

# John Smith Medical Centre

## Quality Report

145 Bevan Avenue

Barking

IG11 9NR

Tel: 020 8594 9013

Website: [www.thepracticejohnsmiths.nhs.uk](http://www.thepracticejohnsmiths.nhs.uk)

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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 effective?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at John Smith Medical Centre on 7 May 2015. The overall rating for the practice was good, with a requires improvement rating for the effective key question. The full comprehensive report can be found by selecting the 'all reports' link for John Smith Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 21 December 2016 to confirm the practice had carried out their plan to address the areas we identified as requiring improvement in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is still rated as good.

Our key findings were as follows:

- The practice had implemented a system to track clinical letters and results, however they were received, to ensure they were acted upon.
- The practice demonstrated learning from significant events including a process to learn from other practices in the provider's cluster group.
- Staff demonstrated understanding of the local challenges in encouraging parents to agree to immunisations for their children and had put initiatives in place to address this.
- Clinical audits were embedded in the practice's quality assurance and clinical improvement systems.
- A patient engagement specialist had visited the practice and a series of patient drop-in sessions had been arranged to encourage patients and their relatives to contribute to the development of the practice.

All of the areas for improvement had been addressed.

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 safe?

At this inspection we looked at the incident reporting system and found:

- Significant events were reported electronically and investigated by the practice manager and principal GP.
- Dedicated clinical governance support was provided by the provider's central team and regional manager.
- There was a system in place to ensure staff in every practice in the chain had access to investigations and learning from significant events.

Good



### Are services effective?

The practice is rated as good for providing effective services:

- The practice had established an audit profile to deliver a continuous cycle of clinical and non-clinical audits that would help to improve patient experience and clinical outcomes.
- Staff used an electronic system to access policies and procedures from national organisations to benchmark practice and ensure clinical guidance was up to date.
- The practice had implemented systems to ensure test and diagnostic results were dealt with in a timely manner by an appropriate clinical member of staff.
- Staff recognised the need to improve rates of childhood immunisations and worked with local partners to establish this.
- The practice had engaged with a patient engagement advisor from the provider's central team to help establish a patient participation group.
- Staff used an electronic system to share experiences, best practice and learning from case studies with colleagues in the provider's other GP practices.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety identified at our inspection on 7 May 2015, which applied to everyone using this practice, including this population group. The population group ratings remain the same as a result.

Good



### People with long term conditions

The provider had resolved the concerns for safety identified at our inspection on 7 May 2015, which applied to everyone using this practice, including this population group. The population group ratings remain the same as a result.

Good



### Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 7 May 2015, which applied to everyone using this practice, including this population group. The population group ratings remain the same as a result.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety identified at our inspection on 7 May 2015, which applied to everyone using this practice, including this population group. The population group ratings remain the same as a result.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 7 May 2015, which applied to everyone using this practice, including this population group. The population group ratings remain the same as a result.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety identified at our inspection on 7 May 2015, which applied to everyone using this practice, including this population group. The population group ratings remain the same as a result.

Good



## Summary of findings

# John Smith Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC Lead Inspector carried out this focused inspection.

## Background to John Smith Medical Centre

John Smith Medical Centre is located in Barking, east London. The practice holds a Personal Medical Services (PMS) contract with NHS England. The practice is part of a chain of surgeries operated by Chilvers and McCrea Limited.

The GP team comprises one principal male GP, one part time female GP and one locum GP. A practice nurse and a healthcare assistant are part of the clinical team. The practice is led by a practice manager who is supported by four receptionists and administrators.

The practice is open between 8.30am and 7pm Monday to Friday and offers appointments from 9.30am to 12.30pm Monday to Friday and between 4.30pm and 7pm on Monday, Tuesday and Friday. Extended hours are available on a Wednesday until 8pm. Outside of these times patients are directed to the NHS 111 service or to an out of hours primary care walk-in centre at a nearby hospital. In addition to pre-bookable appointments, urgent appointments and home visits are also available for people that need them. The practice has level access from the street and car park to all clinical areas and includes an accessible toilet, baby changing and breast feeding facilities.

The practice has a patient list of 2824. Approximately 4% of patients are aged 75 or older and approximately 31% are under 18 years old. Fifty one percent have a long standing health condition and 17% have carer responsibilities. The practice is in an area with high levels of socioeconomic deprivation.

## Why we carried out this inspection

We undertook a comprehensive inspection of John Smith Medical Centre on 7 May 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good, with a requires improvement rating for the safe key question. The full comprehensive report following the inspection on 7 May 2015 can be found by selecting the 'all reports' link for John Smith Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced focused inspection 21 December 2016. 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.

## How we carried out this inspection

We carried out an announced focused inspection of John Smith Medical Centre on 21 December 2016. This involved reviewing evidence that:

- There were systems and processes in place to ensure staff maintained up to date awareness of changes and updates of national clinical guidance.
- A clinical audit programme was in place.

## Detailed findings

- A strategy was in place to improve patient engagement, including through a patient participation group.
- A system was in place to share learning between other GP practices in the provider's group.

During our visit we:

- Spoke with a principal GP, the practice manager, the regional operations manager and the reception team.

- Observed how patients were being cared for in the reception area.
- Looked at policies, audits and electronic information systems.

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 safe?

## Our findings

At our previous inspection on 7 May 2015, we rated the practice as good for providing safe services but noted that learning from significant events was not always shared.

These arrangements had significantly improved when we undertook a follow up inspection on 21 December 2016.

- Between November 2015 and November 2016, the practice reported 26 incidents. In each case we saw evidence an investigation had taken place and actions identified to reduce the risk of another instance in the future.
- Staff used an electronic system to submit incident reports to the practice manager and the regional manager and central governance team automatically received each report.
- All practice managers in the provider's chain had access to electronic incident and significant event reports submitted from all of the other practices. This supported learning from the outcomes of investigations and enabled practice managers to discuss incidents in other practices with their own staff to share learning and as a preventative measure.
- The practice held monthly clinical governance meetings which were recorded and documented. Staff used this opportunity to discuss all incidents reported in the previous month.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 7 May 2015, we rated the practice as requires improvement for providing effective services. This was because:

- There was a lack of clinical and non-clinical auditing and the practice could not demonstrate how clinical outcomes were reviewed and improved.
- Childhood immunisation rates were lower than local and national averages.
- There was limited evidence that staff maintained an up to date awareness of changes to national best practice guidance.
- There was no formal patient participation or patient engagement strategy in place.
- The system used to track clinical letters and results was not sufficiently robust and meant information could be delayed or lost.

These arrangements had significantly improved when we undertook a follow up inspection on 21 December 2016. The practice is now rated as good for providing effective services.

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. All staff had electronic access to policies and guidance and the practice had produced a number of 'how to' guides to help staff find information when they needed it.

The practice participated in a weekly benchmarking exercise against other surgeries in the chain. This was a competitive process that encouraged each practice to share their work and best practice with each other.

Monthly clinical governance meetings were used to review changes to national guidance, including to review national patient safety alerts.

### 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 showed that the practice had achieved 95% of the total number of points available.

Exception reporting was significantly higher (10% or higher difference) than the clinical commissioning group (CCG) or national averages in the atrial fibrillation domain. Exception reporting in this domain was at 18% compared to the CCG and national averages of 7%.

Exception reporting in all other clinical domains was comparable to, or better than, CCG and national averages. 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 practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2015 to March 2016 showed:

- Performance for diabetes related indicators was similar to the national average and CCG average in two out of three indicators and worse than the CCG and national averages in one indicator. For example, 61% of patients with diabetes received a blood glucose reading within the national target of 64 mmol/mol or less in the preceding 12 months. This was worse than the CCG average of 67% and the national average of 78%.
- Performance for mental health related indicators was better or significantly better than the national average and the CCG average in all three indicators. For example, 100% of patients with schizophrenia, bipolar affective disorder or other psychoses had an agreed, documented care plan in the preceding 12 months compared with the CCG average of 90% and the national average of 89%.

The practice benchmarked itself nationally using a QOF achievement table that enabled staff to identify areas of consistent performance and areas for improvement. Results were shared between all surgeries in the provider's chain and practice managers worked together to establish improvement plans where needed.

The practice team had established an audit profile following a scoping exercise that enabled them to identify which clinical audits could benefit patient outcomes and practice quality and safety performance.

# Are services effective?

## (for example, treatment is effective)

- Audit templates and monitoring had been established as part of the practice's electronic system and were planned on appropriate cycles, such as three monthly.
- The provider's central governance team and regional manager provided as-needed support in the development of audit programmes.
- A system was in place that enabled the practice to share its audit work, developments and results with other surgeries in the chain. This helped maintain quality assurance and effective outcomes.

Six full-cycle audits had been completed in the 12 months prior to our inspection and the results helped to improve patient outcomes:

- An audit of 'did not attend' appointments identified five outcomes, including posters displayed around the practice advising patients how many sessions were wasted in the previous month. The practice had started tracking this to identify any improvements in patients fulfilling booked appointments and the practice manager planned to audit this after three months to identify any change.
- A GP led a lithium audit to identify if patients were prescribed the most appropriate therapeutic level for their condition. The audit found one patient did not consistently take their medicine because of complex mental health needs. The practice liaised with a psychologist to ensure the patient was supported to maintain their health.
- A gestational diabetes audit found room for improvement in how patients were supported to live and maintain a healthy lifestyle. The practice established a targeted health promotion strategy as a result.
- A cervical cytology sample audit had been piloted and implemented on a six-monthly cycle. The clinical team planned to analyse the first set of results and identify if improvements had been made.
- Medicines audits also took place in-house as well as with local pharmacy teams. These audits ensured patients were on the correct doses of prescribed medicines and prompted staff to complete regular medicine reviews for patients on multiple prescriptions.

### Effective staffing

- To support the development of an effective audit profile, GPs had undertaken clinical audit training and training for non-clinical staff had been arranged.

- A locum GP was based frequently in the practice and had been trained on key elements of the audit programme to ensure continuity in relation to patient outcomes. For example, a diabetes audit highlighted the need for consistent lifestyle improvement support for some patients and the locum GP had been trained in this so it could be provided when the principal GP was not there.
- Staff had adopted lead roles for audits. This meant there was clear responsibility for each audit cycle and results dissemination.
- The practice participated in a 'Heroes of the month' scheme that recognised effective staffing in the team with an award presentation and certificate. This helped to motivate staff to develop and continually improve their skills and knowledge.

### Coordinating patient care and information sharing

The practice worked closely with the port health and immigration authorities to provide targeted care to people who did not hold UK citizenship. This meant the practice could provide childhood immunisations and provide health checks such as tuberculosis screening to people who might otherwise not receive such care. A dedicated health advocate was based in the practice and liaised between staff and two non-profit organisations to provide specialist support and access to care for patients with asylum or refugee status. This meant people who were vulnerable and at risk of deteriorating health had access to care and treatment to help them remain healthy.

A workflow map had been implemented that enabled staff to track letters and test results as soon as they arrived in the practice. This system meant GPs always saw letters, including the locum GP who reviewed these if the principal GP was not present. The practice manager had access to the system and completed a daily check to ensure all letters had been actioned. This meant there was back-up for protection against delayed action or the loss of information.

### Supporting patients to live healthier lives

The practice's uptake for the cervical screening programme was 80%, which was similar to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. In response the practice had implemented proactive patient contact and health

# Are services effective?

(for example, treatment is effective)

promotion strategies to encourage patients to screen. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake of breast cancer screening was 52% compared with a CCG average of 56% and national average of 73%. The uptake of bowel cancer screening was 40%, compared with a CCG average of 41% and the national average of 57%.

Between April 2015 and March 2016 the practice did not achieve the national target of 90% coverage for vaccinations in childhood under two years old in any of the four categories and vaccination rates varied from 61% to 87%.

The practice recognised the need to improve performance in some areas of performance in childhood vaccinations. As the practice provided care for patients who were not permanent residents of the UK, children could be moved from the area by immigration authorities at short notice. This affected data produced by the practice, including that quoted above. Senior staff maintained a record of children removed in this way so they could establish how many young people reflected in the data still needed to be seen

for immunisation updates. The NHS England Area Team had conducted a visit to the practice to review childhood immunisation processes and there were no actions imposed by the team as a result.

At our previous inspection on 7 May 2015 the practice did not have a patient participation group (PPG) and there was limited evidence of patient engagement in the running of the practice. During our inspection on 21 December 2016 we found the practice and provider had taken action to try and increase patient involvement. For example, a patient and public engagement advisor had visited the practice in July 2015 and spoken with 34 patients with the aim of establishing a new PPG. Although a group had been established, the PPG had not become embedded in the practice. As a result, the practice offered regular 'drop-in' sessions for patients and their relatives. The sessions offered the chance to meet the practice manager and principle GP in a relaxed environment with tea and biscuits. The drop-in sessions enabled the practice to establish more regular engagement with patients outside of clinical appointments so their feedback was still used in service development. Feedback received had related to individual experiences and had not been indicative of themes. To improve how patient feedback was encouraged and facilitated, staff were scheduled to undertake formal patient engagement training in January 2017.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.