

Care Quality Commission

Inspection Evidence Table

Rooley Lane Medical Centre

(1-540313361)

Inspection Date:

Date of data download: 21/12/2023

Responsive

Rating: Good

At the last inspection in March 2019 the Responsive key question was rated good. The practice continues to be rated good for providing responsive services following this inspection.

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 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
The practice had analysed data on its patient population carefully and shaped the services they offered accordingly. The practice was situated in an area with a very diverse population and high levels of deprivation. To foster good relationships within their community they had focused on working with partners to meet patients' social needs. This included having a benefit and debt advisor based in the practice to help patients with managing their finances and also offered extra support such as providing food parcels to those in need.	

As part of community engagement, the practice took part in other community-based schemes. They worked in conjunction with the city-wide practice that supported homeless people and refugees. They were able to refer into the 'community shop'. The community shop was supported by social prescribers and provided a food bank style service whilst also equipping patients with skills such as cookery, understanding their mental health and how to report a crime. The practice had developed a new patient pack that signposted patients to all the additional help and support schemes in the area, this was supported by the reception team who would offer this information over the phone.

The practice had noticed an increase in its patient list and had reconfigured space to make 3 more clinical rooms to cope with increased demand. They had also identified that children in the area needed additional support making healthy choices. Practice staff had begun in-reach work into schools to promote good health and educate children on smoking, and vaping, cessation.

The practice had identified health inequalities within their community and focused their resources into 3 key projects this included ensuring their annual health checks picked up on and referred patients with mental health issues; increasing their capacity to deliver annual health checks for people with a learning disability and smoking cessation or reduction in pregnancy. In addition to the 3 key projects the practice had also increased their capacity for diabetic reviews and were providing additional appointments for patients to discuss any anxieties or concerns about interventions such as vaccinations or cervical screening.

The practice had a diverse population including Pakistani and eastern European patients. They ensured they had a wide range of ways to communicate including electronic check in at reception in multiple languages and a new interpretation service. They had consulted with their patient's who had asked them to ensure Punjabi was added to their reception system and they had also spoken with the Polish community to find out their preferences for accessing appointments.

Practice Opening Times	
Day	Time
Opening times:	
Monday	7.45am – 6.00pm
Tuesday	7.45am – 6.00pm
Wednesday	7.45am – 6.00pm
Thursday	7.45am – 6.00pm
Friday	7.45am – 6.00pm
Appointments available:	
Monday	8.00am – 6.00pm
Tuesday	8.00am – 6.00pm
Wednesday	8.00am – 6.00pm
Thursday	8.00am – 6.00pm

Friday	8.00am – 6.00pm
--------	-----------------

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.
 - 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.
 - There was a medicines delivery service for housebound patients via local pharmacies.
 - 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 for school age children outside of school times so that they did not need to miss school.
 - All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
 - Pre-bookable appointments were available to all patients at additional locations within the area Monday to Friday from 6.30pm to 9.30pm and 9am to 5pm 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 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
The practice offered a variety of clinical appointments either via their own workforce or jointly within their Primary Care Network (PCN). This included: GP’s; nurses; healthcare assistants; trainee general practice assistants; pharmacist or pharmacy technician; paramedics; social prescribers; a drug and alcohol worker; mental health professionals; physiotherapists and advanced nurse practitioners. Patients could access appointments via telephone, electronic consultation, electronic self-booking systems or by walking into the practice.	

The practice had a cloud-based telephone system which had a queuing and call-back feature. This meant patients could request a call-back, hang up their telephone and the system would call them back when they reached the front of the queue.

The practice was a training practice with placements for registrars, junior doctors and nursing students, meaning they were contributing to the wider system by ensuring nurses and student doctors had the opportunity to access training opportunities. In addition, the practice invested in and had developed existing staff. For example, two existing staff were being trained as GP assistants. At the time of our assessment, they were continuing to attempt to recruit to their vacancies and had registered as a tier 2 visa practice meaning they could recruit from overseas.

The practice recognised the need for good communication with patients. They had an active patient participation group (PPG) who supported them in engaging with patients around access to the practice. In addition, they were active on social media, had a comprehensive website and displayed information within their waiting areas. As part of their drive for better patient education they had removed the 'missed appointment' information from their waiting rooms and were publishing what the practice had achieved in terms of appointments.

The practice had taken a pro-active stance with long terms conditions management and ensured patients were contacted in a timely manner and offered appointments that suited them. Managing appointments correctly for patients with long term conditions helped to release acute 'on the day' appointments.

The practice had also analysed demand for GP appointments and nurse appointments. At the request of patients more nursing team appointments for interventions such as, cervical screening, child immunisation and diabetic foot checks had been made available.

The work the practice had done to improve access was reflected in their access data that indicated they had been able to increase appointment availability. For example, in October 2022 they offered 3969 appointments with clinicians which had risen to 4355 by October 2023.

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)	54.3%	N/A	49.6%	No statistical variation
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)	65.0%	47.5%	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)	58.6%	47.9%	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)	77.1%	70.6%	72.0%	No statistical variation

Any additional evidence or comments

According to the National GP survey results outlined in the table above the practice had performed above national 'access' averages in all the indicators.

The practice monitored its feedback carefully. We saw friends and family data that indicated that patients were satisfied with the access at the practice. In addition, they had commissioned 'secret patient' audits where people contacted the practice for an appointment and reported on their experience. The practice combined all of their data, including informal and formal complaints, direct patient feedback and PPG feedback and shared it publicly alongside solutions they had put in place. They referred to this as 'you said, we did'.

Examples of you said we did included improving their telephone system; changing their interpretation service so that patients who struggled with the language were able to access an interpreter on the day of their appointment, even if that appointment was booked the same day and nurses been given autonomy over their appointments, giving them the ability to offer additional appointments if they had additional time.

Source	Feedback
NHS.uk website (formerly NHS Choices)	The practice had received 1 5-star (out of 5) review in the past 12 months.

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.	23
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.	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
Access issues	Each access complaint was used to feed into the 'you said' we did' process.

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.