

Care Quality Commission

Inspection Evidence Table

Bridge House Medical Practice (1-7375819097)

Inspection date: 03 November 2021

Date of data download: 01 November 2021

Overall rating: Good

We carried out a comprehensive inspection of Bridge House Medical Practice in November 2019 when we rated the provider as Good overall. Specifically we found the practice to be Good for safe, effective, caring and well-led services, and Requires Improvement for providing responsive services.

On 3 November 2021 we carried out a desktop review of the evidence supplied to us by the practice. The evidence provided offered us reassurance that improvements to the service had been put in place. This included improvements to patient access to services provided by the provider.

Responsive

Rating: Good

Access to the service

People were/ were not able to access care and treatment in a timely way.

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.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	01-01-19 to 31-02-19	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)	43.2%	N/A	67.6%	37.2%	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)	52.5%	69.2%	70.6%	32.6%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly	49.9%	66.2%	67.0%		Tending towards variation (negative)

Indicator	Practice	CCG average	England average	01-01-19 to 31-02-19	England comparison
satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)				42.3%	
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)	58.4%	79.4%	81.7%	46.2%	Significant Variation (negative)

Any additional evidence or comments

At our inspection on 5 November 2019 we found that the practice was significantly lower than the national average for the National GP Patient Survey in relation to access to appointments.

At this review, we found that the scores for the survey had begun to improve through new processes put in place by the practice. The practice provided evidence of the systems put in place to improve patient satisfaction. This included:

- A new telephone system was installed which is integrated with the practice record system. The system links the caller to their records and allows staff to update the records while on the call. The system will also direct callers to the most relevant member of staff to help them.
- More telephone lines have been installed and more staff have been trained in answering them to increase capacity at peak times.
- The practice surveyed 50 patients and 92% said that they were happy with the new telephone system.
- The practice had increased the ways of making appointments to include telephone, eConsult, in person and via the patient online access system.
- Receptionists have been trained to also act as health navigators to help triage patients more efficiently.
- Practice opening times have increased to offer appointments from 7am on a Monday, Tuesday and Friday. Clinicians were also available throughout the day to see patients.
- The number of appointments were increased by six sessions through recruiting further GPs to cover this.
- The clinical team has been increased to include GPs, a musculoskeletal extended scope practitioner, clinical pharmacist who also prescribes, nurse and healthcare assistant.
- The type of appointment that can be made has been increased to include video calls, telephone and face to face visits. There was also the ability for interpreters to virtually join consultations if required.
- Text messaging was also used by GPs to contact patients if appropriate. Patients could also respond directly to the GP in this way.
- Regular clinical and staff meetings were held and discussed areas highlighted by the patient survey. Improvements were discussed and further staff training given. For example, customer

service training and talks from IAPT and IRIS. Real life scenarios were also used for training staff. Recorded telephone calls were used as a basis for role play scenarios.

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 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.
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- ‰ = per thousand.