Glyndon PMS

Inspection report

Glyndon Medical Centre
188 Ann Street, Plumstead
London
SE18 7LU
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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?	**Requires improvement**

Overall summary

We carried out an announced comprehensive inspection at Glyndon PMS on November 2016. The rating for the safe and effective key questions was requires improvement and for the caring, responsive and well-led key questions the rating was good. The overall rating for the practice was therefore requires improvement. The full comprehensive report can be found by selecting the 'all reports' link for Glyndon PMS on our website at www.cqc.org.uk.

An announced follow-up inspection was carried out on 20 June 2017. Overall the practice was rated as good. The rating for the effective key question was requires improvement.

This inspection was an announced focused inspection carried out on 11 July 2018 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 20 June 2017. At this inspection we found that some improvements had been made.

Our key findings across the areas inspected is as follows:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- The Quality and Outcomes Framework (QOF) data from 2016/17, showed that the practice performance was below the local and national average for several clinical indicators. Unverified results for 2017/18 provided by the practice showed an improvement in some of the areas identified as requiring improvement at the last inspection.
- The practice had increased the number of carers identified since the June 2017 inspection from 41 patients (0.6% of the practice list) to 75 patients (1% of the practice list).
- Since the last inspection, the provider added an additional four urgent appointments to their appointment system per day.
- The practice had conducted two patient participation meetings since the last inspection.

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

Importantly, the provider must:

- 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 encourage patients to join the patient participation group (PPG) and establish regular communication with group members.
- Review the use of read codes to enable clinical management based on collated patient data.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC Inspector. The inspection was supported by a GP specialist advisor.

Background to Glyndon PMS

Glyndon Medical Centre is based at 188 Ann Street Plumstead SE18 7LU. The surgery operates from a two-storey converted detached property. It includes four consulting rooms, two treatment rooms, reception area, waiting room, administration offices and a meeting room. Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality. Services are also provided at a branch surgery at 123 Samuel Street Woolwich SE18 5LG which is 2 miles from the main surgery.

Glyndon Medical Centre is registered with the CQC as a Partnership, providing the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures.

The practice has 6825 registered patients. The practice age distribution is similar to the national average with a slightly higher than average number of patients in the 0 to 20 year age group and a slightly lower than average number in the 60+ year age group. The surgery is based in an area with a deprivation score of 3 out of 10 (with 1 being the most deprived and 10 being the least deprived).

Clinical services are provided by three full time GP partners (male) and two part-time Practice Nurses (1.6 wte). Administrative services are provided by a Practice Manager (1 wte), a medical secretary (0.7 wte), two data/scanning administrators (1.5 wte) and six reception staff (3 wte).

Reception is open between 8am and 6pm Monday, Tuesday, Thursday and Friday and from 8am to 3pm on Wednesday. On Wednesday afternoons when the surgery is closed, patients are instructed to contact the Samuel Street Surgery. Reception at the Samuel Street branch surgery is open from 9am to 1.15pm and 4pm to 7.30pm on Monday and Tuesday; from 9am to 1.15pm and 4pm to 8pm on Wednesday and from 9am to 1.15pm and 4pm to 6.30pm on Thursday and Friday. When reception is closed between 1.15pm and 4pm.

Pre-booked appointments are available with the Practice Nurse at the surgery from 8am to 1.30pm and 2pm to 5.30pm on Monday; from 8am to 1.30pm and 3pm to 5.30pm on Tuesday and Thursday and from 8am to 1pm on Wednesday.

The practice is closed at weekends. When the surgery is closed urgent GP, services are available via NHS 111.

Requires improvement

Are services effective?

At our previous inspection on 20 June 2017, we rated the practice as requires improvement for providing effective services as their Quality and Outcomes Framework (QOF) performance rates were below the local and national average for several indicators. The provider was required to improve patient outcomes by implementing a clinical quality improvement programme and monitoring performance against clinical audit results and the QOF.

The practice's QOF figures had improved when we undertook a follow up inspection on 11 July 2018. However, the practice is still rated as requires improvement for providing effective services as they had not demonstrated significant improvement in providing effective services in more than one of the six population groups. Namely, long-term conditions, people experiencing poor mental health and families, children and young people.

Monitoring care and treatment

At the initial inspection on 22 November 2016 we found that:

Data from the 2015/16 QOF showed the practice was comparable with the Clinical Commissioning Group (CCG) and national averages for most clinical indicators. However, the practice was below the CCG and national averages for some QOF indicators: mental health, cancer, asthma and depression.

At the inspection undertaken on the 20 June 2017 data from the 2016/17 QOF showed that these issues had not been fully addressed. The practice had shown some improvement for asthma related performance rates.

At this inspection unverified practice data showed additional improvements had been made. However, the practice remained below the national average in a number of indicators:

- 80% of patients diagnosed with cancer were reviewed by the practice within six months of the date of diagnosis which was below the CCG average and national average of 94%. However, this was a 30% increase from the practice's 2015/16 QOF result in the same indicator.
- The latest QOF data (2016/17) showed that 47% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months which was below the CCG average of 84% and national average of 90%. The exception reporting rates were 0, 13% and 13% respectively. (Exception reporting is the removal of patients from QOF calculations. For example, if a patient declines or does not respond to invitations to attend a review of their condition). The practice was aware of this and continued to explore and implement ways to improve participation. We were told that mental health patients would be encouraged opportunistically to fulfil separate elements which comprise a care plan. For example, a patient who attended the practice for medication would also be asked for a blood pressure reading.

We reviewed the records of 11 patients experiencing mental health difficulties. Five had received a care plan within 12 months. The remaining six patients had received a text message and follow-up letter inviting them to book an appointment for a review. It was noted that two of the patients had not been read-coded correctly, therefore did not show up on the practice figures as having had a review.

The practice's overall exception reporting rate was 2.5% which was lower than the CCG and national average.

- Unverified practice data for 2017/18 showed that 61% of patients suffering with depression had received an annual review within the last 12 months.
- 69% of patients with asthma had received an appropriate review in the preceding 12 months, which was comparable to both the CCG and national average of 76%.
- Unverified QOF data for 2017/18 showed the practice was comparable with the CCG and national averages for most QOF clinical indicators.

We also looked at:

- Three of the four audits that had been completed (Bisphosphonate, Warfarin and Direct-Acting Oral Anticoagulants) in the last 12 months. All audits demonstrated an improvement in achievement and had two cycles completed.
- Childhood immunisation rates for vaccinations given were lower than the national average. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had not met the target in three of the four areas. We looked at the practice's unverified QOF data for childhood immunisation. The practice demonstrated improvement from their 2015/16 QOF results, achieving over 85% in each area; however, this remained below the national

target. We saw evidence that the practice had acted to improve childhood immunisation uptake. For example, messages were placed on patient notes to alert receptionists and clinical staff that an immunisation was outstanding. Resulting in staff encouraging patients to book an appointment.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to demonstrate significantly improved clinical outcomes for their patients.** **This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations2014.**