

## Inspection Evidence Table

Kynance Practice

(1-7690014351)

Inspection Date: 19 December 2023

Date of data download: 12/12/2023

### Overall rating: Good

We carried out an announced comprehensive inspection Kynance Practice in November 2021. We rated the service as ‘good’ for all five key questions and good overall.

This assessment of the responsive key question was undertaken on 19 December 2023. Responsive assessments are remote focused reviews to help us understand what practices are doing to try to meet patient demand and the current experience of people who use these services and of providers.

### 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.	Not assessed
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:	

The practice had developed and worked with local stakeholders to offer patients a range of services. Some examples of services provided by the practice included in-house weight management advice, smoking cessation advice, sexual health screening and travel advice.

The practice website had links to guide patients on how to access services and support at the practice, as well as providing links to local organisations who were able to provide further support and information regarding health conditions. Having this information on the website, allowed patients choice and flexibility in how and when they accessed care and information relating to their care needs. The practice website was able to be translated into over 120 languages and had the facility to have the content of each webpage read aloud in one of the 120+ languages available.

The practice website also contained details of locations and appointment times for registered patients to attend the extended hours hub (run by the local GP federation) if patients could not attend the practice during normal working hours.

Translation services were available for patients whose first language was not English. This service was pre-bookable and would be booked by the practice. The practice told us that its registration form identifies the primary language for a new patient. There was a hearing loop on site. Staff would assist patients who have visual impairments to access required services at the practice by booking appointments and completing forms on behalf of patients. All patients with additional needs had their clinical records flagged, so that staff would be aware when interacting with these identified patients.

The practice took account of different cultural needs of its patients to provide ongoing care. An example of this was ensuring that the practice retained vaccination stock that did not contain porcine gelatin for use with patients whose faith may preclude them from receiving a vaccine that contained this ingredient.

Housebound patients were supported by the practice through home visits by the practice team as well as colleagues within the local wider community health team.

The practice used the 'My Care, My Way' model (employed in the majority of practices in West London). This model of care focused on providing a holistic system of health and social care for older people using multi disciplinary assessments, extended appointments, social prescribing and a focus on self-care for older people, allowing them to achieve improved health and wellbeing.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am – 6.30pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6.30pm
Appointments available:	

Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 6pm
Thursday	8am - 6pm
Friday	8am - 6pm

#### 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 practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- An extended hours service was available to all registered patients at additional locations within the area, as the practice was a member of the West London GP federation. Appointments at the extended hours hub were pre-bookable by the practice, with appointments available between 3pm to 9pm Monday to Friday, between 8am and 8pm on Saturdays and between 9am and 3.30pm on Sundays.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Homeless persons and travellers were able to register at the practice and use the practice address to receive correspondence.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. There was a dedicated clinician who oversaw the care of these patients.

#### Access to the service

#### People were 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
Explanation of any answers and additional evidence:	
The practice offered a variety of clinical appointments either via their own workforce or jointly within local community multi-disciplinary teams. This included appointments with GP's, advance nurse practitioners,	

practice nurses; healthcare assistants; mental health professionals; physiotherapists; pharmacists, phlebotomists and social prescribers. The practice told us they respected the right of their patients to choose their preferred doctor/ clinician based on their gender identity, religious beliefs, or personal preferences. They would accommodate any requests (to the best of their ability) without compromising the quality and safety of care provided.

Patients could access appointments via telephone, online or in person at the practice. In addition, the practice sent out reminders for annual health reviews (and for those patients who have provided a mobile telephone number) with links attached so patients could upload requested blood pressure readings (if required).

The practice online consultation system allowed registered users to contact the practice regarding a health query. The practice would review all received enquiries on the day received, contacting the patient either by telephone or by a text message (at the earliest opportunity) with further advice based on the information provided on the online consultation form. The online consultation function was only available during opening hours of the practice. Outside of these times, the practice answering machine and website provided details of who to contact regarding health concerns.

Typical appointment times for patients ranged from 10-15 minutes for a single consultation to 30 minutes for health reviews and child immunisations. The practice operated an advance appointment booking system where patients could book appointments up to 2 months in advance (by telephone and online). The practice told us that an average wait for a face-to face appointment with a doctor at the practice would be 48 hours. If a patient required an urgent same day appointment, the practice would schedule a telephone consultation for the patient. A clinician would speak with the patient to determine the appropriate next course of action i.e. a face-to-face appointment or the issuing of a prescription. The practice told us that the addition of the advance nurse practitioner to the service has provided increased clinical provision for patients wishing to speak to a clinician prior to going to work. Patients also had the option of a face-to-face appointment with a clinician at the extended hours hub.

### 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)	82.1%	N/A	49.6%	Significant 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)	61.1%	57.4%	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)	52.3%	57.1%	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)	68.2%	69.7%	72.0%	No statistical variation
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### Any additional evidence or comments

The practice monitored the National GP survey results, and as a result of the 2022 survey results the practice undertook a telephone audit to identify ways in which patient call waiting times could be reduced.

The audit undertaken by the practice over two separate three month periods in 2022 and 2023, saw the practice reduce the call waiting time for patients to have their calls answered from 46 seconds to 40 seconds. The practice told us this was achieved by having two receptionist answer calls during the practice busiest periods of the day which were identified as 9am -11am and 2pm - 4pm.

As a result of the audit, the practice saw a high satisfaction score of 82% compared to the national average of 49% when asked how easy it was to get through to someone at their practice by telephone. The practice told us that they continue to monitor call wait times and would make necessary changes (if required) to ensure patients did not have an extended wait to speak to someone at the practice.

The practice had also used friends and family test data, complaints and direct patient feedback to help to continue to improve services at the practice. In the month preceding this responsive assessment, the practice had received 13 friends and family test responses. The responses showed that patients found the provision of services at the practice to be good or very good. The general theme of comments in response to the test showed that staff at the practice were professional, knowledgeable, helpful and friendly.

The practice had undertaken their own patient survey in November 2023 which looked at patient satisfaction. The survey consisted of seven questions focusing on staff attitude, access to services and general experience of being a patient at the practice. The practice received 8 responses to their survey, all of which gave the practice feedback of very good for their overall experience when interacting with the practice.

The practice had a Patient Participation Group (PPG) which helped them engage with the practice population. As part of this assessment, we spoke with a member of the PPG, who told us that the practice was always willing to engage with the group, to listen to comments and suggestions from the group and incorporating suggestions into the running of the practice to improve the provision of services where needed and if practicable.

Source	Feedback
NHS.uk website (formerly NHS Choices)	The practice had received 3 reviews on the NHS website over the past 12 months. The reviews showed a satisfactory picture of service received by patients registered at the practice. Two reviews spoke of good clinical care received from the practice. The third review did not reference clinical staff but detailed a delay in with an internal process, which in turn led to a delay in the reviewer receiving their medication.

### 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.	1
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.	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
Patient unhappy about practice suggestion to register with a practice in location they recently moved to, to have full access to all local GP and community health services.	Practice explained to patient that they were happy to continue to provide GP services and care and to support patient, however the patient needed to be aware the practice could not make referrals for community services outside of the catchment area the practice is located and near the new location of where patient now lived. All staff reminded to inform patients of practice boundaries and possible limitations if patient moves to a neighbouring location.

### 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
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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.