

Cranford Medical Centre

Quality Report

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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 Cranford Medical Centre on 8 November 2016. The practice was rated as good overall and requires improvement for providing effective services. This was specifically in relation to data from the Quality and Outcomes Framework (QOF) which showed patient outcomes were below local and national averages for diabetes and mental health. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Cranford Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk-based focused inspection carried out on 10 October 2017 to confirm that the

practice had addressed the concerns that we identified at our previous inspection on 8 November 2016. This report covers our findings in relation to those recommendations made since our last inspection. The practice is now rated good for providing effective services and the overall rating remains as good.

Our key findings were as follows:

- The practice provided evidence that they had reviewed their performance for the QOF over the last year and achieved improved outcomes for patients with diabetes and mental health conditions.

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.

At our inspection on 8 November 2016, we found data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the local and national average for diabetes and mental health.

At this inspection on 10 October 2017 the practice provided evidence that they had reviewed their performance for QOF over the last year and achieved improved outcomes for patients. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Cranford Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This desk-based focused inspection was conducted by a CQC inspector.

Background to Cranford Medical Centre

Cranford Medical Centre provides NHS primary medical services to approximately 5,100 patients living in the surrounding areas of Cranford and Heston, in the London Borough of Hounslow. The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hounslow Clinical Commissioning Group (CCG) and the Great West Road locality (comprised of ten practices).

The practice is led by a GP principal (female) who provides nine clinical sessions per week. The GP principal is supported by two regular GP locums (male) who collectively provide 10 sessions; a practice nurse (19.5 hours); a student practice nurse / district nurse (37.5 hours); a phlebotomist / administrator (25 hours); a practice manager (35 hours); an office manager (25 hours) and four receptionists / administrators.

The practice operates from one site. The surgery is a purpose built medical building over two floors. On the ground floor there is step and ramp access to the waiting area, reception desk and five consulting rooms. The first floor comprises practice management facilities including staff room, meeting room and offices.

The practice is open from 8.15am to 6.30pm every weekday except Wednesday when it closes at 5.30pm. The telephone lines open at 9am every weekday. Pre-booked appointments are from 8.30am to 1pm and 2pm to 6.30pm on Monday, Tuesday, Thursday and Friday. On Wednesday appointments are from 9am to 1pm and 1.30pm to 5.30pm. Same day appointments are available for patients with complex or more urgent needs. When the practice is closed, patients are advised to use the local out-of-hours provider.

The practice population is characterised by average levels of income deprivation and lower employment rates when compared to the English average. The practice has a higher percentage of female patients aged 25 to 39 and male patients aged 25 to 49 compared to the English average. The population is ethnically diverse.

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

Why we carried out this inspection

We undertook a comprehensive inspection of Cranford Medical Centre on 8 November 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 effective services, and was rated as good overall.

We undertook a desk based focused inspection of Cranford Medical Centre on 10 October 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care.

Detailed findings

How we carried out this inspection

We carried out a desk based focused inspection of Cranford Medical Centre on 10 October 2017. This involved the

review of documentation we had asked the practice to submit to demonstrate that improvements had been made in the areas of concern that were identified at our previous inspection on 8 November 2016.

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 8 November 2016, we rated the practice as requires improvement for providing effective services as data from the Quality and Outcomes Framework showed patient outcomes were below the local and national average for diabetes and mental health.

These arrangements had significantly improved when we undertook a desk based focused inspection on 10 October 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 (from 2015/16) were 79% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. Clinical exception reporting was 7% which was below the CCG average of 8% and 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). This was the same data available at our previous inspection on 8 November 2016.

At this inspection on 10 October 2017 the practice provided evidence that they had reviewed their performance for QOF over the last year and achieved improved outcomes for patients. The practice had appointed a QOF manager who monitored performance and identified patients who were due for review. The management team met twice a month to review performance, and discuss areas for improvement. Complex cases were discussed at multidisciplinary team (MDT) meetings attended by district nurses, mental health nurses, social services, and consultants.

There was evidence of quality improvement:

- The practice provided unpublished and unverified data from the QOF 2016/17. This showed results had improved to 96% of the total number of points available, and clinical exception reporting was 7%.
- Unpublished data showed overall performance for diabetes related indicators had improved from 61% in 2015/16 (CCG 85%, national 90%), to 87% in 2016/17. Exception reporting had been lowered from 8% in 2015/16 (CCG 9%, national 12%), to 6% in 2016/17.
- Information about patients' outcomes was used to make improvements. For example, the practice had an average prevalence of patients with diabetes (8% compared to the national average of 6%). The practice had focused on diabetes management by monitoring monthly performance via the CCG diabetes dashboard, which looked at whether patients were receiving the recommended nine key care processes which included: foot checks; smoking status; weight check; blood pressure; eye test; urine test; and blood tests for cholesterol, kidney function, and HbA1c (glycated haemoglobin). Practice data from March 2017 showed 72% of patients had received the nine key care processes, compared with the CCG average of 66%. The GPs also met with a diabetes consultant to review complex cases.
- Unpublished data showed overall performance for mental health related indicators had improved from 49% in 2015/16 (CCG 91%, national 93%), to 88% in 2016/17. Although, exception reporting had increased from 8% in 2015/16 (CCG 9%, national 11%), to 14% in 2016/17.
- Unpublished data showed overall performance for dementia related indicators had improved from 75% in 2015/16 (CCG 98%, national 97%), to 88% in 2016/17. Exception reporting had increased from 5% in 2015/16 (CCG 19%, national 13%), to 13% in 2016/17.
- A dementia link worker, who visited patients once they were discharged from the memory clinic and back to primary care, attended the MDT meetings to review these patients with the practice.