

Inspection Evidence Table

Tilbury Health Centre (College Health
Tilbury and Chadwell Group) (1-5139224248)

Inspection Date: 24 November 2023

Date of data download: 23/11/2023

Responsive

Rating: Requires Improvement

At the last inspection in May 2019, the Responsive key question was rated good.

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.	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
<ul style="list-style-type: none">The practice delivered care to 12,088 registered patients and identified 56.2% of patients who were in a core 20 group of deprived population that included high tobacco use, high blood pressure, and dietary risk factors. In response, the provider worked with their clinicians and clinical pharmacists to provide clinics for patients to provide monitoring and health education to ensure they could respond to their needs.For patients who found it hard to access services due to language difficulties, the practice used a language line and had a diverse staff population who could support translation for patients.	

- Patients were given the opportunity to use simplified electronic software to use an easier platform for accessing the practice.

Practice Opening Times

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

Extended Access:

- Appointments with a clinical pharmacist available at a local practice:
Monday 6.30 pm – 8 pm
Tuesday 6.30 pm – 7 pm
Wednesday 6.30 pm – 7.30 pm
Thursday 6.30 pm – 8 pm
- The practice was part of the Tilbury and Chadwell primary care network which had a total of 5 local GP practices delivering extended access to around 37,000 combined.
- The surgery was closed on weekends and patients could contact NHS 111 for access to appointments.

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 regularly 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 as part of an acute child clinic held daily.
- The practice was open until 8 pm on a Monday and Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- 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 included a video sent to patients explaining the procedure and rationale for cervical screening to alleviate fears of appointments.

- The practice had recognised and audited barriers to access cervical smears and childhood immunisations. They had introduced online appointment bookings for patients and offered out-of-core practice hours appointments with the local extended access services. The provider also recognised deprivation and cultural barriers were also potential barriers and employed champions to help promote the uptake and audited monthly to monitor any further barriers to booking these appointments.
- The practice took proactive steps to speak to patients whilst they were at the practice to discuss access concerns to improve service delivery. Monthly feedback was audited and discussed at practice meetings for changes to be implemented.

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).	Partial
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).	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
<ul style="list-style-type: none"> • The provider recognised the poor feedback within the July 2023 national GP survey and had taken measures to increase access and patient satisfaction as there had been a gradual and steady decrease of 9% in patient satisfaction in 2019 and a 28% patient satisfaction decrease in 2023. • The practice monitored telephone access during busier periods and would increase staffing levels to ensure wait times on hold were reduced. The data trend showed since 2019, there was a 24% decrease in patient satisfaction on accessing the practice via the telephone and 38% decrease in 2023. • An e-hub was introduced in June 2023 to triage patients more effectively and this comprised of 1 GP, 1 physician associate, 1 complex care nurse and 2 care navigators. This had been introduced following negative feedback in the national GP patient survey to long wait times to see a clinician. • A simplified online e-consult lite was implemented to support patients with an easier touch screen digital platform for patients to use to contact the practice. Patient feedback was still mixed, however, the provider had seen an increase in positive data coming through monthly. The practice run the same national GP survey data questions in November 2023 and found 97% of respondents were happy with access to the practice. • Staff training was increased and incorporated communication training. • Clearer and more concise information was implemented for patients to have clearer instructions on how to book appointments online. • The practice website was updated with more patient information on accessibility and also provided online videos for patients to utilise for information on using services, such as the call-back telephone function. • Feedback from patients was collated more frequently, for example, after each appointment. Monthly analysis was gained to further improve access. 	

- Same-day access was implemented and at the time of our inspection, was averaging 44% of daily appointments.
- Patients were given self-book options to choose their own appointments for clinics such as vaccinations or screening.
- Modes of appointments were revised to support the younger population and 8-% of patients were being seen with a 7 day period. For example, more telephone and video consultations were a preferred option for working-age patients.
- Vulnerable complex patients were given more reasonable adjustments and longer appointments to reduce multiple appointments at the practice.
- Segmentation of patient needs allowed patients to feel listened to and understood more. Patients were more involved in personalised care planning and current patient feedback of being listened too was showing positive at 97%.

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)	11.0%	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)	15.4%	43.4%	54.4%	Significant variation (negative)
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)	24.1%	43.3%	52.8%	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)	35.9%	64.0%	72.0%	Significant variation (negative)

Any additional evidence or comments

- To encourage childhood immunisations, the provider held themed days for children to attend. For example, Halloween-themed events to encourage flu immunisations.
- A sexual health clinic was implemented to encourage cervical screening with on-the-day appointments and the provider told us, patients came to the clinic to discuss issues such as menopause. Due to the positive response from patients, this was made an annual event and similar themed days were held and planned for the next 12 months. Furthermore, the practice liaised with wider resources, such as the primary care network to promote and gain support.

- The lead GP had also taken part in online awareness videos in areas such as diabetes in order to increase patient monitoring and had been approached by local news outlets to promote the practice incentives for patient monitoring.
- The practice had set up a dedicated telephone repeat voice ordering system available to patients 24 hours a day, 7 days a week.

Source	Feedback
NHS.uk website (formerly NHS Choices)	We saw 20 mixed patient reviews in relation to access, such as the use of the e-consult platform and we saw 3 reviews where patients had negative experiences of using. The practice had not responded to all the comments left by patients.

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.	23
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

Example(s) of learning from complaints.

Complaint	Specific action taken
Repeat prescription complaint received due to medication missed.	The practice reviewed the complaint and saw the patient had complex health needs. As a lesson learned, an alert was set up on all patient records who had repeat medication for 16 days prior to the repeat medicines order running out to ensure any harder-to-obtain medicines would be received on time.

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.