

Dr Avinash Suri (also known as Hainault Surgery)

Quality Report

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Date of inspection visit: 2 August 2017
Date of publication: 21/09/2017

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

We carried out an announced comprehensive inspection at Dr Avinash Suri (also known as Hainault Surgery) on 10 May 2016. The overall rating for the practice was good, with the key question of 'effective' rated as requires improvement. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Avinash Suri on our website at www.cqc.org.uk.

This inspection was a focused follow up inspection carried out on 2 August 2017 to confirm that the practice had carried out improvements in relation to our previous inspection on 10 May 2016.

Overall the practice rating remains as good.

Our key findings were as follows:

- Clinical audits were being used to drive improvement in performance to improve patient outcomes. The practice had completed one two-cycle audit since our last inspection.
- Data from the Quality Outcomes Framework showed patient outcomes were at or above the national average, except for some indicators for diabetes.

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?

The practice is rated as good for providing effective services.

- We saw evidence that clinical audits were being used to drive improvement in patient outcomes.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated good for the care of older people as the practice was found to be providing good services overall.

Good



People with long term conditions

The practice is rated good for the care of people with long term conditions as the practice was found to be providing good services overall.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people as the practice was found to be providing good services overall.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of working age people (including those recently retired and students) as the practice was found to be providing good services overall.

Good



People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make the vulnerable as the practice was found to be providing good services overall.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia) as the practice was found to be providing good services overall.

Good



Dr Avinash Suri (also known as Hainault Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP Specialist Adviser and a CQC observer.

Background to Dr Avinash Suri (also known as Hainault Surgery)

Dr Avinash Suri, also known as Hainault Surgery located in Hainault in north east London. It is one of the 46 member GP practices in NHS Redbridge Clinical Commissioning Group (CCG).

There are approximately 2800 patients registered at the practice. Statistics shows high to moderate income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. 49% of those registered at the practice have a long-standing health condition, which is comparable to the CCG average of 48% and the national average of 53%. The registered population is slightly higher than the national average for those aged between 25-49. Patients registered at the practice come from a variety of geographical and ethnic backgrounds

including Western European, Eastern European and South Asia. Services are provided by Dr Avinash Suri under a Personal Medical Services (PMS) contract with NHS England.

The practice is in purpose built health care premises owned by the provider. The premises and facilities are accessible to wheelchair users. There is no patient car park, but there is available parking on the roads nearest to the practice.

Dr Suri works seven sessions a week and a female long standing locum GP works two sessions a week. Together they provide the equivalent of one whole time GP. There is one part time nurse (seven hours per week). Clinical staff are supported by a team of part time reception staff and part time practice manager (24 hours per week). One of the receptionists is a trained phlebotomist and takes blood samples at the surgery one morning a week.

The practice's opening times are:

- 9.00am to 2.30pm and 4.30pm to 7.00pm on Monday, Wednesday and Friday
- 9.00am to 2.30pm and 4.00pm to 8.00pm Tuesday
- 9.00am to 2.00pm on Thursday

Patients are directed to an out of hours GP service outside these times.

Appointments are available between the following times

- 10.00am to 1.00pm and 5.00pm to 7.00pm on Monday, Wednesday and Friday
- 10.00am to 1.00pm and 5.00pm to 8.00pm on Tuesday
- 10.00am to 1.00pm on Thursday.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Avinash Suri on 10 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, with the exception of the provision of effective care which was rated requires improvement. The full comprehensive report following the inspection in May 2016 can be found by selecting the 'all reports' link for Dr Avinash Suri on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Avinash Suri on 2 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff (one lead GP, one practice manager, one practice nurse).
- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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 10 May 2016, we rated the practice as requires improvement for providing effective services as there was little evidence that clinical audits were being used to drive improvement in performance and to improve patient outcomes.

These arrangements had improved when we undertook a follow up inspection on 2 August 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice 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 most recent published results (2015/2016) were 86% of the total number of points available. The exception reporting rate overall was 4%, lower than the CCG average of 8% and lower than the national average of 10%. It was however much higher than average in the clinical domain for atrial fibrillation where the practice exception reporting rate was 27%, compared to the CCG average of 5% and the national average of England 6%.

Data from the Quality and Outcomes Framework (QOF) (2015/2016) showed patient outcomes were at or above average compared to the national average, except for indicators for diabetes, which the practice scored below CCG and national averages.

- The percentage of patients whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 56%, compared to the CCG average of 74% and the national average of England 81%.
- The percentage of patients in whom the last IFCC-HbA1c is 64 mmol/mol (this is a measure of the patient's blood sugar level) or less in the preceding 12 months was 50%, compared to the CCG average of 69%, and the national average of 78%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 93% was comparable to the CCG average of 90% and the national average of 89%.

There was evidence of quality improvement systems being in place, including clinical audit. Clinical audits are a way of monitoring that improvement changes to the way care is provided have been implemented and have led to improved outcomes.

- There have been clinical audits carried out in the last 12 months. One two-cycle audit focused on patients with diabetes, specifically looking at whether regular blood tests were being conducted to ensure blood sugar levels were within advised limits. We saw evidence that changes made to the way the practice engaged with patients after the first cycle of the audit (which identified that 47% of patients had results which were within stated levels) led to the results of second cycle identifying that 54% of patients with diabetes had blood sugar levels within advised limits. The practice told us they knew that this was a clinical area of concern and that they would continue with their programme of monitoring of these patients.