

Care Quality Commission

Inspection Evidence Table

The Limes Medical Centre (1-571623574)

Inspection date: 26 July 2022

Date of data download: 13 July 2022

Overall rating: Good

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to help meet patients' needs.

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 for people who need translation services.	Yes
All patients had been allocated to a designated GP to oversee their care and treatment.	Yes
The practice complied with the Accessible Information Standard.	Yes

Further information about how the practice is responding to the needs of their population
<p>Patients had a named GP who supported them in whatever setting they lived.</p> <p>The practice was responsive to the needs of older patients. Home visits and urgent appointments for those with enhanced needs and complex medical issues were available and the practice employed a frailty nurse who was involved in the care of relevant older patients.</p> <p>Housebound patients were offered relevant vaccinations during home visits. For example, influenza vaccinations.</p> <p>The practice liaised regularly with community services to discuss and manage the needs of patients with complex medical issues.</p> <p>Appointments were available outside of school hours so that school age children did not need to miss school in order to receive care and treatment.</p> <p>Extended hours appointments were available from 7am on Tuesday, Thursday and Friday as well as until 8pm on Monday and Thursday for patients who were not able to attend the practice during normal working hours.</p> <p>Sexual health services were available at the practice. For example, chlamydia screening and long-acting reversible contraception (LARC).</p> <p>The practice's computer system alerted staff to vulnerable patients.</p>

The practice held a register of patients living in vulnerable circumstances including 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 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. The practice also worked with other services to meet the needs of patients receiving palliative care. For example, out of hours services and hospices. The practice had a designated email address for other healthcare professionals to use so that contact could be made, urgently if necessary, for patients receiving palliative care.

The practice was able to access interpreter services (including sign language provision) when required and had made provision for the registration of refugees. Some practice staff also spoke a variety of languages.

Practice staff, including the frailty nurse, helped to co-ordinate the needs of patients who had been discharged from secondary care.

Patient toilets were available including ones that were suitable for use by people with mobility issues.

Baby changing facilities were available.

A hearing loop was available at the practice reception to assist patients who were hard of hearing or deaf.

Access to the service

People were 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.

Practice Opening Times	
The Limes Medical Centre	
Day	Time
Monday	8am to 8pm
Tuesday	7am to 6pm
Wednesday	8am to 6pm

Thursday	7am to 8pm
Friday	7am to 6pm

Additional evidence or comments

The provider had procured services from another provider so that appointments were also available for their patients from 8am to 8pm on Saturday and Sunday at a local hospital.

There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
Patients had timely access to appointments / treatment and action was taken to minimize the length of time people waited for care, treatment or advice.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems to support patients who face communication barriers to access treatment.	Yes
Patients with the most urgent needs had their care prioritised.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
There were systems to monitor the quality of access and make improvements.	Yes

Additional evidence or comments

Patients were able to book urgent and routine appointments (telephone appointments and face to face appointments) in person, by telephone or online (via eConsult). The current system was used to triage patients, establish the urgency of their needs and allocated them to the next available most appropriate clinician.

Requests for urgent appointments were triaged by the practice's acute clinical team and relevant appointments offered according to need. Requests for routine appointments were triaged by the duty GP and relevant appointments offered according to need. The practice was able to book patients into appointments available at a local hospital where they had procured services for their patients from another provider on Saturday and Sunday. The practice was also able to book patients into any appointments that were available at other locations provided by their Primary Care Network (PCN). Once these appointments were exhausted, patients requiring urgent care and treatment were signposted to either the local urgent care centre or 111 service.

The practice was able to book appointments for relevant patients with local pharmacies when appropriate.

The practice provided designated appointments daily that were bookable by patients who called the 111 service.

Longer appointments were provided to patients that required interpreter or translation services.

Appointments designated for patients with learning disabilities were available weekly in addition to the practice's usual appointments system.

Patients identified as vulnerable, such as children on the safeguarding register and homeless patients, were offered urgent appointments when required.

There were arrangements with other providers to deliver services to patients outside of the practice's working hours.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Home visits were provided by the practice as well as by a designated home visiting team operated by another provider.

We looked at the practice's appointments system and saw:

- The next available face to face appointment with a GP was 26 July 2022.
- The next available telephone appointment with a GP was 26 July 2022.
- The next available pre-bookable appointment with a GP was 2 August 2022.
- The next available pre-bookable face to face appointment with a practice nurse was 28 July 2022.
- The next available pre-bookable telephone appointment with a practice nurse was 28 July 2022.
- The next available pre-bookable appointment with the frailty nurse was 28 July 2022.
- The next available pre-bookable appointment with a Healthcare Assistant was 28 July 2022.

Patients could also receive care and treatment from a variety of staff available at the practice through their membership of a PCN. These were:

- Three mental health nurses.
- A clinical pharmacist.
- A pharmacy technician.
- Social prescribers.
- A care home team.

Social prescribers carried out public events, such as a skip to keep fit event, during which covid vaccinations were offered to hard to reach groups of the local community.

The practice referred relevant patients to other location where counselling was available for them delivered by other providers.

National GP Patient Survey Results published in July 2021

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 phone (01/01/2021 to 31/03/2021)	33.8%	N/A	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)	41.4%	66.5%	70.6%	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)	47.6%	63.1%	67.0%	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)	71.9%	80.7%	81.7%	No statistical variation

Additional evidence or comments

<p>The provider was aware of the latest published results from the national GP patient survey and had taken action to make improvements to patient satisfaction scores. For example:</p> <ul style="list-style-type: none"> • The provider had employed additional staff to help meet patients' needs and increase appointment availability. For example, a frailty nurse. • Attempts to recruit additional GPs to the practice had not been successful so the provider was employing a variety of alternative clinicians to help meet patients' needs. For example, an advance clinical practitioner, paramedic practitioners and an emergency nurse practitioner who specialised in the care of children. • Additional staff employed as part of the Primary Care Network (PCN) were delivering care and treatment at the practice which had increased the number and type of appointments available to patients. For example, a clinical pharmacist, mental health nurses and social prescribers. • An acute care team had been created from the practice's clinical staff to triage requests for urgent appointments, as well as deliver care and treatment at allocated appointments. • Incoming telephone call volumes were monitored so that practice staff could be reassigned to answer calls at busy times. • The practice's telephone system had been upgraded during the pandemic and there were plans for a further upgrade to be introduced in September 2022. Staff told us that the telephone system upgrade would allow patients to request a call back from practice staff so that they did not have to wait for long periods in a queueing system in order to speak with them. <p>Records showed that the number of appointments delivered by the practice during the period 10 January 2022 to 10 July 2022 had increased significantly compared to the same period in 2021.</p> <p>The provider was in the process of continuing to audit and review the effectiveness of improvements made to the quality of access at The Limes Medical Centre.</p>
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Listening and learning from concerns and complaints

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

Complaints	
The practice had a system for handling complaints and concerns.	Yes
The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.	Yes

Information was available to help patients understand the complaints system.	Yes
Number of complaints received since 1 September 2021.	24

Additional evidence or comments

We looked at the records of two complaints reported since 1 September 2021. Records showed that these complaints had been acknowledged and, after investigation, had been replied to in writing. Duty of candour had been complied with in all replies. Records also showed that learning from these and all complaints had been shared with relevant practice staff at practice meetings as well as individually when appropriate. For example, learning from a complaint made by the relative of a patient regarding the care and treatment of their relative had been shared with relevant staff.

The provider was monitoring complaints on a regular basis and had analysed complaints received. Themes from the complaints received had been identified, such as access by telephone, and ongoing action plans developed to make improvements.

Reviews left on the NHS Choices website

Total reviews	8
Number of reviews that were positive about the service	0
Number of reviews that were mixed about the service	0
Number of reviews that were negative about the service	8

Experience shared with CQC directly via our website

Total received	13
Number received which were positive about the service	0
Number received which were mixed about the service	0
Number which were negative about the service	13

Examples of feedback received	Source
<p>Common themes in reviews left on the NHS Choices website or in feedback we received from patients about services at The Limes Medical Centre were:</p> <ul style="list-style-type: none"> • Patients found it difficult to get through to the practice by telephone. • Patients found it difficult making an appointment that suited their needs. 	<p>Reviews left on the NHS Choices website and experience shared with CQC directly via our website over the last 12 months.</p>

Additional evidence or comments

The provider was aware of the feedback left on the NHS Choices website and where possible responded to the person leaving the review. The provider had taken action and made improvements to telephone access as well as improvements to the availability of appointments. Some improvements were ongoing and the provider was monitoring the effect of these improvements on patient feedback.

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.
- **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.