

Care Quality Commission

Inspection Evidence Table

Wokingham Medical Centre (1-1384269424)

Inspection date: 11 December 2018

Date of data download: 10 December 2018

Overall rating: Good

Responsive

Rating: Good

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
Information about the service was shared with patients.	Y*1
The practice sought feedback and acted upon feedback from patients.	Y*2
Explanation of any answers and additional evidence: *1 The practice showed us the quarterly newsletter produced for patients that included updates on the service provided including online consultations. We also saw minutes of a meeting with a newly formed patient participation group that set out action the practice planned in response to the national GP patient survey. *2 We saw a patient questionnaire ready to distribute in January 2019. This was a follow up to a similar questionnaire issued in early 2018. The practice was working with their telephone provider to improve access by phone in response to feedback from the 2018 questionnaire.	

Older people

Population group rating: Good

Findings

The practice had addressed the breach of regulation, that had resulted in all population groups rated as requires improvement. The risk of complaints not being dealt with in a timely manner had been reduced and all population groups are now rated good.

People with long-term conditions

Population group rating: Good

Findings

The practice had addressed the breach of regulation, that had resulted in all population groups rated as requires improvement. The risk of complaints not being dealt with in a timely manner had been reduced and all population groups are now rated good.

Families, children and young people

Population group rating: Good

Findings

The practice had addressed the breach of regulation, that had resulted in all population groups rated as requires improvement. The risk of complaints not being dealt with in a timely manner had been reduced and all population groups are now rated good.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

The practice had addressed the breach of regulation, that had resulted in all population groups rated as requires improvement. The risk of complaints not being dealt with in a timely manner had been reduced and all population groups are now rated good.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

The practice had addressed the breach of regulation, that had resulted in all population groups rated as requires improvement. The risk of complaints not being dealt with in a timely manner had been reduced and all population groups are now rated good.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

The practice had addressed the breach of regulation, that had resulted in all population groups rated as requires improvement. The risk of complaints not being dealt with in a timely manner had been reduced and all population groups are now rated good.

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 since last inspection in July 2018.	18
Number of complaints we examined.	8
Number of complaints we examined that were satisfactorily handled in a timely way.	8
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
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. The practice had a clearly defined protocol that set out how complaints were to be dealt with, 2. The protocol included providing patients and the public with information on how to make a complaint. 3. The eight complaints we reviewed in detail were all dealt with in a timely manner in accordance with the practice protocol (This was not the case when we inspected in July 2018), 4. Responses to complaints we reviewed were detailed and thorough. They contained apologies to the complainant and a summary of the investigation undertaken by the practice. 5. We saw minutes of meetings where learning from complaints was shared. 	

Examples of learning from complaints.

Complaint	Specific action taken
Inconsistency in obtaining consent to immunisation.	Nurse retrained by attendance at an immunisation refresher course. Consultation for immunisations reviewed.
Minor surgery processes.	Refresher training organised by one partner to bring other clinicians up to date in techniques for carrying out joint injections.

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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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.