

Inspection Evidence Table

Blackfriars Medical Practice

(1-585225251)

Inspection Date: 9 January 2024

Overall rating: Good

We carried out a comprehensive inspection at Blackfriars Medical Practice on 11 January 2019 and we rated the service as 'good' for all five key questions and overall.

This assessment of the responsive key question was undertaken on 9 January 2024 as part of our work to understand how practices are working to try to meet demand and to better understand the experiences of people who use services and of providers. The results of our findings have led us to now rate the responsive key question as 'requires improvement'. The service remains rated as 'good' overall.

We recognise the great and often innovative 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.

Context

Information published by Public Health England shows that deprivation within the practice population group is in decile 4 (4 out of 10). The lower the decile, the more deprived the practice population is relative to others. A lower level of deprivation can indicate challenges in providing healthcare. The supply of healthcare services tends to be lower in more deprived areas due to a number of factors but has an increased demand. The population tends to have poorer health status among individuals with a greater need for health services. For example, there may be higher levels of long-term conditions such as those affecting the cardiovascular system and respiratory system. Data available to us showed that the practice has a much higher than average number of working age patients (91.6% of the patient list) than other practices locally (67.1%) and nationally (62.4%). Since 2021 the practice had gained an additional 3000+ patients. This took the patient list size from approximately 11,500 to 14,890.

Responsive

Rating: Requires Improvement

At the last inspection on 11 January 2019 we rated the responsive key question as 'good'.

Following this assessment we have now rated the practice as requires improvement for providing responsive services. 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 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 practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The Practice was registered as a 'Safe Surgery'. A Safe Surgery can be any GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. At a minimum, this means declaring the practice a 'Safe Surgery' for everyone and ensuring that lack of ID or proof of address, immigration status or language are not barriers to patient registration. Translation services were available to patients who required these and longer appointments were booked for patients who required the services of an interpreter. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6:30pm
Tuesday	8am – 6:30pm
Wednesday	8am – 6:30pm
Thursday	8am – 6:30pm
Friday	8am – 6:30pm

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. At the time of inspection the practice had 12 patients who were aged 75 or over, they are offered same day appointments and annual health checks. A Clinical Representative from the practice attended a monthly multi-disciplinary group (MDG) meeting in Broughton where District Nurses, Social workers and a consultant attend to discuss specific elderly

patients who frequently attend A & E, the patients that were brought forward to this meeting are regularly discussed and followed up within the practice.

- Additional nurse appointments were available until 8pm on a Friday.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The provider supported service developments set up by the primary care network (PCN) to meet the needs of patients within the locality. Patients were referred to these services accordingly.
- 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 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).	Yes
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.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The patient voice about difficulties in getting through to the practice by phone and in obtaining an appointment was strong. Patient dissatisfaction was reported to the practice in the form of complaints and in patient feedback surveys. It was also evident in the national patient survey results and in patient reviews on the NHS website. • The practice received lower 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, satisfaction with appointment times and satisfaction with the appointment they were offered. • Since the GP patient survey results in 2023 the practice told us they had increased the number of GP appointments, advanced clinical practitioner appointments, and physician associate appointments to improve access for patients. • The practice had developed an action plan to address access in 2022, this was still used to monitor progress throughout 2023. The practice identified that waiting times for routine appointments were 1 to 2 weeks and set the target of 48 hours. The practice added additional clinical sessions, the practice told us this resulted in all routine appointments offered within 48 hours and urgent appointments all offered same day. 	

- When a patient contacts the practice outside of opening hours, they are directed to NHS 111 who would triage the patient. The practice offered appointments in their extended access clinic provided through the Primary Care Network during 6:30pm-8pm each evening and Saturday and Sunday between 9-5pm. These appointments were available to book through the practice reception team.
- Calls and online requests for appointments were triaged by the GP clinical lead to ensure the correct and timely care was given.
- There was clear information on the website to explain to patients that appointments could be booked online, on the phone or in person.

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)	32.9%	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)	42.1%	54.4%	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)	38.1%	51.6%	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)	60.0%	69.5%	72.0%	No statistical variation

Any additional evidence or comments

- 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 had decreased from 55.44% in 2022 to 32.92% in 2023.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was had decreased from 44.88% in 2022 to 38.13% in 2023.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times had decreased from 46.17% in 2022 to 42.1% in 2023.
- The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered had decreased from 70.58% in 2022 to 60.02% in 2023.
- Since 2021 the practice had gained an additional 3000 patients due to new housing in the area. The practice told us they responded to this by increasing clinical and admin staffing, including an increase to two full time practice nurses.

- During our inspection, the practice was in the process of doing a winter pressure survey of their patients as part of a primary care network piece of work. The survey asked the patient about the type of appointment they had and the satisfaction with the outcome of the appointment. The survey showed positive feedback from patients.
- Following our assessment the practice decided to run an internal survey reflecting the questions in the national survey. This was sent to all patients who had an appointment the week 1-5 January and asked about the experience of the previous 6 months. The practice received 101 responses in total. The practice had decided to carry out regular internal patient surveys and discuss the findings at practice level following our assessment.
- The practice internal survey in January 2024 found 75% of patients found the experience of making an appointment good or very good.
- The practice internal survey in January 2024 found 80% of the 101 respondents found it easy to get through on the practice phone, 95% of the 101 respondents were satisfied with the practice appointment times, 96% of the 101 respondents were satisfied or fairly satisfied with the appointment they were offered, 91% of the 101 respondents found the receptionists helpful.

Source	Feedback
NHS.uk website (formerly NHS Choices)	Feedback from patients had been mostly negative. Since February 2023, the practice had received four negative reviews from patients regarding care received, staff attitude and poor access. The practice received one positive review of a good experience of care and treatment.
Care Quality Commission	Feedback from patients had been mostly positive. During the inspection we asked the practice to share the ‘give feedback on care’ link with their patients. We received 11 positive comments regarding care provided and receiving timely access to care. Before the inspection we had received some negative feedback. We received three complaints regarding access and staff attitude in August 2023.

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.	20
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2

	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
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Patient was unable to use the online booking system to book a medication review resulting in delayed prescriptions	Reception staff would submit online requests for patients who are unable to use the system.
Patient's record had incorrect diagnosis coded on it.	Practice corrected the error and apologised to the patient. Shared learning in practice meeting for staff to take care when adding codes to patient records.

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.