

Care Quality Commission

Inspection Evidence Table

Boleyn Medical Centre (1-2379611272)

Inspection date: 19 May 2022

Date of data download: 10 May 2022

Overall rating: Good

Responsive

Rating: Good

At our previous inspection, 26 October 2020 the practice was rated as requires improvement for responsive services because some of its GP Patient Survey data was tending to below or below average. At that inspection, we said the practice should continue to act to improve and evaluate patient's satisfaction with caring and responsive services, particularly access.

At this inspection 19 May 2022, we rated responsive as good because the practice had responded to patients GP Patient Survey data by taking effective action to improve, including through Covid-19.

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
Explanation of any answers and additional evidence: Staff discussed and agreed improvement actions with its practice Patient Participation Group (PPG) in response to the GP Patient Survey results and implemented improvement actions that were effective. For example, at our previous inspection 26 October 2020, the practice GP Patient Survey results for caring services were below or trending below local and national averages for patients feedback on the healthcare professional being good or very good at listening to them, or treating them with care and concern; and patients being involved as much as they wanted to be regarding their care and treatment. The practice gathered more specific feedback in relation to these issues through questionnaires and consultations with its PPG, to more precisely understand the causes of patient's experiences and gather patient's suggestions for improvements. The practice implemented improvement actions such as staff customer care training and held discussions with clinical and non-clinical staff to raise staff awareness. Discussions held included staff making a conscious effort to address communication and helpfulness with patients, actively listening, balancing patient time against appointment length, and engaging and reminding staff that all patients need to be treated with care and concern.	

At this inspection 19 May 2022, all GP Patient Survey data relating to caring services had improved and was in line with averages.

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 and Improvement 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 minimize 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
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection, 26 October 2020 the practice GP Patient Survey results for patients feedback on responsive services were below or trending to below averages for patients responding positively to the overall experience of making an appointment, and patient's satisfaction with the appointment (or appointments) they were offered.</p> <p>The practice took improvement actions, some were in response to Covid-19 lockdown restrictions and included:</p> <ul style="list-style-type: none"> Increasing the practice phone lines and call queueing facility, and online triage as an alternative way for patients to access services. Maximisation of Electronic Prescription Service (EPS) and text messaging referral forms to improve communication and reduce patients having to attend the practice in person. Patients telephone and video consultations and facility to submit images. The practice surveyed patients in November 2020 and verified patient's satisfaction with this service was high. The practice undertook audits on the appropriateness of booked appointments which revealed that appointments had been booked with appropriate staff for the concern the patient raised. <p>At this inspection 19 May 2022, GP Patient Survey data for responsive services including access had significantly improved and were in line with averages.</p>	

National GP Patient Survey results

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)	59.9%	N/A	67.6%	No statistical variation
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)	68.5%	65.8%	70.6%	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 (01/01/2021 to 31/03/2021)	64.3%	64.4%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	72.1%	76.3%	81.7%	No statistical variation

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.