

Inspection Evidence Table

Park Grange Medical Centre

(1-3627534894)

Inspection Date: 25 January 2024

Date of data download: 11/01/2024

Responsive

Rating: Good

At the last inspection on 29 April 2019, the Responsive key question was rated good.

We undertook an announced targeted assessment of the responsive key question on 25 January 2024. This assessment was carried out without a site visit.

The practice continues to be rated good for providing responsive services following this inspection. As the other domains were not assessed, the rating of good will be carried forward from the previous inspection and the overall rating will remain good.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice understood the needs of its local population and had developed services in response to those needs.• The practice offered a range of services and appointments in-house to meet patient needs which included ECG, spirometry, 24-hour blood pressure and smoking cessation support; this reduced the need for patients to travel far for these services.	

- Many staff members at the practice communicated with patients in several languages relevant to the practice population, which include Urdu and Punjabi. Where required, translation services were utilised through the practice's dedicated provider, who helped to communicate with patients either face-to-face or by telephone, as requested by the patient.
- All staff had completed relevant training for the Accessible Information Standard, and the practice had an alert for staff on the homepage for relevant patients who required information to be communicated in a specific way. The alert also linked to the relevant template so requirements could be updated, where appropriate.
- The practice had a ramp for patients with a disability who were wheelchair users; designated disabled bays in the car park and a lowered reception desk to help improve access to the practice's services for wheelchair users. There was also a hearing induction loop system on site for those patients who wore hearing aids.
- The GP Partner at the practice recently took part in two webinars on how Ramadan could affect people with a severe mental illness, which is particularly relevant to the practice population, given that 80.5% of patients have identified as Muslim. These webinars were delivered by Bradford District and Craven Health and Care Partnership working in partnership with the British Islamic Medical Association (BIMA).

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am – 6.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm
Appointments available:	
Monday	9am – 6pm
Tuesday	9am – 6pm
Wednesday	9am – 6pm
Thursday	9am – 6pm
Friday	9am – 6pm
Any additional evidence or comments	
<ul style="list-style-type: none"> • Phone lines opened at 8.30am • Pre-bookable appointments were also available to all patients at additional locations six days per week within the area, as the practice was part of the local GP federation (City Health Federation) and was also a member of a primary care network (Horton PCN). Extended access appointments were available between 6.30pm and 	

9.30pm on weeknights and from 9am to 5pm at the weekend. The practice hosted one of these clinics on a Monday evening.

- There was a dedicated paediatric clinic run by GPs within Horton PCN from 3.30pm to 5.30pm on weekdays, to help reduce absence at school.
- Patients could be referred to a range of health professionals including GPs, nurses (for cervical screening), adult and paediatric phlebotomists and first contact physiotherapists.

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

- 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.
- 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. In line with the latest legislation for death certification since the expiry of The Coronavirus Act 2020, the practice arranged regular face-to-face or video reviews for those patients approaching end of life, to ensure that the named GP could complete the death certificate. This system has ensured that there were no delays in issuing the death certificate with positive feedback from carers and families.
- There was a medicines delivery service for housebound patients; the practice encouraged patients to have a nominated pharmacy for the electronic prescription service. This allowed the practice to work closely with community pharmacy teams to ensure prompt delivery of medicines by ensuring repeat prescriptions were issued in a timely way.
- All parents or guardians calling with concerns about a child were offered a same-day appointment, when deemed clinically appropriate.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers, and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. This included scheduling a dedicated annual review with the GP and healthcare assistant, in the presence of the patient's main carer (where appropriate) where care plans were updated. The practice participated in the local Health Inequalities Premium (HIP) project, with particular focus on increasing health checks in patients with a learning disability as one of the domains. As a result, the practice reviewed 55 of 60 patients [92%] on the learning disability register in 2022-23 and were currently working towards completion this year, with 39 health checks completed to date.
- Another domain of the practice's HIP project was to increase the number of patients with Recommended Summary Plan for Emergency Care and Treatment (ReSPECT), for patients with frailty or dementia, or on the palliative care register. Plans were put in place during annual health checks with the named GP allowing patients and carers to make shared decisions about their future care and treatment. A total of 49 plans, which is 92% of the eligible cohort, were completed.

- The final domain of the HIP project looked at arranging dedicated healthy heart reviews to ensure that patients' blood pressures were within target and that relevant patients were on appropriate statin therapy. This project aimed to improve outcomes for patients with cardiovascular disease through improved control of blood pressure and cholesterol targets. A total of 81 patients were reviewed, with some patients requiring multiple follow ups.
- In response to previous feedback from the Patient Participation Group (PPG) regarding the availability of female clinicians, the practice had employed 2 additional female physician associates, in addition to an existing female GP locum who had worked at the practice for many years. These female clinical sessions were available throughout the week at various times to cater for the population.
- In 2023, the practice participated in a behavioural science project within the Bradford Central Locality using "Nudge Theory" (positive prompts) to encourage the uptake of smear tests. The practice found that the mean number of smears per month increased significantly for several months during the project. The practice embedded many of the nudges within the practice system including patient invite letters in English, Urdu and Punjabi and continued to use many of the nudges and template letters.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Receptionists who answered calls were trained in Care Navigation and could signpost patients to the most appropriate service or team where appropriate, for example, to the community pharmacy or to the social prescriber. The practice offered a range of appointments to accommodate the various needs of patients within its population, including vulnerable patients. • Appointments were available to book on the day for those who required an urgent same-day appointment. Alternatively, the practice offered advance booking for up to 2 weeks, which included face-to-face consultations, telephone consultations and e-consultations/online reviews. The practice also offered home visits to patients with complex needs. Patients could make appointments throughout the week at a time that suited their schedule. 	

- In addition, extended access appointment slots within the locality were available for those patients who wished to be seen on evenings and weekends to suit the patient preferences, for example, those working-age patients who struggled to take time off work during working hours.
- In line with other surgeries locally, the practice had seen an increase in demand in recent years. To assist patients the practice had made available a variety of methods for patients to access the service, including telephone, e-consultations via PATCHS (to submit a query for self-help advice from a GP), booking appointments online, making online prescription requests and sending a request via e-mail to the practice's secure NHS.net e-mail address.
- For those patients who may be digitally excluded, they could continue to visit the surgery to discuss queries and a privacy room is available when required.
- To help patients navigate the practice, a patient guide was available in the waiting room and online, which helped to explain the appointment system and how best to access the services at the practice. The practice regularly reviewed this leaflet based on patient feedback and the latest access pathways at the surgery.
- As part of ongoing engagement with patients, the GP partner at the practice recently participated in an interview with Healthwatch Bradford to help address common queries from patients regarding access. The GP spoke specifically about inner-city Bradford patients and how they could make best use of services. This patient education video had been shared on social media by Bradford District and Craven Health and Care Partnership and Healthwatch Bradford to help raise awareness around GP access; the practice had also shared the video with patients, and it had been received positively.
- To help improve the patient journey, pending consultation with appropriate stakeholders, the practice was planning to transition to a new e-consultation platform called SystemConnect, recently launched by the provider of the practice's existing medical records system. The new platform would be fully integrated with the patients' medical record and designed to improve the way patients access the practice's services. For example, patients could more simply and conveniently submit a wide range of requests to their GP online, including administrative and clinical queries.
- The practice recognised increased pressures in secondary care for referrals and appointments, with some patients waiting longer than usual. To help patients find additional support from the voluntary and community sector there was now a social prescriber. Additionally, appropriate patients were referred to and reviewed by the Central Locality Integrated Care Services team who enabled patients to receive additional support with appropriate care plans being put in place.
- The practice also utilised alternative methods of seeking secondary care input, such as sending an e-consultation to a hospital consultant; this helped to minimise waiting times for advice and the practice could carry out additional investigations following advice from a consultant. This approach was particularly helpful for patients with additional barriers to care, such as language barriers or mobility issues, that could make attending hospital difficult.

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)	60.5%	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)	68.8%	47.5%	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)	65.7%	47.9%	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)	81.2%	70.6%	72.0%	No statistical variation

Any additional evidence or comments

- Data from the National GP Patient Survey, published in July 2023, reflected that the indicators above were all above the local and national averages and had been since 2022.
- Following publication of the GP survey each year the practice analysed the results and formed an action plan to drive for improvements. For example, with the result that 60% of patients found it easy to get through to this surgery by phone, the practice undertook a review of its telephony. As a result, the practice was selected by Integrated Care Board as eligible for an upgrade which was progressing. This will provide a better patient experience for example patients will be provided with their queue position and call-back options. The upgrade will also enable the practice to proactively manage peaks in demand through real time data monitoring and to support evidence-based service decisions.
- An in-house survey for patients was completed in 2022 and a further one was due shortly. This was to investigate further the areas highlighted in the GP survey and to ensure continual improvement. Actions from surveys to date have been to review reception staff customer service skills and review available appointment slots to ensure this meets the practice's needs.
- In response to previous feedback from patient surveys regarding access, the practice increased the number of physician associate sessions per week. There was also extra capacity provided per week through the Additional Roles Reimbursement Scheme as part of the Primary Care Network, which has allowed the practice to have access to physician associates, clinical pharmacists, a social prescriber, a health and wellbeing coach and a mental health practitioner. These new roles have been received well by the practice's patients and can prevent a referral to secondary care services.

- The practice had an active patient participation group (PPG) who met regularly. The PPG provided feedback on proposed changes and improvements. For example, the availability of female clinician sessions had been raised as an issue and the number of female sessions per week was increased as a result.
- There was also ongoing monitoring of practice performance through the regular Friends and Family Test that the practice conducts on an ongoing basis. The practice reviewed these statistics on a regular basis to drive continuous service improvement.

Source	Feedback
NHS.uk website (formerly NHS Choices)	No reviews available

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.	3
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
<ul style="list-style-type: none"> • The practice promoted an open culture of continuous learning and provided a safe space for discussion at significant event analysis meetings around complaints and other issues. • To encourage feedback from patients, a copy of the complaints policy was readily available from various sources including a copy from reception and from the practice's website. There was also a notice in reception on how to raise a complaint. • Verbal complaints were documented and discussed at significant event analysis meetings to help the practice learn from these and improve the standard of care. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Missed acute prescription request over the telephone by receptionist.	Apology issued to patient. Repeat prescription issued as a priority.

	Discussed at significant event analysis meeting and root cause identified. Staff underwent further training with a slight change to process introduced.
Patient sample handed into reception without correct labelling so sample was discarded as per sample handling policy.	Patients further sample tested immediately upon receipt. Follow up face-to-face appointment was arranged with the GP to review. Apology offered to patient for discarded sample. Complaint discussed at a significant event analysis meeting. Change to process to prevent future errors.

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 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.