

# Care Quality Commission

## Inspection Evidence Table

### Maylands Health Care (1-552900837)

Inspection date: 16 June 2021

Date of data download: 16 June 2021

## 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.	Yes
At the previous inspection of this service on 22 June 2019 we found that the system for patients to contact the practice by telephone to make an appointment required improvement.  Documents reviewed regarding this off-site focused inspection demonstrated that the practice had taken action to improve the system for patients to contact the practice to make an appointment. This included the installation of additional telephone lines to the practice telephone system and adding a cloud system where patients could be held in a queue; the removal of restricted hours for booking an appointment in the morning and afternoon, so that patients could call to make an appointment throughout the day; additional staff members to answer the telephone, two for the appointment line, one for the switchboard and two front-facing reception staff and the promotion of online systems such as eConsult for patients to access the practice. The practice conducted a patient survey in January 2019 and 2020 to measure improvement of telephone access. In 2019 29% of respondents found it easy to access the practice by telephone, in 2020 this had improved to 31% of respondents. An additional survey was conducted in 2021, with 100 patients taking part. The practice have devised an action plan to continue to survey and monitor patient responses to the new systems regarding access that have been established.	

## Older people

**Population group rating: Good**

Findings
<ul style="list-style-type: none"><li>• All patients had a named GP who supported them in whatever setting they lived.</li><li>• The practice provided primary medical services and a weekly visit to a local care home for older people living with dementia and nursing care needs.</li><li>• 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.</li><li>• The practice provided effective care coordination to enable older patients to access appropriate services.</li><li>• There was a medicines delivery service for housebound patients via local pharmacists.</li><li>• The practice had a liaison officer who acted as a social prescriber.</li></ul>

- To improve access for older patients the front door the practice has been changed to an electronic push button in addition to improving the seating and flooring to reduce the risk of any falls.

## People with long-term conditions

Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice had a system to ensure patients with long-term conditions had medical reviews, where patients were contacted and offered appointments.

## Families, children and young people

Population group rating: Good

### Findings

- Out of hours appointments were offered on a Monday and Wednesday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The practice endeavoured to offer parents and guardians who had concerns regarding a child under the age of eighteen a same day appointment when necessary.
- The clinical doors located in the practice have been installed with protectors to prevent any children having their fingers trapped.

## Working age people (including those recently retired and students)

Population group rating: Good

### Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had extended access appointments on Monday and Wednesday evenings.
- Patients were able to book appointments and prescriptions online. Twenty-five per cent of patients made online appointments.
- Patients had access to an out of hours GP service which offered appointments at local GPs from Monday to Friday 6:30pm to 10:00pm and Saturday and Sunday 8:00am to 6:00pm
- The practice used a texting system which allowed them to inform patients of their blood results, further actions required, and which acted as a reminder system. This was incorporated into the patient medical records to help ensure all data and information was recorded appropriately.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people 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 provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

**People experiencing poor mental health (including people with dementia)**

**Population group rating: Good**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

**Access to the service**

**People were able to access care and treatment in a timely way.**

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
At the previous inspection on 22 June 2019 we found that although the practice prioritised patients for appointments, the telephone lines did not always enable patients prompt access to make an appointment.	
Documents reviewed regarding this off-site focused inspection demonstrated that the practice had taken action to improve the systems for making patients to make an appointment including doubling the telephone lines coming into the practice, increasing the number of staff answering the telephones, promoting online access to GP's and increasing their clinical staff team. Additionally, staff told us that patients with urgent needs, such as those with mental health concerns or experiencing domestic violence were offered priority same day appointments.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to	27.4%	N/A	65.2%	Significant Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
how easy it was to get through to someone at their GP practice on the phone (01/01/2020 to 31/03/2020)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	34.2%	60.7%	65.5%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2020 to 31/03/2020)	40.0%	60.2%	63.0%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	52.6%	66.8%	72.7%	Variation (negative)

#### Any additional evidence or comments

The published GP survey 01 January 2020 to 31 March 2020 for the indicators above did not show improvement and remained at the same approximate level that they have been at since 2018. However, of two hundred and eighty-seven surveys that were sent out, 135 were completed. This is less than 1% of the registered patient list.

At the previous inspection on 22 June 2019 we found the practice had made improvements to increase access, including the appointment of an advanced clinical practitioner, the recruitment of a new GP, extended practice hours and a review of the telephone system. However, we also found the practice did not have a system in place that enabled patients to make appointments easily, including:

- Patients could only book appointments between 8am and 10am and 4pm and 6pm. If a patient called at any other time they would be asked to call back.
- The practice did not have any direct lines for booking patient appointments. Telephone calls would go into a general waiting system.
- In a morning the practice had two staff answering the telephone calls for appointments and one in an afternoon when demand would have been high.
- The difficulty in accessing the practice by telephone meant patients would come into the practice to queue for an appointment.

During their monitoring call on 3 December 2020, the practice informed us that:

- The restricted appointment hours had been removed with patients able to make an appointment at any time of the day.
- They had doubled the telephone lines coming into the practice, added a cloud system to hold up to fifty patients without an engaged tone and increased the number of people answering the telephone.
- The practice told us that there were three people dedicated to answering the phone to specifically manage appointments and two additional members of staff to manage front-facing queries and the morning queue of patients.
- E-consult was made available in March 2020.
- The practice explained and provided evidence of large call demand.

- The practice told us that the advanced clinical practitioner conducted home visits and there was a duty doctor daily also on call for home visits.
- Text messages were used for blood and x-ray results where appropriate to reduce the need for patients to telephone the practice.
- They were introducing a champion for total triage to promote online rather than telephone as an initial point of contact for patients, focusing on educating their patient group in relation to this and embedding the new phone system.

Documents received regarding this off-site focused inspection were examined and demonstrated:

- Additional telephone lines were installed at the practice on 3 March 2020.
- After the monitoring call in December 2020 the practice actively promoted eConsult. In August 2020 there were fifty-four eConsult contacts with the practice, in April 2021 there were 346 and in May 2021 508 were submitted. There was a dedicated GP to respond to these on a daily basis.
- The eConsult feedback report for March 2021 demonstrated that respondents were mainly very satisfied with the experience of using the app, or fairly satisfied. No patients expressed dissatisfaction. All bar one respondent reported they had been contacted within the practice stated timeline.
- The practice told us that since the start of the pandemic all patients concerns were triaged by telephone or video and that initial GP consultations were conducted via telephone. A further face to face consultation was arranged if deemed necessary. In April 2021, 671 patients were asked to attend the practice for face to face consultations.
- The practice told us that the daily two-hour appointment booking slots in the morning and afternoon had been removed and patients could call for an appointment at any time.
- There was a message on the phone system to alert patients once all GP appointments had been filled, which told patients to stay on the call if they required an appointment with the nurse, pharmacist or if they required a home visit.
- There was a dedicated GP to conduct home visits along with the advanced clinical practitioner. From 1 January 2021 to 12 May 2021 901 home visits had been carried out.
- In March 2021 the practice had offered 6115 appointments. In April 2021 they offered 7066 appointments.
- The practice provided documents which demonstrate that they monitor the calls coming into the practice, including how many are answered, engaged and not answered. Documents reviewed showed that on a Tuesday after a bank holiday, the practice had 5287 calls coming into the practice. The following day there were 1345 calls that came into the practice. This demonstrates a high call volume.
- The practice had 8.04 full time equivalent GPs, which equated to 1800 patients per GP. This was lower than the CCG average, which was 2026 patients per GP and comparable to the England average of 1767.
- The practice had 2.32 full time equivalent nurses which equated to 6239 patients per nurse, which was comparable to the CCG average of 6350.
- The practice had recruited three part-time salaried GP's in 2021 and also had a clinical pharmacist, a registrar, three practice nurses, a health care assistant and an advanced nurse practitioner as part of their clinical team.
- The practice conducted annual surveys regarding the patient experience of access to appointments using the telephone. The 2020 survey showed improvement on the 2019 survey. An action plan compiled by the practice identified three-monthly surveys and on-going monitoring of the new systems established so that further improvement could be made as and when identified.

## 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 practice's 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 women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women 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.
- **PHE:** Public Health England.
- **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.
- **\*PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#) ).
- ‰ = per thousand.