

Care Quality Commission

Inspection Evidence Table

Pollard Row Practice (1-557683796)

Inspection date: 25 August 2020

Date of data download: 20 August 2020

Effective

Effective care and treatment

We reviewed a sample of patient records and found appropriate care and treatment was delivered.

	Y/N/Partial
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Concerns were raised with the CQC prior to this inspection about the care and treatment delivered to patients in a nearby care home, as well as vulnerable patient and those who were shielding during the covid-19 pandemic.</p> <p>We reviewed a sample of patient records for patients from the nearby care home to review the care and treatment provided. We did not identify any concerns around the level of contact with the patient, the record keeping, or the clinical care. We also saw multidisciplinary meeting minutes from May 2020, July 2020 and August 2020 during which specific patients at the care home were discussed; those attending these meetings included one of the partner GPs, an administrative staff member from the practice, care home management, district nursing, social services and other healthcare professionals.</p> <p>We also reviewed a sample of patients who were vulnerable or who had been shielding during covid-19. The GP advised us the practice did not have a formal system in place to regularly contact shielding patients during the pandemic, however where patients had been contacted or had had an appointment, we did not identify any concerns around the clinical care provided.</p>	

Responsive

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.	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
<p>Explanation of any answers and additional evidence:</p> <p>Concerns were raised with the CQC prior to this inspection about patients' access to appointments with the GPs. We reviewed the appointment system and found that patients were able to access appointments with GPs and the other clinicians.</p> <p>During the covid-19 pandemic, the practice had significantly increased its use of telephone consultations. Patients were added to a telephone consultation slot or the 'call-back' telephone triage list, and the GPs would then contact them and invite them in for a face to face appointment if required.</p> <p>One of the lead GPs was working from home during covid-19 (carrying out telephone consultations with patients) which meant that no GPs were on site at the practice on Tuesday afternoons. However, staff told us that the practice nurse did not work on Tuesdays so would not be seeing any patients, and there were no walk-in patients as all patients were assessed via telephone before being booked in for a face to face appointment. Staff advised they could contact the GPs by telephone during core working hours if they had any queries or if a patient requested an urgent telephone call.</p> <p>Staff told us that patients were able to access appointments easily, and confirmed that the GPs would clear the 'call-back' telephone triage list by contacting all patients who had been added on the system.</p> <p>We saw minutes from a meeting in June 2020 with some practice staff members and two facilitators from EQUIP (a quality improvement programme designed for general practice in Tower Hamlets), in which they reviewed the appointment system, looking at whether it could be improved. One of the outcomes of the meeting was to promote online consultations, which staff told us they had been trying to do when speaking to patients. The practice was not able to provide any evidence of other actions or changes made following this meeting.</p> <p>The practice's GP patient survey results for 2020 were in line with or higher than national averages for the question relating to patients' access to care and treatment.</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 how easy it was to get through to someone at their GP practice on the phone (01/01/2020 to 31/03/2020)	86.3%	N/A	65.2%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to	75.8%	61.8%	65.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
the overall experience of making an appointment (01/01/2020 to 31/03/2020)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2020 to 31/03/2020)	67.1%	58.1%	63.0%	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 (01/01/2020 to 31/03/2020)	76.5%	65.9%	72.7%	No statistical variation

Source	Feedback
Patient complaint	The practice received a written complaint from a patient advising they had missed the telephone consultation call at a specific time from the GP and had to call the practice back and request a further call. The practice responded to the patient and apologised. Staff told us they generally do not give patients a specific time when the GP will call them for a telephone consultation, but just advise it will be during the same day.
Staff feedback	Staff we spoke to said that patients were able to access appointments easily, and they had not had any negative feedback from patients about the 'call-back' telephone triage system introduced during covid-19. One staff member told us patients had commented it was easier to get an appointment through the telephone triage system.

Well-led

Leadership, governance and culture

Staff reported that leaders were visible and approachable, although there was ineffective communication and working arrangements between leaders and management.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
Staff reported that leaders were visible and approachable.	Yes
There were governance structures and systems which were regularly reviewed.	Partial
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Partial
The practice had access to a Freedom to Speak Up Guardian.	No
<p>Explanation of any answers and additional evidence:</p> <p>Concerns were raised with the CQC prior to this inspection about the relationship between leaders and management and about the GP partners' oversight.</p> <p>Staff we spoke to told us that leaders and management are approachable and said they feel supported and able to speak up. Staff knew how to raise and report incidents and significant events; we reviewed a sample of significant events from the previous 12 months and found they were recorded, discussed and dealt with appropriately.</p> <p>However, there was evidence of ineffective communication and working arrangements between the two GP partners and practice management.</p> <p>There were no formal leadership meetings involving the partners and the practice manager, to discuss and plan for matters affecting the running and management of the practice, and we were told most communication between them would happen by email. The partners held meetings for the two of them, but these were not documented and there was no formal agenda.</p> <p>We did however see meeting minutes for clinical, non-clinical staff, and multidisciplinary meetings.</p> <p>Ineffective communication between the partners and practice manager had recently resulted in a delay to repeat prescription requests being actioned for patients, whereby the local Medicines Team became involved to resolve the issue. This matter had not been recorded and discussed as a significant event and when we raised this, one of the GPs partners initially queried whether this would need to be recorded, but then advised they would do so. In addition, the practice's prescribing policy and repeat prescribing policy were overdue for a review and the repeat prescribing policy had not been updated to reflect the correct process for managing repeat prescription requests.</p> <p>Following the inspection, the practice manager provided evidence that the GP partners had been asked to update a list of clinical policies in July 2020.</p> <p>In relation to clinical oversight, clinical meetings were taking place and the GP partner told us they would informally review the practice nurse's records and discuss any issues, but this was not a formal process and was not documented. When the practice nurse was seeing patients, a GP was always available, whether in person or by telephone, in case there were any queries or issues.</p> <p>The practice had a whistleblowing policy in place, however this was overdue for a review and did not identify a Freedom to Speak Up Guardian for staff to contact with any concerns.</p>	

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.