

Inspection Evidence Table

The Langton Medical Group

(1-543127686)

Inspection Date: 2 February 2024

Date of data download: 26 January 2024

Responsive

Rating: Requires improvement

The practice is rated Requires Improvement for responsive because although the practice had taken action to address access issues, there was limited evidence on the impact these positive improvements had on patients.

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: The practice provided evidence that it had a good awareness of the needs of the local population and had tailored the service to meet patients’ needs.</p> <p>This included:</p> <ul style="list-style-type: none"> • Being responsive to the needs of older patients and offered home visits and urgent appointments. • Care homes were given access to book appointments and order repeat prescriptions. • Liaising regularly with community services to discuss and manage the needs of patients with complex medical issues. • Offering longer appointments with GP to allow for more discussion with patients, allowing a more holistic approach. This included twenty-to-thirty-minute appointments with nurses to discuss multiple health conditions. 	

- Holding a register of patients living in vulnerable circumstances including homeless people, travelers, and those with a learning disability.
- Offering support for homeless patients and providing the practice address as a correspondence address for them to use.
- Having a good relationship with the local religious centres to link with local community groups.

The practice had a website with links to services and an online query and appointment request form. Following feedback, the practice had amended the website home page to make it clearer for patients to use.

The practice did not have an active patient participation group to ensure patient views were listened and responded to. The practice had a patient participation group policy and was working on developing an active group by having a link on the practice website where patients could sign up to join.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am - 8pm
Tuesday	8am – 6.30pm
Wednesday	8am - 6.30pm
Thursday	8am - 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8.20am – 7.30pm
Tuesday	8.20am – 6.30pm
Wednesday	8.20am – 6.30pm
Thursday	8.20am – 6.30pm
Friday	8.20am – 6.30pm
The out-of-hours service is provided by Staffordshire Doctors Urgent Care. Further information about the practice can be found on their website: https://langtonmedicalgroup.co.uk/ .	

Access to the service

Some people were able to access care and treatment in a timely way. However, the National GP Survey results had remained below national averages.

	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).	Y
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).	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 offered a variety of appointments with different clinicians. These were both on the telephone and face to face.</p> <p>The practice provided access to appointments on the phone and via an online appointment request form. The practice had a triage system for both the calls and the online forms. The GPs would review the requests and ascertain the needs for an appointment on the phone for face to face. Patients with urgent needs were prioritised. The practice could offer appointments with a range of clinicians, including GPs, physician associate, advanced nurse practitioners and nurses.</p> <p>There were pre-bookable appointments available for receptionists to book or for patients to book themselves online. Patients could choose a day and time that suited them. Patients could also choose to send a query online to a GP of their choice to allow continuity of care. Patients with long term conditions were sent text with a link to book in for clinics for their specific condition.</p> <p>Receptionists taking phone calls had received training on signposting patients appropriately to all the services available, including physiotherapy, occupational therapy and podiatry. This allowed clinicians to use more time to for appointments.</p> <p>The practice used a text messaging system as an assisting way to communicate with patients. This included long term condition management. Responses from patients to information requested was reviewed by the appropriate clinician, for example asthma reviews were managed by the practice nurse. The practice still maintained collection and post options for patients who were not able to access a mobile phone.</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)	17.9%	N/A	49.6%	Significant variation (negative)
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)	39.5%	50.8%	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)	31.7%	48.4%	52.8%	Tending towards variation (negative)
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)	69.6%	71.4%	72.0%	No statistical variation

Any additional evidence or comments

Since the last inspection in January 2019, the results of the National GP patient Survey had declined significantly in the indicator for how easy it was to get through to someone at the GP practice on the phone was at 17.9% which was well below the national average of 49.6%. Since the last inspection, the indicator for how satisfied patients were with the type of appointment (or appointments) they were offered had increased significantly from 43.3% in January 2019 to 69.6%. Indicators relating to the overall experience of making an appointment and relating to appointment times had stayed similar to the results at the previous inspection but were still below nationally expected levels.

The practice was aware of the National GP Survey results and had an improvement plan, based on the responses. The practice had moved forward with actions, including collecting its own data to monitor performance on call management.

The practice had changed the phone system to allow the practices at Lichfield, Boneyhay and Whittington to use the same phone line which enabled more receptionists to answer calls. The new phone system allowed the practice to manage calls and monitor waiting times and demand so that it could be proactive in managing the staffing for taking calls and appointment availability. We saw the practice had data to closely monitor the appointment availability for each clinician to meet demand. Although the practice had taken action to address access issues, there was limited evidence on the impact these positive improvements had on patients.

The practice reviewed friends and family feedback it received from patients following an appointment. In January 2024, the practice received 120 patient comments. In the responses, 112 patients said the service they experienced was good or very good. The practice picked up any negative reviews to see where improvements to access could be made.

Source	Feedback
NHS.uk website (formerly NHS Choices)	The practice had received reviews from 2 patients since February 2023. The positive review was 5 out of 5 stars relating to helpful staff both clinical and administrative. The negative review related to dissatisfaction with a clinical 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.	54
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	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 of learning from complaints.

Complaint	Specific action taken
The patient attended a flu vaccination clinic but the fu vaccinations ran out before the patient could have one.	The incident was investigated, and learning taken forward by the practice on vaccination stock levels. A response was sent to the patient.

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:

- 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.

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.