

Dr George Kamil

Quality Report

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Date of inspection visit: We have not revisited Dr George Kamil 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: 06/07/2017

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 at Dr George Kamil on 29 September 2016. The practice was rated as requires improvement for providing responsive services and good for providing safe, effective, caring and well led services. The overall rating for the practice was good. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr George Kamil on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 12 June 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 29 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- The practice had negotiated to increase the nurse working hours from 16 hours per month to 28 hours per month.
- The practice had secured a female locum GP to provide two regular sessions per month on alternate Mondays. They were still in the process of recruiting a more regular female GP.

In addition, the practice had improved patient engagement and had sought feedback from patients. The practice had actively promoted the patient participation group through a poster campaign in the waiting room. They had successfully recruited two new members to the PPG. The practice had undertaken a patient survey in January 2017 to gain feedback from patients. 100 forms were given out and the practice received 70 back. Patient feedback included;

- Increasing GP numbers to improve access to same day appointments.
- Request for text communication for appointment reminders and test results.
- Limited availability of a female GP.

In response to the feedback, the practice had secured retention funding for a GP for four sessions per week, to improve access to appointments. They were unable to offer text reminders with their current software system and were looking to recruit a female GP on a permanent contract.

We found the practice had made improvements since our last inspection. Using information provided by the practice we found the practice was now meeting the regulations that had previously been breached. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of responsive services.

Summary of findings

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?

During our inspection in September 2016 the practice was rated as requires improvement for providing responsive services. Improvements had been made when we undertook this desktop review on 12 June 2017. The practice is rated as good for providing responsive services.

- The practice had negotiated to increase the nurse working hours from 16 hours per month to 28 hours per month.
- The practice had secured a female locum GP to provide two sessions per month on alternate Mondays. They were still trying to recruit a more regular female GP.

Good



Dr George Kamil

Detailed findings

Our inspection team

Our inspection team was led by:

This desktop inspection was carried out by a CQC inspector.

Background to Dr George Kamil

Dr George Kamil, also known as Upper Halliford Medical Centre, is a single handed GP practice providing primary medical services to approximately 3,020 patients in the Shepperton area of Middlesex. The practice occupies a building which was not originally designed for the delivery of medical services and access for patients who may use wheelchairs could be limited due to the width of corridors.

The principal GP (male) is supported by a male locum GP and a male healthcare assistant who works 20 hours a week. Both male and female locum GPs are used to cover the primary GP in their absence. The practice employs a part time nurse (female) for four hours a week. The practice is also supported by a full-time business manager and five part-time reception / administrative staff. The practice employs the services of a part time locum practice manager but they were not present at the time of the inspection.

All services are provided from:

270 Upper Halliford Road, Shepperton, Middlesex, TW17 8SY.

The practice is open from 8:30 to 6:30pm with the exception of Wednesday, when the practice closes at 1:30pm. There are extended hours every Monday 6.30pm – 7.00pm and Thursday 6.30pm – 7.30pm.

Surgery hours are available between 9:30am and 11:30am and 4pm to 6pm Mondays Tuesdays, Thursday and Friday. On a Wednesday hours are 9:30am to 11:30am

During the hours of 8am to 8.30am and after 11.30pm on a Wednesday patients were able to speak with the GP in an emergency and details were provided on the practices answer phone message.

During the times when the practice is closed, the practice has arrangements for patients to access care from Care UK an Out of Hours provider. Information was provided to patients via the practice website and through an answer phone message.

Dr George Kamil was placed into special measures following an inspection in January 2016. In order to establish if the required improvements had been made we completed a further comprehensive inspection in September 2016. Improvements to the delivery of service were evident and the practice had made significant improvement since our previous inspection.

The practice population has a higher number of patients between 50-59 and 75+ years of age than the national and local Clinical Commissioning Group (CCG) average. For example, 37% of the practice population was over 65 years of age compared to the CCG and the national average of 27%. The practice provides a regular service to two nursing homes in the local area. The practice population also shows a slightly lower number of patients from birth to 34 years old than the national and local CCG average. There is a higher than average number of patients with long standing health conditions. The percentage of registered patients suffering deprivation (affecting both adults and children) was higher than the CCG average but lower than the average for England. Less than 10% of patients do not have English as their first language.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Dr George Kamil on 29 September 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 for providing responsive services and was rated good overall.

We undertook a desktop follow up inspection on 12 June 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr George Kamil on our website at www.cqc.org.uk.

We undertook a follow up desk-based inspection of Dr George Kamil on 12 June 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 Dr George Kamil on 12 June 2017. This involved reviewing evidence and documentation which showed:

- Invoices of completed hours worked by the nurse and female GP locum and evidence of future appointment availability and working hours.
- Patient survey undertaken by the practice and subsequent action plan of response.
- GP retention funding documentation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 29 September 2016, we rated the practice as requires improvement for providing responsive services as access to a nurse or a female GP was limited.

These arrangements had improved when we undertook a desktop review on 12 June 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice had reviewed the needs of its local population, specifically the needs of female patients. This had improved access to a female clinician for patient choice;

- The practice had increased access to a practice nurse from 16 hours per month to 28 hours per month. This represented a whole time equivalent of 0.19 full time nurses. Appointment availability showed the nurse clinics were not at full capacity.
- The practice had secured a female locum GP to offer two sessions per month, on alternate Mondays. They were still actively attempting to recruit a more permanent female GP, but had not received any applications from interested persons.
- A patient survey undertaken in January 2017 showed access to a female GP was a concern for patients, but no mention of nurse access was highlighted as an area for improvement.