Care Quality Commission

Inspection Evidence Table

The Loxford Practice (1-2781298948)

Inspection date: 8 May 2019

Date of data download: 9 May 2019

Overall rating: Good

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.	Υ
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

Explanation of any answers and additional evidence:

The provider had premises that were appropriate for the services delivered. The clinical/consultation rooms were on situated on ground level. Patients on arrival at the practice could use either the self check-in machine or speak to a receptionist to let know they were here for an appointment.

There was a Jayex board in the waiting area which alerted patients to when it was time to see the clinician booked for their appointment.

Home visits were available if a patient was too ill to attend the practice.

Practice Opening Times				
Day	Time			
Oper	ning times:			
Monday	8:00am - 18:30pm			
Tuesday	8:00am - 18:30pm			
Wednesday	8:00am - 18:30pm			
Thursday	8:00am - 18:30pm			
Friday	8:00am - 18:30pm			
Saturday	9:00am - 13:00pm			
Appointments available:				
Monday	8:00am - 18:00pm			
Tuesday	8:00am - 18:00pm			
Wednesday	8:00am - 18:00pm			
Thursday	8:00am - 18:00pm			
Friday	8:00am - 18:00pm			
Saturday	9:00am - 13:00pm			

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16975	424	74	17.5%	0.44%

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)	95.8%	93.6%	94.8%	No statistical variation

Any additional evidence or comments

The provider told us they were pleased to see that they systems and processes that had been put in place since they become the providers of care at this location, were being reflected positively in certain areas of the most recent published GP Patient Survey results.

The most recent published patient experiences relating to the provision of care provided by the practice, showed an improvement on last year's results and that the results were comparable to and (in some cases) higher than the local Clinical Commissioning Group (CCG) and national averages.

For example: -

95% of respondents from the practice said that they were involved as much as they wanted to be in decisions about their care and treatment during their last appointment, in comparison to the CCG average of 91% and the national average of 93%.

Older people

Population group rating: Good

Findings

- 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.
- In recognition of the religious and cultural observances of some patients, the GPs would respond
 quickly to provide the necessary death certification to enable prompt burial in line with families'
 wishes when bereavement occurred.
- The practice undertook weekly visits to nursing homes where registered patients resided. In attendance with the GP, would be a Physicians Associate, who would assist the GP in providing clinical care to these patients. The practice had the facility to update patient records (reflecting changes to medication and records of examinations undertaken) in real time through a secure remote access laptop encrypted with online access to patient records.
- All patients over 75 were offered a health check.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- Patients with asthma who have attended the local out-of-hours/accident and emergency service
 are invited into the practice to have a follow-up discussion and assessment in the hope of
 preventing further attendance at the out-of-hours/accident and emergency service.
- The provider conducted an audit to identify diabetic pregnant women registered with the service, to
 invite them to the practice to check their general health and to provide advice on how to keep their
 unborn child and themselves healthy during the pregnancy.
- The provider hosts regular awareness events for some long-term conditions, such as diabetes and cancer.
- All patients within this population group were offered annual reviews. Written copies of annual reviews would be provided to patients if requested.

Families, children and young people

Population group rating: Good

Findings

- After school nurse appointments were available for school age children so that they did not need to miss school.
- The provider worked closely with local health visitors (based in the same building).
- All parents or guardians calling with concerns about a young child were offered a same day appointment when necessary.
- All children diagnosed with asthma were given an annual review and a care plan as an outcome of the review. In addition, the child's parent/guardian would be given a copy of the care plan to take to their child's school, so that the school had up-to-date information about who is providing care and what care is being provided.
- The provider told us that they would opportunistically catch-up with late/missed childhood vaccines
 if a patient was in the practice for another reason (subject to parental/guardian consent).
- The provider engaged in pro-active booking of six-week mum and new baby checks after birth. The
 provider told us this was an important check which ensured not only that the baby was developing

well, but was also an opportunity to ensure that the mother was in good mental and physical health.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services
 it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 6.30pm three times a week. Pre-bookable appointments were also
 available to all patients at additional locations within the area, as the practice was a member of a
 GP federation. The practice was open for appointments on a Saturday morning.
- Telephone consultations and online services such as online appointment booking, repeat prescription requests and requesting an e-consultation was available to this population group and all other population groups.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- 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.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Patients were seen as soon as possible when they attend the practice in order not to raise their stress levels. Longer appointments were booked as standard for patients with learning disabilities.
- Assessible Information Standard (AIS) was used within the practice for patients with visual impairments.
- The practice website could be translated in over 100 languages, to ensure that those who required
 information about the services provided at the practice was able access that information.
 Interpretation services were available to patients whose first language was not English.
- Home visits were available to this population group when required.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these
 accordingly.
- The practice could refer patients to Improving Access to Psychological Therapies (IAPT) services.
- All patients in this population group receive annual reviews. The practice will call patients to arrange appointment for review and will contact the patient 48 hours in advance of the appointment as a reminder. The provider recently conducted an audit reviewing services provided to this population group were being administered in a timely manner.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Υ
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

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)	31.1%	N/A	70.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	42.7%	56.9%	68.6%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
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)	47.5%	56.9%	65.9%	Tending towards 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)	49.7%	65.2%	74.4%	Variation (negative)

Any additional evidence or comments

We spoke with the provider regarding the low scores attained by the practice in relation to patients experiences of gaining access to the practice by telephone.

The provider told us that they were aware of patient dissatisfaction with the telephone system used at the practice and had conducted a telephone audit to look at the causes of the dissatisfaction. We were told that extra staff were used during peak hours to answer calls. The provider also told us that it had been made aware that the current telephone system can queue 20 calls at one time. If there are more than 20 calls at any one time, then the system will terminate the excess of the calls waiting to be answered until the system has 20 calls waiting. This had meant that those persons who had their call terminated were likely to immediately call back, starting the cycle of the system terminating random calls again if the number of waiting calls are over 20.

Having consulted with the telephone system provider regarding the issues identified, the practice provider has decided to purchase a new telephone system to replace the existing one and address the problems of the current system. We were informed that the new system is hoped to be in place by September 2019.

The provider has told us that they will review patient response to gaining access to the practice following the installation of the new telephone system within the first few months of the system being installed. In addition, the practice will continue with the monitoring of call volumes and how soon waiting calls are answered.

Source	Feedback
NHS Choices	The practice has a rating of 4.5 out of 5 stars on the NHS Choice webpage.
	The provider conducted an in-house survey which looked at patient experiences of

In-house survey

using and accessing the services and care provided at the practice. The questions used were based on a number of questions used in the National GP Patient Survey. The response rate for the in-house survey was similar to response rate of the national survey.

Analysis of the in-house survey results revealed that patient satisfaction for the majority of questions answered had improved on the most recent published survey results. Questions relating to accessing the practice by telephone and speaking with a preferred GP scored lowest amongst the survey respondents.

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.
- 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/quidance-providers/gps/how-we-monitor-qp-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.