

Inspection Evidence Table

Emersons Green Medical Centre

(1-5956231704)

Inspection Date: 4 July 2023

Date of data download: 04/07/2023

Overall rating: Good

The practice remained rated Good overall as a result of this inspection.

Responsive

Rating: Good

At the last inspection in May 2022 this key question was rated requires improvement, as not all systems and processes were embedded to improve access to the services.

At this inspection, we saw significant improvements and have rated this key question as good for providing care and treatment responsive to people’s needs.

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.	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 in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times

Day	Time
Opening times:	
Monday	8 am – 6:30 pm

Tuesday	8 am – 8 pm
Wednesday	8 am - 6:30 pm
Thursday	8 am - 6:30 pm
Friday	8 am - 6:30 pm
Appointments available:	
Monday	8 am – 6:30 pm
Tuesday	8 am – 8 pm
Wednesday	8 am - 6:30 pm
Thursday	8 am - 6:30 pm
Friday	8 am - 6:30 pm

Further information about how the practice is responding to the needs of their population

- All patients had a named GP who supported them in whatever setting they lived.
- 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.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional appointments were available until 8 pm on a Tuesday for school-age children and working-age adults so that they did not need to miss school or work.
- When interpretation services or any enhanced needs were identified patients were offered extended appointments.
- The practice offered reasonable adjustments, for those patients that needed extra support. For example, there was a hearing loop available.
- All parents or guardians calling with concerns about a child were offered the same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- There was a team of care co-ordinators in the practice, who managed registers for patients and ensured effective care, treatment and communication was maintained. Some of the support offered to patients were:
 - Birth-month recalls for patients with long-term conditions for annual reviews.
 - Follow-up for the patients, who were diagnosed with mental health issue or crisis. The care co-ordinators would make contact with the patient within a certain timeframe to ensure appropriate follow-up.
 - Patients with a cancer diagnosis were prioritised and given a separate phone number to call for any queries and questions.

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.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The provider developed and introduced a unified signposting system for care navigators. Care navigators follow the same pathway for each patient to ensure all patients are triaged in the same way and have equal access to the services. The system's dashboard consists of A-Z alphabetical health issues and illnesses, that support care navigators to best assist a patient. The system consists of red-flag alerts and not only indicates which appointment should be booked for the patient but also consist of information about external sources available. For example, indicated red flag for vaginal bleeding in the system is: "between 6-18 weeks pregnant" – to refer the patient to the Early Pregnancy unit and task secretaries; more than 18 weeks pregnant, refer the patient to A&E. Staff reported to us the system works well and that they feel much more confident in assisting patients. The provider monitored the number of incoming calls to the surgery. There was a system in place for the monitoring of the incoming calls, both retrospectively via audit and in real-time on the wallboard in the reception. This ensured responding to trends and busy times by employing more staff to answer calls and enhance access. 	

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 (01/01/2022 to 30/04/2022)	1.9%	N/A	52.7%	Significant variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	22.9%	58.2%	56.2%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	16.4%	56.9%	55.2%	Significant variation (negative)

The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	42.4%	74.1%	71.9%	Significant variation (negative)
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Any additional evidence or comments

The provider introduced a new role in the service: Head of Patient Engagement. At the time of our inspection, 2 members of staff recently started in the role and were establishing links with patients, Patient Participation Group (PPG) and were collecting Friends and Family Test data. Some unverified data presented to us shows that 67% of patients responded positively about the care they received from the practice in June 2023. There were further improvements needed in relation to GP Patient Survey and Friend and Family Test.

Source	Feedback
PPG members	Positive feedback about improvements in the practice and listening to concerns and complaints. Negative comments about engagement and frequency of PPG meetings.
NHS Website	6 reviews in the last 12 months, average of 2 out of 5 star rating. Positive comments about GP care and attitude, negative comments about getting an appointment.

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.	47
Number of complaints we examined.	8
Number of complaints we examined that were satisfactorily handled in a timely way.	8
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
Delay in IVF treatment referral.	<ul style="list-style-type: none"> Review of care records. Acknowledgement and response sent to patient. Significant Event meeting discussion about the issue and learning shared with the team.

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.