

Inspection Evidence Table

Aveley Medical Centre

(1-522316620)

Inspection Date: 28 November 2023

Date of data download: 27/11/2023

Responsive

Rating: Requires Improvement

At the last inspection in August 2021, the Responsive key question was rated requires improvement.

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 inspection.

Responding to and meeting people's needs

The Services did not always meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Partial
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.	Partial
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<ul style="list-style-type: none"> The practice delivered care to 12,310 registered patients and the provider worked with their clinicians and non-clinical staff, in response to their recent national GP patient survey data, the provider had enrolled in the National General Practice Improvement Programme run by NHS England. For patients who found it hard to access services due to language difficulties, the practice used a language line and had a diverse staff population who could support translation for patients. 	

Practice Opening Times

Day	Time
Opening times:	
Monday	8 am - 6.30 pm
Tuesday	8 am - 6.30 pm
Wednesday	8 am - 6.30 pm
Thursday	8 am - 6.30 pm
Friday	8 am - 6.30 pm
Appointment times:	
Monday	8 am - 6.30 pm
Tuesday	8 am - 6.30 pm
Wednesday	8 am - 6.30 pm
Thursday	8 am - 6.30 pm
Friday	8 am - 6.30 pm
Extended Access:	
Thurrock community hub provided pre-bookable appointments at :	
<ul style="list-style-type: none"> • South Ockendon on Tuesdays, Wednesdays, and Thursdays 7 pm to 9 pm, plus weekends from 9 am to 12 noon. • Corringham: 7 days a week 7 pm to 9 pm and Weekends 9 am – 12 noon. • Grays: 7 days a week 7 pm to 9 pm and Weekends 9 am – 12 noon & 1 pm – 4 pm. • Tilbury: 7 days a week 7 pm to 9 pm and Weekends 9 am – 12 noon. • Purfleet: 7 days a week 7 pm to 9 pm and Weekends 9 am – 12 noon. • Fobbing: 7 days a week 7 pm to 9 pm and Weekends 9 am – 12 noon, except every other Saturday and Sunday were closed). 	

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.
- 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.

- Outside of practice and extended access, patients were asked to contact NHS 111 for medical support.

Access to the service

People were not always 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).	Partial
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).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<ul style="list-style-type: none"> • Patient satisfaction with appointment times was noted to be lower than local and national averages between 2019 and 2021. In 2022 negative feedback decreased patient satisfaction even further. Although in 2023, this figure had risen positively by 10%, the practice was still below the expected local and national targets. In response, the provider had implemented new technology for patients to contact the practice more effectively. This included a new electronic system whereby patients could message the practice directly to reduce telephone call wait times. • The provider told us they had a high locum use and were struggling to recruit full-time GPs. This was impacting on the appointment types being offered to patients. • The practice told us patients who required access to mental health support had responded negatively in the national GP survey, in particular to questions about consistency of access to and feeling understood by clinicians. The provider increased the mental health practitioner support to the practice to address the downward trend in negative responses since 2020. Additionally, the provider was implementing mental health awareness training for all clinicians. • The practice told us friends and family test survey responses could be low and it was harder to obtain true accurate reflections of patients' experiences with access. For example, surveys were sent out after each appointment, and not many responses would be returned. • A large-screen television had been purchased for the waiting area and the provider was able to add practice information for patients to view whilst waiting for an appointment. For example, dates of immunisation clinics, friends and family test completion, and signposting for local services patients of extended access and support groups. 	

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
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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)	30.6%	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)	36.7%	43.4%	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)	33.5%	43.3%	52.8%	Tending towards 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)	62.7%	64.0%	72.0%	No statistical variation

Any additional evidence or comments

- Between 2019 and 2022, there was a downward trend in patient satisfaction for telephone access to the practice as shown in the GP patient survey data. This had risen slightly in 2023, however, remained below the national average.
As a result of the patient survey, the provider completed telephone data audits and had been transparent with 2 examples of excessive wait times, in one case, a patient had waited 58 minutes to book an appointment. The provider had changed telephone providers to one that included a call-back function and monthly audits showed wait times had reduced from approximately 30 minutes to 2-3 minutes and, where busier periods were noted, the reception manager was able to allocate staff to reduce wait times.
- We saw an upward positive trend of patient satisfaction with appointment times. We noted the data from 2020 to 2022, was in line with the patient responses seen for 2023, whilst 2022 showed a 27% downward trend in patient satisfaction with appointment times. The provider told us they were renewing their electronic self-book system to ensure patients were able to check in to the practice and avoid queues at reception. At the time of our inspection, this had not been delivered.
- The provider told us that non-clinical staff would be further trained in communication, identifying patients with higher level of need, to prioritise access, and being upskilled to include enhanced patient navigation roles to support multi-disciplinary signposting to the most appropriate service for patient needs. Additionally, the provider completed 6 monthly audits on triage assessments to monitor staff signposting or escalating concerns appropriately.
- NHS England National General Practice Improvement Programme aimed to improve staff communication with patients when booking appointments and the practice recognised a requirement to modernise current ways of working.
- The provider was positive about changing current working practices and providing staff education on improving efficiency and continuity of care delivery, plus, how to make the best use of multi-disciplinary teams with support for access to GP services. The provider was hopeful this would positively impact the next GP patient survey data as patients would be seeing changes to feedback and may be encouraged to respond to offer feedback to input on changes required for accessing the practice.
- Patients who were satisfied with the appointment offered had increased by 5% in the national patient survey results since 2020.

Source	Feedback
NHS.uk website (formerly NHS Choices)	We saw 8 patient reviews in the past 12 months. Of these, 6 were negative about access and patient experience when attending an appointment, and 2 positive reviews regarding positive access experience, The provider had responded to all patient feedback.

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.	14
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient experienced long-term health complications following medicine discontinued and a long telephone wait to the practice resulted in hospital admission.	A clinician had discontinued a medicine that was affecting a clinical condition and this led to hospital admission and diagnosis of long-term health complications. The practice investigated this incident and found the clinician had followed guidance and actions taken were appropriate. Furthermore, the long-term condition was unrelated to the. A serious incident was logged and , all staff were made aware of the incident. Additionally, in addition, the practice reviewed it's telephone service and took action to mitigate against excessive holding times in the future. The practice undertook a series of monthly audits of telephone traffic to measure the impact of changes to the telephone system.

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.