

Dr Bradford & Partners

Quality Report

301 East Street

Walworth

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Date of inspection visit: 27 November 2017

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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 carried out an announced comprehensive inspection at Dr Bradford & Partners on 6 December 2016. The overall rating for the practice was good, but the practice was rated as requires improvement for effectiveness. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Dr Bradford & Partners on our website at www.cqc.org.uk.

This inspection was an announced desk-based review carried out on 27 November 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 in 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good for all key questions.

Our key findings were as follows:

- The practice had developed stronger processes to review notifications and to ensure that when these indicated that medicines needed to be changed, patients were recalled, rather than waiting for an opportunity to make changes when the patient visited the practice or requested a prescription.
- The practice improved the follow up of patients who did not attend for cervical screening.

The practice had also, in response to our recommendations:

- Formalised how training was monitored to ensure staff completed updates.
- Acted on below average feedback on nursing care in the 2015/16 national GP patient survey. We suggested in the last report that the plan to address this be formalised. The 2016/17 national GP Patient survey showed substantial improvement in nursing feedback, with all results now in line with national average.
- Completed an audit, designed by the practice, into monitoring of patients on a medicine for high blood pressure.
- Employed a Data Quality Lead to improve templates and call/recall processes.
- Changed the appointment booking system to allow patients to book extended hours appointments in advance.
- Decided to purchase a hearing loop.
- Improved the template complaint response letter to include details of organisations that patients can contact if they are unhappy with the practice's handling of their complaint, and updated the complaints policy and the practice website.
- Drafted terms of reference for the patient participation group (PPG), which had been presented at the June 2017 PPG meeting and were due to be discussed in detail in December 2017.

The provider should:

- Continue to review accessibility for patients who have a disability.

Summary of findings

- Continue to monitor and act on cervical screening test uptake.

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

Dr Bradford & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector.

Background to Dr Bradford & Partners

The practice operates 301 East Street, Walworth, London, SE17 2SX. The practice is based across two floors of a purpose built property, and is part of the Southwark clinical commissioning group area. Services are delivered under a Personal Medical Services (PMS) contract. (PMS contracts are locally agreed agreements between NHS England and a GP practice).

The practice has approximately 8,500 patients. The surgery is based in an area with a deprivation score of 2 out of 10 (10 being the least deprived). The practice population's age demographic is not in line with the national average. The practice has a significantly higher than average number of patients between the ages of 25-39, and a far lower number of patients for all age groups over 54. This demographic means that disease prevalence within the practice population is also not in line with national averages. For example, the practice had fewer than expected patients

with Chronic Obstructive Pulmonary Disease (COPD). The GP team includes two partners, plus four salaried GPs (three male and three female, 3.9 whole time equivalent [WTE]). The nursing team includes one nurse practitioner (1.00 WTE) and two other nurses (1.00 WTE). The clinical

team is supported by a practice manager, a reception manager and seven other administrative or reception staff.

The practice is open from 8am to 7pm Monday to Friday. The practice offers appointments throughout the day when the practice is open. The practice provides all patients who call for an appointment a telephone call back from a GP on the same day, and then an appointment (generally on the same day) if required.

When the surgery is closed urgent GP services are available via NHS 111 and SELDOC.

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

Why we carried out this inspection

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Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 6 December 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of making changes to medicines and encouraging patients to attend for cervical screening needed improving. We also noted that audit activity was limited to audits instigated by the Clinical Commissioning Group.

These arrangements had significantly improved when we undertook a follow up inspection on 27 November 2017. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

When we inspected in 2016, we observed that where updates were received which indicated that medications should be changed, patients were not called in to make immediate changes, rather changes were undertaken opportunistically when the patient either attended the surgery or requested a repeat prescription.

At this inspection, we were sent a new safety alerts protocol that detailed the process for reviewing notifications and acting upon them.

We were also sent a log showing two notifications were reviewed and actioned in 2017, one of which involved contacting all potentially affected patients.

Monitoring care and treatment

When we inspected in 2016, we saw three clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored. The audits that had been completed were instigated by the clinical commissioning group.

At the time of this inspection, the practice had run the first cycle of a self-initiated audit of patients taking ACE inhibitors (a blood pressure medicine) to ensure that they were being appropriately monitored. The practice achieved 97%. We were told that a second cycle was planned, with the aim of maintaining and improving on this result.

Helping patients to live healthier lives

When we inspected in 2016, the practice's uptake for the cervical screening programme was 72%, which was lower than the CCG average of 80% and the national average of 82%.

For this inspection the practice sent us a new cervical screening protocol, which included a recovery plan. Improvements implemented included involving all staff in encouraging patients to attend for cervical screening, systematic follow up of patients who do not respond to invitations or do not attend, and improving access by offering appointments during extended opening hours.

There is no recent published data for cervical screening uptake, but the practice sent us evidence that as of 20 November 2017 the practice had screened 70% of the eligible population, with more than four months of the clinical screening period left.

The practice also sent us data that showed that active and successful follow up of patients who did not respond to invitations to attend for cervical screening.