

Plumstead Health Centre PMS

Inspection report

Tewson Road
London
SE18 1BH
Tel: 020 8316 5472
www.plumsteadhealthcentre.org.uk

Date of inspection visit: 22 August 2018
Date of publication: 29/10/2018

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 Plumstead Health Centre PMS on 10 November 2016. The overall rating for the practice was good. The rating for the effective key question was requires improvement and for the safe, caring, responsive and well-led key questions the rating was good. The full comprehensive report, published on 11 January 2017, can be found by selecting the 'all reports' link for Plumstead Health Centre PMS on the CQC website at .

An announced follow up focused inspection was carried out on 24 May 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 10 November 2016. At that inspection the rating for the effective key question remained requires improvement.

This inspection was an announced focused inspection carried out on 22 August 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 24 May 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good but continues to be rated as requires improvement for providing effective services as the practice did not make the necessary improvements to patient outcomes. However, we saw evidence that the practice had made significant improvements in a few areas.

Our key findings were as follows:

- Unverified QOF 2017/18 data showed that the practice had improved on their 2016/17 overall QOF score which awarded them 425 points out of 559. At the time of the inspection the practice had achieved 525 points out of the available 559.
- 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 QOF indicators.
- The practice worked closely with other organisations within the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice is part of the Live Well Centre which provides services, under the Royal Borough of Greenwich's public health and wellbeing services, to the local population.
- Information about services and how to complain was available and easy to understand.
- Patients were treated with compassion, dignity and respect and generally felt listened to during their appointment.

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

Importantly, the provider must:

- Continue to work towards improving outcomes for patients by implementing a comprehensive and effective clinical quality improvement programme.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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)	Good 
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 was carried out by a CQC Inspector.

Background to Plumstead Health Centre PMS

Plumstead Health Centre PMS is based in a two-storey, purpose-built property off Tewson Road in Plumstead. The premises are shared with various community health services such as district nursing, health visitors and audiology services. There is a large amount of free parking surrounding the premises.

The premises, which is rented by the provider from the community foundation trust, includes nine consulting rooms, of which eight have examination rooms within their consultation rooms; along with one private examination, and one isolation room. There are seven administration rooms and two treatment rooms. There is also a large waiting area which is shared with community services. The practice has a branch surgery based in a purpose-built premise at 2 Garland Road, Plumstead, SE18 2AE which is less than one mile from the main surgery. There is a minor surgery treatment room located at the branch surgery. Both properties are located within a predominantly residential area of Plumstead in the Royal Borough of Greenwich. Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

Plumstead Health Centre PMS, is registered with the CQC as a Partnership of four GP partners. The current partnership was formed from the merger of two previously separate practices both of which were based in Plumstead Health Centre. The Tewson Road PMS partnership (two partners) merged with Plumstead

Health Centre PMS partnership (two partners) on 1 October 2016. The new partnership totalled 10,738 patients. (Plumstead Health Centre PMS - 5,412 patients and Tewson Road PMS - 5,326). At the time of the October 2016 inspection the provider was temporarily responsible for providing GP services to an additional 3,600 patients from a local practice which was temporarily closed. These patients were mainly seen at the branch surgery. This practice was closed on 31 March 2017 and patients were informed by NHS England that they would need to individually register with an alternative GP. As a result, between March and May 2017 Plumstead Health Centre PMS received over 2,000 applications to register as patients. The total patient population is currently 12,085.

Services are delivered under a Personal Medical Services (PMS) contract. (PMS contracts are locally agreed agreements between NHS England and a GP practice. They offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and the provider structure, that is, who can hold a contract). The practice is registered with the CQC to provide the regulated activities of maternity and midwifery services; treatment of disease, disorder or injury and diagnostic and screening procedures.

The practice age distribution is similar to the national average and is based in an area with a deprivation score

of 5 out of 10 (with 1 being the most deprived and 10 being the least deprived). The practice provides health checks and stop smoking services; as part of the Live Well Centre, as part of the Royal Borough of Greenwich's public health and wellbeing services.

Since the inspection on 24 May 2017, the practice recruited two nurse practitioners working 27 hours, four practice nurses working 2.08 wte and one healthcare assistant working 0.8 wte. The practice no longer has a human resources officer as this role has been taken over by the management team.

Are services effective?

At our previous inspection carried out on 24 May 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of patient outcomes and clinical audit were not adequate. We issued a requirement notice in respect of these issues and found that these arrangements had not improved when we undertook this follow up inspection on 22 August 2018.

The practice therefore remains rated as requires improvement for providing effective services as the unpublished Quality and Outcomes Framework (QOF) data for 2017/18 showed that the practice performance rate for several indicators had not significantly improved.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided and had carried out several clinical and CCG led audits and reviews. Although, there were areas requiring improvement, the practice had demonstrated improvement in some QOF indicators.

- The practice's unverified 2017/18 QOF data showed a 15% increase in one of the diabetes indicators.
- Between 2016/17 and 2017/18, the practice's unverified data showed significant improvements had been achieved for dementia patients having received a care plan within the preceding 12 months.
- The practice's 2017/18 unverified QOF figures showed the practice had made an improvement in the child immunisation indicator and was above the national minimum target.
- The practice demonstrated a significant improvement, in the number of patients with asthma that had a review in the preceding 12 months between 2016/17 and 2018/17.
- The practice achieved a 30% increase from their 2015/16 QOF result for cancer patients reviewed within six months of the date of diagnosis. However, this remained below the local and national average.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- The practice's exception reporting rate for mental health and asthma was slightly higher than local area and national averages. (Exception reporting is the removal of

patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

During this inspection, we looked at four clinical audits: warfarin, bisphosphonates treatment, direct oral anticoagulants (DOAC), and osteoporosis. The practice had demonstrated improvement in the quality of care; however, there were areas where the practice should improve. For example:

- The osteoporosis audit did not include a second cycle at the time of inspection. As such, we were unable to assess whether the practice had achieved quality improvement in this area.
- The bisphosphonates treatment (drugs that help prevent or slow down bone thinning such as osteoporosis) audit had been carried out on 30 September 2017, a second cycle was conducted on 28 February 2018 and showed a reduction in the number of patients prescribed bisphosphonates. This was due to three patients being transferred out of the practice. Although, two cycles of audits had been completed, the first cycle only had one of the seven criteria completed. Therefore, we were unable to ascertain whether the practice had made quality improvement in this area.
- On 2 August 2017, the practice had 50 patients who had been prescribed a vitamin k antagonist (a group of substances that reduce blood clotting by reducing the action of vitamin K). This number had reduced to 49 at the time of the second audit on 14 February 2018. This was due to a patient being transferred out of the practice. The audit showed that 46 patients had their blood international normalised ratio (INR) recorded in the past 12 weeks to check how well the blood-thinning medication was working to prevent blood clots. A second cycle of audits carried out in February 2018 showed a reduction from the previous 46 to 44 patients. In addition, the audit highlighted that four of the 44 patients identified were taking DOACs which do not require regular INR tests. This audit did not decisively demonstrate quality improvement.
- A baseline audit completed on 3 October 2017 showed that 63 of the practice's patients were being prescribed DOACs. This number had reduced to 59 at the time of the second audit on 9 February 2018.

Are services effective?

The provider was aware of the need to make improvements to patient outcomes and had developed a comprehensive programme of quality improvement and performance monitoring since the comprehensive inspection in November 2016. However, there had not been sufficient impact on patient outcomes and in some areas auditing had not been executed effectively.

The provider informed us that the practice continued to be affected by the merger of two practices in 2016 and closure

of a local practice in 2017 leading to them providing services to an additional 3,000 patients. We were informed that they were in the process of attempting to recruit an additional GP, either as a salaried GP or locum, to alleviate some of the pressures.

Please refer to the Evidence Tables for further information.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>The Quality and Outcomes Framework (QOF) performance rates continued to be below the local and national average for several indicators. The practice had not implemented a two-cycle audit for all indicators to effectively monitor quality improvement.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>