

The Junction Health 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 safe?

Good



Are services caring?

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 The Junction Health Centre on 16 March 2017. The overall rating for the practice was requires improvement. The full comprehensive report from the 16 March 2017 inspection can be found by selecting the 'all reports' link for The Junction Health Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 29 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 on 16 March 2017. 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.

Our key findings were as follows:

- The practice had taken action to ensure that systems and processes in place for high risk drug monitoring kept patients safe. All patients prescribed high risk medicines whose records we reviewed were being monitored in accordance with current guidance and best practice.

- Feedback in the national patient survey regarding the care received from the practice nursing staff had improved and was now in line with current guidance and best practice.
- The practice had taken action to increase the number of patients identified as carers though this was still less than 1% of the patient list. The practice attributed the lower number of carer to the fact that the majority of their patients were working age.
- No data had been published since our last inspection regarding the percentage of patients screened for breast or bowel cancer. However, the practice had undertaken work to try to improve cancer awareness and attendance at national screening programmes. The practice had a meeting with the cancer lead within the CCG, reviewed their eligible patients and discussed strategies for increasing attendance. The practice healthcare assistant became the cancer screening champion and attended a meeting with Public Health England to get information on how to encourage uptake. The practice coded all eligible patients for both screening programmes, sent out letters to all these patients and then contacted them after 10 days to confirm that they had received the letter and encourage them to attend. The practice planned to implement telephone consultations with a GP for those patients who had still not attended.

Summary of findings

- The practice provided data on childhood immunisations which showed that the percentage of children under two who were fully immunised was 93% and the percentage of eligible children who had their pre-school immunisations was 91%.
- Data from the quality outcomes framework (system intended to improve the quality of general practice and reward good practice) for 2016/17 indicated that the percentage of patients with diabetes who had well controlled blood sugar was 68% this was still below national averages (80%) but in line with the local average (73%). The percentage of patients exception reported was 11% compared to 9% in the CCG and 14% nationally (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 practice had 89 patients with diabetes and 40 of these had type 1 diabetes which is more challenging to manage. Type 1 patients were mainly managed by secondary care services. However, the practice had made efforts to improve performance in this area. For example meetings were held within the CCG where clinicians would discuss complex cases and obtain advice on how to better manage these patients. The nurse practitioner acted as a diabetes champion and consulted with the most complex patients and had attended specialised diabetes training. The practice also had access to advice from a consultant specialist for diabetes via a computer software programme.
- Feedback from the national patient survey indicated that satisfaction with wait times was still lower when

compared to the local and national average (38% compared with 61% locally and 58% nationally). The practice again attributed this to their registered patients using their walk in service where patients can expect to wait up to an hour for an appointment. We were told that 100 of the practice's registered patients used the walk in service each week. However, in order to improve wait times for registered patients the practice had introduced a catch up slot for each GP per every five appointment slots. The practice also now advertised that only one issue could be dealt with per appointment and encouraged patients to book a double appointment if they had multiple concerns. The practice had been conducting their own patient survey and using text message feedback to produce monthly reports on patient satisfaction. Patient feedback from the previous three months regarding waiting times was mixed.

However, there were also areas of practice where the provider needs to make improvements.

In addition the provider should:

- Continue with work aimed at identifying patients with caring responsibilities to be able to provide appropriate support and signposting.
- Improve patient satisfaction with waiting times.
- Continue with action aimed at increasing the uptake of national screening programmes for breast and bowel cancer.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

The Junction Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to The Junction Health Centre

The Junction Health Centre is part of Wandsworth CCG and serves approximately 8000 patients. The practice is registered with the CQC for the following regulated activities: diagnostic and screening procedures, maternity and midwifery services, family planning services, treatment of disease disorder and injury and surgical procedures. In addition to a list of registered patients the location also operates as a walk in centre for patients who are not registered at the practice.

The practice population is predominantly working age with 50% of the population under 30 and only 1.5% over the age of 60. The practice has greater number of working age patients compared to local and national averages and lower numbers of children and older people compared to local and national averages. The practice population has higher levels of deprivation among its child and older person population and higher levels of employment compared with local and national averages. The practice is located in an area ranked fifth most deprived decile on the index of multiple deprivation. The patient list is ethnically diverse with 5.6% of mixed ethnicity, 7.4% Asian, 16.4% black and 2.2% non-white ethnic background.

Six GPs (two male and four female) are employed at the practice working the whole time equivalent of 3.1 GPs. The practice has six Nurse Practitioners working the full time

equivalent of 3.5 nurse practitioners. The practice also has a female practice nurse and a healthcare assistant. The practice is a location operated by Care UK limited who provide operational and governance support.

The practice is open between 8 am and 8 pm seven days per week. The practice offers booked and emergency appointments for registered patients in addition to walk in appointments for those who are not registered at the practice.

The Junction Health Centre operates from Arch 5-8, Clapham Junction Station; Grant Road, London, SW11 2NU which are purposed built premises owned by Network Rail. The practice leases the premises and maintenance is undertaken by a property management company. All consulting rooms are located on the ground floor and the premises are accessible to those with mobility issues.

Practice patients are directed to contact local out of hours provider when the surgery is closed.

The practice operates under an Alternative Provider Medical Services (APMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: smoking cessation, NHS health checks, chlamydia screening, HIV screening, long acting contraceptive implants and in uterine contraceptive device implants, ECG, spirometry, phlebotomy, flu, child immunisations, minor surgery and learning disability.

The practice is part of Wandsworth GP Federation.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of The Junction Health Centre on 16 March 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement.

The full comprehensive report following the inspection on 16 March 2017 can be found by selecting the 'all reports' link for The Junction Health Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Junction Health Centre on 29 November 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.

Are services safe?

Our findings

At our previous inspection on 16 March 2017, we rated the practice as requires improvement for providing safe services as the systems used to monitor patients prescribed high risk medicines did not always operate effectively. For example we saw instances where patients had not been reviewed periodically in line with current legislation and guidance or results from tests were not linked to the clinical record or not to locate.

These concerns had been addressed when we undertook a follow up inspection on 29 November 2017. The practice is now rated as good for providing safe services.

Safe and appropriate use of medicines

We found that the practice had improved systems in place to ensure that patients prescribed high risk medicines were being monitored in accordance with current guidance and best practice.

The practice had updated their policy for high risk drug monitoring. The policy stated that monthly searches would be undertaken to identify patients who require monitoring. Prescribing clinicians review the patients identified and record the outcome of the review on a spreadsheet which would be reviewed at a monthly quality assurance meeting. Patients would be invited for reviews where required. If the patient failed to respond to three invitation letters the healthcare assistant would then contact the patient by telephone. If the patient was still unresponsive then the matter would be passed back to a clinician who would decide whether or not the patient's medicine should be stopped. The policy also outlined the process for ensuring that blood results were linked to the patient's record.

The lead nurse practitioner within the practice took responsibility for ensuring that patients prescribed high risk drugs were reviewed when required. We reviewed the records of all patients prescribed methotrexate, azathioprine lithium and warfarin. All patients were having regular reviews undertaken by the practice as required or were being monitored and issued medicine by secondary care services.

Are services caring?

Our findings

At our previous inspection on 16 March 2017, we rated the practice as requires improvement for providing caring services as the practice had only identified five patients (0.07%) as having caring responsibilities and patient satisfaction with the nursing staff was below local and national averages.

At this inspection we found that the most scores related to the care provided by the nursing staff had improved according to the National GP patient survey. Additionally, although the practice had put systems in place to identify patients who acted as carers and had identified an additional seven patients, this was still below the 1% of the patient population (0.1%).

Kindness, respect and compassion

The national patient survey scores showed that patient satisfaction with the nursing service was now in line with local and national averages.

- 88% of patients said the nurse gave them enough time compared with the CCG average of 89% and the national average of 92% up from 80% at the last inspection.
- 85% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 91%, up from 82% at the last inspection.
- 89% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97% which was the same as the score at the last inspection.

- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%, up from 76% at our last inspection.

The practice told us that all clinical and non-clinical staff had attended customer service training since our last inspection.

Involvement in decisions about care and treatment

The practice had taken action to improve the identification of patients with caring responsibilities. For example they had improved the availability of carer support information in the reception area which prompted patients to identify themselves as carers. The healthcare assistant would proactively asked patients who attended for new patient health checks if they had caring responsibilities. The electronic sign-in board in reception asked patients if they acted as carers and provided a definition of what a carer is. The practice had undertaken searches of cohorts of patients who may have carers or act as carers including those over 65 and those with a learning disability. Templates for long term condition reviews had been updated to prompt clinicians to ask patients if they were carers. A meeting was held with a local carer support organisation that provided staff with advice on how to better identify those with caring responsibilities. The practice had identified an additional seven patients with caring responsibilities (0.1%) of the patient list. The practice attributed the small number of carers to the fact that the majority of their population were young working age people.