

Care Quality Commission

Inspection Evidence Table

The Grange Family Health Centre (RFSX1)

Inspection date: 15 September 2020

Date of data download: 27 August 2020

Overall rating: Good

Responsive

Rating: Good

At the previous comprehensive inspection in April 2019, we rated this practice as requires improvement for providing responsive services because the results from the national GP patient survey showed areas of lower than average patient satisfaction in areas relating to accessing appointments, and in particular via telephone. As this issue affected all population groups, this led to all six population groups being rated as requires improvement.

At the desk-top review undertaken in September 2020, we found that the practice had taken actions to improve the responsive concerns we had previously identified. The practice and all population groups are now rated as good for providing responsive services.

National GP Survey results

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 (01/01/2020 to 31/03/2020)	90.2%	94.7%	94.2%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- 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. Housebound patients were visited by all members of the healthcare team for blood tests, anticoagulation monitoring, long term conditions reviews, and the administration of injections.
- Royal Primary Care commissioned a home visiting service from a nurse practitioner employed by another local health service provider. Additional visits were covered by GPs working at the practice.
- The practice provided care for residents at two designated residential care homes. A weekly visit was made to the home by a named GP, and any urgent requests were responded to on the day.

- The Royal Primary Care website included resources for care and nursing homes (for example, how to manage dehydration, infection prevention and control toolkits, catheter care) developed in conjunction with the local hospital.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice held regular meetings and worked with community-based teams to discuss and manage the needs of patients with complex medical issues.
- Practice nursing staff provided individual care planning for patients with long-term conditions such as asthma, diabetes and breathing problems.
- The practice had purchased portable FEV1 meters (to measure lung capacity) to improve the monitoring of housebound patients with chronic lung disease.
- Members of the nursing team could initiate insulin for patients with newly diagnosed diabetes meaning that they did not have to travel to another service to access this service.

Families, children and young people

Population group rating: Good

Findings

- Nurse appointments were available outside of normal working hours for school age children so that they did not need to miss school.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were 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 midwife provided ante-natal clinics for practice patients and also patients from the wider community.
- Royal Primary Care had developed an Adolescent Wellbeing Service. Patients were sent a card on their 14th birthday to offer teenagers relevant health information with links to various support services including psychological health, substance misuse, and eating disorders. This could be accessed via an app, and details were provided on the practice website.
- The practice used social media platforms to engage with patients, particularly those in younger age groups.
- Links to younger people in the local community had been helped by the Art@RPC project led by the PPG. This project sought to engage school age children with the practice and brighten up the waiting areas to the benefit of both patients and staff.

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 offered extended opening hours appointments on one evening each week, and on a Saturday morning. Saturday morning clinics offered access to a GP or advanced nurse practitioner, practice nurse, phlebotomy and long-term condition reviews.
- There was integration with the Chesterfield extended access service to provide patients with access to primary care services outside of routing working hours.
- The practice participated in the electronic prescription service meaning that patients could request repeat prescriptions online and collect these from their preferred pharmacy.
- Patients could request access to their online medical records affording easier access to their own information at a convenient time.
- Telephone consultations with the GP were offered each day which supported patients who were unable to attend the practice, or those who preferred to have this type of consultation.
- A Royal Primary Care app allowed patients to ask for an appointment without needing to ring the practice. The patient would be called back and either given advice or offered an appointment with a clinician. This had worked to good effect during the COVID pandemic and it appeared to be well received by patients.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, or any need identified as part of the Accessible Information Standard.
- The Citizens Advice Bureau ran sessions within the practice to provide advice and help signpost patients to other services which could offer them with support and guidance.
- A named social worker attended the practice each week to provide a 'drop-in' clinic for patients.
- The practice registered patients on a temporary basis if their personal circumstances were not stable enough for them to have a permanent abode, and support with their issues would be offered on an individual basis.
- Double appointments were available to accommodate those patients who needed more time to discuss their needs.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Royal Primary Care directly employed two specialist mental health practitioners at the practice. Patients could book an appointment directly to see one of these nurses, rather than a GP. Appointment times were extended to 30 minutes in recognition of the need to deal with patients sensitively and allow sufficient consultation time. Patients were often allocated a follow up appointment at the time of their initial consultation to facilitate their attendance. Telephone consultations were also available, which helped those patients with social phobia or agoraphobia.
- 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 had dementia friendly status and the practice team had a good understanding of how to support patients with mental health needs and those patients living with dementia. A member of staff had been designated as the practice Dementia Champion.
- Carers of patients with dementia were flagged to allow consideration of their needs, such as appointment flexibility and respite needs.

Timely access to the service

People were mostly 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:	

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)	26.6%	N/A	65.2%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	58.4%	65.9%	65.5%	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 (01/01/2020 to 31/03/2020)	47.6%	64.2%	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)	77.4%	74.7%	72.7%	No statistical variation

Any additional evidence or comments

The results of the latest national GP patient survey published in July 2020 showed that patients'

experience of access was improving.

For example, at our inspection in 2019, the following two indicators were showing as a negative variation, but both had improved and were now deemed to have no statistical variation to national averages:

- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020) at 58.4%, showed a marked improvement from 34% the previous year.
- 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) at 47.6% had improved from the previous year's total of 39.9%.

In addition,

- The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered had risen from 56.6% to 77.4% in 12 months.

Whilst the other indicator of telephone access remained below local and national averages, it had risen from 18% to 26.6% satisfaction in the last year. The practice was aware this remained an area for further improvement but continued to monitor this very closely and were taking effective action to make ongoing improvements. Examples of actions already taken included:

- The use of an App to avoid having to use telephone to contact the practice. This prompted clinicians to ring the patient back and determine if their needs could be met via a telephone consultation, or if a face-to-face consultation was required.
- The practice monitored the average wait duration of calls and were acting to drive this downwards.
- A triage tool developed by Royal Primary Care clinicians supported the appropriate signposting of patients and self-care.
- The appointment of more call handlers, and an escalation system to deploy additional staff on call handling duties at peak times, helped more efficient call handling.
- The use of text messaging to confirm appointments when booked, with a reminder sent 24 hours before the actual appointment time. Patients could also cancel booked appointments by text. Patients received a text when they did not attend for their appointment to highlight them to the impact this had on access for other patients.
- The availability of online appointments.
- Active promotion of did not attend (DNA) rates to patients including the associated wasted financial resources, which should have been used for direct patient care.
- Ongoing monitoring of available appointments and workforce planning to ensure capacity.
- The implementation of additional clinics to meet demand including Saturday morning blood test clinics and creating access to cervical screening in extended hours clinics.
- The ongoing assessment of patient experience with regular feedback. This had been interrupted due to the COVID pandemic but the practice was hoping to re-start the process of ongoing service-user feedback to help shape an appropriate response.

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.