm Monday to Friday. Appointments are from 8.30am to 1pm every morning, and 2pm to 6pm every afternoon. Patients can also access appointments via the CCG seven-day opening Hub, which offers appointments from 8am until 8pm every day, including weekends.

When the practice is closed patients are directed to contact the local out of hours service.

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

# Detailed findings

## Why we carried out this inspection

We undertook a focussed inspection of Hampton Medical Centre on 28 September 2017. This is because the service had been identified as not meeting one of the legal requirements associated with the Health and Social Care Act 2008. From April 2015 the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, a breach of regulation 17 (Good governance) was identified.

During the announced comprehensive inspection of Hampton Medical Centre on 17 March 2016 breaches of legal requirements were found relating to the Safe and Responsive domains. We carried-out a desk-based re-inspection of the practice on 26 January 2017 in order to check that the practice had addressed the breaches of regulation identified at the previous inspection. During this inspection we found that the practice had addressed the

issues relating to safety, but that further improvement was required in relation to their responsiveness, and a Requirement Notice was issued in relation to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection was carried-out to check that improvements to meet legal requirements planned by the practice after our focussed inspection on 26 January 2017 had been made. We inspected the practice against one of the five questions we ask about services: is the service responsive.

## How we carried out this inspection

We carried out a desk-based focused inspection of Hampton Medical Centre 26 January 2017. This involved reviewing evidence that:

- The practice had taken action in response to patient feedback about access to services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 26 January 2017, we rated the practice as requires improvement for providing responsive services as they had failed to take sufficient action in response to the results of the national GP Patient Survey, although, we noted that there had been some improvement in patient satisfaction since the initial comprehensive inspection in March 2016.**

### Access to the service

During the follow-up inspection in January 2017 we found that the most recent NHS GP Patient Survey (published in July 2016) showed that the practice's achievement for questions relating to responsiveness had improved since the previous survey (published in January 2016), but that there were some areas where they remained significantly below local and national averages. For example:

- 65% of patients were satisfied with the practice's opening hours (CCG average 74%, national average of 76%).
- 55% of patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 13% of patients said they always or almost always see or speak to the GP they prefer (CCG and national average of 59%).

When we carried-out the further follow-up inspection in September 2017, we found that the most recently published results showed further improvement in patients' satisfaction with the practice, although some areas remained below average. For example:

- 67% of patients were satisfied with the practice's opening hours (CCG average 74%, national average of 76%).
- 59% of patients said they could get through easily to the surgery by phone (CCG average 79%, national average 71%).
- 20% of patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average of 56%).

- 86% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 84%).
- 80% of patients say the last appointment they got was convenient (CCG average 84%, national average 81%).
- 64% of patients describe their experience of making an appointment as good (CCG average 75%, national average 73%).

Whilst patient satisfaction with access to services remained below local and national averages, the practice provided evidence which demonstrated that they had discussed the results of the survey as a staff team and Patient Participation Group (PPG), and that they had an action plan in place to continue to make improvements to their processes in order to further improve access to services. For example, in response to continuing below-average patient satisfaction with access to the practice by phone, the practice had worked with the CCG's IT Facilitator to make changes to the practice's online appointment booking process; this allowed patients to access the online booking service without having to attend the practice to register. The practice had also made all "book on the day" appointments available for patients to book online, in order to reduce the number of patients trying to contact the practice by phone. The practice had 24% of patients registered to use the online booking system.

### Listening and learning from concerns and complaints

During the most recent follow-up inspection in September 2017 the practice provided evidence to demonstrate their enhanced commitment to gathering and responding to patient feedback. For example, in order to make it easier for patients to provide feedback about their appointment, they were in the process of introducing system which would send a text message containing the "Friends and Family Test" questions to patients following each appointment at the practice. This system allowed patients to send a text back with their feedback.

The practice provided evidence that they regularly engaged with their Patient Participation Group (PPG) and provided examples of action they had taken in response to feedback from the PPG. For example, following concerns raised by the PPG about potential for the patient self check-in screen being seen by other patients, the practice had arranged for a privacy screen to be fitted.