

# Care Quality Commission

## Inspection Evidence Table

### Addison Road Medical Practice (1-544301070)

Inspection date: 26 March 2019

Date of data download: 25 March 2019

**Overall rating: add overall rating here Not rated**

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

# Responsive

Rating: Good

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

|   | Y/N/Partial |
|---|-------------|
| 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           |

| Practice Opening Times  |                                 |
|-------------------------|---------------------------------|
| Day                     | Time                            |
| Opening times:          |                                 |
| Monday                  | 8am to 8pm                      |
| Tuesday                 | 8am to 6:30pm                   |
| Wednesday               | 8am to 6:30pm                   |
| Thursday                | 8am to 6:30pm                   |
| Friday                  | 8am to 6:30pm                   |
| Saturday                | 9am to 2pm                      |
| Appointments available: |                                 |
| Monday                  | 8:30 am to 1pm and 2pm to 8pm   |
| Tuesday                 | 8:30am to 1pm and 2pm to 6:30pm |
| Wednesday               | 8:30am to 1pm and 2pm to 6:30pm |
| Thursday                | 8:30am to 1pm and 2pm to 6:30pm |
| Friday                  | 8:30am to 1pm and 2pm to 6:30pm |
| Saturday                | 9am to 2pm                      |

## Timely access to the service

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

National GP Survey results

|   | Y/N/Partial |
|---|-------------|
| Patients with urgent needs had their care prioritised.  | Y           |
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.  | Y           |
| Appointments, care and treatment were only cancelled or delayed when absolutely necessary.  | Y           |
| Explanation of any answers and additional evidence:<br>The practice used a traffic light system to ensure that patients that needed to be seen were always seen on the same day that they contacted the practice. We saw that an appointment triage system was used and a range of appointment/consultation types were available, there were online consultations, telephone consultations and face to face appointments. The practice regularly reviewed the appointment system including the number of appointments available.<br>We looked at three months' worth of appointments and found over 18,000 appointments were available with 80% of available appointments being used. |             |

## 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.                                    | 25 |
| Number of complaints we examined.  | 4  |
| Number of complaints we examined that were satisfactorily handled in a timely way. | 4  |
| 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           |
| Explanation of any answers and additional evidence:<br>Information about how to complain was available on the practice's website and was displayed around the practice building.<br>The practice kept a spreadsheet of all complaints, complaints were discussed when necessary at |             |

practice meetings where learning and outcomes were shared.

The practice had a policy to ensure that the deputy practice manager would lead on all complaints which involved the lead GP or the practice manager to avoid any conflict of interest.

Example(s) of learning from complaints.

| Complaint  | Specific action taken   |
|--|---|
| Patient complaint regarding a specific appointment type not being available. | It was reiterated to all staff where patients could access these types of appointments externally and information was displayed around the practice informing patients of this. |

## 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)     | $\leq -3$              |
| 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.
- 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.