

Inspection Evidence Table

Bedwell Medical Centre

(1-539549447)

Inspection Date: 18 December 2023

Date of data download: 18/12/2023

Responsive

Rating: Requires Improvement

At our previous inspection in April 2019, the practice was rated as good 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 inspection.

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: <ul style="list-style-type: none"> • The practice completed daily and weekly analysis of on-the-day appointments to ensure patients could access a clinician. Staffing levels were amended based on these analyses. • All requests from patients would be reviewed for clinical priority by receptionists and then allocated to the duty GP. If there had been many requests, these would be shared through all other clinicians. • Oversight of how requests were triaged was completed quarterly, however, the practice told us this was only for staff who were not GPs. • The provider told us they had updated their telephone answering message to inform patients when to call at less busy times. • The provider offered 300 on the day appointments per week for patients to be booked into. 	

- The duty GP would triage all care home requests to decide if a face to face appointment was required.
- Patients were allocated a GP based on the specialism the GP could provide. For example, if a dermatology request was required, this would be allocated by the practice to a GP who had specialist training in this area.
- The provider told us 20% of the practice patients were able to access the GP of their choice. Due to clinicians working different times and days, sometimes there would be a longer wait for a patient to see their preferred clinician. This meant patients would sometimes choose to see a different GP to be seen sooner.

Practice Opening Times

Day	Time
Opening times:	
Monday	8am – 6.30 pm
Tuesday	8am – 6.30 pm
Wednesday	8am – 6.30 pm
Thursday	8am – 6.30 pm
Friday	8am – 6.30 pm
Appointments available:	
Monday	8am – 6.30 pm
Tuesday	8am – 6.30 pm
Wednesday	8am – 6.30 pm
Thursday	8am – 6.30 pm
Friday	8am – 6.30 pm
Extended Access:	
<ul style="list-style-type: none"> • The local primary care network offered local appointments at nearby GP practices from Monday to Friday from 6.30 pm to 8 pm. This service was also offered on Saturday 9 am to 5 pm. The surgery also offered extended access appointments on Saturdays from 8 am to 12.30 pm. 	

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.
- The practice liaised with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Pre-bookable appointments were also available to all patients at additional locations within the area until 8 pm weekdays and 8 am to 5 pm on Saturday, as the practice was a member of a primary care network.
- 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. This was achieved by offering appointments in calmer periods and avoiding long waiting times for patients. Additionally, if a patient is anxious they could wait in the car and be called for their appointment. Receptionists had also been trained in communicating with anxious patients.

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).	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> <ul style="list-style-type: none"> • The practice told us care navigators were trained to triage requests and refer to the allocated duty doctor where appropriate. The clinical team tasked nonurgent queries to the patient's registered GP. • Urgent queries would be managed by the duty doctor. The clinical staff had clinical leads to discuss patient queries to seek support where required. • Clinical developmental supervision was discussed in staff appraisals. • Patients were offered a choice of the next available appointment but if they wished to see a specific doctor for continuity of care, the practice would accommodate. • The National GP patient survey results showed 20% of patients felt they had access to their own GP. • Patients were able to access the practice through telephone, online, text message, and email. • Patients were assigned a GP for certain long-term conditions due to their specialism. The provider told us patients called daily in a regular manner to book their long-term condition reviews. • The provider told us that they tried to gain patient feedback from their patients; however, only a third of responses were given per survey sent. 	

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	49.4%	N/A	49.6%	No statistical variation

to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)				
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)	51.4%	50.7%	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)	45.1%	48.2%	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)	68.9%	70.2%	72.0%	No statistical variation

Any additional evidence or comments

- Telephone access to the practice varied. We saw a slight increase up until 2021 when there was an 18% increase. However, since 2021, patient decline in satisfaction was seen by 23.5%.
- Patients' experience of making an appointment had risen by 20% up until 2020. Between 2020 and 2023, we saw a decline of 34.2% in patient satisfaction.
- Appointment times satisfaction had steadily increased until 2021. We noted within the past 2 years, there had been a 21.4% downward trend in patients happy with their appointment times.
- There was a 9% increase in patient satisfaction with appointments offered since 2021. However, this was still below the expected national average by 3%.

In response the provider:

- Commenced on the National GP Improvement Programme and was implementing a more hybrid model of online patient consultations.
- Had asked the local primary care network to support staffing to the practice to increase access to appointments.
- Care coordinators would hold daily walk-in clinics to educate patients on using online services on their electronic devices. This was to enable more online consultations to be used at the practice.

Source	Feedback
NHS.uk website (formerly NHS Choices)	We saw 8 patient reviews. Of these, 3 were not directly regarding the practice. The 5 remaining reviews showed 1 positive review, 2 negative responses concerning access to the practice, and 2 clinical queries. The provider had responded to the comments.
Friends and Family Test	The practice shared the results of their 2022/23 friends and family test survey. This showed 78 respondents were 'likely' or 'extremely likely' to recommend their GP practice to their friends and family. It also showed that 3 respondents were 'neither likely nor unlikely' and 1 respondent was 'extremely unlikely' to recommend the practice. One patient answered 'don't know'.

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.	6
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
Patients monthly repeat prescriptions had items missing.	The provider worked with the clinical pharmacist who spoke with the patient and completed a medicines review. Reconciling medicines had allowed for streamlining prescriptions.

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.