

Inspection Evidence Table

Blackford House Medical Centre

(1-548062812)

Inspection Date: 27 November 2023

Date of data download: 15/11/2023

Responsive

Rating: Good

At the last inspection on 28 January 2019, the Responsive key question was rated good.

We undertook an announced targeted assessment of the responsive key question on 27 November 2023. This assessment was carried out without a site visit.

The practice continues to be rated good for providing responsive services following this inspection. As the other domains were not assessed, the rating of good will be carried forward from the previous inspection and the overall rating will remain 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:	
The surgery had a good history of engaging directly with the local community and via the patient participation group. For example, in 2022 the practice issued their own tailored practice survey following the results of the national patient survey to further	

understand the needs of the local population. This is being repeated in 2023 with the practice survey being issued over the month of December and will cover 400 patients.

The provider had reviewed ways to improve access, particularly around telephone access. They had a planned update of the telephone system scheduled for January 2024 which included the implementation of a telephone queuing option, and it will enable monitoring of telephone data. In the interim staffing had been increased during the peak call hours and there was greater flexibility for other staff to assist if necessary.

In May 2020, during the COVID-19 pandemic the surgery quickly constructed an outdoor consultation hub on a private patio area at the rear of the main surgery building to be able to see patients suffering from COVID-19. In June 2020 the hub was adapted to have chronic disease reviews and blood tests, so those needing regular monitoring such as diabetes and COPD, children and the elderly could be seen by their own GP in a safer outdoor environment for continuity of care.

Translation services were available to patients who required these either face to face or in person, as requested by the patient. The appointment booked was longer to allow for longer discussion.

Services were provided at ground floor level and reasonable adjustments had been made to ensure the premises were accessible to patients who required disabled access. Further accessible consulting rooms were on the first floor with a two person lift available.

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
Appointments available:	
Monday	9.30am - 11am and 2pm to 5.30pm
Tuesday	9.30am - 11am and 2pm to 5.30pm
Wednesday	9.30am - 11am and 2pm to 5.30pm
Thursday	9.30am - 11am and 2pm to 5.30pm
Friday	9.30am - 11am and 2pm to 5.30pm

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. This included the practice nurse, GP, pharmacist, learning disability and serious mental illness support worker and staying well team providing home visits, monitoring of chronic conditions and vaccination including flu, COVID-19 and shingles.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues. Practice network multidisciplinary meetings were held monthly to help those patients with complex medical, mental health and social needs.
- Nurse appointments were available until 6.30pm on a Mondays and 5.45 pm on Tuesdays and Wednesdays as well as some early mornings for school age children so 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.
- Additional pre-bookable appointments were also available to all patients outside of the standard practice hours from the extended working hours service at other locations within the area. These included ring on the day appointments on Saturdays and Sundays.
- GP network winter hub was available for practice teams to book into Monday to Friday 9 am until 5 pm for patients suffering with symptoms ranging from earache, tonsillitis, and upper respiratory tract infections. Helping with winter pressures.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability by offering longer appointments.
- The practice had a community support worker who would signpost patients and carers to support services.

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.	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
<p>Explanation of any answers and additional evidence:</p> <p>According to the National GP survey results outlined in the table below the practice had performed well in some of the indicators against national 'access' averages.</p> <p>The practice offered a variety of clinical appointments either via their own workforce or jointly within their Primary Care Network. This included GP's, nurses, mental health professionals, paramedics, physiotherapists, social prescribers, and pharmacists.</p> <p>Patients could access appointments via telephone or in person. As a result of feedback through the national patient surveys and friends and family test the practice had increased the staff available to answer calls at peak time with further support available. In addition, the practice had a newly introduced system to send out reminders for annual health reviews with links attached so patients could book directly into clinics that suited them. In January 2024 a new telephone system was planned to further streamline calls and access for patients.</p> <p>For those patients unable to order prescriptions in any other way, the practice ran a prescription ordering and query line each morning and afternoon which was operated by a repeat prescription team member. For more complex queries the practice pharmacist called patients back and resolved any issues.</p> <p>The practice was a registered training practice meaning they were contributing to the wider system by ensuring student doctors had the opportunity to access training opportunities. This meant the practice had increased options to cover clinical appointments.</p> <p>We spoke with a representative of the Patient Participation Group (PPG). They told us they felt the practice listened to them and engaged well with the local community. For example, from data gathered through the national and patient surveys and friends and family test they were looking to provide further information about services and access for patients via a regular newsletter.</p>	

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)	49.4%	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)	66.5%	46.2%	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)	59.2%	46.6%	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)	74.0%	71.2%	72.0%	No statistical variation

Any additional evidence or comments

It was observed that the percentage of people who responded positively to their overall experience of making an appointment was above the national average. Similarly, for patients who were very satisfied or fairly satisfied with their appointments this was above average. The results for telephone access indicates the majority of patients experience challenges contacting the practice although, these show quite an improvement on the previous year. The practice has been making improvements and while in particular the telephone access is still low, they continue to take action to improve this, through for example the proposed implementation of the new telephone system due in January 2024.

In September 2023 the practice purchased a system to text links to patients to book appointments for vaccinations, annual chronic disease reviews and health reviews.

There is also a planned update of the telephone system scheduled for January 2024 which would mean patients would be put in a queue and notified of where they were within the queue. The system was also able to signpost to relevant health information and areas on the practice website as well as a ring back facility. This upgrade will also assist the provider to monitor telephone call activity and manage this more efficiently.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 6 reviews in the last 12 months consisting of 5 positive and 1 negative. Good access was the subject of two of the positive reviews.

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.	2
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Staff not explaining processes and procedures to relatives correctly	Discussed at practice meeting. Staff underwent further training.

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