

Care Quality Commission

Inspection Evidence Table

Hastings Medical Centre

(1-4735308069)

Assessment Date: 23 November 2023

Date of data download: 15/11/2023

Overall Rating: Good

We carried out comprehensive inspection at Hastings Medical Centre on 25 November 2021 and we rated the service as 'Good' for all five key questions and overall.

This assessment of the key question of responsive was undertaken on 23 November 2023 as part of our work to understand how practices are working to try and meet the demands for access and to better understand the experiences of people who use services and providers. The results of our findings led us to continue to rate the responsive key question as 'Good' overall.

We recognise the 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.

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.	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:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00 am – 6.30 pm
Tuesday	8.00 am – 6.30 pm
Wednesday	8.00 am – 6.30 pm
Thursday	8.00 am – 6.30 pm
Friday	8.00 am – 6.30 pm
Appointments available:	Including extended access with appointments available at other sites.
Monday	8.30 am – 8.00 pm
Tuesday	8.30 am – 8.00 pm
Wednesday	8.30 am – 6.00 pm
Thursday	8.30 am – 8.00 pm
Friday	8.30 am – 6.00 pm
Saturday	9.00 am – 5.00 pm

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • The practice offered more appointments available by a greater variety of clinicians and weekend appointments by utilising the extended access arrangements provided by the PCN at two additional practice sites. • Telephone consultations were offered for all patients. • The practice offered online consultations via the practice web site. • Care Navigators were trained to signpost patients to get help sooner. Signposting patients to other services released appointments for those who needed to be seen by a GP. • The PCN provided extended hours appointments available at alternative locations to improve access for working-age patients or those who work. • The practice referred those patients who may benefit to social prescribers for help and support. • The practice provided additional services via the PCN for example, well-being coaches who supported patients in many different circumstances, with low level anxiety, weight-management, and life-style changes to improve management of long-term conditions. • Poorly children were seen on the same day including under fives and infants. • The practice was pro-active in ensuring babies and children received their immunisations. • 8-week mother and baby checks were offered to coincide with first immunisations in one visit.

- Patients were offered a choice when booking to see a clinician, either a face-to-face or telephone call (as appropriate) if this was their preferred option.
- Patients with learning disabilities were encouraged to book an appointment at a time that best meet their needs, for example booking at quieter times.
- The practice was an early adopter of dermatoscopes in primary care for dermatology referrals. This had allowed a clinical grade photograph of the problem to be included as part of the electronic referral. For some patients, their issue had then been dealt with more quickly by the GP with advice and guidance from a consultant.

Access to the service

People who used the service 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 had adopted a mixed approach to assessing patient needs through signposting and triage, offering a combination of book-on-the-day and pre-bookable appointments. Nurse clinics were available to be booked further in advance as their workload was predominantly planned. Appointments could be booked by telephone or in person, and patients could also contact the practice using the online option through the website.

Patients could choose if they would like to see the clinician face-to-face or if they preferred a telephone consultation. The provider told us that if it was not appropriate for a patient to receive a telephone consultation (for example if they are having some sort of diagnostic test or they needed to be examined by the GP), the patient would be offered a face-to-face appointment.

Patients were able to access digital appointments if they wished as the practice utilised AccuRx online consultation forms. AccuRx is an on-line consultation form that the patient completed in their own time and submitted to the practice to review the appropriate support and consultation needed.

We looked at the practice appointment booking system on-line during the meeting and saw that patients could access appointments at the practice or at different locations within the PCN and these were available via booking on-line, telephone, walk-in or pre-bookable. Extended hours appointments were available from 6.30pm to 8pm Monday to Friday and 9am to 5pm Saturday.

The practice provided doctors home visits as needed and also offered the Symphonie PCN home visiting service.

We saw that the practice web site had information about how patients could access services. The practice had a social media page which was used to provide information for patients either directly about things happening at the practice or general advice about health matters. For example, the practice had recently posted information regarding measles and the advantages of vaccination.

The practice continued to work at identifying patient needs relating to a disability, impairment or sensory loss. The practice had recently attended a presentation of the Reasonable Adjustment Flag Project which promoted the use of the reasonable adjustment digital flag via a Snomed code rather than an alert on the patient record. They had adopted this approach.

The practice told us that all forms and documents were available in easy read format as required and the patients had access to AIS adapted services. The practice website also had access to translation software to support non English speaking patients.

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)	76.3%	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)	82.3%	47.0%	54.4%	Variation (positive)
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)	81.8%	46.6%	52.8%	Variation (positive)
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)	88.6%	69.9%	72.0%	Tending towards variation (positive)

Any additional evidence or comments

The practice received higher than local and national average scores for patient satisfaction in the national patient survey for questions about patient experience of getting through to the practice by phone, their experience of making an appointment, GP appointment times and the appointment they were offered.

The provider told us that a cloud-based telephone system had been introduced in February 2022. However, they told us that the chosen system did not altogether fulfill the requirements of the contract and going forward from 1 April 2023 would be replaced with a system that does meet the providers requirements as part of the service re-development programme. The new system would be implemented and ready for the return to the Spring Bank West premises from March 2024.

The provider told us that there was a higher than usual turnover of care navigation staff during 2022/2023, and for a period of time had vacancies and a member of the team was on maternity leave. The practice had invested in additional staff, and regularly reviewed how best to deploy the additional resource to meet demand at their peak times.

Source	Feedback
NHS.uk website (formerly NHS Choices)	We looked at one review that had been submitted as a 'onestar' reviews which related to clinical care. The provider had not replied to this feedback.
Google Reviews	We looked at eight google reviews over the last 12 months. All were 'fivestar' reviews related to good outcome experience. The provider had not replied to this feedback.
Friends and Family Test (FFT)	The practice receive feedback through hand-written FFT cards and text responses through FFT. We looked at data that was received for the 2023 period as follows: very good 141, good 14, neither good nor poor 4, poor 3 and very poor 3.

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.	8
Number of complaints we examined.	8
Number of complaints we examined that were satisfactorily handled in a timely way.	8
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
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Patient invited for blood test by text which did not include what the blood test was for. However, appointment request was too vague.	The protocol for text messaging was reviewed and additional checks were implemented prior to text reminders being sent.
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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.