

Care Quality Commission

Inspection Evidence Table

Laburnum Health Centre (1-559160107)

Inspection date: 22 April 2021

Date of data download: 07 April 2021

Overall rating: Good

Responsive

Rating: Requires improvement

At our previous inspection in September 2019 we rated the practice as requires improvement for providing responsive services because:

- The practice had failed to act effectively to address low patient satisfaction with the availability of appointments.

At this inspection we have rated the practice as **requires improvement** for providing responsive services because:

- Although the practice had made changes to its appointment system and sought to improve access, evidence demonstrated that patients still could not always access care and treatment in a timely way.
- The practice's 2020 GP Patient Survey results remained below national averages for some questions relating to access, and patient feedback relating to telephone access and types of appointment offered demonstrated a year on year downward trajectory.
- Feedback from patients indicated difficulties with telephone access in particular.

These areas affected all population groups, so we rated all population groups as requires improvement for providing responsive services.

Timely access to the service

People were not always able to access care and treatment in a timely way.

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	

The practice had made changes to its appointment system as a result of the COVID-19 pandemic, introducing more telephone consultations and GPs triaging patients by telephone to determine whether a face to face appointment is clinically appropriate. We were told that this has resulted in a significant drop in complaints in relation to patients' ability to access appointments. Nurse appointments have been increased in length so that the rooms can be appropriately cleaned between patients, and nursing telephone consultations have also increased for those areas that can be dealt with by telephone.

Telephone appointments are booked on the day when patients contact the practice. When a face to face appointment is required following an initial telephone consultation, we saw on the appointment system that a pre-booked appointment is usually available within 24 hours.

The practice had employed a pharmacist through their Primary Care Network who could assist in areas such as medication reviews, and there was a first-contact Physiotherapist who the practice could refer patients to for issues such as muscle pain; we were told this frees up additional time for GPs to see patients.

The practice had a dedicated GP available every day for any staff queries or concerns, and who can advise if patients with urgent needs should be booked as an additional appointment on the day.

The practice stated they are able to redirect patients to a local hub site (through the out of hours service) for a GP appointment if required, including on weekday evenings and on weekends.

There is a rota of GPs in place for home visits. Patients requesting a home visit are triaged by a GP by telephone and assessed to determine whether a home visit is necessary. If a home visit is deemed necessary then the patient will be visited that day.

The practice said they had not experienced high levels of staff absences during the COVID-19 pandemic, and where clinical staff have had to isolate they could continue to work from home using laptops and mobile phones provided by the practice.

National GP 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 (01/01/2020 to 31/03/2020)	31.1%	N/A	65.2%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	44.1%	60.8%	65.5%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2020 to 31/03/2020)	52.3%	60.2%	63.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the	51.1%	66.8%	72.7%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)				

Any additional evidence or comments

At the previous CQC inspection in September 2019, we found the practice had failed to act effectively to address low patient satisfaction with the availability of appointments. At this CQC review, we saw that the practice's results from the 2020 national GP Patient Survey demonstrate that the practice remained below national averages for some questions relating to access, specifically around telephone access and the types of appointments offered.

Although the percentage of patients who were satisfied with appointment times (52%) and who responded positively to the overall experience of making an appointment (44%) had improved from the 2019 results, patient feedback relating to telephone access and types of appointment offered demonstrated a year on year downward trajectory:

- The percentage of patients who responded positively to how easy it was to get through to someone at the practice on the phone was 31% for 2020, which had decreased from 61% in 2018 and 44% in 2019.
- The percentage of patients who were satisfied with the type of appointment offered was 51% for 2020, which had decreased from 59% in 2018 and 56% in 2019.

We saw minutes of staff meetings in September and October 2020 where the national GP Patient Survey results were discussed and an action plan produced. In the action plan, produced for the October 2020 staff meeting, the practice noted that the areas requiring action and improvement related to telephone access, appointment times, type of appointment, and overall experience of making an appointment. In relation to telephone access, in September 2020 the practice had purchased mobile telephones for staff to make use of to free up the telephone lines. Staff have also been advised, regarding appointment times, to ask patients whether they require a specific time for a call back due to other commitments. The practice was using telephone triage to determine whether patients required a face to face appointment, due to the COVID-19 pandemic, and therefore did not have as much flexibility regarding different appointment types for the first contact that patients have.

The practice had also carried out its own patient survey in January 2020. The practice received 50 responses, and the results indicated that patient feedback for questions relating to access was mixed. In response to the question 'how do you rate the practice's speed at answering the telephone', 18% of respondents said excellent, 67% said good and 15% said poor. In response to the question 'how easy is it for you to get an appointment', 9% of respondents said easy, 38% said fairly easy, 40% said not easy, and 13% said hard. The practice advised that, due to the COVID-19 pandemic, they had not completed another survey in-house, but were looking to do so over the next two or three months.

In September 2020 the practice signed up to a total triage system using 'e-consult' and is currently in the process of implementing the new system. The practice is one of five in the borough that has volunteered for this pilot to improve access. We were told the practice will be engaging in training around this and will be having practice meetings and regular reviews to monitor progress. The practice was of the view that the move to increased use of 'e-consult' for triage may reduce the number of incoming calls and therefore improve patients' ability to get through to the practice by telephone, as well as make the appointment booking process easier for some patients. The practice has taken into

account that patients will still be able to access the practice and book appointments by telephone if they do not have online access to use 'e-consult'.

As some of the above changes had only been made within the last six months or so, such as purchasing mobile telephones and moving to an 'e-consult' triage system, it was too early to ascertain the impact of this on patients' experience of access and appointments.

Source	Feedback
NHS Choices website	Two reviews had been received on the NHS Choices website within the last 12 months, both of which were negative. The most recent review specifically refers to difficulties around access, stating the telephone booking system is not acceptable, with no call waiting facilities and patients not being put in a queue; the patient reports they telephoned the practice 187 times in one morning and received an engaged tone each time.
Google reviews	Feedback on Google within the last 12 months is mixed. Some reviews make direct reference to issues around access; one patient reported it is difficult to get an appointment, another refers to being cut off on the telephone after being on hold, and another patient stated there is a recorded message on the telephone saying there are no more appointments available.

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 practice's 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.
- **PHE:** Public Health England.
- **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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- **%** = per thousand.