

Inspection Evidence Table

Donneybrook Medical Centre

(1-502711427)

Inspection Date: 23/01/2024

Date of data download: 04/01/2024

Responsive

Rating: Requires Improvement

At the last inspection in January 2023 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 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:	

- Every patient could request to see any clinician based within the practice, placed with their preferred GP as and when possible.
- The practice was responsive to the needs of older patients, offering on the day face to face appointments as clinically indicated for anyone over the age of 75.
- The practice offered home visits for the housebound and anyone and those with complex medical issues.
- The Practice worked in conjunction with digital health and local care homes responding to requests for home visits.
- The practice worked with local pharmacies to establish dossette boxes and a medicines delivery service for housebound patients.
- The practice regularly attended primary care network and neighbourhood meetings which included other community services, such as, the Bureau, social Prescribers, and health visitors.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8 am – 6.30 pm
Tuesday	8 am – 6.30 pm
Wednesday	8 am – 6.30 pm
Thursday	8 am – 6.30 pm
Friday	8 am – 6.30 pm
Appointments available:	
Monday	8 am – 6.30 pm
Tuesday	8 am – 6.30 pm
Wednesday	8 am – 6.30 pm
Thursday	8 am – 6.30 pm
Friday	8 am – 6.30 pm
Extended access:	
<ul style="list-style-type: none"> • Hyde Primary Care Network provided weekday evening appointments from 6.30 pm – 8 pm and Saturdays from 9am -5 pm. 	

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

- All requests for an appointment for children under the age of 5 were triaged by a clinician, then given a face to face appointment if deemed clinically necessary.
- All requests for an emergency appointment were triaged by the on-call GP and given same day appointments were appropriate.
- Pre-bookable appointments were allocated to patients in agreement at triage with the on-call GP ,if not deemed urgent for that day.
- Patients could pre-book healthcare assistants and nurse appointments.
- The practice had an open list and registered all patients including the homeless, travellers and vulnerable other vulnerable patients.
- The practice was a veteran-friendly practice and worked with these patients and their families identified to give priority appointments.
- Vulnerable families were allocated a named practice health visitor to work and support them with health, immunisations, screening, and welfare oversight.
- The provider was being supported by the local primary care network in educating Asian patients in public health and screening access.

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 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).	Yes
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).	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
Explanation of any answers and additional evidence:	

- The provider told us in the past 2 years, GP recruitment had been challenging and they had audited exit interview completions to improve attrition and support negative media scrutiny of their roles and provide welfare support to remain in GP practice.
- With an increase of ways patients can now access GP services, demand and expected response times had increased which was outweighing capacity. The provider was using locum GP support to provide enough appointment times to increase access.
- The practice shared where possible, locums were long-term to provide continuity of care. The leadership recognised if locum GP changes were made out of the practice control, patients felt dissatisfied and reflected patient satisfaction survey responses.
- Staff have received navigation training to signpost patients to the most appropriate clinician or service.
- The provider hosted digital system training to support patients in using the online service provision.
- The practice would contact all patients aged over 75 and under 5 years old if they did not attend their appointments.

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)	25.0%	N/A	49.6%	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)	42.4%	53.0%	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)	42.0%	51.2%	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)	62.1%	71.5%	72.0%	No statistical variation

Any additional evidence or comments

The provider told us that following the Total Triage model of care introduction across GP services, patient satisfaction had declined. We reviewed the data trend of national GP patient survey results since 2021 and found:

- There was an 18.86% downward trend in accessing the practice via the telephone.
- Patient satisfaction with appointment times given had declined by 9.86%.
- Overall experience of making an appointment had a downward trend of 15.44%.
- Satisfaction of types of appointments offered had decreased in patients by 14.72%.

In response the provider had:

- The practice met with other providers in their primary care network to discuss national GP patient survey responses and collaborate for improvement and sharing best practices for increasing patient satisfaction.
- The provider recognised there was a decline in patient satisfaction due to the difficulties faced with access to a more online and triage model of care. More recent in-house patient survey data had shown some improvement to positive patient responses regarding access however, this had not yet been reflected in the national GP patient survey data.
- The practice had completed an improvement project with support from GPIP (general practice improvement plan, formerly called the 'Accelerate Programme'). This programme allowed the practice to identify issues with access, capacity, and demand. Patient surveys were completed to collate themes and trends for areas to develop service provision for access however, the impact of this improvement work was not yet fully known. Monthly friends and family patient survey data was completed and monitored and access improvement action plan updated.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 4 reviews for the practice. Of these, 3 reviews were negative towards access to appointments and 1 positive review. The provider had responded to all patient comments and offered support and advice to make an appointment and also an opportunity to discuss with the practice management team.

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.	10
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	7
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(s) of learning from complaints.

Complaint	Specific action taken
Patient difficulty to master the new digital system implemented by the practice in November 2022.	The practice worked directly with the team at “The Bureau” and developed an information leaflet for patients who required education and support.

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.