

Inspection Evidence Table

Clover City Practice

(1-11121641703)

Inspection Date: 30 November 2023

Date of data download: 29/11/2023

Overall rating: Good

We undertook an announced targeted assessment of the responsive key question. This assessment was carried out without a site visit. As the other domains were not assessed, the rating of good will be carried forward for safe, effective, caring and well-led from the previous inspection and the overall rating will remain Good. The responsive key question has been rated as requires improvement.

Responsive

Rating: Requires Improvement

We recognise the pressure that practices are currently working under, and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data with regard to accessing the practice by telephone. Therefore, the rating is Requires Improvement, as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of inspection.

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 (1)
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 (2)
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:

- (1) The provider had listened to patient feedback and had reviewed ways to improve access and had a plan to implement the use of a healthcare software programme to book all appointments on-line from January 2024.
- (2) This assessment was done remotely without a site visit. However, at the inspection in July 2022 the facilities and premises were found to be appropriate for the services being delivered. The provider was also in the process of reviewing new purpose built premises to re-locate to.

Practice Opening Times

Day	Time
Opening times:	
Monday	8am - 6pm
Tuesday	8am - 6 pm
Wednesday	8am - 6 pm
Thursday	8am - 6pm
Friday	8am - 6pm
Appointments available:	
Monday	8.15am - 6pm
Tuesday	8.15am - 6pm
Wednesday	8.15am - 6pm
Thursday	8.15am - 6pm
Friday	8.15am - 6pm
Out of Hours	When the practice is closed, patient calls are automatically transferred to the Sheffield Out of Hours Service which is located at the Northern General Hospital.

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

- 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.
- The practice liaised regularly with community services to discuss and manage the needs of patients with complex medical issues. For example, referring patients to their social prescriber.
- The provider carried out weekly GP ward round visits at a local care home for patients with mental health disorders.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers. The practice was registered as a safer surgery, offering support to those fleeing violence or who were homeless.
- All parents or guardians contacting the practice with concerns about a child were triaged by the duty doctor and offered a same day appointment when necessary.

- The provider worked in partnership with other practices in their primary care network to offer weekend and evening appointments at one of the satellite clinics in Sheffield.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- We observed childhood immunisation uptake had significantly improved. The provider had appointed a co-ordinator who monitored childhood immunisation appointments and there was a proactive system in place to follow up anyone who failed to attend. Patients would be contacted by phone, text message and letters. The GPs had also been actively phoning parents and referring those who did not attend to the health visitor. This had resulted in a marked improvement in uptake, for example, the most recent verified data showed the number of children aged 2 years receiving their pneumococcal booster was 83% (achieved 68% in the previous year), 88% of children aged 2 years had received their Hib, meningitis C and MMR immunisations (achieved 70% in the previous year).

Access to the service

People were mostly able to access care and treatment in a timely way although the national GP patient survey data showed patient satisfaction had deteriorated over time with regard to accessing the practice by telephone.

	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.	Partial
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> <p>The appointment system was to contact the practice at 8am for an on-the-day appointment. When the appointments were taken, the provider was able to book patients directly into one of the satellite clinics in Sheffield which offered extended appointments including weekend and evening appointments. They had access to a duty doctor who reception staff could speak to if a patient had an urgent problem. We observed the next available routine GP appointment to be in 6 working days' time. The next routine nurse appointment was in 2 working days' time and the next routine blood test appointment with a healthcare assistant was in 3 working days' time.</p> <p>The provider told us they would offer home visits where appropriate. As there was no boundary for registration and patients from anywhere in the city could register they told us they would encourage patients who were receiving end of life care to register with a practice local to where they lived if it was deemed to be in the patient's best interest. However, home visits were available to those who required one.</p> <p>The provider had reviewed the national GP patient survey data and their own national Friends and Family feedback data and had implemented a plan to change the appointment system to improve access. Out of the</p>	

291 friends and family feedback received in the previous 12 months, 16 responses were positive about the appointment system and getting through on the phone, 5 were neutral and 4 were negative.

The provider planned to implement the use of a healthcare software programme to book all appointments on-line from January 2024. Patients would complete a secure form on the internet, this would be triaged by the duty doctor and an appropriate appointment offered. Patients who did not have access to the internet would be able to contact the practice by telephone. The new system had been designed to include interpreter services for those whose first language was not English.

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)	44.2%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	50.0%	54.3%	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)	44.9%	52.5%	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)	68.4%	73.1%	72.0%	No statistical variation

Any additional evidence or comments

The national GP patient survey data was comparable to other practices in England. Although we saw the practice was attempting to improve access by telephone, for example, with the planned new on-line appointment system for January 2024, this was not yet reflected in patient feedback on the GP patient survey data. The GP patient survey data showed patient feedback had deteriorated over time with regard to accessing the practice by telephone and patients overall experience of making an appointment had improved from the previous year.

The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through on the telephone was trending downwards from 57.6% in 2021, 50% in 2022 to 44% in 2023. The provider had invested in a new telephone system in the Summer of 2021, which had brought some benefits and improvements, for example, the call holding position.

The percentage of respondents whose overall experience of making an appointment had improved from 46% in 2022 to 50% in 2023.

The percentage of respondents who were happy with the appointment type they were offered had improved from 56.5% in 2022 to 68.4% in 2023.

The provider shared telephone answering performance data taken from their telephone system with the inspection team. This showed the average call wait time over the previous 12 months was 3 minutes 37 seconds with 52% of calls being answered in under 1 minute, 80% within 5 minutes and 89% within 10 minutes.

Source	Feedback
NHS.uk website (formerly NHS Choices)	Two comments received. One positive about helpful staff though difficult to access by telephone at 8am. The other comment related to registration form issues.
Feedback received into CQC in the last 12 months	None
Sheffield Healthwatch in the last 12 months.	None
Provider in the last 12 months.	The practice had received no complaints regarding access.

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.	7
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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
Receptionists attitude	Apology given to patient and staff training sessions in customer care completed.

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.