

Care Quality Commission

Inspection Evidence Table

The Thorndike Surgery (1-545296605)

Inspection date: 6 March 2019

Date of data download: 29 January 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18

Responsive

Rating: Good

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13394	269	105	39%	0.78%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	90.9%	92.1%	94.8%	No statistical variation

Timely access to the service

People were able to access care and treatment in a timely way.

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 (01/01/2018 to 31/03/2018)	18.7%	N/A	70.3%	Significant Variation (negative)
The percentage of respondents to the GP	31.7%	57.2%	68.6%	Significant

Indicator	Practice	CCG average	England average	England comparison
patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)				Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	25.1%	55.1%	65.9%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	43.6%	65.8%	74.4%	Significant Variation (negative)

Any additional evidence or comments

Results from the GP patient survey (01/01/2018 to 31/03/2018) indicated that patients' satisfaction with how they could access care and treatment was below local and national averages. However, the practice had compiled and completed an action plan in relation to these results and had spent the interim period working on making improvements.

- Leaders demonstrated that they understood the challenges to quality and sustainability and had identified the actions necessary to address these challenges. For example, they were aware that changes to the working patterns of the GP partners and salaried GPs had an impact on patient access to appointments and had worked proactively to recruit additional GP's and to forge new partnerships. The practice had made use of locum GPs to ensure that all appointment sessions were used. A paramedic practitioner had been employed to carry out all home visits except end of life care and had been booked to complete training in minor illness, spirometry, diabetes checks and monitoring blood pressure. Two pharmacists had been employed to carry out complex medication reviews. Members of the clinical team were training to be advanced clinical practitioners.
- There was a leadership development programme in place, including a succession plan, with the intention of increasing GP availability at the practice. For example, a new GP partner was due to join the practice in April 2019.
- Data from the GP patient survey indicated that the respondents were not always able to access the practice easily to make an appointment. This data was from January to March 2018 and was completed by 0.8% of the registered patient list. At the previous inspection on 6 March 2018, there were considerable delays for patients in accessing appointments. For example, the next available routine appointment with a GP was 13 April 2018. At this inspection, there was a routine appointment available with a GP two days later, on the 8 March 2019. There was an appointment with the practice nurse the same day and appointments available on 8 March 2019. There were on-line appointments available with a GP. Six were available on 7 March 2019; five were available on 8 March 2019 and six were available on Monday 11 March 2019.
- An action plan had been established and completed by the practice to address the findings of the GP patient survey and this contained details of the actions taken and their outcomes, including how to identify areas for further improvement.

- The practice was part of a group of Medway practices working collaboratively to help improve care for all patients. Their patients benefitted from access to the Medway Hub, which opened in October 2018, for patient appointments outside of surgery hours until 8pm, seven days a week. Patients were able to access pre-bookable and on the day appointments using this service.
- The practice had opened the phone lines and the surgery earlier from 8am and increased the number of staff answering the phones during peak times to six. The practice has introduced reception team objectives to help maintain a strong patient focus and has seen a reduction in the number of reception and telephone answering related complaints.
- The uptake in patients using the on-line system to book appointments had increased from 1738 active patients in March 2018 to 1824 in March 2019.
- The registered patient list at the practice had decreased over a 12-month period and had currently stabilised at 13450 patients.
- The practice had an embedded system to manage and reduce the risks associated with legionella. This included monthly checks carried out by a specialist external organisation and an annual certificated check.
- There was a system to manage incoming records in a timely way. This included specific staff identified to complete the process and updated scanning and coding protocols. The practice had also employed a junior doctor to focus solely on documents and results during busy periods to ensure there was no backlog.

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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.
- 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.

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>

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.