

# Care Quality Commission

## Inspection Evidence Table

### Firdale Medical Centre (1-551647415)

Inspection date: 28 February 2020

Date of data download: 14 January 2020

## Overall rating: Good

### Responsive

### Rating: Good

At our previous inspection 12 March 2019, we rated the practice Requires Improvement for providing responsive services because although there were no breaches of regulations, the practice had not adequately formally monitored patient experiences of accessing the practice to make sure improvements were made.

We also recommended that the practice should ensure there is an effective system for managing verbal complaints.

At this desk- based inspection 28 February 2020, the provider sent us information that demonstrated they had addressed these issues and the practice is now rated as Good for providing responsive services.

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9226.0	268.0	121.0	45.1%	1.31%

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 (01/01/2019 to 31/03/2019)	96.1%	95.0%	94.5%	No statistical variation

## Older people

**Population group rating: Good**

### Findings

At our previous inspection 12 March 2019, we rated the practice Requires Improvement for providing responsive services for older people because although there were no breaches of regulations, the practice had not adequately formally addressed patient experiences of accessing the practice.

At this inspection 28 February 2020, the provider had addressed these issues and the practice is now rated as Good for providing responsive services for older people.

## People with long-term conditions

**Population group rating: Good**

### Findings

At our previous inspection 12 March 2019, we rated the practice Requires Improvement for providing responsive services for people with long term conditions because although there were no breaches of regulations, the practice had not adequately formally monitored patient experiences of accessing the practice to make sure improvements were made.

At this inspection 28 February 2020, the provider had addressed these issues and the practice is now rated as Good for providing responsive services for people with long term conditions.

## Families, children and young people

**Population group rating: Good**

### Findings

At our previous inspection 12 March 2019, we rated the practice Requires Improvement for providing responsive services for families, children and young people because although there were no breaches of regulations, the practice had not adequately formally monitored patient experiences of accessing the practice to make sure improvements were made.

At this inspection 28 February 2020, the provider had addressed these issues and the practice is now rated as Good for providing responsive services for families, children and young people.

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

**Population group rating: Good**

### Findings

At our previous inspection 12 March 2019, we rated the practice Requires Improvement for providing responsive services for working age people because although there were no breaches of regulations, the practice had not adequately formally monitored patient experiences of accessing the practice to make sure improvements were made.

At this inspection 28 February 2020, the provider had addressed these issues and the practice is now rated as Good for providing responsive services for working age people.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

At our previous inspection 12 March 2019, we rated the practice Requires Improvement for providing responsive services for people whose circumstances make them vulnerable because although there were no breaches of regulations, the practice had not adequately formally monitored patient experiences of accessing the practice to make sure improvements were made.

At this inspection 28 February 2020, the provider had addressed these issues and the practice is now rated as Good for providing responsive services for people whose circumstances make them vulnerable.

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

**Population group rating: Good**

**Findings**

At our previous inspection 12 March 2019, we rated the practice Requires Improvement for providing responsive services for people experiencing poor mental health because although there were no breaches of regulations, the practice had not adequately formally monitored patient experiences of accessing the practice to make sure improvements were made.

At this inspection 28 February 2020, the provider had addressed these issues and the practice is now rated as Good for providing responsive services for people experiencing poor mental health.

## Timely access to the service

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

National GP Survey results

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 (01/01/2019 to 31/03/2019)	66.3%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	53.6%	64.8%	67.4%	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 (01/01/2019 to 31/03/2019)	53.7%	62.9%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	66.7%	76.1%	73.6%	No statistical variation

#### Any additional evidence or comments

At our previous inspection 12 March 2019, we rated the practice Requires Improvement for providing responsive services because although there were no breaches of regulations, the practice had not adequately formally monitored patient experiences of accessing the practice to make sure improvements were made.

At this desk -based inspection 28 February 2020, the provider had sent us evidence to demonstrate that they were continuously monitoring and acting to improve patients experience of access to the service. The provider advised us that the practice had been affected by local housing developments in the area which was increasing the demand on their services.

Following results of the National GP Patient survey published in July 2019, the practice had reviewed the results and sent us copies of minutes of the review and extracts of partners' meeting minutes to demonstrate that they were discussing and monitoring the results. The practice had also conducted its own survey to ensure patients were aware of the extended hours appointments available.

As a result of the practice reviews, the provider had taken several steps to help improve the patient experience of accessing services. Actions included such items as: updating the practice website and patient information booklet and using active signposting to inform patients about the range of appointments and services available; changes to the appointment system so that patients could have a greater opportunity to be booked with the GP of their choice in advance; opening up more appointments

on the day and utilising online services and technology to greater effect such as eConsult and MyGP.

## Listening and learning from concerns and complaints

### Complaints were listened and responded to and used to improve the quality of care.

Explanation of any answers and additional evidence:

At our previous inspection 12 March 2019, we also recommended that the practice should ensure there is an effective system for managing verbal complaints.

At this desk -based inspection 28 February 2020, the provider advised us that they now record all complaints whether written or verbal. They were all recorded using the same protocol and documentation. The practice now had a spread sheet that listed brief descriptions which helped them monitor the stages of complaints and any possible patterns. Complaints were discussed during weekly clinical meetings and monthly partners meetings. The Patient Services Manager had a regular slot booked in the calendar to review all complaints status on a monthly basis.

### Any additional evidence or comments

At our previous inspection 12 March 2019, we also recommended that the practice should:

Continue to ensure staff have the information they need about safeguarding concerns when booking appointments for patients.

Monitor the revised procedures for the management of uncollected prescriptions and the security of prescriptions.

Record all significant events on one record to enable patterns and trends and progress to be more easily identified.

Put in place a spreadsheet to monitor safety alerts.

Information about support groups to be made available on the practice website.

The remit for referrals to the self-employed counsellors to be documented.

A written agreement between the counsellor, practice and patient to clearly identify what information is to be recorded, where it is to be stored and who has access to this information.

At this desk -based inspection 28 February 2020, the provider sent us evidence to demonstrate they had addressed these issues.

The provider advised us that all safeguarding information was cascaded to the safeguarding lead and administrator. We were sent a clinical meeting template which demonstrated safeguarding updates were discussed. We were advised alerts were then put on patient records if necessary, to ensure staff had the relevant information when booking appointments.

The provider advised us that any uncollected prescriptions were reviewed during weekly clinical meetings and actions taken appropriately. We were sent a template of a clinical meeting agenda which demonstrated that this was now a standard agenda item.

We were advised that protocols relating to prescription security had been updated including clear

guidelines regarding the storage of blank copies. The Patient Services Manager completed checks daily prior to start of the clinics to ensure those protocols were followed. Any issues were discussed during clinical meetings.

We were advised that all incidents were recorded and discussed during weekly clinical meetings. We were sent a clinical meeting template which demonstrated that incidents were now discussed as a standard agenda item. The practice had introduced a general monitoring form where all incidents were recorded including any outstanding actions and outcomes. The Patient Services Manager reviewed ongoing incidents whilst the investigations were taking place and any trends on a regular monthly basis.

The practice sent us a log of safety alerts they had received, which included documenting what action had been taken.

The practice advised us that their website had been updated to reflect changes in staff, services and appointments and now included further information for patients including various support agencies available.

The practice sent us a copy of the Counsellors protocol and the standard letter patients receive when first referred to counselling services. The documents demonstrated that patients were informed what information was recorded about them and what information the counsellors had access to. The provider advised us that this information was also reflected in an updated patient's privacy notice displayed in the waiting room and on their website.

## 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.