

# Reading Walk-in Health Centre

## Quality Report

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Date of inspection visit: We have not revisited Reading Walk-in Health Centre as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.

Date of publication: 15/06/2017

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 effective?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Our previous focussed follow up inspection at Reading Walk-in Health Centre on 7 February 2017 found breaches of regulations related to the effective domain. We issued a warning notice as this was a continued breach following our last comprehensive inspection in April 2016. We rated the service as requires improvement in providing effective services. Overall the service was rated as good following our last inspection, as improvements in other domains led to change in the overall rating. The full comprehensive report on the April 2016 inspection and the focussed inspection report from February 2017 can be found by selecting the 'all reports' link for Reading Walk-in Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk based review (we have not visited the centre as part of the inspection but requested specific information related to the previous breach of regulation) carried out on 11 May 2017 to confirm that the practice had completed their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in February 2017. This report covers our findings in relation to those requirements since our last inspection.

We found the practice had made improvements since our last inspection. The service is rated as good for providing effective services.

Our key findings across all the areas we inspected were as follows:

- The care and monitoring of patients with long term conditions had improved since our last inspection and was now closer to local and national achievements in national data.
- The process for recording and monitoring medicine reviews had been improved and this was reflected in data we received regarding the number of reviews undertaken within appropriate timescales.
- Data from the Quality and Outcomes Framework (QOF) showed that by the end of March 2017 the centre had achieved a significantly improved QOF performance compared to 2016.
- There was an increased uptake in cervical screening for eligible patients and therefore greater opportunity for an interventions required to be implemented in a timely way.

Areas the provider should make improvements:

- Continue to improve the cervical screening rates among eligible 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?**

During this inspection we found the service had made improvements required following our previous inspection in February 2017 and we have amended the rating to good for providing effective services.

- The process for recording and monitoring medicine reviews had been improved and this was reflected in data we received regarding the number of reviews undertaken within timescales.
- Data from the Quality and Outcomes Framework (QOF) showed that by the end of March 2017 the centre had achieved a significantly improved QOF performance compared to 2016. More patients had received reviews and any required care related to their conditions according to national data.
- There was an increased uptake in cervical screening for eligible patients and therefore greater opportunity for an interventions required to be implemented in a timely way.

**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**

**Good**



# Reading Walk-in Health Centre

## Detailed findings

### Background to Reading Walk-in Health Centre

We undertook a desk top inspection of this practice on 11 May 2017.

Reading Walk-in Health Centre is a purpose built practice located in Reading and has a population of approximately 7,500 patients. The practice also provides a walk-in service seven days a week to the local population for any patients who need urgent GP or nurse appointments, regardless of

whether they are registered at this or another practice. The service population has some economic deprivation with significantly high deprivation among patients over 65, of which the practice has low numbers. There is very high proportion of patients aged 25 to 40. The service has a very

high proportion of employed patients registered and there is a university located nearby. Reading town centre is ethnically diverse, including ethnic groups of sub-continental, African and Eastern European origin. Patient services were located on one floor and the practice

is accessible for those with limited mobility. The appointment system and walk-in service were both available to registered patients.

- There are five GPs working at the centre, including one bank staff member. There are a mixture of male and female GPs. There are emergency care practitioners (ECPs), advanced nurse practitioners and practice nurses also employed at the centre. A number of administrative staff and a service manager support the clinical team.

- The service aimed to have 5.25 whole time equivalent (WTE) GPs but was in the process of recruiting new GPs and was using long term locums to support salaried staff. There were 8.08 WTE nursing staff and ECPs working as part of the walk-in service and 3 WTE nurses providing care to registered patients. There was also recruitment taking place for the nursing team, including a new diabetes nurse due to the start at the service.

- The service is open to registered patients from 8am to 6.30pm weekdays. There are extended hours appointments until 8pm on two weekdays and from 8am to 12.30pm on Saturday mornings. It is open from 8am to 8pm seven days a week for walk-in patients.

- Out of hours GP services were available when the service was closed by phoning 111 and this was advertised on the service website.

- The service had an alternative provider medical services contract (APMS) for providing both a GP service to registered patients and walk-in service to the general population.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions in April 2016 and we published a report setting out our judgements. These judgements identified a breach of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

# Detailed findings

We carried out a follow up focussed inspection on 7 February 2017 to follow up and assess whether the necessary changes had been made, following our inspection in April 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was not meeting all the conditions of regulations that had previously been breached.

We have subsequently carried out a focussed desktop inspection in May 2017. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014. We found the necessary improvements had been made.

## How we carried out this inspection

We requested specific information on patient care data and this was sent to us on 11 May 2017. We reviewed information we hold about the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it effective?

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 last inspection in February 2016 we found that the service did not always assess patient needs and deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, less than 50% of diabetic patients had met the clinical indicators for seven clinical indicators including those who had foot examinations, blood pressures recorded within recommended guidelines and the number of patients with a recorded measurement for their Hba1c (a measure of blood sugar level) that did not meet the target levels in the last 12 months. For asthma, only 56% had received a review of their condition in the previous 12 months according the record system. There was a risk patients were not receiving the quality of check-up they required according to national guidelines. The number of patients with up to date medicine reviews was low, with a large proportion patients on long term medicines not receiving a medicine review in the previous 12 months. Cervical screening rates were low.

### Management, monitoring and improving outcomes for people

The service used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The current QOF data was the 2016/17 submission which was yet to be validated prior to publication in October 2017. The recording of QOF outcomes indicated that performance had significantly improved since February 2017 and was an overall improvement from the 2015/16 results. However, some clinical areas were still below local averages. This should be assessed in the context of the centre having a transient population with challenges to meeting clinical care objectives for patients with long term conditions. For example, patients may register and move on to other areas in a short period of time making it difficult for the centre to demonstrate they had followed up on all care needs for those patients. The centre also had low prevalence of patients with long term conditions due to having a younger

than average patient list. It was noted that when smaller numbers of patients did not receive appropriate interventions this had a greater effect on overall performance.

Performance for 2016/17 showed (when comparing to averages these were from 2015/16 data):

For diabetes,

- 80% of patients had foot examinations (local average 86%)
- 86% had blood pressures recorded within recommended guidelines (local average 91%)
- The number of patients with a recorded measurement for their Hba1c (a measurement of blood sugars) that met the most challenging target range in the last 12 months was 61% (local average 73%).

For asthma,

- 81% had received a review of their condition in the previous 12 months according the record system (local average 73%).
- For chronic obstructive pulmonary disease, 86% had received a review of their condition in the previous 12 months according the record system (local average 91%).

Indicators for mental health conditions showed

- 85% patients had an agreed care plan in place (local average 87%).
- 63% of patients had a blood pressure recording (local average 87%).
- 94% of patients had an alcohol consumption check (local average 88%).

An improved recall system had been implemented which enabled the centre to monitor and identify patients who had not attended for reviews of conditions more easily. We looked at exception reporting data and saw that the practice was below local and national averages for most clinical areas. For example:

- Mental health exception reporting was 6.3% compared to the local average of 8% and national average of 11%.
- Asthma exception reporting was 2.3% compared to the local average of 3.5% and national average of 7%.
- Diabetes exception reporting was 8% compared to the local average of 11% and national average of 12%.

# Are services effective?

(for example, treatment is effective)

The reduced exception reporting showed fewer patients were being removed from the monitoring programmes they required for their long term conditions.

We were sent up to date figures on medicine reviews completed within the required timescales. Since our last inspection a clinical pharmacist had been employed and led on medication reviews for patients. The number of

medication reviews undertaken within required time frames as of 10 May 2017 was 85% for patients on more than four medicines (57% in February 2017) and 81% for those on less than four medicines (32% in February 2017).

## **Supporting patients to live healthier lives**

We saw from searches on the patient record system that 81% of eligible patients had up to date cervical smear tests compared to the national average 82%. This was a significant increase from February 2017.