

Inspection Evidence Table

Coventry Road Practice

(1-549111453)

Inspection Date:

Date of data download: 13/11/2023

Overall rating: Good

We carried out a comprehensive inspection at Coventry Road Practice on 24 January 2019 and we rated the service as 'good' for all five key questions and overall.

This assessment of the responsive key question was undertaken on 22 November 2023. Responsive assessments are remote focused reviews to help us understand what practices are doing to try to meet patient demand and the current experience of people who use these services and of providers. The responsive key question remains rated as 'good.' The service remains rated as 'good' overall.

Context

Coventry Road Practice is located at 2314 Coventry Road, Sheldon, Birmingham, B26 3JS.

The provider is registered with the CQC to carry out the following regulated activities: diagnostic and screening procedures; surgical procedures; family planning; maternity and midwifery services; and treatment of disease, disorder, or injury.

Coventry Road Practice is situated within the Birmingham and Solihull Integrated Commissioning Board (ICB) and provides services to 4650 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. They are a member of the North Solihull Primary Care Network (PCN).

Information published by the Office for Health Improvement and Disparities shows that deprivation within the population group is 6 (6 out of 10). The higher the decile the less deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 87% White, 8.5% Asian, 2.1% Black and 1.9% Mixed.

The clinical team consists of three GP partners (female) and two salaried GPs (one male and one female). The team also includes two practice nurses and two health care assistants (one of them has a dual role as a receptionist); one practice manager and a number of administration staff.

The practice is open between 8am to 6.30pm Monday to Friday. Appointment times vary by clinician. Extended access appointments are offered up to 7pm on Monday and Friday. Additional evening and weekend appointments are available through the local hub and appointments booked through the practice. When the practice is closed out of hours services are provided through the NHS 111 service.

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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice list size had grown by approximately 16.5% since the last inspection. The population now included people living in houses of multiple occupancy and asylum seekers. The practice responded to the changing demographic by ensuring anyone could register with them. Patients were offered a longer appointment at their first visit to undertake health checks and have an interpreter or translation services in required.• A member of the reception team was a safe surgery network ambassador who ensured the practice was committed to taking steps to tackle barriers faced by migrants accessing healthcare. The practice was known as a 'Safe Surgery' for everyone and ensured that lack of ID or proof of address, immigration status or language were not barriers to patient registration.• There was a substantial number of older people who constituted 20% of the list size. The practice worked the active well-being society charity to provide an open afternoon at the practice every fortnight where elderly and lonely patients could attend for tea and cake. A member of practice reception team collected any patients that are unable to get to the practice. There were close links with Alzheimer's Society through a dementia link worker who conducted events on dementia aimed at supporting both patients and carers.• The surgery was the only pilot site in the West Midlands for a period poverty campaign to enable patients to access free period products if they needed them, with donations accepted by the practice.• Improvements had been made to the premises since the last inspection. These included installing CCTV, improved lighting and signage which is easy to read, in line with Accessible Information Standards.• The practice did not have a patient participation group at present and used social media platforms such as Facebook to gather patient views. Verbal feedback was logged and discussed with staff at meetings.	

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Practice Opening Times

Day	Time
Opening times:	
Monday	8.30am – 6.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm
Appointments available:	
Monday	9am – 11.30 am, 4pm – 6.30pm
Tuesday	9am – 11.30 am, 4pm – 6.30pm
Wednesday	9am – 11.30 am, 4pm – 6.30pm
Thursday	9am – 11.30 am, 4pm – 5.30pm
Friday	9am – 11.30 am, 4pm – 6.30pm

Further information about how the practice is responding to the needs of their population

- Extended access appointments were available from the surgery on Monday and Friday from 6.30pm to 7pm. Additional evening and weekend pre-bookable appointments were provided by the PCN at a local hub from 6.30pm to 8pm on Monday to Friday and all day on Saturday. The practice planned to become a satellite location for evening and weekend appointments on behalf of the PCN hub, thereby increasing access closer to home for their registered patients.
- Annual health reviews were offered by clinicians to patients who were frail, elderly, patients with long term conditions and those with mental health issues patients.
- Housebound patients were offered home visits by GPs and PCN paramedics for their reviews as well as flu vaccinations.
- Clinicians worked alongside other healthcare professionals to ensure delivery of a coordinated package of care and avoid unplanned admissions. There were regular meetings to discuss vulnerable patients including those at the end of their life. Patients receiving palliative care had a named GP to ensure continuity of care.
- Opportunistic health checks and flu vaccinations were provided to patients when they presented for other reasons, resulting in efficient use of appointments.
- The practice was veteran friendly. Armed force personnel serving, and non-serving were flagged on the practice patient system to ensure they are seen in a timely manner.
- Patients could book routine appointments up to 5 weeks in advance. Reminders were sent to patients a day before their appointment, which resulted in a low rate of people who did not attend appointments.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Appointments were available Monday to Friday at the surgery with a range of clinicians who included GPs, GP registrar, nurses, and healthcare assistant. A physiotherapist and pharmacists were on site on varied days of the week offering appointments relevant to their roles. The practice also had access to book patient appointments with a Paramedic, Physician Associate or GP at the Acute Medical Service location provided by the PCN. • A triage process was in place for all appointments. Upon calling or presenting to the practice patients were asked a few pertinent questions to enable the receptionist to signpost the patient to the correct practitioner for example Community Pharmacy team, GP, or physiotherapist. The triage process also determined whether the appointment would be face to face or by telephone, with patient choice considered. There was a process for managing the triage process and calls were audited regularly to identify any learning needs for staff. • Patients with urgent needs after hours were advised to call 111. Information on NHS 111 online and local urgent care centres was available on the practice website. Staff we spoke to during the assessment told us if appointments were full, urgent requests were triaged by a GP who would signpost them or make arrangements to see them as appropriate. • Patients were able to access appointments for GPs and the physician associate online. Direct booking links were sent to patients via SMS text messaging for specific clinics, for example, long term conditions reviews. Patients were also able to submit requests online via a form on the practice website, or via email. • A walk-in dressings service with the practice nurse was available during practice hours. • Pre-bookable phlebotomy appointments were provided four days a week from the practice. The hub also offered walk in phlebotomy clinics during evenings and at the weekend. • Longer appointments are available for people with autism, learning difficulties and those who required translation and/or interpreting services. 	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	85.2%	N/A	49.6%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	73.1%	46.7%	54.4%	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 (01/01/2023 to 30/04/2023)	66.3%	47.4%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	76.2%	68.3%	72.0%	No statistical variation

Any additional evidence or comments

- Patients could access services and appointments in a way and at a time that suited them. The data from the national GP patient survey results showed the practice performed consistently above the national and local averages in patient satisfaction since 2019 for indicators related to access, and for indicators relating to patient experience.
- The PCN conducted a monthly patient satisfaction survey. Results from their survey in September 2023 showed 92% of patients responded positively to how easy it was to get through to someone at the GP practice; 92% were satisfied with the appointments offered and 83% felt their overall experience of making an appointment was good or very good.
- The practice attributed their positive performance to having a low staff turnover; staff knew patients well and adapted access to patient needs. Feedback from the national survey, complaints, compliments, and verbal feedback were discussed at team meetings with actions implemented to improve patient satisfaction.
- There was a process in place for managing access to appointments in collaboration with reception staff who would raise any issues with the practice manager.
- A recent report from the practice telephone system showed the average time taken to answer the practice telephone was 1.52 seconds. Staff answering calls were increased during peak times such as Monday morning.
- Data provided during the assessment showed routine GP appointments were available within 7 days and urgent appointments were available on the day of the assessment.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There are nine reviews since March 2023, all of which are entirely positive about theirs and their relatives' experience at the practice.

CQC	No feedback has been received from patients in the last 12 months.
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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 in the last year.	6
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
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

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient referral had been made via letter instead of through the recommended electronic system, resulting in the referral being rejected by the receiving service.	An investigation found the practice had not been informed of the rejected referral and the service apologised for this. The service agreed to backdate the referral to ensure the patient was not delayed further. The referring GP was advised of the correct pathway to use for referrals. The GP called the patient to explain, in line with the duty of candour, and they were satisfied with the outcome.

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 practices 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)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 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 persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those 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.
- **UKHSA:** UK Health and Security Agency.
- **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.
- ‰ = per thousand.