

**Inspection Evidence Table**

St Paul's Medical Centre

(1-543531057)

**Inspection Date:**

Date of data download: 11/12/2023

**Responsive**

**Rating: Good**

We carried out a comprehensive inspection at St Pauls Medical Centre in June 2022 and we rated the service as ‘good’ for all five key questions and overall. This assessment of the responsive key question was undertaken on 19 December 2023 as part of our work to understand how practices are working to try to meet demand and to better understand the experiences of people who use services and of providers. We have rated the responsive key question as ‘good’ following this assessment and the service remains rated as ‘good’ overall.

**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
The practice was situated in an area of high deprivation and had analysed and identified health and care inequality challenges for its patient population carefully. They noted their patient’s had a lower life expectancy than the national average and had focused on key areas to try and improve outcomes for patients.  Obesity which saw increases in cardiovascular issues and diabetes was being managed in partnership with Public Health and the local authority. The practice had designated social prescribers and a health and well-	

being coach who ensured patients were supported in their diet and exercise. For patients with high cholesterol the practice was working with an approved external agency to develop a lipid management pathway. The pathway was in line with NICE guidance and meant patients would be offered support to help reduce cholesterol levels.

Mental Health services in the area could be hard to access at times so the practice had employed mental health workers to provide support. This included same day mental health emergency appointments. In addition, the practice worked in partnership with an addictions service.

Patients with long term conditions such as chronic obstructive cardiopulmonary disease (COPD) and asthma were offered structured medication review appointments in order to ensure their medicines were being prescribed correctly. This review was carried out with pharmacists meaning that GPs and other clinicians could release appointments for acutely unwell patients. To support patients with lung conditions additional staff had trained in spirometry a common type of pulmonary function test to ensure patients received appointments for this quickly and efficiently.

The practice recognised the enhanced needs of their older population and had focused resources on the frail and elderly and those living with dementia. Patients who were housebound were coded on the clinical records as such and were able to access dementia assessments in their own homes if required. The practice also supported the district nursing team by carrying out visits if they were unable to meet demand.

Patients with a learning disability received regular structured reviews meaning they had less need to book appointments. The learning disability reviews included assessment via the nursing team and input from the GP. The reviews were carried out on the same day ensuring that multiple appointments were not used.

At the time of our assessment the practice, and its primary care network partners, were dealing with an additional 450 patients who had applied for asylum in the UK. As well as carrying out all the necessary health screening and assessments the practice had set up a weekly mental health and trauma support clinic to ensure this vulnerable patient group were properly supported.

<b>Practice Opening Times</b>	
<b>Day</b>	<b>Time</b>
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am - 8pm
Wednesday	8am - 8pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 6.30pm
Tuesday	8am - 8pm
Wednesday	8am - 8pm

Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Further information about how the practice is responding to the needs of their population
<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>• In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.</li> <li>• The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.</li> <li>• All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.</li> <li>• The practice offered extended hours every Tuesday and Wednesday from 6.30pm to 8 pm and funded another healthcare organisation to provide extended hours from 8am to 8pm on Saturday and Sunday.</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> </ul>

### 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.	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
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
Following their population needs analysis and analysis of patient satisfaction, including the national GP survey, the practice had diversified the types of appointments offered and utilised local partners. The practice now offered a variety of clinical appointments either via their own workforce or jointly within their Primary Care Network. This included: GP's; Nurses including a specialist in child and adolescent care; healthcare assistants; physicians associates; paramedics; mental health professionals; physiotherapy; pharmacists; paramedic; a trainee associate psychology practitioner and social prescribers. In addition, the practice used the community pharmacy referral service for acute conditions and basic assessments such as blood pressure checks.	
The practice also worked in conjunction with the local citizens advice bureaux (CAB) and were able to offer appointments in this service for patients experiencing issues such as poverty or debt management. The	

practice noted these appointments were always fully utilised and received positive feedback from patients. In addition, the practice would offer an appointment with a social prescriber alongside the CAB appointment to ensure patients' needs were fully met.

Patients could access appointments via telephone, electronic 'apps' or by walking into the practice. In addition, the practice would send out reminders for annual health reviews with links attached so patients could book directly into clinics that suited them.

The practice had analysed their appointment data and looked at ways to improve the way patients were able to access appointments. They had retrained their reception staff in care navigation and introduced new standards and guidance to help ensure patients were seen by the right person at the right time. There was a robust communication strategy in place to educate patients as to what the practice could offer this included social media and text messaging. A new patient participation group (PPG) had been established with active and engaged members who were keen to support improvement and participate in patient education.

In addition, to their communication strategy the practice had created their own, high quality, videos which were shared on social media and via a link on their recently re-furnished website. The videos were aimed at children and used puppets to promote flu and other vaccinations. They used a mix of puppet characters and songs to help ensure children would recognise the practice as a safe and welcoming environment. The videos had been shared thousands of times via social media and were being used by NHSE, local schools and other health providers in the area. The practice also created video content for adults around women's health in conjunction with NHSE.

The practice submitted evidence of other measures they were taking. This included establishing a women's health hub to ensure that women could access important health checks and interventions quickly. This model of pro-active care released acute appointments. We saw evidence that wherever possible the practice had encouraged patients to use digital 'self-serve' solutions to access the practice. The practice had analysed telephone data to show that patients who used digital solutions released capacity on the phone system and reduced waiting times. The practice had also acknowledged the digital poverty within the area. Solutions for those who could not access on-line access were in place, this included sending out postage stamps and envelopes to one patient so they could easily order their repeat prescriptions.

The practice was a registered training practice meaning they were contributing to the wider system by ensuring student doctors and nurses had the opportunity to access training opportunities. At the time of our assessment, they were continuing to attempt to recruit to their vacancies.

### 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)	60.8%	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)	52.6%	61.2%	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)	52.5%	59.9%	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)	61.0%	72.6%	72.0%	No statistical variation

### Any additional evidence or comments

According to the National GP survey results outlined in the table above the practice had performed above national 'access' averages for how easy it was to contact the practice, slightly below for overall experience and satisfaction of making an appointment and below average for people's overall experience of their appointment.

The practice had introduced a cloud-based telephony service prior to the GP national survey. They attributed their improvement to the question of, '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' as outlined in the table above, to their new system which included a callback system that helped to prevent people being placed on hold for prolonged periods.

The practice was moving towards a modern GP practice model which included digital solutions alongside their cloud-based telephone system. We saw data that indicated that in the month November 2022 they had offered 5664 face to face appointments which had increased by September 2023 to 6477. This demonstrated the improvements the practice was making to improve access were effective.

The practice actively listened to and responded to their patient's needs. As well as monitoring patient's response to the national GP patient survey the practice used its friend and family surveys to assess their progress and shape access to the practice. The practice had encouraged patients to respond to these surveys via their social media, website and text. As a result, the uptake had increased. In October 2022 of 34 respondents 94% of patients had a positive experience of the practice. In October 2023, 128 respondents indicated an 83% satisfaction rate. We asked the practice to submit their December 2023 results as part of our assessment. For December 2023 226 respondents indicated an 88% satisfaction rate. This demonstrated that the practice was responding to the needs of their patients and had continually achieved positive feedback on the changes they were making.

For example, following a patient's feedback, they had recently improved the way patients could access contraception reviews. They had looked at the end-to-end process for this and decided to rebuild it. They identified some of the appointments were unnecessary and streamlined the process. The new, quicker and straightforward process was implemented and received positive feedback from patients.

Other examples of acting on patient feedback included changing the way the 'did not attend' list was managed to ensure patients were not placed on this in error and information as to why they had been placed on the list was clear and supportive. The practice had also improved patients understanding of how blood tests and the

associated results were communicated. Language had been changed to ensure words such as 'abnormal' were not used. Feedback indicated this helped reduce concerns and worry for patients.

Source	Feedback
NHS.uk website (formerly NHS Choices)	One two (out of five) star review relating to overall experience of the practice.

### 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.	19
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

	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
Staff attitude	The reviewed call recordings and reflected on managing the expectations of patients.

## 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.