

## Inspection Evidence Table

Meadowgreen Health Centre

(1-9779920790)

Inspection Date: 9 November 2023

Date of data download: 02/11/2023

## Overall rating: Good

We undertook an announced targeted assessment of the responsive key question. This assessment was carried out without a site visit. As the other domains were not assessed, the rating of good will be carried forward from the previous inspection and the overall rating will remain good.

## Responsive

**Rating: Good**

### 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 (1)
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 (2)
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;  (1) The provider and management team had reviewed ways to improve access following the last CQC inspection in May 2022. They had implemented the use of a healthcare software programme to book all appointments. Patients would complete a secure form on the internet, this would be triaged by the duty doctor and an appropriate appointment offered. Patients who did not have access to the internet would be supported by reception staff to complete the form. This had led to a reduction in the number of patients who did not attend for their appointment (DNA’s) being reduced from 1,298 in October 2022 compared to 977 in October 2023.	

The provider had demonstrated the use of this system with 6 other practices in the local area and had also shared their experience of using the programme for total triage with the software company and their guests from 10 Downing Street to support rollout to other practices across the country.

(2) This assessment was done remotely without a site visit. However, at the inspection in May 2022 the facilities and premises were found to be appropriate for the services being delivered.

### Practice Opening Times

Day	Time
Opening times:	
Monday	8.15am – 6.30pm
Tuesday	8.15am – 6.30pm
Wednesday	8.15am – 6.30pm
Thursday	8.15am – 6.30pm
Friday	8.15am – 6.30pm
Appointments available:	
Monday	8.30am to 11am – 3pm to 5.30pm
Tuesday	8.30am to 11am – 3pm to 5.30pm
Wednesday	8.30am to 11am – 3pm to 5.30pm
Thursday	8.30am to 11am – 3pm to 5.30pm
Friday	8.30am to 11am – 3pm to 5.30pm

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

- 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 other services to discuss and manage the needs of patients with complex medical issues. For example, staff would attend regular multidisciplinary team meetings to discuss and create support plans for patients with mental health issues.
- All parents or guardians contacting the practice with concerns about a child were reviewed by the duty doctor and offered a same day appointment when necessary.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers. We were told that patients in these circumstances would attend the practice and staff would support them to complete the appointment request form. The patient would wait in reception to be informed of their appointment.
- Patients with long term conditions received an appointment through the on-line system. Those whose circumstances may make them vulnerable were contacted directly by the care co-ordinators.

- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. The provider offered longer appointments and there was a quiet space available in reception for those that required it.
- The provider offered weekly GP ward round visits at 2 local nursing homes; 1 for patients with neurological conditions and 1 for the elderly.
- The practice was a safe haven site for victims of domestic abuse and staff had been trained as domestic abuse champions to support patients.
- The practice employed a social prescriber who would signpost patients to support services. They had also implemented several initiatives including, food banks, teddy bear banks, free books for patients and free sensory bags.
- The provider had implemented back to school stationery packs which had been given out to children whose circumstances made it difficult for them to afford school essentials. Twenty of these had been given out in September. The provider had also forged links with the local schools.
- The social prescriber had arranged for 2 volunteer welcomers from a charitable organisation to attend the clinic daily. These would help patients navigate the practice, support patients with self check-in, completing forms and requests for medication as well as directing the flow of patients during busy time, for example, during vaccination clinics.
- There were marked efforts noted to improve screening uptakes. The practice were currently achieving 76.6% for cervical cytology screening, which even though it was below the 80% national target, showed an improvement since the previous inspection in 2022 from 75%. The provider told us they had systems in place to support patients to book their cytology appointment and that 245 cervical cytology appointments had been booked using the new on-line system since 1 July 2023.
- The provider was achieving the 90% target for childhood immunisation screening for 4 of the 5 indicators. They were achieving 88.1% for patients aged over 5 years receiving the MMR vaccine. They told us this was due to patients refusing the immunisation and some children had received their vaccines abroad. The managers told us they were continually looking at ways to address this and that their nursing staff would call and visit patients to discuss this.
- The practice had a cancer champion who regularly monitored all screening programmes, for example, breast and bowel screening. Patients who had not attended were actively contacted and supported with this. The provider told us their current uptake was 71.62% for bowel screening (national target 60%).
- The practice was engaging with its patients to encourage self-help initiatives. For example, they had created a weight loss display board in reception with slips patients could complete to request support. In the previous 6 weeks, 26 people had requested and received support from the practice.
- The practice had created 100 dementia information bags which they gave to patients who were newly diagnosed with dementia. These included conversation cards for family to prompt conversation topics and 'how to' cards for the patient, for example, how to get dressed and how to take a shower.
- The practice had hosted a 12 week early intervention parenting programme ran by a charitable organisation in the practice. This provided tools and strategies to promote children's social and emotional development. Ten people from the local community had attended with 4 being patients of the practice.
- The practice offered a death café in the surgery hosted by a charitable organisation which allowed conversations around this topic. Eight patients had attended.
- The practice had hosted a drop-in young person's café during the school holidays offering activities with a wellbeing focus. Two patients had attended the first session.

### 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.	Y (1)
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 (2)
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>(1) The provider had implemented in January 2023 an on-line booking system which would send a form to the patient to enable booking appointments through the internet. Patients who did not have internet access facilities were able to telephone or present in person at the practice and the receptionist would complete the form for them. All forms were triaged by the duty doctor the same day. Urgent appointments would be offered an appointment on the day if appropriate. Routine appointments would be offered within 2 weeks. We observed the next routine appointment to be in 1 week's time.</p> <p>The provider worked in partnership with other practices in their primary care network to offer weekend and evening appointments at one of the satellite clinics in Sheffield. Staff from the practice worked at the satellite clinic and the current satellite clinic was based in the same building as the practice.</p> <p>(2) There were autism alert cards and Herbert protocol forms (contains information regarding medication and phone numbers to support the police if a vulnerable person goes missing) for dementia patients available in the reception area for patients and their carers to utilise. The practice had also collated 1,500 personal information forms during the flu immunisation clinic in the previous 2 months for patients to update their records with any communication needs, for example, hard of hearing or visual impairments so staff could support patients during future communications.</p> <p>The provider used the national friends and family form to gain feedback from patients. Since January 2023 they had received 768 responses. In the response to 'how easy did patients find making an appointment', 654 responded with easy or very easy and 748 responded good or very good to 'what their overall experience of the service was'.</p> <p>The provider had also responded to feedback left on the forms with a 'you said, we did' board. For example, a patient had said they preferred to speak to a person, the response was there continued to be telephone availability for those that were not able to use the internet.</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	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)	40.2%	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)	65.4%	54.3%	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)	64.3%	52.5%	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)	76.4%	73.1%	72.0%	No statistical variation

**Any additional evidence or comments**

The management team told us one of the main reasons for implementing the on-line booking system was to improve telephone access as well as overall access to services. They had implemented a call back option on the telephone system for those who did not wish to wait in the queue. They also had a new update for the phone system planned in November to have 1 telephone number across both sites so staff from both sites could answer the phone to reduce call waiting times. The new system would also record statistical data to enable the provider to monitor if the new system was improving telephone access.

All other areas of the national GP patient survey relating to access showed a positive trend over time with the number of patients who were satisfied with the appointment they were offered and their overall experience of making an appointment improving.

Source	Feedback
NHS.uk website (formerly NHS Choices) since the last inspection in May 2022.	There had been 6 feedback responses, 4 were positive, 2 about the new appointment system and their triage experience whilst 2 patients left negative feedback, 1 about blood test results and 1 regarding unhelpful staff. The practice had responded to these feedback comments, issued an apology and explained actions taken as a result of this feedback.
Feedback received into CQC since the last inspection.	CQC had received 4 feedback forms since the last inspection. These related to the triage appointment system and patients being referred to the extended hours hubs for their appointment.

Sheffield Healthwatch in the last 12 months.	There had been feedback from 1 patient who commented that they had had difficulty completing the on-line form.
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### 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.	26
Number of complaints we examined.	2 (we reviewed the 2 relating to access)
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

	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
Access. Struggling to complete the on-line form and delay to be seen	An apology and explanation for each point raised in the complaint was given and we saw actions had been taken as a result to prevent the same thing happening again.
Access. Patient did not receive triage call	An apology and full explanation was given.

## 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.