

Inspection Evidence Table

Millbrook Medical Practice

(1-8502740852)

Inspection Date:

Date of data download: 05/01/2024

Overall rating: Good

Responsive

Rating: Requires improvement

At our previous inspection in (5 May 2022) the responsive key question was rated good. Following this assessment, we have rated the practice as requires improvement for providing responsive services.

We recognise the pressure that practices are currently working under, and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people’s needs and experiences of care.

The practice had begun to improve patient access; however, this was not yet reflected in the GP patient survey data or some of the other sources of patient feedback.

The practice had not yet collected their own patient feedback via their own survey. Feedback from other sources on access such as NHS choices was mixed.

Therefore, the rating is requires improvement, as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of this assessment.

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered. <ul style="list-style-type: none">We did not visit this location as part of this assessment	-

The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30 pm
Tuesday	8am – 6.30 pm
Wednesday	8am – 6.30 pm
Thursday	8am – 6.30 pm
Friday	8am – 6.30 pm
Appointments available:	
Monday	8am – 5pm
Tuesday	8am – 5.15 pm (in winter access until 6pm)
Wednesday	8am – 5pm
Thursday	8am – 5.45pm
Friday	8am – 5pm

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • Patients had a named GP, those over the age of 75 are informed by letter of their named GP. • The practice had a dedicated GP who visited the patients who were residents in care home patients on a weekly basis providing proactive care and reactive medicine. The practice and primary care network (PCN) staff provided home visits to those who were housebound. • The PCN had complex care nurses who they could refer patients to who had frailty or complexity. • The practice offered a range of appointments to patients, including telephone, face to face, video consultation and online consultation. • The practice had a dedicated pharmacist who supported, they could offer appointments to patients to manage their medicines and deal with pharmacy queries. • The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues, they held regular monthly Gold Standard Framework meetings. (This is a n evidence based systematic approach to improving the quality and organisation of care for people nearing the end of life). • They offered a dermatology service to expedite possible high risk cancer referrals and discharges. • The practice had a dedicated learning and disability nurse who provided reviews in the practice, at the patient's home or other appropriate setting based on their needs.

- In recognition of the religious and cultural observances of some patients, the GP would respond quickly to complete death certificates within 5 working days or sooner dependant on religious preference if known.
- All parents or guardians calling with concerns about a children under age 5 were offered a same day appointment when necessary.
- The practice was open 8am to 6.30pm Monday to Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, via the Primary Care Network (PCN). Appointments were available evenings 6.30 to 8pm and Saturday and Sunday 9am to 5pm.
- Appointments were available via the extended access service for immunisations.
- There was a local service via the primary care network (PCN) where patients whose concern could not wait until the next day could be made an appropriate appointment, face to face or online.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People were not always able to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	*Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	*Partial
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<p>Explanation of any answers and additional evidence:</p> <p>*Some of the GP national survey results (see table below) were lower or similar to local and national averages, the practice had already recognised this. National averages have fallen which reflects lower satisfaction levels from patients nationally, even though some of the practice satisfaction levels are in line with these they are still low.</p> <ul style="list-style-type: none"> • 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 was 51.9% (national average 49.6%). This indicator had until 2021 always been above 90%, since then it had reduced in line with the national average. • The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 54.6% (national average 54.4%). This indicator had been consistently higher than the national average until 2021 when it reduced as did the national average. • The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times was 45.6% (national average 50.4%). This indicator had been consistently higher than the national average until 2021 when it reduced to at least 7% below the national average. 	

- The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered was 63.6%, (national average of 72%). In 2021 this figure was above 80%, in line with the national average, this reduced from then, to at least 8% lower than the national average.

The practice told us that they felt the survey was a reflection of feedback from 2022 when the practice had several staffing changes and challenges. They had recruited more staff and hoped this would be reflected in future satisfaction levels.

The practice had developed a quality improvement action plan focusing mainly on access, responding to patient feedback which had been received from the national patient survey, complaints, patient participation group (PPG), friends and family survey and NHS choices.

Improvements to assist with access to the practice included;

- Further recruitment of clinical and management roles.
- Introduction on the telephone line of a 'queue buster' so patients could be called back rather than waiting on the phone lines.
- Increasing the variety of pre-bookable appointments which were available online,
- A plan to increase the number of clinical appointments before and after current opening times.
- From patient feedback the practice improved the way long-term conditions were managed. The PCN had facilitated extra help from local services. The practice had reviewed the recall process for review in line with the patient's birth month so that multiple appointment were not necessary.
- The practice were using social media to assist with signposting patients to other services who could help them.

The practice had carried out an audit of appointments, with a view to see where consultation time could be managed better. They looked at appropriateness of appointments, surveys, reviewed the telephone message and looked at patient requests for repeat prescriptions to encourage more online ordering.

The practice had recently re-established their training practice status by supporting foundation year doctors who could provide extra clinical appointments, under supervision of their GP trainer. The practice were supporting a trainee advanced clinical practitioner working at the practice.

The practice intended to send out an in-house survey in the first quarter of 2024. This had been drafted in consultation with the practice patient participation group (PPG).

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	51.9%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall	54.6%	53.0%	54.4%	No statistical variation

experience of making an appointment (01/01/2023 to 30/04/2023)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	45.6%	51.2%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	63.6%	71.5%	72.0%	No statistical variation

Source	Feedback
NHS.uk website (formerly NHS Choices)	<p>There have been 4 reviews posted in the last 12 months. Two were 5 stars and 2 were 1 star.</p> <p>The practice responded to all of the reviews.</p> <p>The 5-star reviews included comments such as lovely and helpful and very professional.</p> <p>The 1-star reviews complained of not being able to get an emergency appointment and the other of being kept waiting when attending an appointment.</p>
Complaints to CQC in the last 12 months	There have been no complaints to CQC in the last 12 months.
Share your experience of care	<p>When we announced the assessment, we sent out a link to the practice to share with patients to give us feedback. We received 45 responses of which 31 were positive, 12 were negative and 2 were mixed reviews.</p> <p>Of the positive feedback patients used words such as efficient, caring, polite and improved in their feedback. In particular they gave us feedback on individual doctors and nurses and how they had given very good care and listened to them. A few patients said that there was now a more stable workforce of GPs to see them which was positive.</p> <p>Of the negative responses almost all related to either not being able to get through to the practice by telephone or being able to make an appointment.</p>
Feedback from the practice patient participation group (PPG)	<p>We asked the practice to submit to us feedback from the PPG. They forwarded to us a statement from the chairperson of the group.</p> <p>The chair had asked for feedback from the group. The told us that the general consensus was that the service had improved since a second doctor had been employed.</p> <p>Patients said that they were finding it easier to make appointments, which suited them. There had been long waits for repeat prescriptions, although this had improved recently.</p>
NHS friends and family test	<p>The practice forwarded to us the results of the NHS friends and family test for 2023. 91% of patients who completed feedback said the practice were very good (81%) or good (10%) and would recommend to friends and family.</p>

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.	8
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

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. 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 persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those 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.
- **UKHSA:** UK Health and Security Agency.
- **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.
- ‰ = per thousand.