

Inspection Evidence Table

Peterloo Medical Centre

(1-550638484)

Inspection Date: 29 November 2023

Date of data download: 16/11/2023

Overall rating: Good

The practice was last inspected 10 January 2019 and was rated good overall and for providing safe, effective, caring, responsive and well led services.

We undertook a targeted assessment of the responsive key question on 29 November 2023. This assessment was carried out without a site visit as part of our work to understand how practices are working to try to meet demand and to better understand the experiences of people who use services and of providers. The results of our findings have led us to now rate the responsive key question as requires improvement. The service remains rated as 'good' overall. We recognise the great and often innovative work that GP practices have been engaged in to continue to provide safe, quality care to the people they serve. We know colleagues are doing this while demand for general practice remains exceptionally high, with more appointments being provided than ever. In this challenging context, access to general practice remains a concern for people. These assessments of the responsive key question include looking at what practices are doing innovatively to improve patient access to primary care and sharing this information to drive improvement.

The practice remains rated as good overall.

Context

The practice is responsible for providing treatment to approximately 8,850 registered patients.

Data shows that the age profile of the practice population is broadly in line with the CCG and national averages and that 94% of patients are from a white ethnic group and 6% from other ethnic groups.

Information taken from Public Health England placed the area in which the practice is located as three on the deprivation scale of one to ten. (The lower the number the higher the deprivation). In general, people living in more deprived areas tend to have greater need for health services.

At the time of the inspection the practice consisted of 5 GP partners, 2 salaried GPs, 2 practice nurses, a nurse associate, a health care assistant and apprentice health care assistant. The clinical team was supported by a practice manager, an assistant practice manager, a reception manager and a team of administration and reception staff. Peterloo Medical Centre is a teaching practice to medical students and a training practice to doctors who are undergoing training to specialise in General Practice. At the time of the inspection there were four trainee GPs.

Responsive

Rating: Requires Improvement

At the last inspection on 10 January 2019, we rated the responsive key question as good. Following this assessment, we have now 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. 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 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.	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
Explanation of any answers and additional evidence: Patients could book appointments using the NHS App or Patient Online booking system. The practice Care Co-ordinator had, over the last 6 months, been hosting workshops for small cohorts of patients initially aged over 75 in liaison with the Social Prescribing Link Workers and Patient Participation Group to get patients registered with online services and show them how to use these services. Patients were encouraged to tell the practice if they needed assistance with their appointment. The website outlined some areas which patients were encouraged to tell the practice. For example, if they had any access or communication needs. A pop-up alert was entered into patient records if there are any identified access or communication needs. Equipment to support patients was provided, for example, portable hearing loop which could be used both at reception and within consulting rooms and visual aids to support patients with autism and learning disabilities such as a pain chart, feelings scale and basic visual aids for toilets. Translation services were also available. Clinicians and staff had completed recommended training for Learning Disabilities and Autism and some staff had attended basic sign language course.	

Detailed information about access was available online and detailed descriptions about staff roles such as care navigators and the process of sign posting to other services was also displayed on the practice website.

This assessment was done remotely without a site visit. However, at the inspection in 2019 the facilities and premises were found to be appropriate for the services being delivered and the provider confirmed safety risk assessments were in place and up to date for the premises.

The practice has been undertaking research and feels this has enhanced access to health care for patients. They told us they have been awarded the National Institute for Health and Care Research primary care team of the year.

Practice Opening Times	
Day	Time
Opening times:	
Monday to Friday	8am – 6.30pm
The practice is closed for staff training on the second Thursday of each month from 1pm until 8am the following morning.	
Appointments available:	
Monday	GPs 8.30am - 5.30pm Nurses 8am - 5.30pm
Tuesday	GPs 8.30am - 5.30pm Nurses 7.45am - 5.30pm
Wednesday	GPs 8.30am - 5.30pm Nurses 8am - 5.30pm
Thursday	GPs 8.30am - 5.30pm Nurses 8am - 5.30pm
Friday	GPs 8.30am - 5.30pm Nurses 8am - 5.30pm
Enhanced Access was provided by Middleton Primary Care Network. Appointments were available at hubs across Middleton, Heywood and Rochdale and bookable by calling Peterloo medical Centre. Out of hours provision was accessed via 111.	Monday to Friday 6.30pm – 8pm Saturday and bank holidays 9am – 5pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- 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 Nurse Associate carried out weekly visits for patients with Dementia in care homes and to those who were housebound.

- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available from 7.45am on a Tuesday.
- Concerns about a child were triaged by a GP on the same day.
- The practice had high uptake of childhood immunisation exceeding the world health organisation (WHO) 95% target in 4 of the 5 age groups and exceed the minimum 90% target in the remaining age group. And this had seen an upward trend since 2019.
- The practice was below the 80% target for completion of cervical screening at 73% a downward trend since 2020 (81%). The provider explained they had had a vacancy for a nurse for 5 months in 2023 but this was filled in May 2023, and they now had three nurses who could complete cervical screening and two GPs. Patients could access the early nurse appointments for cervical screening and also extended access services in the evening and at weekends.
- Pre-bookable appointments were available to all patients at additional locations within the area, as the practice was a member of a GP federation. These were provided in the evening and on Saturdays.
- 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.
- One stop shop appointment for patients with mental health needs, dementia and learning disabilities were held so annual reviews, flu vaccines, blood tests and any other health needs could be carried out at the same time.

Access to the service

People were not 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.	Partial
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
Explanation of any answers and additional evidence:	
Patients could book appointments using the NHS App or Patient Online booking system. Whilst the last bookable appointment was 5.30pm GPs told us they were flexible about the time the patient could attend the	

surgery often offering appointments after 5.30pm. Routine follow up appointments could be prebooked up to four weeks in advance. Urgent appointment and home visit requests were triaged by a GP. When slots at the surgery were filled the practice had access to appointments within the enhanced access service, and the “in hours” hub appointments. They also offered daily appointments that NHS111 could directly book into.

Data from the 2023 National GP patient survey results showed poor patient satisfaction with all areas relating to access (see table below) and patient satisfaction had been under the England average since at least 2018 and had deteriorated since 2020. The provider told us they had been working with their telephone provider to improve the telephone system over the past couple of years and despite an upgrade this had not had the required effect. They had since purchased a new system with a new provider, and this was due to be fitted in January 2024 which was later than expected due to a delay in the NHS England procurement processes. This would provide a queuing system and call back function as well as systems to be able to monitor calls to the practice.

Since the publication of the results of the 2023 survey the provider had conducted a detailed patient and staff survey in August 2023 to further understand the areas for improvement. Following this they had completed appointment audits and reviewed and adjusted their appointment system in consultation with staff and the patient participation group (PPG). The provider told us the new appointment system commenced on 6 November 2023 and had increased same day appointments offered by 50.65% and pre-bookable appointments offered by 100%.

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)	18.1%	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)	22.1%	51.7%	54.4%	Variation (negative)
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)	25.0%	52.0%	52.8%	Variation (negative)
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)	62.8%	68.9%	72.0%	No statistical variation

Source	Feedback
NHS.uk website (formerly NHS Choices) last 12 months	There had been 8 comments about the service in the last 12 months. One was a positive comment about the service, but the rest were negative comments about accessing the practice via the telephone and availability of appointments.
Feedback to CQC – last 12 months	CQC had received 3 complaints in the last 12 months. 2 related to difficulties accessing the service by 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.	44
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	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
Delay in issuing death certificate	The provider investigated the complaint, held a staff meeting in relation to the findings and provided staff training.
Incorrect advice relating to contraceptive device appointment	The provider investigated the issues and identified actions required and they developed guidance for reception staff in booking these appointments.

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.