

Inspection Evidence Table

Aldersbrook Medical Centre

(1-8008390803)

Assessment Date: 23 November 2023

Date of data download: 14/11/2023

Responsive

Good

Responsive

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
<p>Explanation of any answers and additional evidence:</p> <p>The provider reviewed the needs of the practice population group and offered services and events to meet their patients’ needs. Unverified data from the provider demonstrated approximately 1,400 patients out of the practice population of 4,666 patients have accessed these services and events in 2023 (30% of the patient population).</p> <p>The practice was aware that locally already high levels of homelessness and unemployment were worsening. In response to the needs of the patient population the practice provided a number of free health and well-being</p>	

events for their patients. In addition to reducing social isolation and reducing health disparities and inequalities, the practice used these events to showcase the services available within the locality and the practice.

- **Yoga and mindfulness** – the practice employed yoga and mindfulness coaches. There were two weekly sessions, one for yoga and a second for mindfulness. The sessions were held in person and online and reminders about the online sessions were sent to patients every month. At the time of the assessment there were approximately 100 patients joining each session weekly.
- **Health & Wellbeing Day** – the practice held an annual health and wellbeing day every September. The practice offered opportunistic health checks, administered flu jabs and showcased the health and wellbeing services available to patients locally. At the annual health and wellbeing day held in September 2023, the practice had stations for Age UK, Redbridge Volunteer Centre, dementia awareness, GP stations, physiotherapy station, pharmacist station, smoking cessation station and a nurse station. Over 500 patients joined this annual event. At the event in September 2023, 510 patients had their influenza vaccination, 45 patients had their pneumococcal vaccination, and 35 patients had their nasal flu vaccination. The current flu uptake for the practice was 75%, amongst the highest in the borough.
- **Coffee Catch-up** – in an effort to reduce social isolation the practice hosted quarterly coffee mornings. The most recent coffee morning was attended by 60 patients. The practice was planning to increase the frequency of the coffee morning catch-ups to monthly beginning in 2024.
- **Carers Support** – in addition to screening for carers at patient registration and offering carers regular health checks and vaccinations, the practice ran carer workshops every Autumn. The 4-week workshop covered a range of topics including:
 1. Resilience strengthening
 2. Adult safeguarding
 3. Conflict resolution
 4. Taking brain health seriously
- **Gardening Club** – the practice collaborated with their patient participation group and the Aldersbrook Horticultural Society to launch a weekly gardening club. Bi-monthly gardening events were held to encourage patient membership to the weekly gardening club. Approximately 15 patients joined the weekly gardening club with around 50 patients attending the bi-monthly events.
- **Wellbeing Retreat** – the wellbeing retreat began in 2021, it was a week-long retreat held every February. This offered yoga, dance, meditation, breathwork, mindfulness and laughter exercise. The retreat in February 2023 was attended by more than 350 patients. Feedback was received from 128 attendees:
 1. 94% said the retreat helped them improve their motivation and stress levels.
 2. 98% said they would recommend the retreat to friends and family.
- **Winter Wonderland** – in response to the rise in cost of living, the practice provided families with a free Christmas celebration. The most recent winter wonderland event in December 2022 was attended by 90 children and their families. The event included a Santa’s grotto with Christmas presents, gingerbread decorating, carol singing, games, face painting and refreshments for all attendees.

We recognised these free, consultant led workshops for patients as outstanding examples of patient engagement:

- **Virtual antenatal Classes** – the practice offered free quarterly antenatal classes. Parents were invited to attend to learn basic life support skills. The classes ran over an 8-week period and were hosted online by a National Childbirth Trust instructor. The practice surveyed the 48 patients who attended these classes during the summer of 2023, the survey results can be found below:
 1. 100% of respondents would recommend the course to their friends or family.
 2. 100% of patients (48 pregnant woman+/- partners) who enrolled felt more confident with their pregnancy journey.
 3. 97% felt more prepared for their birth.

- **Postnatal Classes** – the practice hosted sessions for new mothers and their partners, sessions were available face to face and online. There were 78 attendees for the July 2023 postnatal class, 46 attendees completed feedback for the class.
 1. 100% of respondents would recommend the course to their friends or family.
 2. 100% of respondents found the session informative.
 3. 95% of respondents felt more confident in their knowledge of paediatric first aid.

- **Educational Workshops** – the practice hosted quarterly consultant led patient educational classes covering a wide range of topics. Some examples included gut health, dermatology, nutrition, coping with anxiety and mental health. The educational workshops were well attended in 2023:
 1. Coping with anxiety – 98
 2. Musculoskeletal health – multiple workshops with over 100 attendees at each
 3. Living with chronic pain – 68
 4. All about nutrition – 64
 5. Womens health - 140
 6. Dermatology – 85
 7. Chronic kidney disease - 40

Feedback from the 8-week nutrition class was positive (64 participants, 28 of whom completed feedback). The course was led by a senior dietetic consultant from North East London Foundation Trust. All 28 respondents felt the sessions were useful and would recommend the educational workshop to friends and family.

Practice Opening Times

Extended access and Out of Hours services is provided by the local GP Hub network. Pre-bookable appointments were available Monday to Friday from 5pm to 8pm and from 9am to 1pm on Saturdays.

Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm

Wednesday	8am – 6.30pm
Thursday	8am -6.30 pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 6pm
Thursday	8am - 6pm
Friday	8am - 6pm

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>The practice analysed the needs of the population by reviewing data to understand their population group needs and shape the services offered. Data reviewed included local clinical effectiveness group and Public Health Data.</p> <p>The practice tailored the way they engaged with their patient population to provide prompt patient access:</p> <ul style="list-style-type: none"> The practice operated a 'patient first' model of access which ensured all patients were given an appointment within 48 hours of contacting the practice. As part of this model, demand and capacity were reviewed on a weekly basis. Patient access was a standing agenda item at weekly and monthly staff meetings. The practice had a 'priority patient' scheme. Priority patients were always offered same day appointments. Priority patients included elderly people, children under the age of 5, patients diagnosed 	

with mental health issues, pregnant patients, end of life patients, cancer patients and patients with a learning disability.

- All reception staff were trained 'care navigators'. As care navigators they were able to ensure patients were booked with the appropriate clinician or local service. Within the last 12 months the care navigation team referred 119 patients to local services. In March 2023, North East London Health & Care Partnership published a social prescribing case study from Aldersbrook Medical Centre demonstrating the positive impact social prescribing had on the health and well-being of patients.
- Patient Newsletter – with the help of the patient participation group the practice issued a quarterly newsletter. The newsletter was used to communicate the latest health information, inform patients about initiatives run by the practice and practical information about the surgery such as how to book an appointment and when vaccines would be offered.
- The practice was a Doctors of World approved practice. This meant the practice would ensure vulnerable patients were not refused medical care. Temporary registration was available for patients staying locally short-term including homeless, migrants and refugees.
- 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.
- They ensured they had processes in place that enabled the practice to address specific needs. Including advocacy, a sign language service and hearing loop in reception.
- The practice made changes to the entrance to ensure easy access for all patients. The changes included the addition of a ramp with a handrail and modifying the entrance door to enable automated opening. Patient parking spaces were available, and all clinical rooms were on the ground floor.
- The practice offered face to face, telephone and online appointments. Face to face and telephone appointments were interchangeable depending on patient demand. When appointment slots were full patients were asked to complete online e-consultations. The duty doctor triaged all e-consultations to ensure all appointment requests were managed in the most appropriate way. Home visits and same day urgent appointments were available.
- In-house phlebotomy services were offered every Wednesday and Friday.
- Nurse led chronic disease management clinics were available every Monday, Tuesday and Thursday. Other clinics available include wound dressing, NHS health checks and new patient health checks.

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)	53.9%	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)	53.3%	49.0%	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)	54.9%	50.9%	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)	76.1%	65.0%	72.0%	No statistical variation

Any additional evidence or comments

The practice had a system in place for monitoring and acting on patient feedback. The practice reviewed patient feedback on a monthly basis through the friends and family test results and completed patient feedback forms which were available in the patient waiting area. For the month of November, 13 patient feedback forms were received. Patient feedback forms were reviewed at the monthly practice meeting. The weekly review included audits of the incoming phone calls, number of appointment requests and reviewed to ensure patients were seen within 48 hours of contacting the practice.

Patient satisfaction for access was in line with and above both local and national averages. Although patient satisfaction was performing above local and national averages, We noted a downhill trend for the indicators 1 to 3 in the above table since 2021. We spoke with the practice about the downhill trend, and they told us they were aware patient access saw a significant decline locally and on a national level as community and acute providers were recovering from the pandemic. They told us they believed Aldersbrook Medical Centre was able to keep satisfaction for access above and in line with local and national averages due to their 'patient first' model of access. The practice will continue to monitor and act on patient feedback and respond to the needs of their patients by monitoring capacity and demand weekly.

Patient feedback for access was positive, showing the practice was in line with local and national averages for patient satisfaction in accessing the service. The practice provided evidence that patient feedback was acted on. Some examples included:

- In early 2023, patients left feedback about the need for having more direct bookable face to face appointments. This was discussed at a practice meeting and more face-to-face appointments were made available immediately following the meeting. Demand for face-to-face appointments was reviewed

weekly. In addition, the practice introduced the 'patient first' model of access, ensuring all patients were seen within 48 hours of contacting the surgery.

- The practice received feedback about waiting too long in the morning on the telephone call queue. In response, they increased reception cover from 8am and did another drive to promote online booking/e-consultations to avoid having to call the surgery. This has resulted in a reduction of numbers of patients in the queue.
- The practice received feedback from elderly patients about finding the front door hard to open. Working with the PPG, the practice received funding to adapt the front doors to include an automatic opening feature.

The practice regularly reviewed feedback from the 'Friends and Family Test'. Friends and Family feedback from the last 8 months illustrated more than 90% of patients would describe their appointment experience as very good or good.

Month	Very good	Good	Neither nor	Fair	Poor	Don't know	Total	%
July	72	12	4	1	3	0	92	91%
August	76	6	1	1	3	0	87	94%
September	126	15	4	2	1	0	148	95%
October	103	21	1	1	3	0	129	96%
November	104	11	2	2	2	1	122	94%
December	79	12	1	1	0	1	94	97%
January	81	17	3	1	2	1	105	93%
February	110	13	2	1	2	1	129	95%

Source	Feedback
NHS.uk website (formerly NHS Choices)	Aldersbrook medical showed again they are a patient centred GP practice focused on continuity of care. Treating both myself and my daughter with care and kindness. The front desk staff are always friendly and helpful booking follow ups as well.

Source	Feedback
NHS.uk website (formerly NHS Choices)	<p>We reviewed patient feedback from the last 12 months. Since May 2023 there were 5 patient reviews on NHS.uk website:</p> <p>2 x 5 star review 3 x 4 star review</p> <p>The 5 and 4 star reviews were focussed on caring members of staff, an organised walk in service for flu jab and blood pressure check, and the practice following up with patients.</p>

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

There was a practice specific policy for managing complaints and we saw evidence learning from complaints was shared with relevant staff. We noted one complaint was acknowledged in 7 days rather than the 3 day acknowledgment period outlined in the policy. The formal response was comprehensive however it failed to include contact information informing the patient where the complaint could be escalated should they not be happy with the outcome.

Complaints	
Number of complaints received in the last year.	13
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
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
Patient complaint about GP consultation.	The practice investigated the complaint and spoke with the GP who met with the patient for the consultation. The patient was provided with a detailed response to their concerns and offered an apology.

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) Y/N/Partial ≤ -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.