

## Inspection Evidence Table

Kelvingrove Medical Centre

(1-581397815)

Inspection Date: 13/12/2023

Date of data download: 06/12/2023

## Responsive

**Rating: Good**

### 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
<p>Explanation of any answers and additional evidence:                      The practice provided evidence that it had a good awareness of the needs of the local population and had tailored the service to meet patients' needs.</p> <p>This included:</p> <ul style="list-style-type: none"> <li>• Being responsive to the needs of children, and housebound patients and offering home visits and urgent appointments.</li> <li>• Booking double appointments for patients who required support, including translation services.</li> <li>• Offering longer appointments with a health and wellbeing coach or social prescriber if appropriate.</li> <li>• Giving patients the choice to book in with their regular GP for continuity when requesting an appointment.</li> <li>• Liaising regularly with community services to discuss and manage the needs of patients with complex medical issues.</li> <li>• Staff signposting patients to services they could access themselves.</li> <li>• Holding a register of vulnerable patients including homeless people and people with a learning disability.</li> <li>• Following up patients with mental health conditions to ensure they had regular reviews.</li> </ul>	

The practice had a website with links to services and an online query and appointment request form.

The practice had an active patient participation group to ensure patient views were listened and responded to. The group met monthly and discussed the running of the practice, including staffing, access, and patient feedback. The practice had taken suggestions from the group for consideration and improvement action. This included a recent project on reducing the number of patients who did not attend their appointment.

The practice had been using a capacity and access improvement plan to review and implement improvements to access and patient experience. This work was on ongoing programme and included a review of the phone lines, online appointment booking, triage process and reception staffing.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am - 8pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8.30am to 12.30pm and 13.45pm to 6pm
Tuesday	8.30am to 12.30pm and 13.45pm to 8pm
Wednesday	8.30am to 12.30pm and 13.45pm to 6pm
Thursday	8.30am to 12.30pm and 13.45pm to 6pm
Friday	8.30am to 12.30pm and 13.45pm to 6pm

**Access to the service**

**People were mostly 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.	Y
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).	Y
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice provided access to appointment on the phone and via an online appointment request form. The practice had a triage system for both the calls and the online forms. Three clinicians reviewed the requests and ascertained the needs for an appointment on the phone for face to face.</p> <p>Patients with urgent needs were prioritised. There were pre-bookable appointments available for receptionists to book. Patients could book some appointments online.</p> <p>Receptionists taking phone calls had received training on signposting patients appropriately to all the services available, including physiotherapy and podiatry. Staff told us they felt confident in guiding patients to services following their training. This allowed clinicians to use more time to for appointments.</p> <p>The practice used a text messaging system as an assisting way to communicate with patients. The practice still maintained collection and post options for patients who were not able to access a mobile phone. The practice offered clinics to support patients with using technology to access the practice.</p>	

### 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)	72.7%	N/A	49.6%	Variation (positive)
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)	60.3%	52.4%	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)	56.0%	51.5%	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)	69.2%	72.9%	72.0%	No statistical variation

### Any additional evidence or comments

The practice used call data effectively to monitor and manage demand for appointments. The results of the National GP Patient Survey showed the practice was well above national averages for patient satisfaction in contacting the practice on the telephone.

## 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.	8
Number of complaints we examined that were satisfactorily handled in a timely way.	8
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 of learning from complaints.

Complaint	Specific action taken
A medication review was completed but the electronic record was not updated to allow the repeat medicines to be dispensed.	The information was reviewed by the receptionist and discussed with the pharmacy team and the system was checked to ensure repeat medicines could be dispensed.

## 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)	$\leq -3$
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:

- 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.

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.