

Inspection Evidence Table

Chainbridge Medical Partnership

(1-1786690574)

Inspection Date:

Date of data download: 06/11/2023

Responsive

Rating: Good

At our previous inspection in 2019 the responsive key question was rated good. The practice continues to be rated good for providing responsive services following 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 facilities and premises were appropriate for the services being delivered.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There were named lead GPs for care homes to help build continuity of care and trust with patients, families, and care home staff. The practice looked after 4 residential/nursing homes where they carried out weekly ward rounds and care planning. • The practice had access to the primary care network (PCN) frailty nursing team, this helped to support patients with new care needs, particularly following a hospital discharge with the focus on rehabilitation. • The practice had developed their nursing team to manage long term conditions. They had recognised that the number of patients with long-term conditions at the practice was higher than the national average. • Patients were asked, as part of the registration process to advise if they have any accessible requirements, for example visually impaired, hearing impairment, need for quiet room rather than sitting in waiting room. If so, then a marker was placed on their clinical record. • The practice had access to translation services, more time was given for this type of appointment. • The practice had a screening lead who worked in reception. They engaged with patients to encourage them to attend screening programmes. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 7:30pm
Tuesday	8am -6pm
Wednesday	8am - 6pm
Thursday	8am –7:30pm
Friday	8am - 6pm
Appointments available:	
Monday	8am – 7:30pm
Tuesday	8am - 6pm
Wednesday	8am - 6pm
Thursday	8am – 7:30pm
Friday	8am - 6pm

<i>Further information about how the practice is responding to the needs of their population</i>
<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 and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. • 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, the practice nursing team home carried out home visits for chronic disease reviews of patients unable to attend the practice. • All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. • Appointments were available face to face, telephone, video or online depending on patient choice. • The practice offered their own extended hours appointments on a Monday and Thursday until 7.30pm. • Extended access appointments were also available to patients via a local provider where late evening appointments are available until 8pm and weekend appointments were available 8am to 2pm. The type of appointments available here included phlebotomy, mental health worker appointments and cervical screening. • 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. A GP was the named learning disability lead for the practice to carry out annual reviews which helped build continuity. • The practice had a register of patients who suffered with dementia.

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.	Yes
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.	Yes
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 practice told us of the significant challenges they feel they are currently experiencing in primary care. Patients were coming forward later with significant symptoms. There were significant numbers of patients with long covid, which are symptoms patient suffer with even after the COVID-19 infection has resolved. • The waiting list for secondary care was at record levels with some patients waiting more than 1 year for their first appointment. This has sometimes resulted in an increase of patients returning to primary care for treatment. • There was an increasing trend of secondary care work being passed back to primary care, for example, fit notes, prescribing and onward referrals. This had a significant impact on primary care workload. • The practice had experienced a 20% (57,000 to 69,000 per year) increase in the appointment numbers they have had to provide to meet demand. They feel they have been able to meet this demand with a good succession plan in place and have been able to recruit new partners when previous partners retired, this helped stabilise the practice in during challenging times. • To address the issues identified above the practice made changes to how they worked to improve patient access and care. • This included, increasing different types of health care roles in the practice for example, pharmacists and physiotherapists, leading to more appointments for patients. This had advantages, however, had increased pressure on GPs for example, supervision of staff. • The practice carried out a comprehensive review of how they offered appointments and increase availability. This included a weekly in-house search of the clinical system constantly looking at trends in access. They looked at data available by, for example, by appointment type, date, clinician or clinician group, time from making appointment to attending it. This helped with the practice business strategy and the planning of appointment types needed and when. • The practice reviewed telephony data which led to provision of an extra telephone operator at busy times at start of day. This meant less waiting times for patients whilst trying to get through on the telephone. 	

- The practice had improved their use of technology, including telephone, self-book online appointments, online and video appointments. This meant a more streamlined approach to providing appointments and more time was freed up for health care professionals.
- Standard operating procedures had been introduced to enable pharmacy staff to process oral contraceptive repeat prescriptions, this freed up GP time.
- The practice were using social prescribers, they had referred 134 patients to them since April 2023. This connected patients to activities, groups and services in their area who meet the practical, social and emotional needs that affect their health and wellbeing.
- A new website provider had been engaged to ensure that the site was clear and accessible for patients with communication difficulties.

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)	65.5%	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)	76.5%	59.0%	54.4%	Tending towards variation (positive)
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)	68.3%	56.9%	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)	81.5%	74.4%	72.0%	No statistical variation

Any additional evidence or comments

- The practice carried out training with their reception team on signposting patients to the most appropriate service. On the day booked appointments are reviewed to see if they were appropriate.
- There was a daily duty doctor system to ensure that urgent cases are dealt with in a timely manner.
- Clinical teams had regular meetings to look at the use of appointments. This led to a change in the way the clinicians booked appointments with a reduction in the number booked and therefore more appointments available.

Source	Feedback
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NHS.uk website (formerly NHS Choices)	There have been 7 reviews posted on NHS choices in the last year. Five reviews where wholly positive and praised the practice. There were 2 negative reviews, one which said the patient could not get an appointment and the other said the telephone system needed improvement. The practice had responded to all of the feedback on this website, either thanking the patients for their feedback or encouraging them to get in touch to address any issues raised.
NHS friends and family survey	The practice provided us with their last 3 months of NHS friends and family results, for the question of if the patient would recommend the practice to their friends or family the feedback was as follows; <ul style="list-style-type: none"> • August 2023 – 50 completed surveys out 139 issued – 98% very good or good (49 patients) – 2% very poor (1 patient) – 33 wholly positive comments. • September 2023 – 50 completed surveys out of 118 issued – 96% very good or good (48 patients) – 4% poor or very poor (2 patients) – 35 positive comments and 1 negative. • October 2023 – 50 completed surveys out of 121 issued – 94% very good or good (47 patients), 4% neither good nor poor or don't know (2 patients) and 2% very poor or don't know (1 patient) – 29 positive comments and 1 negative.
Letter from a patient	The practice forwarded to us a letter from a patient who set out how the staff at the practice had been kind, patient and understanding, being able to be given the type of appointment they needed to suit their circumstances and feeling valued as a patient.
Feedback to CQC	There have been no complaints to CQC in the last 12 months
Share your experience of care	When we announced the assessment, we sent out a link to the practice to share with patients to give us feedback. We received 2 responses which were positive. One response was on behalf of the patient participation group (PPG). They told us that the staff and doctors were friendly and made them feel at ease. The practice listed to the PPG and welcome suggestions for improvements to the practice. They had not struggled to obtain an appointment if needed.

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.	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.	Yes

There was evidence that complaints were used to drive continuous improvement.	Yes
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Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unaware of chronic kidney disease (CKD) diagnosis	<ul style="list-style-type: none"> • A protocol put together for the practice clinical system to record a diagnostic code. • A recall procedure was put in place. • An information letter for patients was devised. • An automatic system for tasks was set up to go to the secretary to send patient information.

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.