

Tynemouth Medical Practice

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 safe?

Good



Are services effective?

Good



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at the Tynemouth Medical Practice (the practice) on 1 December 2020 as part of our inspection programme, to check on concerns noted at previous inspections. The reports of those inspections can be read on the CQC website at: <https://www.cqc.org.uk/location/1-569259821/reports>

We had inspected the practice on 26 July 2018, when we rated it inadequate in respect of all key questions, safe, effective, caring, responsive and well-led. We served warning notices for breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and requirement notices relating to breaches of Regulations 18 and 19. We placed the practice into special measures.

We carried out a follow up inspection focussing on the breaches of Regulations 12 and 17 on 15 November 2018 and found that the practice had made sufficient improvements to comply with the warning notices and regulations. We closed the warning notices but did not review the ratings from the previous inspection in July 2018.

On 14 February 2019 we carried out a further comprehensive inspection of the practice. We found the practice had made some improvement in respect of providing safe care and revised our rating for that key question from inadequate to requires improvement. However, the practice had not taken sufficient action relating to the other four key questions and it remained rated inadequate overall and in special measures.

We carried out a subsequent comprehensive inspection on 8 August 2019. We found the practice had made further improvement in some areas and revised the rating for safe from requires improvement to good and for caring and well-led from inadequate to requires improvement. The ratings for effective and responsive and overall remained inadequate. We served another warning notice under Regulation 12, and a requirement notice under Regulation 17. The practice remained in special measures.

We carried out another inspection on 6 February 2020, focussing on the issues set out in the warning notice, relating to the key questions of caring and responsive. We reviewed the practice's action plan which we found satisfactory and closed the warning notice. We did not revise the practice's ratings.

At this inspection we have rated the practice as requires improvement overall.

We have based our judgement of the quality of care at the 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 the practice as good for providing a safe service because:

Performance shows a good track record and steady improvements in safety. When things go wrong, there is an appropriate, thorough review or investigation. Lessons are learned and communicated to support improvement. Improvements to safety are made and resulting changes are monitored.

We have rated the practice as good for providing an effective service because:

At our inspection in August 2019, we had rated the practice as inadequate for providing an effective service because its published 2018-19 performance results for all four childhood immunisations indicators we monitor showed uptake had declined and were significantly below the World Health Organisation minimum target of 90% uptake. In addition, the

Overall summary

practice's results for the 2018-19 cervical cancer screening programme remained significantly below the national target of 80% uptake. The uptake of its bowel cancer screening programme had improved only marginally, and uptake of its breast cancer screening programme had declined in comparison to the practice's performance in 2017-18. We had rated the practice as requires improvement for providing effective services to people with long-term conditions and as inadequate in relation to families, children and young people and working age people. All other population groups we rated as good.

At this inspection, we saw published QOF data for 2019 / 20 which showed the practice's performance had improved further to levels generally equivalent to or better than local and national averages. The practice's uptake rates for cervical screening and childhood immunisations had improved. However, validated data published by Public Health England regarding cervical screening rates and by NHS England in relation to childhood immunisations showed the uptake rates remained below targets. We have revised our rating for the population group people with long-term conditions from requires improvement to good. Our rating for working age people and families, children and young people, and the overall rating for effective services is revised from inadequate to good.

We have rated the practice as requires improvement for providing a caring service because:

At our inspection in August 2019, we had rated the practice as requires improvement for providing a caring service because, although its GP Patient survey results showed improvement, various indicators we reviewed were below local and national averages. Feedback we received mentioned much improved levels of access and care offered by staff of the practice. However, some feedback we received from patients and some NHS Choices comments we looked at mentioned uncaring attitudes amongst staff.

At this inspection, we have again rated the practice as requires improvement for providing caring services. Although data from the GP Patient Survey indicates the practice's performance has improved, its results remain below local and national averages, indicating further efforts are needed to bring about improvement in patient satisfaction levels. Comments submitted by patients participating in the Friends and Family Test and NHS Choices reviews were more positive. Although the practice had taken actions to improve caring aspects of the service, and feedback suggested greater patient satisfaction, necessary changes to how services are provided, brought about by COVID, make it difficult to fully assess their impact.

We have rated the practice as requires improvement for providing a responsive service because:

At our inspection in August 2019, we had rated practice as inadequate for providing a responsive service because, although the practice had made a number of changes to improve patient access, its GP Patient Survey results relating to access and timeliness of appointments showed performance was below local and national averages. There was positive feedback regarding improvements to access, but some mentioned difficulty in contacting the practice by phone and getting appointments, particularly with patients' preferred GPs. These issues affected all population groups in relation to responsive services.

At this inspection, we have revised the rating from inadequate to requires improvement for providing responsive services. We noted relevant results from the GP Patient Survey show the practice's performance had improved, compared with previous years. However, although the results mostly demonstrate no statistical variation, they remain below local and national averages, indicating the improvement needs to be sustained. Comments submitted by patients participating in the Friends and Family Test and NHS Choices reviews were more positive. Although the practice had taken actions to increase telephone access and the availability of appointments, and feedback suggested greater patient satisfaction, necessary changes to how services are provided, brought about by COVID, make it difficult to fully assess their impact. The rating applies to all population groups in relation to the provision of a responsive service.

Overall summary

We have rated the practice as good for providing a well-led service because:

At our inspection in August 2019, we had rated the practice as requires improvement for providing a well-led service because, although its QOF results showed improvement, in most areas clinical performance remained below historical local and national averages. The practice had taken action to increase levels of clinical and non-clinical staff, but some patient feedback still mentioned difficulties contacting the practice by telephone and obtaining appointments. We served a requirement notice in respect of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to good governance.

At this inspection, we have revised the rating to good. We noted further improvement had been made in clinical aspects of the service, with performance generally being above local and national averages. Action had been taken to address patients' concerns over telephone access and the availability of appointments, but due to necessary changes in working practice being introduced following the COVID pandemic, it was difficult for us to fully assess the impact of the action. The results of the GP Patient Survey remained generally below average for patient satisfaction. However, the survey was conducted before some of the improvement measures were taken. Feedback since then has been more positive. It was evident that much had been done by managers and staff to bring about needed improvement, sufficient to comply with the Regulation 17 requirement notice.

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

- Continue with work to increase the uptake rates of cervical cancer screening and childhood immunisations to improve outcomes.
- Continue with work to improve telephone access and availability of appointments to meet patients' service needs.

I am taking the practice out of special measures in recognition of the improvements made since our previous inspection. However, further improvement is required in relation to providing effective, caring, responsive services and for the care provided to Families, children and young people and Working age people.

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

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 was comprised of a CQC lead inspector, a GP specialist adviser and a practice nurse specialist adviser.

Background to Tynemouth Medical Practice

The Tynemouth Medical Practice (the practice) operates at the Tynemouth Road Medical Centre, 24 Tynemouth Road, Tottenham London N15 4RH, premises which it shares with other healthcare providers. It is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures; treatment of disease, disorder or injury; surgical procedures; maternity and midwifery services; and family planning.

The practice was formerly part of the NHS Haringey Clinical Commissioning Group, which together with four other London boroughs in addition to Haringey - Barnet, Camden, Enfield and Islington – now comprises the NHS North Central London CCG. It is part of the Welbourne Primary Care Network, with three other local practices. The service is provided under a Personal Medical Services (PMS) contract to approximately 9,900 patients. The list has reduced since our inspection in August 2019, following various list cleansing exercises and due to a general high turnover of patients. In the period April 2019 to September 2020, 2,501 patients had left, while 1,371 had registered. The practice operates in an area with the second highest deprivation level.

The practice website can be found at: www.tynemouthmedicalcentre.nhs.uk

The clinical team is comprised of two GP partners (one female and one male), four part-time salaried GPs (two female and two male) and a long-term male locum GP. Between them, the GPs currently work 38 clinical sessions per week. The clinical team also includes a pharmacist (working 4 weekly sessions), a long-term locum advanced nurse practitioner (4 sessions), a practice nurse (8 sessions) and a healthcare assistant (6 sessions).

There is a practice manager and deputy, a reception manager and an administrative team of 13 staff, working whole or part-time.

The practice is open from 7:30 am to 7:30 pm on Monday to Thursday and from 7:30 am to 6:30 pm on Friday. The practice operates an extended hours service on weekday mornings from 7:30 am to 8:00 am and on Monday to Thursday evenings between 6:30 pm and 7:30 pm, during which times appointments are available for pre-booked patients only. Routine appointments with GPs and nurses are 15 minutes long.

Patients may book appointments with the extended hours service, provided at four Hub locations across Haringey. These have varying operating times during weekday evenings and on Saturday, details of which are given on the practice website.