

Care Quality Commission

Inspection Evidence Table

The Stanmore Medical Centre (1-541846216)

Inspection date: 13 October 2022

Date of data download: 12 October 2022

Overall rating: Good

Responsive

Rating: Requires improvement

At our last inspection carried out on the 3 August 2021 we rated the practice requires improvement for providing responsive services this was because improvements were needed to address how patients accessed the practice, as the overall scores attained by the practice in the most recent National GP Patient Survey was significantly lower in comparison to the national averages.

At this inspection dated 13 October 2022, we identified the majority of National GP Patient Survey results relating to access to services at the practice had decreased further despite action taken by the practice to improve patient satisfaction in this area.

As a result of the continued low attainment score for ease of access to services at the practice, the practice remains rated requires improvement for providing responsive services.

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:	
The practice continued to have engagement with its Patient Participation group (PPG) to obtain patient views with regard to services delivered by the practice.	
The practice told us that currently discussing the development of a patient register of emotionally vulnerable patients, to enable periodic contact with these patients and ensure their physical and mental health needs are being met.	

Practice Opening Times	
Day	Time
Opening times:	
Crowshott Avenue (CA)/William Drive (WD)	
Monday	8am – 6.30pm (CA)/8.30am - 2pm (WD)
Tuesday	8am – 6.30pm (CA)/8.30am - 6.30pm (WD)
Wednesday	8am – 6.30pm (CA)/ 8.30am - 2pm (WD)
Thursday	8am – 6.30pm (CA)/ 8.30am - 6.30pm (WD)

Friday	8am - 6pm (CA)/ 8.30am - 2pm (WD)
Appointments available:	
Crowshott Avenue/William Drive	
Monday	8.30am - 12pm; 1pm - 6pm (CA); 8.30am - 12pm (WD)
Tuesday	8.30am - 12pm; 1pm - 6pm (CA/WD)
Wednesday	8.30am - 12pm; 1pm - 6pm (CA) 8.30am - 12pm (WD)
Thursday	8.30am - 12pm; 1pm - 6pm (CA/WD)
Friday	8.30am - 12pm; 1pm - 6pm (CA) 8.30am - 12pm (WD)

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.
- The practice had GP's who specialised in providing treatment for patients with learning difficulties.
- Additional nurse appointments were available until 6pm for school age children so that they did not need to miss school. The practice had recently ran "in-school clinics" to allow parent/guardians with pre-school aged children the opportunity to bring these children to the practice to see a clinician before after school appointments for school-age children commenced.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- 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.

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 minimize the length of time people waited for care, treatment or advice	P
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice told us that they continued to build on the measures they had put in place which were identified at the August 2021 inspection. These improvements included increased use of the text facility enabling patients to reply directly to the practice and/or clinicians when required and adjusting some appointment times to start earlier or extend over the lunch period. In addition, the practice used text messaging (if appropriate) to send copy of documents and sick notes to improve the speed of receipt of requested documents and to save patients attending the surgery to collect documents.</p> <p>The practice recently started to offer enhanced access to its patients as part its contract with the local Integrated Care Board (ICB). This meant that patients at any site could access GP services after hours at a variety of locations within the local primary care network (PCN).</p> <p>Whilst the practice had appointments with a range of healthcare professionals (GPs, Nurses and the Clinical Pharmacist), it was noted from the complaints log and some of the reviews of the practice on the NHS website, that not all patients felt that they had timely access to appointments or that the practice did the most they could to minimise their wait for care or advice. An example of this was a complaint on the website we viewed where feedback to the practice from a patient stated that they waited for 45 minutes on the telephone to the practice before ending the call without speaking to a member of staff.</p> <p>We asked the practice if the practice triaged calls received from patients. The inspection team was told that reception staff who were not trained did not triage calls, but that they would ask patients (if they consented) to disclose their issue so they could transfer the call to a relevant clinician or signpost to a relevant service.</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 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	21.3%	N/A	52.7%	Significant Variation (negative)

Indicator	Practice	SICBL average	England average	England comparison
their GP practice on the phone (01/01/2022 to 30/04/2022)				
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)	35.2%	58.2%	56.2%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	23.8%	58.9%	55.2%	Variation (negative)
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)	53.1%	68.4%	71.9%	Variation (negative)

Any additional evidence or comments

We spoke with the practice regarding the continued low achievement scores attained by the practice at the most recent published National GP Survey results. We asked the practice if they had undertaken any internal patient survey as a result of the GP Survey results attained in 2021, they told us that they had not done so. The practice told us that they did previously monitor and acted on their Friends and Family, but this had not been done recently.

The practice had improved their score in one of the above four questions, compared to the 2021 scores attained by the practice. The practice told us that they were aware of the low attainment scores and that they were working to improve these scores. Attracting and retaining reception and administration staff was an issue at the practice, and they believed this contributed to the scores achieved, especially with regards to positively responding to the question how easy it was to get through to someone at their GP practice on the phone.

The practice told us that they were using existing staff in different ways so that enquiries to the practice through telephone and online could be answered in a timely manner. However, it was also acknowledged that sometimes delays would occur to telephone enquiries being answered as a result of division of staff across different functions.

Source	Feedback
NHS Choices	Since our last in section in August 2021, the practice received 18 reviews on the NHS website. 13 reviews were positive with the theme that care provided was good and staff were helpful and polite. Of the five reviews that were negative, lack access to the practice by telephone and expected standards of care not being provided were the main causes of these reviews.

Listening and learning from concerns and complaints

Complaints were listened and responded to, but not always used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	44
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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.	P
<p>Explanation of any answers and additional evidence:</p> <p>The practice forwarded on a comprehensive amended complaints log which the inspection team viewed. It appeared that information relating to patient names had been removed before we saw the log in accordance with Data Protection requirements. Therefore, the log contained details relating to the date complaint received, date complaint resolved, nature of complaint and whether complaint was upheld.</p> <p>The log detailed what immediate action was taken to resolve complaints, but there was little evidence contained within the log to show whether the complaint would lead to a change/amendment of current ways of working. Similarly, we looked at three sets of meeting minutes and found reference to complaints within the all practice and clinical staff meeting minutes, but with limited information regarding what learning had been achieved as a result of complaints. There was no evidence of learning regarding complaints at the administrative staff meeting minutes that we looked at.</p> <p>We did see efforts to improve online access for patients in the administrative meeting minutes through a discussion regarding older patients and patients who could not use/had no access to the internet, being given assistance by reception staff if they called or attended the practice to access online appointments.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient upset that a receptionist gave blood test results over telephone which was upsetting. Patient not happy with how receptionist spoke to them whilst delivering the results.	Practice manager spoke with patient to apologise for this incident.

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 practice's 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.