

Inspection Evidence Table

Sai Medical Centre

(1-9639813017)

Inspection Date: 24 November 2023

Date of data download: 23/11/2023

Responsive

Rating: Good

At the last inspection in June 2022 the Responsive key question was rated good. The practice continues to be rated good for providing responsive services following this assessment.

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 needed translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<ul style="list-style-type: none"> The provider had the use of a language line and multilingual staff. For example, one staff member spoke 9 languages to support patients. The practice culture was to treat patients as extended family and as a result, the patients’ needs were understood and patient feedback was positive towards feeling supported and listened to by the staff. 	

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
<p>Extended Access:</p> <p>Appointments were available until 8pm weekdays with Tilbury and Chadwell primary care network at a local practice and also Saturday 9 am – 5 pm.</p> <p>NHS 111 provided appointments outside of extended access hours.</p>	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • 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. • Additional nurse appointments were available daily for school-age children and the practice would try to accommodate afternoon appointments 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. • Patients had access to appointments until 8 pm on Monday and Friday and Saturdays 9 am – 5 pm. This involved a clinical pharmacist or access for immunisation, screening appointments, and GP or nurse access. • Pre-bookable appointments were also available to all patients at an additional location within the area, as the practice was a member of a GP federation. • 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. For example, patients liked to sit in the car until their appointment due to quieter noise levels and staff would go to the patient's car to advise their appointment was due to commence.

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.	Yes
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 (including those who might be digitally excluded).	Yes

Patients with most urgent needs had their care and treatment prioritised.	Yes
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"> According to the national GP patient survey data, patient satisfaction increased between 2022 to 2023 regarding contacting the practice via telephone. Patients were consistently happy with the appointment times they were given. Feedback received by the practice from in-house survey data stated they felt listened to about their preferences for appointments. The provider told us they had looked after their patients for over 10 years in some cases and they understood their patients' needs, we saw practice survey data to show patients' positive comments towards staff understanding them. Regular monthly patient feedback was discussed as a whole practice and the provider sought staff input into any decision-making so there was a clear informative approach to making changes. For example, if a complex patient wished to have extra appointment time, the whole team would discuss and place a note on patient records so all staff were aware of when a patient requested an appointment. 	

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)	61.9%	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)	62.3%	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)	52.8%	43.3%	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)	65.4%	64.0%	72.0%	No statistical variation

Any additional evidence or comments

<ul style="list-style-type: none"> Patient national GP survey responses for 2023 had seen a positive uptrend since 2022 and the practice told us they had seen other modes of access utilised such as online bookings that had eased the telephone lines. Additionally, for busier periods of telephone use, extra staff would support answering the telephones. Since 2022, there had been a 7% positive increase in patient satisfaction responding positively to making an appointment.
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- The practice was aware they had amended child appointments to try to minimise the time missed from school hours and this had caused a static response of satisfaction with appointment times.
- The practice recognised that not all patients would be satisfied with appointments and reflected that where possible, they added patient notes to records to advise when working patients may have eased to answer telephone calls at a more convenient time, for example, lunch breaks, however, this was not always possible and patient satisfaction had slightly dipped. In response, the provider offered extended access hours outside of working hours to demonstrate patients were listened to.

Source	Feedback
NHS.uk website (formerly NHS Choices)	We saw 2 reviews, one negative review regarding access to appointments and one positive regarding patient experience when attending the practice for an appointment.

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.	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
<ul style="list-style-type: none"> • The provider was very proactive when a complaint was received. From the moment a complaint was received, the leadership team would discuss the complaint with all staff teams to gain feedback and analysis of all avenues of the complaint and root cause analysis to involve staff at all levels and embrace a whole practice approach. • Once a complaint had been reviewed and investigated, this was fed back to staff and the leadership team would also ask staff to offer constructive criticism to gain feedback to self-reflect on whether they could have done anything differently. Staff told us this made the teamwork and culture positive as they felt valued and patients benefited from this when accessing the practice. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient had complained at the length of time it took to answer a telephone call.	The provider undertook a telephone audit of calls and placed extra staff to support busier periods at the practice.

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.