

Care Quality Commission

Inspection Evidence Table

Dr Kalpana Kommalapati (1-506455537)

Inspection date: 30 July 2019

Date of data download: 18 July 2019

Overall rating: Good

Responsive

Rating: Good

Following our previous inception in January 2017 we rated the practice as Requires Improvement for providing Responsive services. The practice is now rated as Good for providing Responsive services as we noted improvements in the areas identified at our last inspection. This included changes made to improve access. We noted that these changes had resulted in positive satisfaction rates which were continually monitored by the practice.

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:

- Information provided by the practice highlighted that the service underwent some recruitment pressures during 2018 however, they had since successfully recruited a salaried GP and had increased the clinical sessions for their long-term locum GP who had worked with the practice on a sessional basis for several years.
- In addition, the practice recruited a further locum GP that was previously a GP registrar at the practice (a GP registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice). Due to this, the practice was able to offer more appointments to patients.
- We noted that the practices opening, and appointment times were made available to patients on the website, NHS Choices, through the practice leaflet and new patient registration packs.

- The practice also ensured that practice information was available in various formats and other languages. We saw evidence of this through the practice's website.
- We saw that the practice utilised an accessible information patient form to ensure that patients and carers with a disability or sensory loss received information they could access and understand. This included information in large print, braille or via email; as well as communication support where required, such as from a British Sign Language interpreter.

Practice Opening Times

Day	Time
Opening times:	
Monday	9am – 6.30pm
Tuesday	9am – 6.30pm
Wednesday	9am – 6.30pm
Thursday	7am – 6.30pm
Friday	7am – 6.30pm

Appointments available:	
Monday	9am – 2pm and 4pm – 6.30pm Extended hours access available at local practice: 6.30pm – 8pm
Tuesday	9am – 2pm and 4pm – 6.30pm Extended hours access available at local practice: 6.30pm – 8pm
Wednesday	9am – 2pm and 4pm – 6.30pm Extended hours access available at local practice: 6.30pm – 8pm
Thursday	9am – 2pm and 4pm – 6.30pm Extended hours access available at local practice: 6.30pm – 8pm As well as between 7am – 9am at the practice
Friday	9am – 2pm and 4pm – 6.30pm Extended hours access available at local practice: 6.30pm – 8pm As well as between 7am – 9am at the practice
Saturday and Sunday	Extended hours access available at local practice: 9am – 12pm

There was a GP on call for emergency appointments between 8am – 9am. During afternoons when appointments were closed, patients were diverted to Badger who were contracted to provide in-hours telephone coverage for the practice. There was a GP on call available to deal with urgent appointment needs. The practice partnered with a local practice (Bosworth Medical Centre) to offer evening and weekend appointments, in addition earlier appointments were available at the practice on Thursday and Friday mornings.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
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3721	414	80	19.3%	2.15%
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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 (01/01/2019 to 31/03/2019)	95.9%	93.2%	94.5%	No statistical variation

Any additional evidence or comments

We noted improved satisfaction rates when observing the results from the national GP patient surveys in 2018 and most recently in 2019. For instance, the results for patients who stated that at their last general practice appointment, their needs were met had improved from 88.9% in 2018 to 95.4% in 2019.

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. For example, the practice advised that all patients over the age of 65 were able to access same-day appointments.
- The practice provided effective care coordination to enable older patients to access appropriate services. Planned and unplanned admissions to secondary care were continually reviewed and followed up by a GP.
- The clinical team offered disease prevention clinics at patients homes, this included carrying out flu vaccinations and phlebotomy at homes for older patients who were vulnerable, frail or housebound.
- In recognition of the religious and cultural observances of some patients the GP would respond quickly to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

- Information provided by the practice confirmed that patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. For instance, these patients were sign posted and referred to available services to assist with the management of their condition, such as through referrals to structured education courses for patients with Diabetes.
- The practice also 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.
- Appointments with the nurse could be booked up to three months in advance for chronic disease reviews.
- The practice held additional clinics during winter months to ensure that patients with long term conditions were reviewed through longer appointments.

Families, children and young people

Population group rating: Good

Findings

- Families with school aged children could access appointments on early mornings, evenings and weekends so that they did not need to miss school.
- Information provided by the practice confirmed that they continued to operate effective systems to identify and follow up children at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary; the practice operated an urgent access appointment system for children under the age of five on a daily basis.
- The practice offered post-natal reviews for mothers which included advice on contraception, breast awareness, as well general physical and wellbeing checks for mother and baby.
- The practice offered immunisation vaccination clinics in line with the agreed national immunisation guidelines set by NHS England public health. The practice provided assurance to confirm that any missed appointments were followed up by a clinician.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Working age people could access appointments on early mornings, evenings and weekends, in addition to telephone consultations with a GP or a practice nurse.
- The practice offered well women and man health-checks to eligible patients and all newly registered patients were offered a routine health check.
- The practice offered online access for booking appointments, ordering repeat prescriptions and reviewing records. The practices Electronic Prescription Service (EPS) enabled prescriptions to be sent electronically and securely to the pharmacy for direct patient collection.

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 such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

**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.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The nursing team carried out fortnightly visits to the local Dementia Unit to offer routine care for the patients registered with the practice. Information provided by the practice confirmed that any abnormalities were reported back to a GP at the practice for follow up.
- The practice completed annual health reviews for patients on their mental health and dementia registers, person centred care plans were produced and reviewed as part of this process.
- Staff completed e-learning training to enable them to have a good understanding of how to support patients with mental health needs and patients living with dementia.
- Patients who were discharged from secondary care following a risk of suicide or self-harm were contacted following discharge and invited in for a routine GP appointment.
- Patients on the dementia register were also added onto the practices Gold Standards Framework (GSF) register. The GSF model enables good practice to be available to vulnerable patients and those with complex care needs, such as those nearing the end of their lives.

Timely access to the service

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

	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
<p>Explanation of any answers and additional evidence:</p> <p>Information provided by the practice demonstrated that pre-bookable appointments could be booked up to two weeks in advance, in addition to same-day appointments. The practice also offered telephone consultations and extended access on evenings, weekends and on some early mornings. Information supplied also highlighted that the practice operated an effective system for managing home visit requests, each request was reviewed by a GP who contacted the patient/carer to triage and attend if appropriate.</p>	

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	75.0%	58%	68.3%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	69.1%	61.9%	67.4%	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 (01/01/2019 to 31/03/2019)	69.3%	61.6%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	63.4%	69.4%	73.6%	No statistical variation

Any additional evidence or comments

We noted improved satisfaction rates when observing the results from the national GP patient surveys in 2018 and most recently in 2019. Most results for access were also above local and national averages with regards to satisfaction rates, for instance:

- The results for patients who responded about their overall experience of making an appointment had improved from 60% in 2018 to 69.1% in 2019.
- The results for patients who were very satisfied or fairly satisfied with their GP practice appointment times had improved from 53.6% in 2018 to 69.3% in 2019.
- Our review of the practice's previous inspection report in January 2017 also highlighted that telephone access had continued to improve. The results for patients who responded positively to how easy it was to get through to someone at their GP practice on the phone had improved from 68% in 2017 to 71% in 2018 and to 75% in 2019.

The practice provided a comprehensive action plan as part of the inspection process. These outlined actions taken following each annual GP patient survey as well as internal surveys conducted in practice. For instance, the national survey results for patients who were satisfied with the type of appointment (or appointments) they were offered had declined from 73.3.8% in 2018 to 63.4% in 2019. We noted that although the survey had recently been published, the practice had started to take active steps to improve in this area. For instance:

- Since 1 July 2019 the practice introduced further booking options to their online appointment system, this gave patients further options for additional appointment types due to the recruitment of extra GPs, one of which joined as a salaried GP in April 2019; also giving patients the option of more GPs to choose from.
- The practice had displayed additional information about their appointments in the patient waiting

area. This included information on booking a double appointment where needed as well as information on missed appointments, with the aim to encourage patients to book longer appointments where needed and also to cancel or reschedule their appointments when unable to attend; so that others can access them where needed.

- We saw that the practice was in the process of scheduling care navigation training for receptionists to help guide patients to the most appropriate care and appointment type to meet their needs.
- The practice had also partnered with a local practice and was able to offer additional weekday evening appointments, weekend appointments and earlier appointments on certain days.

We noted other areas where there was a positive trend in satisfaction rates. For example, the results for patients noting that were given enough time during their appointment had improved from 84% in 2017 to 87% in 2019. There were also positive results across other areas including:

- Confidence and trust in the healthcare professional seen.
- Involvement in decisions about care and treatment.
- Care, concern and overall communication with the healthcare professional.
- Overall experience of the practice.

We saw that survey results were analysed, shared and discussed through formal practice meetings and also through meetings with the practices patient participation group (PPG). There was also evidence of focussed internal surveys carried out with support by the PPG where the practice had further examined areas identified for improvement following past surveys. The practice provided evidence of a further survey to be offered to patients in 2019, following the most recently published national GP patient survey, again to further allow the team to focus on any specific areas for improvement.

Source	Feedback
NHS Choices	The practice achieved four stars (out of five) based on seven reviews and ratings on their NHS Choices web page. Most comments received for the year so far were positive, some comments highlighted good access to appointments and we noted where areas for improvement were highlighted by patients, the practice had reviewed and responded.
NHS Friends and Family Test (FFT)	A monthly breakdown of the practices NHS FFT results was also provided by the practice as part of the inspection process. This highlighted that for 2018, a 97% satisfaction rate was achieved therefore demonstrating that most respondents were satisfied and would recommend the service to friends and family members.

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.	Three
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two

Number of complaints referred to the Parliamentary and Health Service Ombudsman.	One
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	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: <ul style="list-style-type: none"> Information about how to make a complaint or raise concerns was available in the practice waiting area. There was a complaints policy and form in place which could be used to capture verbal and hand-written complaints. The practices complaints policy reflected NHS complaints guidelines and patients were also signposted to further support services in the event that they wished to gain additional advice or escalate their concerns further. Minutes of practice meetings demonstrated that complaints, outcomes, actions, learning and themes were discussed at practice meetings. Complaint themes were reviewed annually, and trends were also shared (in an anonymised format) with the PPG. 	

Example of learning from complaints.

Complaint	Specific action taken
Complaint made regarding the requirements of specific appointment type which were not booked appropriately, this resulted in the patient having to attend in two separate appointments.	An investigation was completed involving all parties involved. It was noted that the appointment was not initially appropriately booked due to a misunderstanding. An apology and an explanation was provided to the complainant. The patient was also provided with additional information with regards to their appointment type for further reference. The complaint was reflected on further as a team during a practice meeting, appointment procedures and various requirement types were reiterated with the team. In addition, the practice increased the appointment information on display in the practice to inform patients about the types and length of appointments available to them and encouraged them to book double appointments where needed.

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/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.