

## Inspection Evidence Table

The Arthur Medical Centre

(1-575410189)

**Inspection Date: 17 November 2023**

Date of data download: 10/11/2023

## Overall rating: Good

We carried out a comprehensive inspection at The Arthur Medical Centre on 3 January 2019 and we rated the service as 'good' for all five key questions and overall.

This assessment of the responsive key question was undertaken on 17 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 'good'. 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 Arthur Medical Centre provides primary medical care services to approximately 9,100 patients. The practice is based in a building close to the centre of Horsley Woodhouse - specifically at Main Street, Horsley Woodhouse, Ilkeston, Derbyshire, DE7 6AX. The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver primary care services to the local community. The practice is located within the area covered by Southern Derbyshire Integrated Care Board and within the Belper Primary Care Network (PCN).

Information published by the Office for Health Improvement and Disparities shows that deprivation within the population group is 8 (8 out of 10). The higher the decile the less deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 98.4% White, 0.6% Asian and 1% Mixed.

The practice is open between 8am am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Extended access is provided locally through a hub at six locations, where late evening and weekend appointments are available. When the practice is closed, patients are asked to contact NHS 111 for out-of-hours care or access

the out-of-hours hubs for appointments which are provided by DHU.

## Responsive

## Rating: Requires Improvement

At the last inspection on 3 January 2019 we rated the responsive key question as 'good'.

Following this assessment we have now rated the practice as requires improvement for providing responsive services. We recognise the pressure that practices are currently working under and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data or other sources of patient feedback. Therefore, the rating is requires improvement, as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of this assessment.

### 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> <p>The practice told us the list size had grown by 6% in the last 5 years, with further growth anticipated. They had responded to this by extending their premises to increase clinical rooms, a waiting area and reception office, with room to expand further in future if needed.</p> <p>Translation services were available to patients who required these and longer appointments were booked for patients who required the services of an interpreter.</p> <p>The provider was aware of the requirements to meet the 'Accessible information standards.' The patient record system was used to alert staff to any access requirement the patient had to help enable effective communication with the patient. Information was available in alternative languages and formats including easy read materials.</p>	

The practice held an online patient engagement event via Zoom, which was attended by 30 patients. Topics discussed included access, patient experience and the appointments system. There were plans to conduct similar events quarterly. Social media platforms such as Facebook and neighbourhood groups were also used to communicate news and updates to registered patients and the public. Nearly 50% of the practice population were registered with online accounts for the NHS App and the practice had the highest number of Facebook followers within their PCN.

There was an active Patient Participation Group (PPG) in place who told us they had a positive and constructive relationship with practice leaders. The PPG actively engaged stakeholders such as the ICB, for example, on phlebotomy services provision closer to home for registered patients.

<b>Practice Opening Times</b>	
<b>Day</b>	<b>Time</b>
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	8.30am – 12.10pm, 2.30pm – 6pm
Tuesday	8.30am – 12.10pm, 2.30pm – 6pm
Wednesday	8.30am – 12.10pm, 2.30pm – 6pm
Thursday	8.30am – 12.10pm, 2.30pm – 6pm
Friday	8.30am – 12.10pm, 2.30pm – 6pm
Appointment times for nurses:	8am – 6pm

<b>Further information about how the practice is responding to the needs of their population</b>
<ul style="list-style-type: none"> <li>• Patients had a named GP who supported them in whatever setting they lived.</li> <li>• 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.</li> <li>• The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers, and those with a learning disability.</li> <li>• People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.</li> <li>• There were regular ward rounds to review patients who are resident in care homes which were conducted by an advanced clinical practitioner with an interest in frailty, GPs, and registrars.</li> </ul>

- A buddy GP system was in place for patients receiving palliative care to ensure they had continuity of care from clinicians who knew about their care if their usual GP was absent.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Extended access sessions were provided from the surgery once a month, with evening and weekend appointments available at the local hub.

## Access to the service

### People were 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.	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.	Partial
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> <p>The GP Appointments Data (GPAD) Dashboard which provides details of the number and type of appointments that had been completed by GPs and Advanced Nurse Practitioners (ANPs) in a 4-week period between September and October 2023 identified there had been a total of 1083 appointments provided with 711 undertaken face to face and 372 appointments had been via the telephone. Appointment numbers differed marginally on a weekly basis depending on staff available, with cover arrangements in place to manage absences.</p> <p>Additionally, the practice used data from monthly reports provided by their Primary Care Network (PCN) to review the number of appointments they offered and compare their performance against other practices. They told us they had employed additional clinicians to increase appointments offered, and used locum cover where needed whilst advertising for permanent staff to ensure continued access. GP clinical sessions had been increased over the coming winter to pre-empt winter pressures.</p> <p>Patients with urgent needs were prioritised. The practice told us they had responded to the results from the National GP Patient Survey by changing their appointments system to offer more on the day appointments with fewer pre-bookable routine slots. This was carried out following a scoping exercise of how other practices within the PCN were managing on call demand. Appointment slots were increased from 10 minutes to 15 minutes with some flexibility between telephone and face to face appointments. There were plans to continually review usage of appointment slots and increase routine slots gradually. The system had been implemented two weeks before our assessment, therefore there was no evidence available yet to demonstrate that appointments were offered in a way that met the needs of patients. However, staff told us early informal feedback was positive about access to same day appointments.</p>	

The provider proactively engaged in NHS England's Accelerate Programme to improve access in general practice. This included training on signposting to alternative appropriate services when patients contacted the practice for treatment, which resulted in more appointments freed up for clinicians to spend more time with complex patients. Patients with urgent needs who could be seen on the day were signposted to 111.

### 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)	54.7%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	50.1%	52.4%	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)	44.7%	51.5%	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)	67.0%	72.9%	72.0%	No statistical variation

### Any additional evidence or comments

The GP survey results showed most indicators relating to access were below local and national averages, and fallen significantly in the past 12 months. For example:

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 had declined from 83.06% in the previous year to 54.7%.

The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment had declined from 79.63% in the previous year to 50.1%.

The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times had declined from 65% in the previous year to 44.7%.

The practice operated a cloud-based telephone system which met minimum standards, with 11 lines and queuing facilities. They used weekly data from the telephone company to review volume of calls and number of calls abandoned flex staff to meet demand. Telephony data provided for two weeks in October showed that 16% to 18% of telephone numbers who abandoned their call the first time were not able to get through later

that day, or get a call back from the surgery during opening hours. They told us they would review the system once the premises extension was completed.

Patients could access online services such as prescription requests via the NHS App and book appointments or specific clinics such as flu vaccinations and asthma clinics using direct booking links sent to them by text message. Administration requests could also be sent via AccuRx.

The NHS Friends and Family test was used to collect patient feedback. Combined results for 2023/2024 showed that 91% of patients said the practice was good or very good, and 4% felt the practice was poor or very poor. The practice planned to carry out their own survey and increase patient education of services available using their website.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 10 comments submitted; six were positive about their experience and four were mixed or negative about their experience at the practice. The practice responded to less positive comments and encouraged patients to contact the practice business manager to discuss their individual concerns.
CQC	No feedback has been received about the practice in the last 12 months.

### 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.	25
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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
Patient unhappy with length of wait in telephone queue; being referred to 111 for what they felt was an urgent matter as appts full on the day they rang. Patient also unhappy with what they saw as inappropriate response from 111.	Investigation of complaint found that although appropriate to refer to 111, the issue could also have been resolved by sending a task to the clinical pharmacist team to action. This resulted in reception staff training being updated to prevent recurrence of the issue.

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$



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.