

Higham Hill Medical Centre

Inspection 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 location

Requires improvement



Are services effective?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an inspection of this service on 11 December 2019 following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection. This inspection focused on the following key questions: Effective and Well-led.

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

- 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 have rated this practice as Requires Improvement overall

We rated the practice as **requires improvement** overall for providing effective services and **requires improvement** for all population groups because:

- There was an ineffective system for keeping clinicians up to date with current guidelines.
- There was limited evidence of shared learning including for clinical audits.
- The system for managing medicine reviews for patients on repeat medicines was not effective.
- The failsafe system for monitoring two-week wait cancer referrals was not effective.
- The practice's uptake of childhood immunisations was below the national target.

- Uptake for cervical cytology was below the national target.

We rated the practice as **requires improvement** for providing well-led services because:

- The practice had no formal strategy to achieve their priorities.
- Systems to manage risks were not effective, including monitoring two-week wait cancer referrals.
- There was an ineffective system to share learning in the practice.
- There was limited overall clinical oversight.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Continue to work to improve childhood immunisation and cervical cytology uptake.

(Please see the specific details on action required at the end of this report).

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

Dr Rosie Benneyworth *BM BS BMedSci MRCGP*

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

The inspection team included a lead CQC inspection and an GP specialist advisor.

Background to Higham Hill Medical Centre

Higham Hill Medical Centre is situated within Waltham Forest Clinical Commissioning Group (CCG) in East London and is located in a residential conversion over three floors with lift access and good transport links.

The practice provides services to approximately 6,000 patients under a Primary Medical Services (PMS) contract.

The practice is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures.

The practice is rated two out of 10 on the deprivation scale, where one is the most deprived and 10 is the least deprived. Thirty-eight percent of patients have a long-standing health condition compared to the local average of 42% and the national average of 51%, the practice also had a younger population than the local and national average with 5% of patients being aged over 65 compared to the local average of 10% and the national average of 17%.

The practice has one male GP partner who was supported by a mix of three male and female salaried GPs

and a regular locum GP who complete a combined total of 16 sessions per week and a practice nurse who completes six sessions per week. The practice also has a pharmacist, a practice manager, a deputy practice manager who are supported by a team of reception and administration staff members. The practice is a training practice and currently has one ST1 registrar and a foundation year two doctor.

The practice is open Monday to Friday from 8am to 6:30pm, phone lines are answered from 8am and appointment times are as follows:

- Monday 9am to 12:30pm and 2:30pm to 6:30pm
- Tuesday 8am to 12:30pm and 1:30pm to 6:30pm
- Wednesday 8am to 12:30pm and 1:30pm to 6:30pm
- Thursday 9am to 12:40pm and 1:30pm and 6:30pm
- Friday 8:30am to 12:30pm and 1pm to 6:30pm

The locally agreed out of hours provider covers calls made to the practice when it is closed, and it is part of the local HUB which provides GP and nurse appointments on weekday evenings and weekends when the practice is closed.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had limited systems to ensure learning and changes were shared with relevant staff members. The system for ensuring clinicians were following up to date guidelines was ineffective Insufficient attention was paid to mitigating risks, including regarding two-week wait cancer referral monitoring