

Inspection Evidence Table

Cavendish Medical Practice

(1-5989348237)

Inspection Date: 28 November 2023

Date of data download: 27/11/2023

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 lowest decile (1 of 10). The lower the decile, the more deprived the practice population is relative to others. The practice deprivation score is 987 out of 32,000 points, placing it at the lower end of the lowest deprivation decile.

According to the latest available data, the ethnic make-up of the practice area is 45% Asian, 31.6% White, 14.9% Black, 5.1% Mixed, and 3.3% Other. Staff advised the ethnic mix of patients was vast, with a high number of first-generation immigrants and patients whose primary language was not English. The age distribution of the practice population depicts a higher than local and national average patient population aged 5 to 24 years and aged 40-44 years.

The practice had received lower than local and national average scores in the national GP patient survey for questions relating to patient satisfaction with access. We reviewed extensive evidence to demonstrate work done by the practice to improve. The practice leadership team were able to demonstrate an awareness of challenges with appointment availability that had led to a decline in patient satisfaction. Leaders had commenced work to improve access before the results of the national survey were released. Further evidence reviewed through the course of this inspection, demonstrated an improvement in patient outcomes as a result of action taken by the practice.

Responsive

Rating: Requires Improvement

At the last inspection in September 2019 the Responsive key question was rated good. The practice is now rated requires improvement for providing responsive services following this assessment. 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. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data. 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.	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 was able to demonstrate a clear understanding of the needs of its patient population and efforts made to adjust services accordingly. For example, leaders advised their patient population was extremely diverse, with high levels of deprivation. They advised patients preferred to see a GP and the majority of these patients requested face-to-face rather than telephone appointments, often due to communication barriers. As a result, the practice had increased the number of GP appointments available. For example, a review of evidence submitted demonstrated between January and June 2023 the number of GP appointments was consistently below the practice target of 392 GP appointments. Following an audit in May 2023, the practice adjusted services and from July to November 2023 the average number of weekly GP appointments was 475. The practice prioritised continuity of care and had invested in new technology that enabled, where appropriate, patients to book follow up appointments with the same clinician where possible. This was facilitated through an SMS text message invitation from the treating clinician if they felt the patient would benefit from specifically seeing the same clinician. Staff advised that where patients were vulnerable and unable to attend the practice for appointments, the practice provided a taxi fund. For example, for patients unable to travel to the surgery safely with sick children.	

The practice team were able to communicate in multiple languages and information on languages spoken by individual staff was available on the practice website. Where additional support was required, translation services were available.

Practice Opening Times

Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am - 8pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	9am - 12pm, 1pm to 3pm and 4pm to 6pm
Tuesday	9am - 12pm, 1pm to 3pm and 4pm to 6pm
Wednesday	9am - 12pm, 1pm to 3pm and 5pm to 8pm
Thursday	9am - 12pm, 1pm to 3pm and 4pm to 6pm
Friday	9am - 12pm, 1pm to 3pm and 4pm to 6pm

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.
- 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.
- The practice was open until 8pm on a Wednesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a Primary Care Network (PCN). However, the practice had responded to patient feedback that they preferred to be seen at their own practice rather than travel approximately 3 miles to the extended access hub. (An audit identified only 6% of extended access appointments were being utilised by the practice's patients, despite equating to 20% of the overall PCN patient population). As a result, the practice had agreed to host an extended access hub at the practice site on Wednesday evenings and Saturday afternoons (due to commence in December 2023).

- 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, 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.
- Patients with complex needs were able to book longer appointments with their preferred GP.
- The practice supported elderly patients, living alone, who did not speak English as their primary language. Support included, explaining hospital letters, arranging appointments and organising transport.

Access to the service

People had mixed views on their ability 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).	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 an increase in overall face-to-face appointments in the three months preceding this assessment when compared to the same three-month period in 2022 and 2021, with an increase of approximately 1,000 more face-to-face appointments each year (3,435 in 2021 to 5,315 in 2023). In contrast the number of telephone appointments, for the same period, had only decreased from 3,970 to 3,234. In the three months preceding our inspection, 62% of appointments offered were face-to-face.</p> <p>The practice offered a variety of appointments, including pre-bookable and on the day urgent. These were also routinely reviewed through analysis of telephone data and appointment usage, to ensure patient demand was being met. At the time of our inspection one third of appointments were pre-bookable and two thirds were urgent on the day appointments. In addition, data relating to any patients signposted to alternative services was recorded and analysed to enable the practice to further amend service delivery if needed.</p> <p>The practice made efforts to support patients to receive care in a way that met their needs. This included improved access for those who preferred remote consultations. The practice was able to demonstrate efforts to improve access to e-consultations for patients requesting them, were delivering positive outcomes. For example, between October and December 2022, the practice provided 117 e-consultations. Of these, 68 were utilised by patients aged 20 to 49 years. Following efforts to increase access, data reviewed between July and September 2023, showed 216 e-consultations had been undertaken, of which, 127 were utilised by patients</p>	

aged 20 to 49 years. The practice advised that by increasing digital access for those who preferred it, they were able to improve access for patients who were digitally excluded and/or those who preferred to use the telephone or see a clinician face-to-face.

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 was supporting the locality program to achieve 'Right access first time' (RAFT). This local initiative was geared towards ensuring all patients received appropriate care at the first point of contact or as soon as possible. As part of this work the practice was able to refer patients directly to the local community pharmacy care service (CPSU). Rather than simply asking patients to go to a local pharmacy, staff were able to book patients in with the local pharmacy and the pharmacist would call patients back to either discuss concerns over the telephone or book them in for a consultation. Through data sharing agreements, patients' records were accessible to support better care in alternative settings. The practice audited all patients referred to alternative services to ensure they were providing sufficient in-house appointments. In addition, as part of the RAFT project the practice was due to commence auditing of GP appointments to ensure patients were being correctly booked with GPs.

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)	21.7%	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)	34.3%	46.7%	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)	34.3%	47.4%	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)	40.7%	68.3%	72.0%	Variation (negative)

Any additional evidence or comments

The practice leadership team were able to demonstrate an awareness of the most recent national GP patient survey results. They discussed their own concerns that the national survey was not a true representation of their patient population. For example, due to the low level of responses of patients from all age groups and ethnic backgrounds, the data in the national survey could only be interrogated by the practice for patients aged 35 to 54 years of Asian or British Asian ethnicity. However, the practice had a high proportion of patients in

younger age groups. Practice leaders advised they felt their highly diverse and deprived patient population were not adequately represented by the national survey. We reviewed the practice's action plan for addressing areas identified in the patient survey as in need of improvement and noted many had already been completed. For example, changes to the GP rota to increase availability of GP appointments and rearrangement of reception staff to increase telephone access in peak hours. In addition, the leadership team advised they had commenced an in-house patient survey to capture responses they felt were more representative. To support this, staff would be speaking to patients in their own language (where possible) to explain the survey and encourage them to provide feedback and help to drive improvements.

We reviewed substantial evidence provided by the practice, demonstrating ongoing and continued efforts to improve patient access to the service. For example, the practice undertook extensive daily, weekly and quarterly analysis of telephone data to support service delivery.

The practice amended staffing levels to meet demands for telephone access through auditing of telephone data, including average call wait times and abandoned call rates. For example, an audit of telephone data highlighted an increase in call wait times, (at the busiest time of the day between 8am and 9am) to an average of almost 19 minutes in May 2023. Staffing levels were increased, and monthly reviews of call wait times demonstrated a continuous decrease in wait times to 11 minutes in October 2023. Leaders advised they planned to further improve this through the recruitment of an additional staff member to answer the phones. (The practice had already cleared space for an additional workstation at the time of our inspection and agreed installation of an additional telephone line).

Evidence reviewed highlighted efforts made by the practice to improve telephone access were working. For example, the practice provided an analysis of call abandonment rates, against incoming and answered calls. It was evident that from October 2022 to June 2023 the call abandonment rate was consistently higher than the number of calls answered. However, in correlation with improvements made by the practice, since July 2023 the call abandonment rate had fallen and remained below the number of calls being answered. This highlighted not only were calls being answered more quickly but also that improvements to alternative access routes such as e-consultations were having a positive impact.

In the week preceding our inspection, the practice had undertaken a short in-house patient survey of 26 patients. Of these, 24 patients had advised they were satisfied with the appointment offered and 20 had advised they had found it very easy to get through to the practice on the telephone. Leaders advised a full in-house patient survey would commence in December 2023.

The practice took part in the NHS Friends and Family Test (FFT), analysing responses to monitor satisfaction and drive improvement. Evidence reviewed demonstrated that the practice had responded to patient dissatisfaction in the FFT in June and July 2023, where results showed 66% (June) and 55% (July) of patients described their experience as good or very good. The practice aligned the drop in patient satisfaction to a decrease in face-to-face and GP appointments. In response, a long-term locum GP was hired, a physiotherapist was hired, an additional 7 hours of GP appointments each week were offered and the number of face-to-face and extended (15 minute) face-to-face appointments were also increased. Results from the FFT responses in September and October showed a marked increase in patient satisfaction, with 86% (September) and 85% (October) of patients stating they would describe their experience as either good or very good. The number of responses received in September and October was also higher, aligning to an increase in appointment availability and thus responses.

The practice made continued efforts to educate patients on how to access care, this included information in the practice, on the practice website and on the telephone lines.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 3 responses posted in the 12 months preceding this inspection. Of these, 2 provided a 5-star rating (on a scale of 1 to 5) and one provided a 4-star rating. Patients commented positively on their experience with various staff and the quality of service they received.

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.	15
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
Complaint regarding delay in processing an administrative request from the practice.	The practice was prompt to acknowledge the complaint before investigating. Following investigation the practice responded to the patient, offering an apology and information on action taken to reduce the risk of recurrence, this included additional training for relevant staff.

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.