

# Vanbrugh Group Practice, The Greenwich Centre

## Quality 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 service

Good 

Are services safe?

Good 

# Summary of findings

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## Letter from the Chief Inspector of General Practice

At our previous announced comprehensive inspection of Vanbrugh Group Practice on 15 August 2017 the overall rating for the practice was good. The provider was rated as good for providing effective, caring, responsive and well-led services and requires improvement for providing safe services. The full comprehensive report of the inspection can be found by selecting the 'all reports' link for Vanbrugh Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 13 February 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 at our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection, carried out on 13 February 2018, we found that the provider had addressed all the issues identified at the previous inspection. The provider was now meeting the requirements of the regulations. Overall the practice is rated as Good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The system now included the detailed identification and recording of all learning outcomes resulting from investigations carried out.

- The practice had systems in place to minimise risks to patient safety. These now included a comprehensive cold chain policy which included the action staff should take if fridge temperatures fell outside of the recommended range and the regular checking of emergency equipment and medicines.
- A process was in place to monitor that results were received for all cervical screening samples sent for testing. Inadequate sample rates were routinely monitored.
- A new process had been introduced to check that all patients referred under the two-week wait process received an appointment within the required timescale.
- The practice had addressed the issue of a large number of records awaiting coding by revising the criteria for coding to ensure it was now selective and by allocating additional administrative time to carry out the task.
- There was now a reliable process for checking uncollected repeat prescriptions. This process included a monthly check by the prescription clerk when uncollected prescriptions were passed to a GP for review and action taken where necessary.
- At the previous inspection we noted that patient satisfaction rates regarding the ease with which they were able to get through to the practice by telephone were below the CCG and national averages. Since the

# Summary of findings

previous inspection the provider had installed a new telephone system and had employed two additional members of reception staff to help reduce the pressure at key times.

- At the previous inspection we saw that privacy of communication at the reception desk was limited due to the open-plan aspect of the reception and waiting area. Since the previous inspection the provider had

rearranged the seating to ensure patients were not sitting close to the reception desk and had installed background music so that conversations at the desk were less audible.

- Staff reported that patients had been giving very positive feedback regarding the new telephone system and introduction of music in the waiting area.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Vanbrugh Group Practice, The Greenwich Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Inspector supported by a second CQC Inspector.

## Background to Vanbrugh Group Practice, The Greenwich Centre

Vanbrugh Group Practice is a large general practice in Greenwich. The practice was established in the 1950s but moved into the current purpose-built premises in The Greenwich Centre in 2015. The premises are rented from NHS Property Services.

The surgery is based on the second (top) floor of The Greenwich Centre. The floor is shared with Oxleas NHS Foundation Trust Community Services. The Centre also includes a gym, library and cafe on the lower floors.

The practice accommodation is based over one floor which can be accessed by a lift. Facilities include a large administration office and practice manager's office which could be accessed via the rear of the reception desk; a patient records and scanning office; 13 consultation/treatment rooms; a dedicated minor surgery room; staff kitchen and lounge area; library; baby feeding room and baby changing room. There is a large waiting area with dedicated children's area and a large reception desk and seminar/meeting room which is shared with Oxleas NHS Foundation Trust.

The surgery is based in an area with a deprivation score of 6 out of 10, with 1 being the most deprived and 10 being the least deprived. The practice age distribution has a much higher than average number of patients in the 0 to 4 year age group and the 25 to 40 year age group.

Vanbrugh Group Practice operates under a Personal Medical Services (PMS) contract providing services to 14,279 registered patients. (PMS contracts are local 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 who can hold a contract).

Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

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

Vanbrugh Group Practice is a training practice usually providing placements for two GP Registrars each year. (A GP Registrar is a qualified doctor training to become a GP. GP Registrars are allocated longer appointments to see patients at the beginning of their placement and are provided with support by a GP during their sessions). Two of the GPs are GP trainers.

The practice is also a teaching practice offering placements to medical students and Foundation Year 2 (FY2) doctors (FY2 is a grade of medical practitioner undertaking the

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Foundation Programme which is a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist general practice training). The practice also provides a maximum of four places for third-year medical students in each of the three annual intakes.

The practice participates in research studies in association with the Clinical Research Network.

GP services are provided by the four (male and female) partners (2.8 wte) and eight salaried GPs (3.8 wte). There are also usually two GP Registrars providing patient appointments.

Clinical services are also provided by two Specialist Practitioner Practice Nurses (1.4 wte); one Practice Nurse (0.5 wte); one District Nurse for the elderly (0.4 wte); one Primary Care Assistant Practitioner (0.7 wte) and one Healthcare Assistant (0.9 wte).

Administrative services are provided by one full-time Practice Manager; one full-time IT Lead; one Typist (0.7); one Scanning Clerk (0.48 wte); two Data Entry Clerks (1.2 wte); one Prescription Clerk (0.8 wte) and eight Receptionists (4.8 wte).

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday.

Appointments are available with a GP between 7am and 7pm on Monday and Friday; between 7am and 6pm on Tuesday; between 8am and 5pm on Wednesday and between 8am and 7pm on Thursday. Daily emergency clinics provide appointments for patients requiring urgent care and partners also offer on the day urgent appointments after their morning surgery as required.

Appointments are available with a Specialist Practitioner Practice Nurse between 9am and 5.50pm on Monday and Thursday; between 8am and 5.50pm on Tuesday and Friday and between 9am and 10.30am on Wednesday.

Appointments are available with a Practice Nurse between 8am and 3.15pm on Monday; between 9.30am and 4.45pm on Tuesday and between 2pm and 5.45pm on Wednesday. A District Nurse for the Elderly provides visits to housebound patients on two days per week.

Appointments are available with the Primary Care Assistant Practitioner or Healthcare Assistant between 8am and 5.45pm on Monday and Thursday; between 8am and 4.45pm on Tuesday and Wednesday and between 8am and 5.15pm on Friday.

A GP surgery was also held at Morden College on Monday, Wednesday and Friday morning for its Morden College residents. (Morden College is an independent charity providing care services based in Blackheath. They provide accommodation for independent living, accommodation with some domestic support and residential care with nursing.)

In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are available on the same day. Telephone consultations are also available daily.

When the surgery is closed urgent GP services are available via NHS 111.

Patients also have access to GP services out of hours at the two GP Access Hubs which are open on Saturday from 9am to 5pm; Sunday from 9am to 5pm and Monday to Friday from 4.30pm to 8pm (by appointment only). Appointments are booked via the surgery or through NHS 111. GPs are able to book advance appointments for their patients on Saturday and Sunday and on the same day for weekday appointments. Patients are seen by a Greenwich GP with access to their GP medical records. Details of patient consultations are recorded directly onto the patient's registered GP's records. Both Access Hub sites were four miles from the surgery.

## Why we carried out this inspection

We initially undertook an announced comprehensive inspection of Vanbrugh Group Practice on 15 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good. The provider was rated as good for providing effective, caring, responsive and well-led services and requires improvement for providing safe services. The full comprehensive report following the inspection can be found by selecting the 'all reports' link for Vanbrugh Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook this announced focused inspection on 13 February 2018. This inspection was carried out to review in

detail the actions taken by the practice to make the necessary improvements highlighted in the initial inspection and to confirm that they were now meeting the legal requirements.

# Are services safe?

## Our findings

At our previous inspection on 15 August 2017, we rated the practice as requires improvement for providing safe services as the arrangements in place were not adequate in respect of safety systems and processes; information to deliver safe care and treatment; safe and appropriate use of medicines and lessons learned and improvements made following significant events.

These arrangements had significantly improved when we undertook this follow up inspection on 13 February 2018. The practice is now rated as good for providing safe services.

### Safety systems and processes

At the previous inspection on 15 August 2017 we found that although there were systems in place to keep patients safe and safeguarded from abuse these were not always sufficiently comprehensive or effective.

- The cold chain policy for the storage of vaccines did not include details of the procedure staff should follow for the daily fridge temperature check or the action staff should take if fridge temperatures fell outside the recommended range. The procedure did not include a requirement for staff to record action taken. We saw evidence where temperatures were out of range on several occasions and it was unclear what action, if any, had been taken.
- The provider did not have an effective procedure in place to ensure results were received for all cervical screening samples sent for testing and there was no evidence that inadequate sample rates were monitored.

At this focused inspection on 13 February 2018 we found the practice had made sufficient improvements to address all the issues identified in the previous inspection. The practice now had reliable systems in place to keep patients safe.

- The practice had revised the cold chain policy to include details of the procedure staff should follow for the daily fridge temperature checking and recording and the action staff should take if fridge temperatures fell outside the recommended range.
- The daily temperature recording form now included a requirement for staff to record action taken in response to out of range temperature recordings.

- The practice had purchased fridge temperature data loggers for all vaccine fridges to enhance the current temperature monitoring process. (The data loggers record temperature and time values which are uploaded and analyzed using the practice computer system).
- A practice protocol for cervical screening had been developed and was available to all staff on the shared drive. Each nurse was now responsible for monitoring that results had been received for the cervical screening samples they sent for testing. They were also responsible for monitoring their inadequate sample rates and taking appropriate action where required. Administrative support had been allocated to the nursing staff to assist with the monitoring procedure. The lead nurse was responsible for monitoring the samples taken by GPs and for the regular auditing of the procedure to ensure it was adhered to and was effective.

### Information to deliver safe care and treatment

At the previous inspection on 15 August 2017 we found that although there were some arrangements in place for managing the information available to deliver safe care and treatment to minimise risks to patient safety these systems were not always sufficiently comprehensive or effective.

- Staff had the information they needed to deliver safe care and treatment to patients. However, although correspondence was actioned by GPs within appropriate timescales there was a large amount of correspondence awaiting coding and linking to patient electronic records.
- There was no fail-safe procedure in place to ensure appointments were received for all patients referred under the two-week wait (2WW) process.

At this focused inspection on 13 February 2018 we found the practice had made sufficient improvements to address all the issues identified in the previous inspection. The practice now had reliable systems for managing the information to deliver safe care and treatment.

- The practice had investigated the reason for the coding backlog and had identified that they had been sending documentation to the data entry clerk which did not need to be coded. The practice had therefore revised the criteria for coding ensuring GPs were now more

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selective about what they were sending for coding. The current protocol required that only documents containing significant information were forwarded for coding.

- In order to clear the backlog and to ensure future processing was carried out promptly the provider had allocated additional administrative hours to the task.
- The practice had revised their two-week wait (2WW) referral process. The process was now centralised through the practice IT Lead who carried out a weekly check to ensure that patients had received an appointment within the required timescale. A dedicated email address had been introduced for 2WW referrals ensuring prompt action. Staff had been trained to cover the absence of the IT lead.

### Safe and appropriate use of medicines

At the previous inspection on 15 August 2017 we found that although there were some arrangements in place for managing medicines to minimise risks to patient safety these systems were not always sufficiently comprehensive or effective.

- There was no process in place to ensure that regular checking of emergency equipment and medicines was undertaken to confirm they were in working order and that medicines were in date.
- Uncollected prescriptions were only checked and actioned six-monthly.

At this focused inspection on 13 February 2018 we found the practice had made sufficient improvements to address all the issues identified in the previous inspection. The practice now had reliable systems for appropriate and safe handling of medicines.

- The practice had introduced a detailed process for nursing staff to carry out regular checking and recording of emergency equipment and medicines to confirm it was in working order and that emergency medicines were in date.

- A written emergency equipment check protocol was now in place which detailed the personnel responsible for carrying out the task and the appropriate cover for staff absence.
- Checks were now documented to enable monitoring of the procedure.
- Uncollected prescriptions were now checked once a month by the prescription clerk. Uncollected prescriptions for medicines related to medical conditions such as diabetes, mental illness and heart conditions were now passed to the GP for review to determine if action should be taken to contact the patient.

### Lessons learned and improvements made

At the previous inspection on 15 August 2017 we found that although the practice had systems in place to keep patients safe these were not always sufficiently comprehensive or effective.

- At the previous inspection we saw there was a system in place for reporting and recording significant events and although the practice carried out a thorough analysis of incidents they did not always fully identify and record all learning points arising from investigations.

At this focused inspection on 13 February 2018 we found the practice had made sufficient improvements to address all the issues identified in the previous inspection. The practice now had systems in place to learn from and make appropriate improvements when things went wrong.

There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- The systems for reviewing and investigating when things went wrong had been reviewed and improved.
- The practice now identified and documented in detail the factors leading to incidents and the learning points identified through analysis. Action plans were sufficiently detailed in order to make necessary improvements.