

## Inspection Evidence Table

Millennium Family Practice

(1-6155715422)

### Inspection Date:

Date of data download: 06/11/2023

## Responsive

## Rating: Outstanding

At the last inspection in (4 December 2019) the Responsive key question was rated good. Following this assessment, we have rated the practice as outstanding for responsive because;

- The practice had an effective system to act on patient feedback for the purpose of continuous improvement.
- Data from the National GP Patient Survey reflected that patients were very satisfied with access to the practice by phone and the appointment system. This has been a positive trend for a number of years and was consistently above local and national averages.
- The practice worked with their patients and Patient Population Group to identify where they might improve their services and made changes where required.

### 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. <i>(We did not visit the practice as part of this assessment)</i>	-
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
Explanation of any answers and additional evidence: We received 3 letters from the practice’s patient participation group (PPG) members as part of this assessment. The feedback was wholly positive. They told us that the staff were professional, friendly and	

helpful and always did their best for patients. They said it was easy to arrange an appointment, if not on the day, alternatives could always be found.

### Practice Opening Times

Day	Time
Opening times:	
Monday	8:30am – 6pm
Tuesday	8:30am – 6pm
Wednesday	8:30am – 6pm
Thursday	8:30am – 6pm
Friday	8:30am – 6pm
Appointments available:	
Monday	9am – 7:30pm
Tuesday	9am – 7:30pm
Wednesday	9am – 6pm
Thursday	9am – 7:30pm
Friday	9am – 5:30pm

### Any additional evidence or comments

The practice closed at 6pm, however 3 evenings per week telephone appointments were available until 7.30pm

### Further information about how the practice is responding to the needs of their population

- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promotes equality. This includes people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who are in vulnerable circumstances or who have complex needs.
- The practice was responsive to the needs of older patients, they offered a named GP, with prevention and review processes, for example, flu vaccines, chronic disease clinics, regular audits of housebound patients, safeguarding meetings, and regular contact with community services. Patients would be telephoned for a welfare check if required. There were home visits and urgent appointments available.
- 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 adjusted the delivery of their services to meet the needs of patients with a learning disability, for example reasonable adjustments were offered for some patients who had open appointments on the same day of the week.

- The practice offered a high range of skill mix throughout their practice team to enhance available appointments, staff roles included advanced nurse practitioner (ANP), care co-ordinator, primary care network pharmacists, social prescribers, and an in-house counselling service.
- Additional nurse appointments had recently become available due to the recruitment of an ANP resulting in 6 extra sessions per week for acute illnesses.
- The practice was proactive in contacting the patients and community for feedback. They invited patients to join their PPG, they used friend and family surveys, had a social media page, comprehensive website with information for patients and online access.
- The practice had an open-door policy for all attached community services to discuss the medical needs of patients, the practice had regular updates with the appropriate teams.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice offered 3 late night sessions for patients to book into and weekend appointments via local extended access arrangements.
- The practice held a register of patients with learning disability, poor mental health, vulnerable adults/children, special education needs and disability (SEND) register and palliative care register.
- The practice worked closely with a local service for the homeless and could register these patients when they were re-homed. They were the local named GP Practice for the local women's Refuge.
- The practice offered exercise classes to ethnic groups who were diagnosed with diabetes facilitate fitness in a way which would meet their needs.
- The practice had worked with the local integrated care board (ICB) a local school to deliver asthma care plans and to educate the parents on the condition.
- The practice was recently involved with the ICB in a SEND inspection. The inspection team visited the practice and others. The team were complimentary about their visit to the practice and asked that their processes in this area were shared as good practice with other practices. The learning disability annual health checks were found to be very responsive and there was a bespoke system to invite patients in, they knew all of their patients individually and were therefore able to make reasonable adjustments the patients need to help them attend their reviews.

**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

## 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)	93.2%	N/A	49.6%	Significant variation (positive)
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)	74.5%	59.0%	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)	73.7%	56.9%	52.8%	Tending towards variation (positive)
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)	83.4%	74.4%	72.0%	No statistical variation

### Any additional evidence or comments

- Patients could access services and appointments in a way and at a time that suited them.
- The data from the National GP patient survey results was consistent over time even during the COVID-19 pandemic when access to GPs was reduced due to the restrictions imposed., the practice maintained high levels of patient satisfaction in all areas.
- 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 was 93.2%. This indicator was consistently high since 2018 when above national by 25%. From February 2023 when national data went down, the practice indicator went above the national average by 44%.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 74.5%. This indicator has been above local and national averages since 2018. From 2021 to 2023 the practice has been consistently above local and national averages by 20%.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times was 73.7%. This indicator consistently above local and national since 2018. From 2021 to 2023 the indicator remained high despite local and national data dropping. In 2023 they were 20% above both.
- The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered was 83.4%. This indicator was consistently above local and national data since 2021. From 2022 there was an upward trend for the practice to 11% above both indicators.
- The practice told us they did not close at any time during the COVID-19 pandemic. Patients were able to access a free taxi service if it was needed. Vulnerable patients were contacted on a regular basis to see if they needed clinical or social and they could be referred to the local authority if in need.

- The practice received feedback from the patient participation group (PPG) PPG and student population that a social media page would be good to share and inform patients of information from the surgery. The text message service was used as a method of sharing important information with patients.
- The practice told us they felt that they could easily adapt to the needs of the patients, they were a small, long-standing team. They tried to offer a traditional type of service to patients.
- To do this they offered longer appointments for patients with a learning disability, offered on-line access, and e-consult. They referred patients to the out of hours service for late night appointments and weekends, particularly helpful for the working population who could not attend surgery hours. An Interpreting service was offered to patients who needed it. There was an in-house counselling service and a private waiting area for patients who experienced with mental health problems/anxiety who find the usual waiting area unsuitable. Nurse appointments were adapted to early morning to accommodate patients needing blood tests/smears for working patients. There were links into a social prescribing service for patients needing help which is not medical. GPs would sometimes go on home visits even when not requested if they felt the patients would benefit from this.
- They managed demand from telephone calls first thing on a morning by putting as many staff as possible on the telephones at 8:30. If the telephone rang longer than 6 rings they spoke to the patient and asked them to wait on hold, so the call was answered, and the patient knew someone was there to answer their call. This system was long standing and had always worked for the practice to manage demand.
- When they needed feedback from patients they left 'leaves', little slips of paper for patients to provide feedback, they said this worked better and they got more feedback than asking patients to fill in a large survey. One of the themes which came through from the completion of the leaves was that more female sessions were needed. A practice nurse was trained up to be an advance nurse practitioner (ANP) and a long-term female locum GP put in place.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There is no feedback recorded on NHS choices
Feedback to CQC	There have been no complaints made 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 6 responses of which all were positive. Comments included, high standards of care, efficient and friendly staff and listen to my health issues.

**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.	2
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

The practice manager told us that they always offered a face-to-face meeting with any patients who made a complaint.

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

### 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.