

Inspection Evidence Table

The Plane Trees Group Practice

(1-628591161)

Inspection Date: 5 January 2024

Date of data download: 21/12/2023

Responsive

Rating: Good

At the last inspection in January 2019 the Responsive key question was rated good. The practice continues to be rated good for providing responsive services following this inspection.

Responding to and meeting people’s needs

The practice organised and delivered services to meet patients’ needs.

| | Y/N/Partial |
|---|-------------|
| The practice understood the needs of its local population and had developed services in response to those needs. | Y |
| The importance of flexibility, informed choice and continuity of care was reflected in the services provided. | Y |
| The facilities and premises were appropriate for the services being delivered. | Y |
| The practice made reasonable adjustments when patients found it hard to access services. | Y |
| There were arrangements in place for people who need translation services. | Y |
| The practice complied with the Accessible Information Standard. | Y |
| <p>The practice had carefully analysed its patient population to establish how best to meet their needs. They had identified the average age of a patient as 42 with 20% of their patients being over 65 and 21% under 18. 4 out of 9 of their patients had at least one long-term condition with depression being the condition affecting the highest number of patients. An increase of over 2% in their patient population had been noted in the past 6 months. The practice had added two additional consulting rooms to help deal with increased demand.</p> <p>The practice was situated in a deprived area and had made adjustments for patients in financial difficulty. They had noted that patients who struggled to afford travel to the practice often booked a single appointment for multiple issues. The practice endured thorough screening of patients at the point of contact and gave advice on how to make the most of their appointment as well as offering longer or multiple appointments if required.</p> | |

The practice recognised the enhanced needs of their older population and had focused resources on the frail and elderly and those living with dementia. Patients who were housebound were coded on the clinical records as such and were able to access appointments quickly if required. The practice held MDT meetings regularly to review patients who were receiving palliative care, on safeguarding registers, housebound patients, and for patients with complex needs.

The practice provided regular access to patients who were living resident in local care homes. They also provided support to a local care home to patients who were in transitional care beds following discharge from hospital. These patients were registered on a temporary basis at the practice and their care coordinated by the practice personal care team.

The practice had access to an Ageing Well practitioner (AWP). The AWP focused on patients who were approaching moderate frailty in order to put measures in place to keep them more active and independent for longer. The AWP also helped provide enhanced support for frail patients.

Following a serious case review the practice had reviewed its processes with regards to how they provided care for patients with complex needs, particularly on their learning disability and serious mental health registers. They ensured patients were continuing to be being routinely called in for their annual reviews but identified that there was a need to provide additional support for patients who were not accessing care regularly, or who were not attending for their planned reviews. As a result, they set up MDT meetings with other agencies including the community matron, the aging well practitioner, dementia services, social prescribers and care coordinators. Following the meeting a pathway for engagement with individual hard to reach vulnerable patients was created. This helped ensure that any social or health needs were picked up proactively and support plans were in place that involved other specialist agencies.

| Practice Opening Times | |
|-------------------------------|----------------|
| Day | Time |
| Opening times: | |
| Monday | 8 am – 6.30 pm |
| Tuesday | 8 am – 6.30 pm |
| Wednesday | 8 am – 6.30 pm |
| Thursday | 8 am – 6.30 pm |
| Friday | 8 am – 6.30 pm |
| Appointments available: | |
| Monday | 8 am – 6.30 pm |
| Tuesday | 8 am – 6.30 pm |
| Wednesday | 8 am – 6.30 pm |
| Thursday | 8 am – 6.30 pm |
| Friday | 8 am – 6.30 pm |

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients. and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice, as part of the wider primary care network, was able to offer extended hours Monday to Friday from 6.30pm to 8pm and on a Saturday between 9am and 5pm.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.

Access to the service

People were/ were not able to access care and treatment in a timely way.

| | Y/N/Partial |
|--|-------------|
| Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice. | Y |
| The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online). | Y |
| Patients were able to make appointments in a way which met their needs. | Y |
| There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded). | Y |
| Patients with most urgent needs had their care and treatment prioritised. | Y |
| There was information available for patients to support them to understand how to access services (including on websites and telephone messages). | Y |
| <p>The practice offered a variety of clinical appointments either via their own workforce or jointly within their Primary Care Network. This included: GP's; Nurses; healthcare assistants; nurse associates; mental health professionals; physiotherapy; pharmacists; an ageing well practitioner; podiatry; phlebotomist; a health and well-being coach and social prescribers. In addition to long term condition management clinics, the practice was able to offer appointments for specialist hypertension clinics and respiratory clinics.</p> <p>The practice had also taken measures to ensure they responded to winter pressures and had employed a locum specifically to increase appointment capacity by 5% from December to February to meet demand. They had also financed additional evening sample collections to ensure patients had increased flexibility to get important samples to the practice so they could receive their test results swiftly.</p> | |

Patients could access appointments via telephone, electronic 'apps' or by walking into the practice. In addition, the practice would send out reminders for annual health reviews with links attached so patients could book directly into clinics that suited them.

Appointments were available to prebook in advance or book on the day they were needed. The practice had analysed the pre-bookable appointments and found if they were booked too far in advance it increased the likelihood of patients failing to attend. They had explored a number of options and found that limiting GP appointments to 2 weeks in advance and nurse appointments to 4 weeks in advance appeared to work successfully.

Social media, the practice website and waiting room information boards and screens were used to good effect to promote access and the services available. The practice was developing their Patient Participation Group (PPG) which helped them engage with the local community.

The practice facilitated training for student doctors and nurses meaning they were contributing to the wider system by providing access to training opportunities. At the time of our assessment the practice had successfully recruited sufficient staff and had no vacancies.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

| Indicator | Practice | SICBL average | England | England comparison |
|---|----------|---------------|---------|--------------------------|
| The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023) | 73.8% | N/A | 49.6% | Variation (positive) |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023) | 64.8% | 52.3% | 54.4% | No statistical variation |
| The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023) | 44.8% | 51.8% | 52.8% | No statistical variation |
| The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023) | 69.6% | 70.3% | 72.0% | No statistical variation |

Any additional evidence or comments

According to the National GP survey results outlined in the table above the practice had performed above national 'access' averages for patients who responded positively to how easy it was to get through to someone at their GP practice on the phone and patients who responded positively to the overall experience

of making an appointment. They were below national average for patients who were satisfied with appointment times and the appointment they were offered.

The practice also used friends and family data to measure the success of access measures they had put in place. This data was analysed on a monthly basis as a pose to the National GP patient survey that was carried out annually. The practice presented evidence to indicate they continued to improve. Friends and family data taken from the month of October 2023 with 313 respondents indicated overall patient satisfaction as 85%. The practice also told us the integrated care board (ICB) had recently ran a media based educational campaign to explain what patients should expect from a modern GP practice.

The practice provided evidence they had increased their capacity to facilitate additional appointments. In 2022 they had offered 35,168 appointments, either face to face or on the telephone. In 2023, by diversifying and increasing the types of appointments available they had increased this figure to 39,205. This also helped the practice measure whether the solutions they had put in place were successful or not.

The practice monitored the National GP survey data closely and had had introduced a cloud-based telephone system with which they were able to monitor demand and adjust staffing accordingly. They had noted an increase in patient satisfaction in the National Survey and a significant fall in complaints regarding getting through to the practice on the telephone.

The practice was taking part in a quality improvement programme, the general practice improvement programme, led by NHSE. With their support they had identified and improved their 'Did Not Attend' figures; had improved text message templates so that patients could book appointments for test results with the same clinician that requested the tests; Updated their website to help signpost patients to the right care with the right person and improved promotion of their on-line consultations.

| Source | Feedback |
|---------------------------------------|---|
| NHS.uk website (formerly NHS Choices) | The practice had received 5 reviews in 2023, 4 of which were 5 star out of a potential 5 stars. |

Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care/
Complaints were not used to improve the quality of care.**

| Complaints | |
|--|---|
| Number of complaints received in the last year. | 6 |
| Number of complaints we examined. | 6 |
| Number of complaints we examined that were satisfactorily handled in a timely way. | 6 |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman. | 0 |

| | Y/N/Partial |
|---|-------------|
| Information about how to complain was readily available. | Y |
| There was evidence that complaints were used to drive continuous improvement. | Y |

Example(s) of learning from complaints.

| Complaint | Specific action taken |
|--|-----------------------|
| General complaints around following up clinical issues | Staff re-training |

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a “z-score” (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice’s data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice’s data looks similar across two indicators, but they are in different variation bands. The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

| Variation Bands | Z-score threshold |
|--------------------------------------|-------------------|
| Significant variation (positive) | ≤-3 |
| Variation (positive) | >-3 and ≤-2 |
| Tending towards variation (positive) | >-2 and ≤-1.5 |
| No statistical variation | <1.5 and >-1.5 |
| Tending towards variation (negative) | ≥1.5 and <2 |
| Variation (negative) | ≥2 and <3 |
| Significant variation (negative) | ≥3 |

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ‰ = per thousand.