

Care Quality Commission

Inspection Evidence Table

The Ridge Medical Practice (1-537898680)

Inspection date: 14 January 2019

Date of data download: 14 January 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Responsive

Rating: Good

This inspection was an announced focused inspection carried out on 14 January 2019. This was to confirm that the practice had improved in the areas identified at an earlier inspection. We previously carried out an announced comprehensive inspection at The Ridge Medical Practice on 28 November and 5 December 2017. The overall rating for the practice was good, with a rating of requires improvement for providing responsive services. We told the provider they should:

- Continue to review, act on and improve patient satisfaction in accessing services at the provider and in their interactions with clinical staff. Patient satisfaction in these areas was below local and national averages and highlighted as an issue of concern in patient feedback during the inspection.
- Review how strategic policy and decision making is shared by the senior leadership team across the wider staff team and patient population. Some staff we spoke with spoke with described a lack of effective communication across the organisation. Patient insights into why non-GP clinicians were offered in place of a doctor was not widely understood in some of the feedback we received during our inspection.

Responding to and meeting people's needs

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

| | Y/N/Partial |
|--|-------------|
| The importance of flexibility, informed choice and continuity of care was reflected in the services provided. | Yes |
| The facilities and premises were appropriate for the services being delivered. | Yes |
| The practice made reasonable adjustments when patients found it hard to access services. | Yes |
| The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice. | Yes |
| Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. | Yes |
| Explanation of any answers and additional evidence: The provider had an East European interpreter onsite each weekday morning to help patients access care and support according to their needs, as this was an identified need amongst the patient population. A range of clinical and non-clinical staff spoke a range of commonly spoken South Asian languages. Staff training in care navigation had been introduced to support patients' needs more effectively. | |

Practice Opening Times

| Day | Time |
|----------------|------|
| Opening times: | |

| | |
|-------------------------|--|
| Monday - Friday | 8am to 6.30pm |
| Tuesday | |
| Wednesday | |
| Thursday | |
| Friday | |
| Appointments available: | |
| Monday - Friday | Throughout the day and 6.30-9.30pm via local hub. Additional extended hours were available from 7-8am and 6.30-8pm on variable days at the location. |
| Saturday- Sunday | 10am to 1pm via local hub. |

National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 23239 | 388 | 105 | 27.1% | 0.45% |

| Indicator | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|----------------------|
| The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018) | 86.4% | 94.6% | 94.8% | Variation (negative) |

Any additional evidence or comments

The provider had consulted with two practices in the region who had achieved high levels of patient satisfaction. Learning from these consultations had been shared across the staff team and embedded into the ongoing business and communication strategy. For example, by deploying an increased number of telephone call-handlers and providing enhanced training for staff in care navigation.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- 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.

Families, children and young people

Population group rating: Good

Findings

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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.
- There was a wide range of appointment availability which included early and late access and appointments at the weekend, for people who worked during the week.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a range of registers for patients living in vulnerable circumstances including carers, people with a cancer diagnosis, those receiving end of life care and people with a learning disability.
- The practice had a range of clinical and non-clinical staff to assist patients who did not speak English to support them in accessing appropriate care and services.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. People with chaotic lives, for example those dealing with substance misuse issues were also flagged to ensure they were able to access care and treatment when needed.
- 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 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.

Timely 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 |
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. | Yes |
| Appointments, care and treatment were only cancelled or delayed when absolutely necessary. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <p>The provider had an effective triage system and had introduced a care navigation system following staff training. This helped direct patients to the most appropriate treatment or support pathway.</p> <p>The provider also had a same day assessment clinic for all urgent needs running in the morning and afternoon.</p> | |

| 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) | 15.0% | N/A | 70.3% | Significant Variation (negative) |
| (01/01/2018 to 31/03/2018) | 34.2% | 62.8% | 68.6% | Variation (negative) |
| The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018) | 40.8% | 61.0% | 65.9% | Variation (negative) |
| The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018) | 42.1% | 69.6% | 74.4% | Significant Variation (negative) |

Any additional evidence or comments

The provider reviewed the effectiveness of their telephone service following the publication of the most recent National GP patient survey.

As a result, additional staff were recruited to answer incoming calls at peak times and managers were also available to deal with any overflow calls. A total of nine additional staff were recruited and in response to feedback; a separate phone line put in place for all three sites.

Weekly exit polls were conducted with patients to assess the impact of these changes, which also

included the involvement of interpreters to ensure that the whole patient population was heard. A total of 154 patients gave feedback over a five week period, which was highly positive. For example; evidence seen during the inspection confirmed that patients left on hold in a telephone queue had significantly decreased since the changes were implemented. For example, patients left on hold in excess of 10 minutes had decreased from 50% to 0% by December 2018. Patients whose calls were dealt with within 5 minutes of dialling had increased from 35% to 70% in the same period.

The results of the providers in-house patient survey also showed improvement against the most recently published patient survey data. For example, in answering the question:

- *The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment.*

The provider scored 95%. The provider broke this down into patient ethnicity and found that White British scored 92%, South Asian scored 85% and East European scored 100%. This was from a total sample of 217 responses.

A similar response was found to the questions:

- *The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times.*

The provider scored 88%.

- *The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered.*

The provider scored 95%.

| Source | Feedback |
|--|--|
| Provider survey, friends and family and focus groups | <p>Evidence seen during the inspection confirmed an increase in friends and family test satisfaction rates. For example, rates of satisfaction in November 2018 were 82% of patients likely or extremely likely to recommend the practice. This had increased to 92% by the end of December 2018.</p> <p>Evidence of focus groups held with South Asian and East European patients confirmed that they had not responded to the national GP patient survey due to language barrier issues. However, they were able to report historical difficulties in accessing appointments but consistently reported that they had seen a significant improvement in this area. These patients were encouraged to participate and seek support to participate in any future surveys.</p> |

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.
- 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.

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.