

# Care Quality Commission

## Inspection Evidence Table

### The Mote Medical Practice (1-566300147)

Inspection date: 28 February 2022

Date of data download: 01 February 2022

**Overall rating: Good**

## Responsive

**Rating: Requires Improvement**

The practice is rated as requires improvement in providing responsive services. This is due to lower than average patient feedback in relation to accessing services, including telephone access.

### 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.	Yes
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	8.30am – 6.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm

Appointments available:	
Monday	8.30am – 7.30pm
Tuesday	7.30am – 6.30pm
Wednesday	7.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	7.30am – 6.30pm

#### 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, this included participation in regular multidisciplinary team meetings.
- The practice worked closely with local community pharmacists who delivered medicines for housebound patients.
- Additional nurse appointments were available from 7.30am three days a week so that patients could access blood tests at a time when it didn't impact on their work.
- School age children could access appointments so that they did not need to miss school.
- The practice offered a drop-in clinic for cervical smears.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 7.30pm on a Monday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available in the evenings and at weekends.
- 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 due to issues accessing the practice by phone, however, remote and face to face appointments were available.**

*The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize 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	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritized	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: There were issues with access to the practice via telephone. There were poor GP patient survey results and concerns expressed in online reviews. The practice were in the process of addressing this and had a plan to implement a new system over the coming months. The practice had previously operated out of two locations, however, in November 2020 they had closed their branch surgery as part of a consolidation agreed with the local clinical commissioning group. A duty doctor was allocated on a daily basis to provide more urgent 'on the day' appointments. Access to appointments was through an initial phone based triaging system. Appointments were offered by telephone and face to face. An online consultation tool had stopped being used in October 2021 due to issues with the system raising some safety concerns within the practice. Practice leads had consulted with the service provider to address the concerns and there were plans to reinstate this service in the spring 2022. Routine face to face appointments could be booked up to four weeks in advance.	

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	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 (01/01/2021 to 31/03/2021)	21.5%	N/A	67.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	40.5%	66.3%	70.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	45.7%	62.8%	67.0%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	73.1%	80.5%	81.7%	No statistical variation

### Any additional evidence or comments

Patients experienced some difficulties getting through to the practice by phone. Practice leads told us there had been issues with the phone system and had implemented a new cloud based system in May 2021. However, there were ongoing concerns with the system not being fit for purpose. The practice were in the process of implementing a new advanced cloud-based system to address the issues. We saw evidence of communication with the phone company to address the concerns and we saw an outline plan and timeline for the implementation of a new system. This included a process for engaging with patients to monitor the effectiveness of the implementation of a new system.

National GP patient survey results showed a lower than average satisfaction with making an appointment and practice appointment times. Practice leads were aware of the issues and had ongoing plans in place to improve access. Recent changes included increased staffing, including redeployment of and additional reception staff so that there were more staff available to answer the phones and book appointments. Data provided by the practice showed a 22.75% increase in appointment availability in the last year, an increase from 778 in July 2021 to 955 in January 2022.

Source	Feedback
NHS Choices	Nine out of 10 online reviews in the last 12 months cite concerns including access via the phone and to face to face appointments.

## 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.	39
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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
Explanation of any answers and additional evidence: The practice recorded, analysed and responded to complaints appropriately. Complaints relating to the phones and access formed an identified theme. Action taken to address this included the implementation of a phone queuing system, addressing issues with access to outside lines and a longer-term plan to replace and evaluate the system.	

Examples of learning from complaints.

Complaint	Specific action taken
Patient unhappy with treatment	The complaint identified a lack of review so was also raised as a significant event within the practice. Action included appropriate referral and learning regarding increased vigilance when reviewing patients transferred from other services.
Issues with telephone access	A patient had difficulty with telephone access which led to increased distress. As well as ongoing improvements planned for the phone system practice staff liaised with community support services to meet the needs of the patient.

## 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:

- 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 women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women 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.
- PHE:** Public Health England.
- 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.