

Plumstead Health Centre PMS

Quality Report

Plumstead Health Centre

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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

Are services effective?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to Plumstead Health Centre PMS	6
Why we carried out this inspection	6
How we carried out this inspection	6
Action we have told the provider to take	11

Overall summary

Letter from the Chief Inspector of General Practice

This practice was previously inspected as part of the new comprehensive inspection programme. We carried out an announced comprehensive inspection at Plumstead Health Centre PMS on 10 November 2016. The overall rating for the practice was good. The rating for the effective key question was requires improvement and for the safe, caring, responsive and well-led key questions the rating was good. The full comprehensive report, published on 11 January 2017, can be found by selecting the 'all reports' link for Plumstead Health Centre PMS on the CQC website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 24 May 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 10 November 2016. This report covers our findings in relation to those requirements and any improvements made since our last inspection.

Overall the practice is rated as good but continues to be rated as requires improvement for providing effective services as the practice failed to make the necessary

improvements to patient outcomes. However, we saw evidence that the practice had made the necessary improvements in all other areas. At this inspection we found that:

- Risks to patients were assessed and well managed. We saw evidence that there was a failsafe procedure in place to ensure that results were received for all specimens sent for cervical screening.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There was a comprehensive business continuity plan in place and the provider had evidence to confirm that Legionella checks had been carried out at both the main and branch surgeries.
- We saw evidence that the provider had established protocols with the premises owners of both sites for sharing information about the maintenance of the premises and cleaning schedules.
- A comprehensive programme of quality improvement and performance monitoring had been developed by the practice but there had been insufficient time for this to have a positive impact on patient outcomes. Unpublished Quality and Outcomes Framework performance rates for 2016/17 showed that the practice remained below the local and national average for a number of indicators.

Summary of findings

- In the previous 12 months there had been no audits undertaken that demonstrated improvements to patient outcomes. However, the provider informed us that a programme of clinical audit had been developed as part of the newly implemented programme of quality improvement.

There were areas where the provider must continue to make improvements:

- The provider must continue to work towards improving outcomes for patients by implementing an effective clinical quality improvement programme to include clinical audit and monitoring of performance against the Quality and Outcomes Framework.

At our previous inspection on 10 November 2016, we rated the practice as requires improvement for providing effective services as the performance rates for the Quality and Outcomes Framework for a number of indicators were below the local and national average and there was no evidence of clinical audits carried out in the previous 12 months to show improvements in patient outcomes. As there had been no improvement in this area the practice continues to be rated as requires improvement for providing effective services.

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 requires improvement for providing effective services.

- The Quality and Outcomes Framework (QOF) data for 2015/16 showed that patient outcomes for a number of indicators were below the local and national averages.
- Unpublished QOF data for 2016/17 suggested that performance rates had not yet improved and in some cases were lower than the 2015/16 rates.
- Limited clinical audits had been undertaken in the previous 12 months and audits carried out did not demonstrate quality improvement.
- A comprehensive programme of quality improvement and performance monitoring had been developed by the practice but there had been insufficient time for this to have a positive impact on patient outcomes.

Requires improvement



Summary of findings

Areas for improvement

Action the service MUST take to improve

The provider must continue to work towards improving clinical outcomes for patients by implementing an effective clinical quality improvement programme to include clinical audit and monitoring of performance against the Quality and Outcomes Framework.

Plumstead Health Centre PMS

Detailed findings

Our inspection team

Our inspection team was led by:

a PMS compliance inspector.

Background to Plumstead Health Centre PMS

Plumstead Health Centre PMS is based in Plumstead Health Centre, a two-storey, purpose-built property off Tewson Road in Plumstead. The premises are shared with various community health services such as district nursing, health visiting and audiology services. There is a large amount of free parking surrounding the premises.

The premises, which is rented by the provider from the community foundation trust, includes five consulting rooms, four treatment rooms, an isolation room, private/examination room, five administration offices and a large reception area. There is also a large waiting area which is shared with community services.

The practice also has a branch surgery based in purpose-built premises at 2 Garland Road, Plumstead, SE18 2AE which is less than one mile from the main surgery. The minor surgery treatment room is located at the branch surgery.

Both properties are located within a predominantly residential area of Plumstead in the Royal Borough of Greenwich. Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

Plumstead Health Centre PMS, is registered with the CQC as a Partnership of four GP partners. The current partnership was formed from the merger of two previously separate practices both of which were based in Plumstead Health Centre. The Tewson Road PMS partnership (two partners) merged with Plumstead Health Centre PMS partnership (two partners) on 1 October 2016. The new partnership totalled 10,738 patients. (Plumstead Health Centre PMS - 5,412 patients and Tewson Road PMS - 5,326).

At the time of the previous inspection the provider was temporarily responsible for providing GP services to an additional 3,600 patients from a local practice which was temporarily closed. These patients were mainly seen at the branch surgery. This practice was closed on 31 March 2017 and patients were informed by NHS England that they would need to individually register with an alternative GP. As a result, between March and May 2017 Plumstead Health Centre PMS received over 2,000 applications to register as patients.

The total patient population is currently 12,127.

Services are delivered under a Personal Medical Services (PMS) contract. (PMS contracts are locally agreed agreements between NHS England and a GP practice. They offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and the provider structure, ie who can hold a contract).

The practice is registered with the CQC to provide the regulated activities of maternity and midwifery services; treatment of disease, disorder or injury and diagnostic and screening procedures.

Detailed findings

The practice age distribution is similar to the national average. The surgery is based in an area with a deprivation score of 5 out of 10 (with 1 being the most deprived and 10 being the least deprived).

Clinical services are provided by four full time GP partners (three male and one female); three part-time locum GPs providing twelve sessions per week; two Practice Nurses (1.4 wte), one locum Practice Nurse (0.4 wte) and one part-time Health Care Assistant (0.6 wte).

The practice management team includes a Practice Manager (1 wte), Deputy Practice Manager (1 wte) and human resources officer (1 wte).

Administrative services are provided by a medical secretary (1 wte), two prescription clerks (1.5 wte), six administration/data entry clerks (5 wte) and 10 reception staff (5.8 wte).

Reception at the Plumstead Health Centre premises is open between 8am and 7pm on Monday, Tuesday, Thursday and Friday and from 8am and 8pm on Wednesday. Telephone lines are open from 8am to 6.30pm Monday to Friday.

The reception and telephone lines at the Garland Road premises are open between 9am and 6.30pm Monday, Tuesday, Wednesday and Friday and from 9am to 5.30pm on Thursday.

At the Plumstead Health Centre surgery, pre-booked and urgent appointments are available with a GP from 9.15am to 12.30pm and 3.00pm to 6.15pm on Monday; from 9.15am to 12.30pm and 4.30pm to 6pm on Tuesday and Thursday; from 8.10am to 11.50am and 3pm to 7.40pm on Wednesday and from 9.15am to 12.15pm and 3pm to 6.30pm on Friday.

At the Garland Road premises pre-booked and urgent appointments are available with a GP from 9.30am to 11.50am and 4pm to 5.50pm on Monday, Tuesday, Wednesday and Friday and from 9.30am to 11.50am and 3pm to 3.50pm on Thursday.

The practice is closed at weekends. However, if appointments are not available at the surgery on a Friday, the practice has ten appointments available to book for the weekend at the alliance hub GP service in Thamesmead or Eltham.

Pre-booked appointments are available with the Practice Nurse at the Plumstead Health Centre premises from 4pm

to 6pm on Monday; from 9.10am to 12.40pm and 1pm to 6.30pm on Tuesday; from 9.40am to 12.20pm and 2.10pm to 7.20pm on Wednesday; from 9.10am to 11.50am and 1pm to 6pm on Thursday and from 1pm to 6.40pm on Friday.

Pre-booked appointments are available with the Practice Nurse at the Garland Road premises from 9.30am to 12.40pm and 3pm to 5.40pm on Monday and from 10am to 12.40pm on Friday.

Pre-booked appointments are available with the Health Care Assistant at the Plumstead Health Centre premises from 9.40am to midday on Monday; from 9.40am to 1pm Tuesday and Wednesday and from 2pm to 6.10pm on Thursday.

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

Why we carried out this inspection

This practice was previously inspected as part of the new comprehensive inspection programme. We carried out a comprehensive inspection on 10 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was undertaken to check that the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The overall rating for the practice following the inspection on 10 November 2016 was good. The rating for the effective key question was requires improvement and for the safe, caring, responsive and well-led key questions the rating was good. The full comprehensive report, published on 11 January 2017, can be found by selecting the 'all reports' link for Royal Arsenal Medical Centre on the CQC website at www.cqc.org.uk.

We undertook a follow up focused inspection of Plumstead Health Centre PMS on 24 May 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.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Plumstead Health Centre PMS on 24 May 2017 which involved reviewing evidence to confirm that the practice were now meeting the relevant requirements.

During our visit we:

- Spoke with the lead GP Partner and Practice Manager
- Reviewed practice documentation, such as:
 - The Business Continuity Plan

- Legionella risk assessments

- Cleaning schedules

- Reviewed data from the Quality and Outcomes Framework 2016/17
- Reviewed the database used to record and monitor the receipt of test results for cervical screening samples sent for testing

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 carried out on 10 November 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of patient outcomes and clinical audit were not adequate. We issued a requirement notice in respect of these issues and found that these arrangements had not improved when we undertook this follow up inspection on 24 May 2017.

The practice therefore remains rated as requires improvement for providing effective services as the unpublished Quality and Outcomes Framework (QOF) data for 2016/17 showed that the practice performance rate for several indicators remained below the local and national average.

Management, monitoring and improving outcomes for people

The QOF results for 2015/16 were reported separately for Plumstead Health Centre PMS and Tewson Road PMS as the practices did not merge until October 2016.

At the previous inspection we found that:

Plumstead Health Centre PMS

The 2015/16 QOF results for Plumstead Health Centre PMS showed that they had achieved 87% of the total number of points available compared to the local Clinical Commissioning Group (CCG) average of 89% and national average of 95%.

The exception reporting rate for this period was 11%. This was similar to the CCG average of 7% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- The 2015/16 performance rate for diabetes related indicators of 89% was above the CCG average of 78% and comparable to the national average of 90%.
- The 2015/16 performance rate for mental health related indicators of 47% was below the CCG average of 84% and national average of 93%.
- The 2015/16 performance rate for hypertension related indicators of 68% was below the CCG average of 91% and national average of 97%.

- The 2015/16 performance rate for dementia related indicators of 82% was below the CCG average of 94% and national average of 97%.
- The 2015/16 performance rate for cancer related indicators of 61% was below the CCG average of 92% and national average of 98%.
- The 2015/16 performance rate for asthma related indicators of 100% was comparable to the CCG average of 94% and national average of 97%.

Tewson Road PMS

The 2015/16 QOF results for Tewson Road PMS showed that they had achieved 86% of the total number of points available compared to the local CCG average of 89% and national average of 95%.

The exception reporting rate for this period was 6%. This was similar to the CCG average of 7% and the national average of 10%.

- The 2015/16 performance rate for diabetes related indicators of 58% was below the CCG average of 78% and national average of 90%.
- The 2015/16 performance rate for mental health related indicators of 76% was below the CCG average of 84% and national average of 93%.
- The 2015/16 performance rate for hypertension related indicators of 56% was below the CCG average of 91% and national average of 97%.
- The 2015/16 performance rate for dementia related indicators of 98% was comparable to the CCG average of 94% and national average 97%.
- The 2015/16 performance rate for cancer related indicators of 94% was comparable to the CCG average of 92% and national average of 98%.
- The 2015/16 performance rate for asthma related indicators of 100% was comparable to the CCG average of 94% and national average of 97%.

At the inspection on 24 May 2017 we viewed the 2016/17 QOF data for the practice which had not yet been published. This data showed that there was no improvement in these indicators and for some indicators this showed a reduction in the performance rate compared to 2015/16.

At the previous inspection we also looked at the two clinical audits completed in the practice in the last two years. Only one of these audits included a second cycle and this had identified that improvements required in the

Are services effective?

(for example, treatment is effective)

monitoring of treatment had not been continued. However, no further audits had been undertaken to monitor and identify further improvements. We were informed at the inspection on 24 May 2017 that there had been no further clinical audits carried out since the previous inspection.

The provider informed us that the effect of the two practices merging and the pressures of providing services to an additional 3,000 patients in the previous year had impacted significantly on the resources available in the practice. They were hoping that as they were now in a more stable position this would have a positive impact on performance in the next 12 months. They were also renewing their attempts to recruit an additional GP (as a salaried GP or partner).

The provider was aware of the need to make improvements to patient outcomes and had developed a comprehensive programme of quality improvement and performance monitoring. However, there had been insufficient time for this to have a positive impact on patient outcomes.

One of the partners had taken the lead for implementing and progressing the quality improvement programme in the practice and had been allocated additional time for this work. Nursing and administrative support had also been identified to facilitate this role and the programme for review of patients with long-term conditions was underway.

The practice was planning to implement a process to ensure that patients with co-morbidities were reviewed in one consultation for all long-term conditions. This would include patients attending for relevant blood tests prior to the review appointment to avoid unnecessary re-attendance to obtain results. It was recognised that this approach was more convenient to patients and a more efficient use of available appointments. The practice had recognised the benefits of this form of review having introduced it as part of the Year of Care programme. The practice administrators responsible for summarising the notes of newly registered patients had also been instructed to call patients to arrange review appointments when adding new patients to long-term condition registers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found that the registered person did not do all that was reasonably practicable to assess, monitor and manage the health of patients. The Quality and Outcomes Framework (QOF) performance rates were below the local and national average for several indicators.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>