

Care Quality Commission

Inspection Evidence Table

Bromley by Bow Health Centre (1-544585591)

Inspection date: 10 January 2023

Date of data download: 15 December 2022

Overall rating: Good

Responsive

Rating: Good

Responding to and meeting people's needs

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 minimize 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

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 average	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 (01/01/2022 to 30/04/2022)	37.8%	N/A	52.7%	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	46.0%	50.6%	56.2%	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 (01/01/2022 to 30/04/2022)	43.0%	52.6%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	67.3%	65.0%	71.9%	No statistical variation

Any additional evidence or comments

Results of the practice national GP patient survey (GPPS) results, including telephone access were statistically comparable to averages. However, three out of four results were lower than average. For example, the result for telephone access was 14.9% lower than the national average, and patient's overall experience of making an appointment and satisfaction with appointment times were both more than 10% lower than the national average.

The practice was aware of its GP patient survey results and staff told us results had dipped since the preceding year, and we verified this was the case. Staff attributed the lower results to challenges relating to the Covid-19 pandemic.

The practice took actions to establish the root causes of below average GP Patient survey results and to improve, including:

- A Mori Poll to gather further feedback from patients. Results were discussed with staff; for example, at a practice meeting that included the whole team (clinical, reception and management staff). Areas identified for improvement that were implemented included telephone access and continuity of care.
- Improvements regarding continuity of care included a program to increase long term conditions reviews, running specific clinics for patients on the integrated care register, vulnerable children, people experiencing mental health problems, and people with musculoskeletal conditions.
- Regarding telephone access, the systems initial welcome message for patients on how to access services was changed to clarify methods such as via phone, eConsultation and website. The practice changed its protocol to stop asking patients to call back the next day and instead offer alternative options where appropriate, such as an eConsultation or a direct pharmacy service.
- The practice was also undertaking a quality improvement project in conjunction with NHS England that identified answering telephone calls as a priority. At the time of our inspection the practice was capturing data to inform improvements such as optimisation of staff available to answer telephone calls, specifically in line with timings of higher call volumes demand.
- The practice had investigated improvements to the existing telephone system with its provider, including a call waiting function that was planned to go live in January 2023.
- Patients had a choice of a face-to-face, video-consult and telephone appointments.

- The practice had engaged with patients to discuss issues important to them at a listening event held to hear key issues that were raised by our patients the local community, and at coffee mornings. Feedback from patients was sought on what was most important to patients and their top concerns.
- Staff noted patient's main frustration regarding appointments was the waiting time and that appointments are gone very quickly in the morning. Staff recognised patients were not always using online appointments and e-consultation method, and let patients know the e-consultation method had been improved and they were available to personally help patients to get online.
- The practice had improved e-consultation access by changing the system to make it easier for patients to use by reducing the number of steps involved.
- The practice had implemented a system to ensure patients received the right care from the right health or allied care professional and in the most direct and efficient way. For example, medicines reviews were undertaken by a member of the pharmacy team in conjunction with other clinical staff where needed.
- There was a team of patient assistant staff to clarify patients' needs and ensure appointments were booked with the most appropriate clinician or care professional; for example, including with GPs, nurses, healthcare assistants (e.g. for weight or blood pressure checks), social prescribers, mental health workers, or a welfare and benefits advisor where appropriate.
- Staff were maximising a range alternative of communication methods including by text message conversations with patients, e-consultations, via the practice email address, and by promoting the NHS app to facilitate patients access to their medical record.
- The patient assistant team were delegated to help patients where needed to navigate the practice website and access web consultations and there was a computer on site for this purpose.
- Funding opportunities had been used to maximise additional staff within the practice Primary Care Network (PCN). For example, a physiotherapist for patients with musculoskeletal issues, a mental health practitioner linking directly to the local community mental health team, and an experienced healthcare assistant providing a service to housebound patients with long term conditions and complex health care needs.
- We saw evidence of a patient satisfaction survey action plan for the next in-house survey patient feedback collection to begin on 16 January 2023 and collect a minimum of 50 responses. The action plan included designated lead staff, and timescales for survey data collection, collation, analysis, and a due to date to report to the practice Local Operations Board and Patient Representative Group on 23 February 2023.
- Friends and family test patient feedback collected during November and December 2022 was positive. Of 13 patients that gave feedback, 11 were likely or extremely likely to recommend the service and two were neither likely nor unlikely to recommend the service.

We noted that "The Experience of GP Services. A trends analysis report", published by Healthwatch Tower Hamlets in June 2022 reported that overall, practice access considerations and challenges were across Tower Hamlets. For example, the report stated that in Tower Hamlets "People continue to experience difficulties with telephone access, associated problems with booking, and longer than expected waits for routine appointments. Issues with online systems are also reported. This quarter, complaints are up by 9% on online systems, by 5% on waiting lists, and 4% on telephone access. Comments suggest complaints about booking processes are down by 3%. At most practices, feedback about service access is noticeably negative." This report indicated that access concerns experienced by patients across the Tower Hamlets locality and were not isolated to the practice.

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.	11
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>The practice received 11 complaints during the period 1 April 2021 to 31 March 2022. The practice responded promptly and compassionately to individual complaints and identified trends or themes in complaints to identify improvements. Complaints were investigated in a transparent way and apologies were offered where appropriate to patients. Learning was discussed and shared such as during practice meetings.</p> <p>Actions were taken to improve in response to complaints. For example, after a complaint regarding a prescription and communication issues. The practice manager investigated the complaint and resolved the prescription element in conjunction with the pharmacy team. The practice changed its protocol for staff to record if they phone patients and the reason for the phone call. The management team told us this action aided staff to avoid multiple messages and calls.</p> <p>A second example was a complaint regarding staff communication. The practice investigated the complaint and trends in complaints and identified a theme showing elements of staff communication and customer care needed to be improved. The management team arranged for additional communication and customer service training, and the surgery manager ran role play training sessions to build skills and capacity in the team.</p> <p>The complaints procedure was accessible via the practice reception area, website, text link and via email.</p>	

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Explanation of any answers and additional evidence: The practice had a clear vision and values, and a mission statement that were developed in conjunction with staff, including through meetings and training and induction sessions. Patient feedback including complaints were discussed and learning was shared throughout the organisation, including at practice meetings, clinical governance meetings, safety subcommittee meetings and partners meetings.	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Explanation of any answers and additional evidence: A Clinical Governance and Safety Sub-Committee was in place and reported on both quality and safety to the Partnership Board. The partnership board had oversight of and was responsible for areas such as monitoring clinical performance, reviewing safety, infection control and prevention, and ensuring effective communication and dissemination of information such as clinical audits and policies and protocols to relevant staff. Committee and board meeting members and leads were appropriate including the clinical director and GP and nursing. The board and committee held a clinical governance risk register and action log. The practice had a Business Continuity plan at location and provider level, it was updated annually and stored appropriately to ensure accessibility during a major incident. Staff told us the plan had been used recently and services were sustained when it assisted one of the provider's other practices without disruption to patients' appointments, this was after a flood.	

The practice had started a new Community Partnerships Health Improvement Delivery Plan (CPHIP) project that started November 2022 and included all four of Bromley by Bow Health Partnership locations. This plan was co-developed with practice staff and local stakeholders to establish an engagement strategy to empower patients and co-develop services. The plan was undertaking an analysis on local needs involving data gathering and input from patients, local residents and stakeholder. The work program specified outreach to harder to reach groups such as teenagers and young adults, people who suffer health inequalities within communities, people who are suffering with mental ill-health and children aged 0-11.

Staff completed a pilot program to inform improvement and transformation of the way learning disability reviews are completed. Feedback was gathered from patients and their carers, clinical and non-clinical staff regarding a joint clinicians and social prescribing team approach. Staff designed systems and processes to allow better ways of working such as ensuring healthcare assistant appointments occur prior to joint clinic sessions, to allow adequate time for appointments, and to ensure patients and carers involvement is maximised.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
<p>Staff undertook performance monitoring through internal searches of key clinical quality indicator dashboards and regular performance dashboards from the Primary Care Network (PCN). Staff acted to ensure resources were directed to improve performance in areas as needed; for example, by increasing the numbers of appointments available for cervical screening and increasing capacity for calling and recalling patients for childhood immunisations.</p> <p>The practice had noted a slight dip for patients feeling involved in their care since the GP Patient survey feedback the preceding year. Staff thought this may be due to the higher number of telephone and remote consultations in response to the covid-19 pandemic. The practice had analysed its appointments provision by type to verify it had reinstated face to face appointments appropriately and was optimising staffing and appointment provision in line with the needs of its patients.</p>	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Partial
Staff views were reflected in the planning and delivery of services.	Y

The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice patient representation group meetings were paused during the covid-19 pandemic and the next date and agenda were set for 21 February 2023. The practice had engaged with its patients and prioritised initiatives to support patients in partnership with patients and members of the local community.</p> <p>The practice undertook a range of activities to enhance patient's inclusion, involvement, improve services and culture. For example, patient engagement events such as a listening event held in summer 2022 to help with loneliness and isolation, walking groups for people to connect and be physically active, and a community advisory board (CAB) with eight patients with representation from across the providers practices. Outcomes from the CAB included a plan to meet every two months, direct engagement with the practice partners and senior management team, and attendance at practice meetings. The CAB and practice team had set priorities to review and improve support for people's mental health that has been affected due to the pandemic, how to raise patient's awareness of and access to community support available, specifically considering language barriers and digital inclusion. A community fun day was also planned for July or August 2023.</p> <p>The practice had started a Community Advisory Board (CAB) meeting every 2 months that supported a range of initiatives led by community members such as exercise sessions and intergenerational cooking classes. CAB members partnered with the practice that supported and built relationships together such as through virtual tea parties with the practice GP partners and senior management team, attending practice meetings. CAB members gathered insight from the community about what matters most and are the health and wellbeing concerns. Key priorities were identified such mental health and awareness including how to access community support services, and language barriers and digital inclusion. CAB members had arranged to host Community Fun Day event in July/August 2023 with the support of staff from across the provider's four practices.</p> <p>The practice had an open-door policy to hear and welcome any feedback including any concerns from staff and patients. Staff feedback and views were gathered including through one to one and practice meetings. Staff team members suggestions were collected and acted on including to adapt, promote and improve in areas such as patients access through the NHS app, and promotion continuity of patients care with the same clinician where appropriate.</p>	

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 SICBL average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a SICBL 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.