

# North Fulham Surgery

## Inspection report

The Surgery  
82 Lillie Road, Fulham  
London  
SW6 1TN  
Tel: 02074712650  
www.thelilliersurgery.nhs.uk

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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 location

Good 

Are services effective?

Good 

# Overall summary

We carried out an announced focused review at North Fulham Surgery on 30 September 2022. Overall, the practice is rated as Good.

Safe - Not inspected, rating of good carried forward from previous inspection

Effective - Good

Caring – Not inspected, rating of good carried forward from previous inspection

Responsive – Not inspected, rating of good carried forward from previous inspection

Well-led – Not inspected, rating of good carried forward from previous inspection

Following our previous inspection in June 2021, the practice was rated good overall and the safe, caring, responsive and well-led led questions and requires improvement for providing effective services.

The full reports for previous inspections can be found by selecting the 'all reports' link for North Fulham Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Why we carried out this inspection

This was a focused review of information without undertaking a site visit inspection to follow up on the concerns identified at our inspection in June 2021 regarding the effective key question. At the last inspection we found:

- The percentage of patients with chronic obstructive pulmonary disease (COPD) that had a review with a healthcare professional within the last 12 months was significantly below the local and national averages. In addition, performance for two indicators relating to hypertension was below the local and national averages.
- The uptake for childhood immunisations was significantly below the local and national averages. The practice had not met the minimum 90% for all five childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all five of the childhood immunisation uptake indicators.
- The uptake for cervical screening was significantly below the national average.

We followed up on 'should' actions identified at the last inspection, specifically:

- Continue to take action to improve childhood immunisations and cervical screening uptake rates.
- Continue to take action to improve outcomes for patients with COPD and hypertension.

## How we carried out the review

This review was carried out without visiting the location by requesting documentary evidence from the provide and conducting staff interviews using video conferencing.

## Our findings

We based our judgement of the quality of care at this service on a combination of:

# Overall summary

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- The practice had made the necessary improvements to the delivery of care to ensure the effective provision of services. The practice had undertaken projects to review and improve the percentage of patients with chronic pulmonary disease (COPD) that had a review with a healthcare professional within the last 12 months, improve the management of patients with hypertension, and improve the uptake of childhood immunisations and cervical screening.

In particular:

- The practice had focused on improving the number of COPD patients reviewed and was projected to meet its targets for reviews in 2022 to 2023. The practice had arranged for training of the clinical team by a consultant respiratory physician and planned to arrange a repeat of this training for the whole clinical team.
- The practice had focused on improving hypertension management and was projected to meet its targets in 2022 to 2023. The practice had provided blood pressure monitors to at risk patients during the Covid-19 pandemic for home monitoring. The practice had a process for managing patients with high blood pressure and liaised with its pharmacy team for the future management of these patients. The practice utilised remote systems for patients to share their blood pressure readings by using text responses. The practice planned to evaluate patients who were provided with home blood pressure monitors to review the effectiveness of this intervention.
- Whilst the practice had not met the minimum 90% uptake for all of the childhood uptake indicators and had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for these indicators, it had put in place a recovery plan to improve the uptake of childhood immunisations. Data provided by the practice demonstrated an improvement in relation to childhood immunisation rates. The practice had liaised with the Primary Care Network (PCN) and had put in place a single immunisations dashboard to reduce the number of searches completed on a weekly basis. The practice had a process for contacting parents and guardians to make appointments for immunisations and a method of escalation if attempts were not successful. The practice monitored rates of immunisation at its weekly management meetings and recorded discussion in the minutes of these meetings.
- Whilst the uptake of cervical screening remained below the national average, there was an improvement in uptake (from 59.5% at our last inspection to 66.6%). The practice had put in place a cervical screening record plan and quality improvement project since and provided us with data which demonstrated an improvement in uptake. The practice told us that it was projected to meet the national target by the end of the 2022 to 2023 financial year. The practice discussed the screening programme at its weekly management meeting, where monitoring of live numbers of screening was undertaken. The practice had worked with the West London Cancer Alliance and Jo's Cervical Cancer Trust to review its approach and to make improvements. The practice liaised with and shared good practice amongst other practices in the PCN.

Whilst we found no breaches of regulations, the provide **should**:

- Continue to provide training for staff in relation to COPD management.
- Continue with its plans to improve management of COPD, hypertension and improve uptake of childhood immunisations and cervical screening.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

# Overall summary

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor/a member of the CQC pharmacy team who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to North Fulham Surgery

North Fulham Surgery is located in the Hammersmith and Fulham Local Authority. Services are provided from 82 Lillie Road, Fulham, London, SW6 1TN. The practice is registered with the CQC to provide the regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; and treatment of disease, disorder or injury. The practice is a member of the Hammersmith and Fulham GP Federation. The practice is situated in the North West London Clinical Commissioning Group (CCG) and provides services to approximately 6,750 patients. According to the latest data available, the ethnic make-up of the practice is 67.6% White, 10.1% Asian, 11.1% Black, 5.9% Other ethnic groups and 5.3% Mixed. Information published by the UK Health Security Agency (UKHSA) rates the deprivation within the practice population groups as five, on a scale of one to ten. Level one represents the highest level of deprivation and ten the lowest.