

Care Quality Commission

Inspection Evidence Table

The Palms Medical Centre (1-586321288)

Inspection date: 08 January 2020

Date of data download: 02 January 2020

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Responsive

Rating: Requires improvement

The practice continues to be rated as requires improvement because although the practice had made some improvements following our inspection in January 2019 to help patients gain access to the practice by telephone, we found that this improvement had not been sufficiently reflected in patient satisfaction levels shown in the most recent published GP Patient Survey results.

Additionally, reviews of the practice on the NHS webpage for the practice were mixed giving the practice an average of 2.6 stars out of 5.

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: Since our last inspection in January 2019, the practice had introduced extended hours surgery on a Tuesday evening. The practice told us that introduction of the extended hours surgery gave the opportunity to people who were not able to attend the surgery during normal working hours the opportunity to do so. The extended hours surgery provided appointments with a GP, the practice nurse and the healthcare assistant. The practice continued with the use of text messaging to remind patients of upcoming appointments as well as giving the opportunity to cancel existing appointments by text if the appointment was no longer required. In addition, the practice had introduced a SMS/text-based system to work alongside the clinical system, which allows the practice to directly communicate with patients (including relaying test results, inviting patients in to discuss results, arranging patient reviews), once the practice has gained consent from the patient to contact them via text messaging. Evidence that the practice complied with Accessible Information Standard was seen at reception. The practice had large font leaflets, the practice leaflet in Braille and Makaton cards for patients with communication needs. | |

Practice Opening Times

| Day | Time |
|----------------------------------|------------------------------|
| Opening times: | |
| Monday | 08:00am - 18:30pm |
| Tuesday | 08:00am - 18:30pm |
| Wednesday | 08:00am - 18:30pm |
| Thursday | 08:00am - 18:30pm |
| Friday | 08:00am - 18:30pm |
| Appointments available: | |
| Monday | 08:00 - 12:30; 13:30 - 18:00 |
| Tuesday | 08:00 - 12:30; 13:30 - 18:00 |
| Wednesday | 08:00 - 12:30; 13:30 - 18:00 |
| Thursday | 08:00 - 12:30; 13:30 - 18:00 |
| Friday | 08:00 - 12:30; 13:30 - 18:00 |
| Extended hours surgery - Tuesday | |
| | 6:30pm – 8:00pm |

National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 7606.0 | 382.0 | 127.0 | 33.2% | 1.67% |

| 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) | 91.1% | 92.7% | 94.5% | No statistical variation |

Any additional evidence or comments

Timely access to the service

People were not always 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. | Yes |
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. | Yes |
| Appointments, care and treatment were only cancelled or delayed when absolutely necessary. | Yes |

| 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 (01/01/2019 to 31/03/2019) | 25.7% | N/A | 68.3% | Significant Variation (negative) |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019) | 46.9% | 57.4% | 67.4% | Tending towards variation (negative) |
| The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019) | 49.5% | 58.3% | 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) | 59.1% | 65.1% | 73.6% | No statistical variation |

Any additional evidence or comments

The most recent published GP Patient Survey scores for the practice showed improvement overall regarding patient access to services at the practice. The practice scores at this inspection were higher in comparison to the scores attributed to the practice at our inspection in January 2019.

The score for patients being able to access the practice easily by telephone was still significantly lower than the national average. There had been a 5% increase in patient satisfaction since our last visit, attributed in part to a change by the practice in the way telephone calls were answered. The practice had re-configured reception and administrative staff so that their focus at busy periods was to have the maximum number of staff answering telephone calls.

The practice told us that they had invested time since the publication of the most recent GP survey scores in July 2019, obtaining data from their current telephone provider, to find out whether the practice is receiving the best service provision for its requirements. The practice analysis of the data provided by its telephone provider did not reveal any reasons why the patient satisfaction score (in particular) for accessing the practice by telephone was low.

In-house surveys were conducted by the practice during 2019, however due to the small number of completed surveys returned to the practice, but it was difficult to ascertain the value of the responses and how the practice would use them to introduce change to benefit patients when they interact with the practice.

| Source | Feedback |
|--------|---|
| NHS.uk | Eight reviews were left for the practice over the last 12 months. Two reviews rated the practice five stars, one review rated the practice as three stars and five reviews rated the practice as one star. All reviews received a response from the practice. |

| | |
|--|--|
| | |
|--|--|

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) | ≤ -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 women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women 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
- **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.