

Inspection Evidence Table

The New Medical Centre

(1-547151492)

Inspection Date: 28 November 2023

Date of data download: 14/11/2023

Overall rating: Good

We carried out a comprehensive inspection at The New Medical Centre on 4 October 2017 and we rated the service as 'good' for all four key questions, with the exception of the key question for providing a responsive service which we rated requires improvement. We reviewed the responsive key question in March 2019 and rated it good. The service is rated good overall.

This assessment of the responsive key question was undertaken on 28 November 2023. Responsive assessments are remote focused reviews to help us understand what practices are doing to try to meet patient demand and the current experience of people who use these services and of providers. The responsive key question is now rated as requires improvement. The service remains rated as 'good' overall.

We recognise the great and often innovative work that GP practices have been engaged in to continue to provide safe quality care to the people they serve. We know colleagues are doing this while demand for general practice remains exceptionally high, with more appointments being provided than ever. In this challenging context, access to general practice remains a concern for people. These assessments of the responsive key question include looking at what practices are doing innovatively to improve patient access to primary care and sharing this information to drive improvement

Context

The practice is based in Romford and now has a patient list of approximately 9,920. Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the ninth decile (nine of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 6.2% Asian, 88.8% White, 2.9% Black, and 2% Mixed.

Responsive

Rating: Requires Improvement

At the last inspection in March 2019 the Responsive key question was rated good. The practice is now rated as requires improvement for providing a responsive service following this inspection. This is because:

- The practice had responded to patient feedback regarding access and had started to make changes. However, the practice patient feedback regarding access has remained below the national average since 2019.
- The practice used a triage system where reception staff prioritised patients and directed them to the most suitable clinician. However, there was no evidence some staff had completed training and no effective guidance for them to follow.

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>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice offered telephone, face to face appointments, and online appointments. Patients could choose their preferred type of appointment. • Each patient had a named GP who when available carried out their appointments. • The practice had disability access and staff said patients' mobility needs were highlighted on their patient records. • The practice was near to a bus stop and patients could park on the nearby roadside. • For patients, whose first language was not English the staff had access to an interpretation service. • A hearing loop was available in reception. • The practice operated a gold card system. This prioritised palliative care patients and ensured they were seen within four hours of contacting the practice. • All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. • Patients could select their preferred language on the practice's website. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6:30pm
Tuesday	8am – 6:30pm
Wednesday	

	8am -18.30pm (extended access 6.30am – 8pm)
Thursday	8am – 6:30pm
Friday	8am – 6:30pm
Appointments available with a GP :	
Monday	8am - 5pm
Tuesday	8.30am - 5pm
Wednesday	6.30m - 8pm
Thursday	9am - 4pm
Friday	8,30am - 5pm
Practice nurse appointments	Monday to Friday 9am to 6pm and Wednesday 9am to 8pm.

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • 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, outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. • There was a medicines delivery service for housebound patients. • The practice liaised every six weeks with the community services to discuss and manage the needs of patients with complex medical issues. • Additional nurse appointments were available until 8pm on a Wednesday for school age children so that they did not need to miss school. • People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers. • The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. • Carers were highlighted on the patient records to enable the staff to respond to their needs and provide a longer appointment. • Vaccination clinics were provided for flu, childhood immunisations and travel.

Access to the service

The practice had taken steps to improve patient access to care and treatment.

	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.	Partial
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>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Appointments were bookable as either urgent or on the day and routine appointments were booked in advance. • Patients could access appointments online (24/7), and telephone and in person. (During opening hours). • 4,306 patients had signed up to online access to appointments. • When patients contacted the practice, the reception team would triage the call and prioritise and allocate appointments to the appropriate clinician. This could be to the GP, the pharmacist, or the physiotherapist. • The staff could seek the support and refer any urgent cases to the doctors. • The practice manager explained only 4 out of 10 members of staff, had completed care navigation training and the other members of staff had carried out in house training. However, the staff were unable to provide any evidence of the in-house training or effective guidance for the reception staff to follow. In addition, the practice did not have a system in place to monitor the safe triage of patients. • The practice list size was 9,920 patients and had 2 full-time GP partners and one GP who worked on a Friday. This was a patient to GP ratio of over 3,311. This was below the national average of 1,807. • The practice supported a nursing home, which due to the patients' complex needs a GP visited weekly. Also a residential home which they contacted weekly and visited when patients required. • Patients could book appointments with dieticians, a mental health nurse, social prescriber, a pharmacist, and a podiatrist at the practice. • Patients had access to out of hours access services that were operated by the local health federation and were open from Monday to Friday 6.30pm to 8pm and Saturday and Sunday from 10am to 8pm. Receptionists could book into these appointments directly. • Each week the practice offered 19 face to face appointments and 154 appointments where patients could choose to have a telephone or face to face appointment. 	

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)	29.4%	N/A	49.6%	Variation (negative)
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)	42.2%	49.0%	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)	25.7%	50.9%	52.8%	Variation (negative)
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)	56.9%	65.0%	72.0%	Tending towards variation (negative)

Any additional evidence or comments

- A review of the national GP survey data overtime demonstrated:
 - 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. This had improved slightly in 2020 but had remained consistently below the national average since 2019.
 - The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times. This had remained under the national average since 2019 and declined from 2021.
 - The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered. This had remained under the national average since 2019.
 - The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment. This had remained under the average since 2019 but had declined further in 2021 and then increased in 2023.
- In response to the patient survey the practice had
 - Employed an advanced nurse practitioner for two days a week.
 - Implemented a new telephone system from April 2023 which enabled patients to know their place in the queue and was cloud based enabling more lines into the practice.
 - The local primary care network clinician appointments had commenced at the practice, such as dietitian, podiatrist and pharmacist.
- Following the improvements, the practice had carried out their own survey for the week commencing the 20 November 2023. Where 250 patients were provided with questionnaires and 42 responded. The findings were:
 - 76% found it easy to get through to the GP practice by telephone.
 - 55% were satisfied with the general practice appointment times available.
 - 28% usually get to see or speak to their preferred GP.
 - 88% described their overall experience as good.
 - 50% were offered a choice of appointment when they las tried to make a general practice appointment.
- The practice also submitted unverified data to demonstrate that the number of appointments available in March was 4,728 and this had increased to 5,838 in September.

Source	Feedback
NHS.uk website (formerly NHS Choices)	<ul style="list-style-type: none"> • The practice had received three reviews in the last 12 months. One patient rated the practice as five stars and two rated the practice as one star. The

	issues raised were incorrect test results, access and a patient was refused care as they lived outside of the catchment area.
Complaints/Compliments received by CQC	<ul style="list-style-type: none"> CQC have received 6 patient positive comments about the service and 6 complaints. All the complaints were about patient access, including home visits in the last 12 months.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	13.
Number of complaints we examined.	.2
Number of complaints we examined that were satisfactorily handled in a timely way.	.2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Although, the complaints had been responded to promptly they did not include information about where to go if the patient was unhappy with the practice's response. 	

	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
<ul style="list-style-type: none"> The patient complained about the reception staffs' attitude, as they came to an appointment which had not been booked. 	<ul style="list-style-type: none"> The patient was apologised to, and the staff discussed in meeting about how to respond to patients and how to avoid booking appointments incorrectly.

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.