

Care Quality Commission

Inspection Evidence Table

The Thorndike Surgery (1-545296605)

Inspection date: 22 February 2022

Date of data download: 01 February 2022

Overall rating: Good

We carried out an announced focused inspection The Thorndike Surgery in Rochester, Kent on 22 February 2022 in response to information of concern we received regarding access to the practice.

Overall, the practice remains rated as Good, however we have re-rated the responsive key question as Requires Improvement.

Responsive

Rating: Requires Improvement

The practice was rated as Good for providing responsive services in March 2019. Following this inspection in February 2022 we have re-rated the practice as Requires Improvement for the provision of responsive services because:

- Patient feedback, including information CQC had received and the latest National GP Patient Survey results published in July 2021, showed the practice was performing significantly lower than local and national averages for several indicators regarding access to the practice.

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Explanation of any answers and additional evidence:

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice offered a range of online services. Which included online appointment booking, electronic consultations, an electronic prescription service and online registration. The practice also provided additional services including smoking cessation advice, blood test services, joint injections and contraceptive services.
- The practice were aware of patients at risk of being digitally excluded and staff explained that by raising awareness of online access the practice were able to increase capacity to provide more face to face appointments which enabled those who were digitally excluded to access appointments via telephone. Clinical records included alerts which flagged patients who preferred not to communicate via the telephone, those who were not comfortable or able to use online facilities or were uncomfortable attending face to face appointments.

Practice Opening Times

Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
Monday	8am-6.20pm
Tuesday	8am-6.20pm
Wednesday	8am-6.20pm
Thursday	8am-6.20pm
Friday	8am-6.20pm
Extended hours:	<p>During the COVID-19 pandemic, the practice stopped providing appointments outside of core opening hours. These appointments were available via the local Primary Care Network.</p> <p>The practice was set to reintroduce early evening extended hours appointments between 6.30pm and 8pm every Monday and Thursday.</p>

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

- 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.
- 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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those circumstances which may make patients vulnerable.
- The practice worked with their Primary Care Network (PCN) to develop services for their patient population. This included the mobilisation of the COVID-19 vaccination site for the local community.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	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.	No
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	No
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes

Explanation of any answers and additional evidence:

- Using the most recent National GP Patient Survey results, patient feedback on access to the service was significantly below local and national averages. Patients who contributed their views to the inspection also perceived difficulty in accessing GP appointments, highlighting problems with the telephone system.
- There were multiple appointment types available, including face to face, telephone and video consultations. There had been recent improvements in feedback, but patients continued to highlight accessing the range of appointments via the telephone was difficult.
- There were systems in place for ensuring that specific groups of patients identified as vulnerable and in need of a same day appointments were able to receive timely clinical support. For example, there were alerts on the system which identified patients receiving palliative care.

National GP Patient Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12,852	355	130	37%	1%

Indicator	Practice	CCG average	England average	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 telephone (01/01/2021 to 31/03/2021)	19.8%	59.0%	67.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	34.8%	66.3%	70.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	35.5%	62.8%	67.0%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	59.2%	80.5%	81.7%	Variation (negative)

Any additional evidence or comments

The practice has historically received low National GP Patient survey scores relating to access. At our inspections in March 2018 and March 2019 we saw the practice had taken action and showed commitment to make improvements. These actions had resulted in gradual improvements in feedback and subsequently had improved survey scores in 2018, 2019 and 2020. However, the most recent scores (collection period January 2021 to March 2021) demonstrated that patient feedback regarding access has decreased and was now significantly lower than local and national averages. For example:

- 19.8% of respondents to the survey responded positively to how easy it was to get through to someone at their GP practice on the telephone. In the previous year (collection period January 2020 to March 2020), this was 24.7% and therefore a reduction of 4.9%.
- 34.8% of respondents to the survey responded positively to the overall experience of making an appointment. In the previous year, this was 49.6% and therefore a reduction of 14.8%.

These scores alongside all patient feedback had been reviewed, monitored and discussed at a variety of clinical and non-clinical meetings. The practice team were disappointed with the results and advised the COVID-19 pandemic had heavily impacted how the service performed, highlighting a period at the end of 2020 and start of 2021 when the mobilisation of the COVID-19 vaccination hub, staff sickness and staff isolation significantly impacted on the practice's ability to maintain usual standards of service.

Using feedback collected through complaints, survey scores and internal feedback from reception staff, the practice completed a review of the telephone system, the functions of the system and how other GP practices managed access.

The review highlighted the number of inbound calls the practice received was overwhelming the telephone system and significantly higher than forecasted. The review also highlighted the number of inbound calls had continued to increase. The practice provided data which indicated there were on average 245 more calls per day in 2021 when compared to dates in 2019. In December 2020, January 2021 and February 2021, the practice regularly received over 900 calls each day.

This led to the introduction of a new telephone system in January 2022. The new telephone system was a modern cloud-based phone system which included many new functions. This included:

- A queuing facility and remote monitoring of call activity. These functions reduced the risk of patients being disconnected. The telephone message also informed patients of alternative options such as completing an online triage request form.
- An increase in telephone lines, previously there were 18 lines (10 inbound lines and eight outbound lines), the number of lines was now unlimited, and all practice phones could receive inbound calls.
- A 'Queuebuster' facility to enable patients to request callbacks.
- A 'soft phone' function, this function allowed inbound calls to be safely received from a different location, through a secure connection. The practice advised, if staff members were ever requested to isolate, the reception team could safely work from home and access the practice phone lines and system.

To support the new telephone system, the practice had appointed a new reception supervisor and increased the size of the reception team. The increase in reception staff provided additional resilience to adopt a hybrid reception/admin role at different peaks of call activity.

During our discussions, the practice demonstrated that they had enough staff to meet demand. Staff rotas were in place for managing phone lines, including during busy periods, and protected time for other members of staff to call and follow up patients following requests from clinicians. Staff were able to be deployed to support different tasks within the practice in order to respond to increases in demand and workload.

The reception team had received additional signposting training to enable some patients to be signposted to other services when they did not require GP services, such as signposting to the local pharmacy through the NHS Community Pharmacist Consultation Service (CPCS).

Following the introduction of the new telephone system in January 2022, the practice had completed a patient survey with 104 responses, to seek early feedback on the new telephone system. The collection period was a three-week period in February 2022 and early reviews showed positive feedback. For example, 60% of respondents (62 out of 104) found it easy to get through to the practice on the telephone.

The same survey also highlighted improvements in how the reception team helped patients, with 90% (94 out of 104) of responses advising they found the reception team helpful.

Source	Feedback
Patient feedback via 'Give Feedback on Care' on the CQC website	In the last 12 months, February 2021 to February 2022, CQC received 26 items of patient feedback via the 'Give Feedback on Care' section of our website regarding the practice. Of the 26 items of feedback, 20 of the 26 (76%) highlighted access to the practice was a concern. Patients commented on the length of time it took for telephone calls to be answered and then being unable to book or speak to a clinician.
NHS.uk website (formerly NHS Choices)	<p>We reviewed the last 10 reviews left on the NHS.uk website and saw feedback was mixed. For example:</p> <ul style="list-style-type: none"> • There were four 5-star reviews (5-stars being the highest rating) • There was one 4-star review • There was one 3-star review • There were four 1-star reviews (1-star being the lowest possible score) <p>We saw the practice had responded back with a personal message to each review, shared positive reviews with the wider team and used the themes from the reviews as part of the complaints review.</p> <p>Furthermore, as part of our review of the feedback left on the website, we saw recent reviews from January 2022 were positive. This aligned to the verbal patient feedback we collected during the visit which indicated since December 2021 that access had greatly improved.</p>

<p>Patient feedback – verbal feedback collected during the inspection.</p>	<p>During the inspection, we spoke with three different patients, focusing the discussions on access to the practice.</p> <ul style="list-style-type: none"> • All three patients advised there had been difficulties accessing the practice on the telephone in the last 18 months, highlighting long waits and delays in calls being answered. Two of the patients commented that in the last two months, they had noticed a change and improvement, specifically the use of a callback facility, a queue system and overall reduced time taken to answer the telephone.
<p>External stakeholder feedback – a care home and a home from carehomes</p>	<p>We also spoke to two external stakeholders, one care home and one learning disability care home who both access GP services from the practice. Feedback was mixed in relation to access:</p> <ul style="list-style-type: none"> • Positive feedback highlighted how responsive the practice and the designated GPs were to the residents. Further feedback highlighted how useful the communication tool known as SBAR had been during the pandemic. SBAR is a communication tool which enables care homes and other similar services to accurately communicate information in relation to individual residents and their situation, background, assessment and recommendations. • The negative feedback aligned to other feedback we received, commenting on difficulties accessing the practice via the telephone, highlighting periods during the pandemic that there were long delays in calls being answered.
<p>Staff feedback</p>	<p>Staff we spoke to during the inspection highlighted working through the pandemic was challenging and at times the number of calls and online queries was challenging.</p> <p>However, staff commented they had already felt the impact and benefit of the new telephone system, also highlighting the new resilience within the reception team including manager and supervisor support.</p>

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year (February 2021 to February 2022)	51
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• The practice used all patient feedback collected from complaints, comments, suggestions, surveys (external and internal) as part of the monthly and annual reviews of complaints. These reviews were used to highlight trends and patterns and also share success stories when appropriate.• The annual review of complaints indicated the number of complaints had significantly increased in December 2020, January 2021, February 2021 and March 2021. This increase correlated to the collection period for the GP Patient Survey, the COVID-19 vaccination programme, and high levels of staff sickness and staff isolation.• The complaints log indicated the number of complaints had reduced significantly and nine complaints had been received between November 2021 and February 2022. The practice advised this aligned to recent improvements made to access.• All staff had completed training on how to receive, record and manage complaints and feedback. This included awareness training and documentation to record complaints which fed into the complaints log.• Information was available about how to make a complaint or raise concerns and the practice encouraged patients to raise any concerns directly.• The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.• The practice manager handled complaints in the practice and when required, the senior GP reviewed and investigated all clinical complaints.	

Examples of learning from complaints.

Complaint	Specific action taken
<p>Telephone access – complaint with reference to chasing a callback.</p>	<ul style="list-style-type: none"> • The practice completed a full review and engaged with the complainant. • On review this aligned to other feedback about telephone access and patients making additional calls to request a callback. • When procuring the new telephony system, the practice implemented a new function, known as 'Queuebuster' to the telephone package. This new function allowed patients to choose to be called back, thus removing the requirement to queue. • Each day, there was a designated member of staff appointed to monitor and manage the queuebuster screens and call back function. • The practice advised early feedback was positive and each week more patients were choosing this option, therefore reducing the number of inbound calls and delays.
<p>Telephone access – long delay for a call to be answered when booking a blood test.</p>	<ul style="list-style-type: none"> • The practice completed a full review and engaged with the complainant. • On review this aligned to other feedback about potential separate telephone lines for different clinics and services. • The practice implemented additional pathways to book different services including blood tests. Specifically, there was now a designated blood test appointment line for the sole function for patients to use when booking blood tests. This therefore reduced the number of inbound calls on the main appointment line. • Given the success of a designated blood test line, the practice had also introduced two additional email pathways for patients with general admin queries and prescription queries.

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 women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women 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.
- **PHE:** Public Health England.
- **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.