

## Inspection Evidence Table

Northumberland Heath Medical Centre (1-559926380)

**Assessment Date: 16 November 2023**

Date of data download: 08/11/2023

**Overall rating: Good**

## Context

Northumberland Heath Medical Centre is located in Erith in the London Borough of Bexley and is one of 31 practices serving the NHS Bexley CCG area. It is based in a purpose built building designed specifically for use as a GP surgery.

The practice served a population of nearly 14,000 patients at the time of this inspection.

- According to the latest available data, the ethnic make-up of the practice area is (79%) White. The largest other ethnicities were Black (12%), and Asian (6%).
- Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fifth decile (five of 10). The lower the decile, the more deprived the practice population is relative to others.
- The practice had slightly fewer working age people than the average practice in England or the local area (61%) and slightly more young people (22%) and older people (16%) than the average practice.

The practice had outgrown its space, and was short of clinical rooms for consultations. Internal alternations in January 2023 had provided one extra room, but this was insufficient to provide space for all of the clinical staff and a rota was in use to manage the space. The practice had planning permission to extend the surgery to create 3 more clinical rooms. The practice had applied for funding and hoped (subject to funding being granted) to have the extension completed by March 2025.

## Responsive

## Rating: Requires improvement

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.

Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data or other sources of patient feedback. 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 inspection.

We also found that the practice had not complied with the Accessible Information Standard because patients were not asked at registration about any information or communication needs.

### Responding to and meeting people's needs

**The practice had adjusted 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.	N
Explanation of any answers and additional evidence:  The practice registration form did not ask patients about any information or communication needs. Staff were able to give examples of adjustments that had been made to help patients access services.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm

Thursday	7am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	7am – 12pm / 2pm – 5pm
Tuesday	7am – 12pm / 2pm – 5pm
Wednesday	7am – 12pm / 2pm – 5pm
Thursday	7am – 12pm / 2pm – 5.10pm
Friday	8.30am – 12pm / 2pm – 4.50pm

#### Further information about how the practice is responding to the needs of their population

- 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.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Early morning and early evening nurse appointments were available.
- All parents or guardians calling with concerns about a child were offered a same day appointment or review by a duty GP when necessary.
- The practice was open until 6.30pm. Pre-bookable appointments were also available to all patients at additional locations within the area. Appointments were available 6.30pm – 8pm Monday-Friday and on Saturday 9am – 5pm.
- 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 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).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Partial
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y

Explanation of any answers and additional evidence:

Patient satisfaction with phone and appointment access (as measured by the National GP Patient survey) had been below national and local averages for most of the last 5 years.

The practice had some challenges to providing timely access because of constraints of the phone system and clinical space. Staff had taken steps to make what improvements were possible and were using survey data and other patient feedback to monitor the impact.

The practice had taken part in an intensive programme of support to improve access, in which they worked with a specialist coach to identify and implement improvements.

Staff told us that they were working with other practices through the primary care network to develop further measurable improvements that could be made.

### **Phone access**

- In the 2023 National GP Patient survey 23.8% responded positively to how easy it was to get through to someone at their GP practice on the phone.
- The practice were aware of the difficulties that patients were having.
- Practice staff told of previous unsuccessful attempts to change to a cloud-based phone system to allow more patients to get through and to provide other features to improve the patient experience, such as callback.
- Instead, the practice had added extra phone lines and had extra staff answering calls at peak times.
- As part of a programme to identify and implement improvements to access, the practice had looked at ways to reduce the volume of calls being made at peak times. As examples, telephone appointments had been moved from the morning to the afternoon to free lines for incoming calls and the practice were sending text messages with a link to direct book some appointments (to avoid the patient having to call
- The practice also encouraged patients to use other ways to request appointments, such as through nationally promoted smartphone apps. The practice had advertised these through information in the practice, the practice website, the practice participation group, and a social media account. There were plans for some digital workshops to support patients who would like to learn to use online access methods.
- The practice did not have comprehensive data about call volumes because of the phone system in place. Attempts had been made to collect data manually and this had been used to alter staffing patterns, but staff told us that it could not have any more staff answering phones because there were no more lines or rooms in the practice.
- Staff told us that based on their data and feedback from patients the average wait to have a phone call answered was probably 15 – 20 minutes, rising to 45 – 60 minutes at peak times. This was broadly consistent with the estimate of the patient participation group representative.
- The practice had a dedicated number given to organisations like hospitals to call with urgent test results. Care homes had a direct number, but could also email the practice.
- The practice will be moving to a new cloud based system, as part of a national initiative, before March 2024.

### **Appointment access**

- The practice had increased the number of clinical staff available to see patients and support with medical queries. There had been difficulties replacing a salaried GP and a nurse, but the hours were being covered by long-term locum staff. There were now 3 pharmacists at the practice almost full-time

who completed medication reviews and handled with questions about prescriptions, and an advanced nurse practitioner.

- As part of a programme to identify and implement improvements to access, the practice had developed a consistent, documented approach to triage and signposting of patients to other services, where appropriate, so that patients were not advised to call back on another day if there were no appointments left.
- Staff told us that half of all GP appointments were pre-bookable and half were available on the same day, with a duty GP also available to deal with other queries and requests. Staff told us that it was not common for there to be too few appointments for the patients requesting them, apart from when several staff were on annual leave and that and that managers would 'open up' booking for future appointments early when demand required. We were told that the duty GP would always see young children. Staff told us that there were some pre-bookable appointments available the following week.
- The practice was previously a training practice for doctors who were in their first stage of training after medical school. The practice was about to begin hosting more experienced doctors training to become GPs.
- The practice had outgrown its space, and was short of clinical rooms for consultations. Internal alternations in January 2023 had provided one extra room, but this was insufficient to provide space for all of the clinical staff and a rota was in use to manage the space. The practice had planning permission to extend the surgery to create 3 more clinical rooms. The practice had applied for funding and hoped (subject to funding being granted) to have the extension completed by March 2025.
- There were systems in place to support patients who face communication barriers to access treatment, but these were not comprehensive as patients were not asked at registration about their needs.

### 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)	23.8%	N/A	49.6%	Significant variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	40.7%	49.7%	54.4%	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 (01/01/2023 to 30/04/2023)	38.1%	50.0%	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)	61.3%	66.1%	72.0%	No statistical variation

Source	Feedback
NHS.uk website (formerly NHS Choices)	There was one review in the last 12 months. This described difficulties getting through to the practice by phone.
Feedback to CQC	<p>We asked the practice to contact patients to ask them to give us feedback. We received 5 comments, all of which were positive.</p> <p>Patients told us that they felt the practice was well organised, efficient at booking appointments and seeing patients on time and that staff were friendly, welcoming, open, professional, supportive and reassuring.</p>
Friends and Family Test	<p>The practice paid for the results of the Friends and Family Test to be collated and they were reviewed every month.</p> <p>Staff told us that their assessment from the results was that once patients had managed to get through on the phone they were generally happy with the care they received from the practice.</p> <p>Staff looked for trends in the results, and discussed the overall findings and individual comments with the wider team.</p> <p>We looked at results for October 23. The Friends and Family Test survey had been sent to 507 patients and 148 had replied. 85% of patients had responded positively about their experience, and 66% of these said that it was very good.</p>
Patient Participation Group	<p>We spoke to one member of the Patient Participation Group. They confirmed that getting through by phone was sometimes very difficult, and that it could be challenging to get an appointment with preferred GPs but were otherwise positive about the care phone access.</p> <p>The Patient Participation Group had requested that the practice put a board in reception with staff names, roles and photos. This had been put in place and the Patient Participation Group felt that it was useful for patients.</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.	69
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
The practice received several complaints about repeat prescriptions, where investigation revealed issues in communication between the practice, the patient, and the dispensing pharmacy.	The practice identified a theme in the complaints and worked with local pharmacies to improve the way that repeat prescriptions were managed.
A patient complained about being prescribed a new medicine.	The practice prescribed the medicine on the advice of a hospital team and assumed that the change had been discussed with the patient. It was agreed that in future patients would be contacted to explain why they were being prescribed a new medicine.

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.