

Inspection Evidence Table

Danes Camp Surgery

(1-561549257)

Inspection Date:

Date of data download: 11/01/2024

Overall rating: Good

We recognise the work that GP practices have been engaged in to continue to provide safe, quality care to the people they serve. We know colleagues are doing this while demand for general practice remains exceptionally high, with more appointments being provided than ever. In this challenging context, access to general practice remains a concern for people. Our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. These assessments of the responsive key question include looking at what practices are doing innovatively to improve patient access to primary care and sharing this information to drive improvement.

Context

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the tenth decile (on a scale of 1 to 10, where 1 is the most deprived and 10 is the least deprived.). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 83.7% White, 6.9% Asian, 4.6% Black, 3.3% Mixed, and 1.4% Other. The age distribution of the practice population depicts a higher than local and national average patient population aged over 0 to 14 years and 35 to 44 years.

Responsive

Rating: Requires Improvement

At the last inspection in June 2021 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 for responsive is now 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.	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
<p>Explanation of any answers and additional evidence: The practice offered a variety of appointment types and prioritised continuity of care where appropriate. Leaders were able to describe systems in place to ensure patients needing to see the same clinician were able to do so.</p> <p>All staff had access to translation services, including staff responsible for arranging appointments.</p>	

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

Further information about how the practice is responding to the needs of their population
<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. • All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. • Self-booking links were sent to patients to enable them to book their own chronic disease reviews, cervical smear tests and flu vaccines. • The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.

- The practice employed social prescribers through their Primary Care Network (PCN). These social prescribers worked to support vulnerable patients with non-medical concerns such as employment support, loneliness, financial concerns and bereavement support.
- There was an active patient participation group (PPG), who not only supported the practice by providing an active patient voice, but also facilitated surveys. The PPG were active in promoting patient education through social media channels, this included the promotion of the online consultation service.
- The practice had begun to invite patients to a diabetic group clinic to support patients with poorly controlled diabetes to improve their health. These clinics would be led by a GP and diabetes trained nurse.
- If appointments were not available at the practice, staff could book patients in with other local services. For example, the enhanced access service was available 6.30pm to 9.30 pm Monday to Friday and 9am to 5pm at weekends.
- The practice was working to improve uptake of the cervical screening programme. They had identified a high proportion of patients aged 25 to 29 years from ethnic minority backgrounds, who did not attend appointments. In response, the practice was sending targeted SMS messages with a link to an educational video on smears and encouraging patients to book appointments as a priority.

Access to the service

Patient feedback suggested people were not always able to access care and treatment in a timely way, and telephone access needed improvement.

	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).	Y
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).	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>Evidence reviewed demonstrated efforts made by the practice to increase appointment availability. Data submitted by the practice from the GP appointments dashboard demonstrated that 40,425 face to face appointments had been offered in the year preceding 3 December 2023. This compared to 32,529 for the previous year (2022) and 29,917 in 2021. The number of telephone consultations had declined during the same period with 5,367 telephone consultations in 2023 compared to 6,638 in 2022 and 11,090 in 2021.</p> <p>The practice offered a variety of appointments, including pre-bookable and on the day urgent. The practice was working to promote patient uptake of the e-consultation service, which also enabled patients to submit non-urgent medical queries online and expect a response from the practice within 72 hours. Leaders advised they had seen a significant increase of use in the months preceding this inspection and they planned to continue to promote this service to further improve uptake.</p>	

The practice utilised a triage system on reception to ensure all patients were directed to the correct support service. Reception staff received regular training, including care navigation training, and had access to the duty doctor as needed. The practice had access to a pharmacist, GP assistant, care co-ordinator, health coach, mental health worker and first contact physiotherapist employed by the Primary Care Network. The practice employed an additional part time GP assistant to further improve patient access.

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)	32.0%	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)	51.9%	50.8%	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)	45.2%	50.1%	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)	77.3%	71.4%	72.0%	No statistical variation

Any additional evidence or comments

The practice leadership team were able to demonstrate an awareness of the most recent national GP patient survey results, particularly those relating to access where scores for the practice were below local and national averages. Evidence submitted demonstrated the practice was working in line with national objectives and with local partners to improve access as a matter of priority. For example, the practice's PCN had collaboratively developed a 'capacity and access improvement plan' in May 2023. Actions included improving navigation, triage and workload management processes and/or patient journeys through telephony and online contact routes. Evidence reviewed demonstrated this plan was reviewed quarterly to ensure it was running on schedule and effective improvements were being implemented.

We saw that the provider had invested in a new cloud-based telephony system, due to be installed in February 2024. Although, leaders advised the increased use of the e-consultation service had improved telephone access, they envisaged further improvements once the new phone system was in situ. At the time of our inspection, there were rota systems in place to ensure more staff were available to answer the phone in peak periods but due to the constraints of the existing telephone system, this still resulted in prolonged wait times.

The practice took part in the NHS Friends and Family Test (FFT), analysing responses to monitor satisfaction and drive improvement. Data reviewed demonstrated, in December 2023, of 177 responses received through SMS messaging, 95% of patients would recommend the practice for friends or family.

The practice provided data to demonstrate it was only using 46% of its extended access allowance. Leaders advised this demonstrated the majority of patients were able to receive care at the practice.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There was 1 comment on the NHS website, left in the 12 months preceding this inspection. The patient had provided the practice with a 1 star rating (on a rating scale of 1 to 5). They expressed dissatisfaction with the care and service they received.
Give feedback on care (CQC website).	We received 33 feedback forms from patients as part of this inspection. All comments were positive. Patients spoke highly of staff attitude, standards of care and the timeliness of access to the service and appropriate support.

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.	61
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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

Example of learning from complaints.

Complaint	Specific action taken
Difficulty accessing an appointment with a doctor.	The practice was prompt to investigate and respond to the patient, offering an apology and advising on various methods of arranging an appointment. Staff were reminded of the need to provide clear and accurate information to patients.

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.