

Care Quality Commission

Inspection Evidence Table

The Haymarket Health Centre (1-543046982)

Inspection date: 4 September 2018

Date of data download: 05 September 2018

Safe

Safety Records	Y/N
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y

Any additional evidence
The facilities manager was responsible for the management of health and safety including fire safety procedures. Completed schedules demonstrated that the facilities manager carried out weekly fire tests at the practice and monthly inspections of fire doors, fire extinguishers and compliance with fire procedures. Staff had received updates on fire training and the importance of keeping fire doors unobstructed. There was a procedure in place to make all visitors to the practice aware of the appropriate fire safety procedures.

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
There was evidence of learning and dissemination of information	Y

Any additional evidence
Significant events were categorised into one of eight key areas and mapped to the Care Quality Commission's five key questions. Trends in significant events had been monitored on a six-monthly basis and no trends had been identified. The practice planned to change the review period to three monthly. Minutes from meetings demonstrated that changes from significant events were discussed and shared with the management team and staff members.

Responsive

Responding to and meeting people's needs

Practice Opening Times: The Haymarket Health Centre	
Day	Time
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 6pm
Thursday	8am – 6pm
Friday	8am – 6pm
Saturday	8.15am – 12.30pm

Appointments available	
Morning: Monday to Friday	8.30am-12.30pm
Afternoon: Monday to Friday	1.30pm – 5pm
Extended hours opening	
Saturday	8.30am – 12pm

Practice Opening Times: Longton Health Centre	
Day	Time
Monday	8.30am – 6.30pm
Tuesday	8.30am – 7.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 1pm
Friday	8.30am – 6.30pm

Appointments available	
Morning: Monday to Friday	9am-12.30pm
Afternoon: Monday, Wednesday, Friday Tuesday	1.30pm – 5pm 1.30pm – 7pm

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13790	289	104	36%	0.75%

Indicator	Practice	CCG average	England average	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 (01/01/2018 to 31/03/2018)	35.7%	65.8%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	52.9%	68.5%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	57.0%	68.7%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	64.0%	76.1%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	<p>In 2017 there were 17 negative comments about access to appointments and staff attitude and one positive comment regarding helpful and polite staff.</p> <p>In 2018 there were four negative comments about access to appointments and staff attitude.</p>

Complaints sent to the CQC	Complaints received by the CQC regarding access to appointments and staff attitude: 2016 - one 2017 - ten 2018 - three
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Any additional evidence

- Incoming calls for the practice have been redirected to the provider's main call centre. Analysis of practice call data showed that in June - August 2017 the practice received 36,899 calls with an average of 600 calls per day. Data also showed more calls were received on a Monday, on average patients called four to five times before their call was successfully answered and approximately 500 calls occurred between 8am – 9am each day. In response to these findings, the practice commissioned a bespoke call handling platform to provide; automatic remote filtering of urgent on the day appointments between 8am – 9am; an automatic queueing system with position announcements and automatic filtering of calls other than requests for appointments. Along with 25 other practices within the Clinical Commissioning Group, the practice also adopted a care navigation scheme. Data showed that this practice was the third most effective at signposting patients to the most appropriate services in the area with 436 out of 493 accepted as appropriate signposts. Analysis of practice call data following these changes showed that in June - August 2018 the number of calls received by the practice had fallen to 19,480 with an average of 300 calls per day.
- Appointments to services not previously available at the practice, for example minor surgery and contraception implant fittings, have been introduced at the practice's sister site.
- Acute on the day appointments have been introduced at the practice. Patients are provided with a 30-minute slot to attend a clinic run by advanced nurse practitioners and a supporting GP. In July 2018 the practice carried out a survey of patient satisfaction regarding this service. It demonstrated that 93% of patients surveyed would be happy to use this service again and 95% were satisfied with the appointment.
- Skype consultations with facilitated examination have been introduced to deliver care to patients living in care homes.
- The provider had developed a central access hub at The Haymarket Health Centre to provide additional access to a range of appointments on Saturday mornings to patients from all of their practices. To support patients who lived in the Longton and Newcastle area to access the hub, the provider had sub-contracted a shuttle coach service, free of charge, for these patients. The coach is suitable for older patients and has wheelchair capacity for those with mobility problems.

Listening and learning from complaints received

Any additional evidence

The practice had developed a poster, which was displayed in the reception area, to inform and support patients who wished to complain. Details of the practice's complaints process were also available on the practice's website and complaints leaflets in the reception area.

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 comparable, 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 comparable 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ([See NHS Choices for more details](#)).