

## Inspection Evidence Table

Hoyland Medical Practice

(1-570964585)

**Inspection Date: 30 November 2023**

Date of data download: 30/11/2023

## Overall rating: Good

We inspected the practice in May 2021 following concerns about access. This inspection was unrated, but a breach of regulations was identified. We inspected the practice in July 2022 to follow up the breach and the practice was rated good overall and for providing safe, effective, caring, responsive and well led services.

We undertook a targeted assessment of the responsive key question on 29 November 2023. This assessment was carried out without a site visit as part of our work to understand how practices are working to try to meet demand and to better understand the experiences of people who use services and of providers. The results of our findings have led us rate the responsive key question as requires improvement. The service remains rated as 'good' overall. We recognise the great and often innovative work that GP practices have been engaged in to continue to provide safe, quality care to the people they serve. We know colleagues are doing this while demand for general practice remains exceptionally high, with more appointments being provided than ever. In this challenging context, access to general practice remains a concern for people. These assessments of the responsive key question include looking at what practices are doing innovatively to improve patient access to primary care and sharing this information to drive improvement.

## Context

The practice is responsible for providing treatment to approximately 12,780 registered patients within the Barnsley Integrated Care System (ICS).

Data shows that the age profile of the practice population is broadly in line with the CCG and national averages and the ethnic make-up of the practice area is 0.5% Asian, 98% White, 0.4% Black, 0.8% Mixed, and 0.2% Other.

Information taken from Public Health England placed the area in which the practice is located as four on the deprivation scale of one to ten. (The lower the number the higher the deprivation). In general, people living in more deprived areas tend to have greater need for health services.

At the time of the inspection the practice had 3 GP partners, 4 salaried GPs, 3 practice nurses, 3 advanced clinical practitioners including 2 advanced nurse practitioners and pharmacist, a health care assistant and phlebotomist. The clinical team was supported by 2 practice managers, an administration manager and a team of administration and reception staff.

Hoyland Medical Practice is a training practice for doctors who are undergoing training to specialise in General Practice. At the time of the inspection there were two trainee GPs.

## Responsive

## Rating: Requires Improvement

At the last inspection in July 2022, we rated the responsive key question as good. Following this assessment, we have now rated the practice as requires improvement for providing responsive services. 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 or other sources of patient feedback. 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 this assessment.

### 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice understood its local population and how to comply with the Accessible Information standard and had adapted services accordingly.</p> <p>Communication and access needs were recorded on patients notes. Interpretation services and a hearing loop was provided to meet peoples needs. The practice website could be translated into different languages and had accessibility tools to change the page, for example, to change the size of the print.</p>	

### Practice Opening Times

Day	Time
Opening times:	
Monday	8.00am – 7.00pm main site 8.30am – 6.00pm branch site
Tuesday	8.00am – 6.30pm main site 8.30am – 6.00pm branch site
Wednesday	8.00am – 6.30pm main site 8.30am – 6.00pm branch site
Thursday	7.00 – 6.30pm main site 8.30am – 12.00pm branch site
Friday	8.00 – 6.30pm main site 8.30am – 5.30pm branch site
i-HEART Barnsley 365 provided extended out of hours service. The service provided same day appointments with a GP or Advanced Practitioner during evenings, weekends and bank holidays, and were available in locations throughout Barnsley. Appointments could be booked directly with the service via telephone between 4.00pm – 6.00pm (Monday to Friday) and 8.00am – 9.30am (weekends and bank holidays)	6.30pm – 10.30pm, Monday to Friday 9am – 5pm Saturday 10am – 1pm Sunday and Bank Holidays

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

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. Advanced nurse practitioners conducted weekly ward rounds at care homes.

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.

The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues. Formal multi-disciplinary meetings were held monthly. They told us they ensured patients with palliative care needs were seen by a GP at least once a month and a dedicated member of administration team was available for palliative care patients.

Specific GP appointments were available daily for young children and until 7pm on a Monday for school age children so that they did not need to miss school.

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

Childhood immunisation uptake met the 90% target and was above the World Health Organisation target of 95% in two areas.

For working adults, the practice was open for GP and/or nurse appointments until 7pm on a Monday and a phlebotomist and 2 nurses worked from 7am on a Thursday.

Cervical screening was slightly below the 80% target at 77.3% but had improved since the 2022 inspection, 76.35%. The provider told us they had improved by upskilling one member of staff and they now had four staff who could undertake cervical screening. They had also introduced a care coordinator

who contacted patients by telephone to discuss their appointment with them.  
 Pre-bookable appointments were also available to all patients from 4pm at two additional locations within the area, as the practice was a member of a GP federation.  
 The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Pop up messages were recorded on patients notes if patients had access or communication needs. Double appointments could be offered where required.  
 People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers. Popup messages were recorded on patient notes to alert staff of different circumstances. For example, they told us how they tried to book appointments for one person based on bus timings to aid access.

**Access to the service**

**People were not always 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.	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>At the inspection in May 2021, we found the telephone system did not meet the need of patients and by the July 2022 inspection the practice had provided a new telephony system to improve access.</p> <p>At the November 2023 assessment the provider told us they had identified issues with the new telephone line queuing system and had had to have further work completed to this to improve it over the last few months, they told us this system was now digital which further improved the queuing system. Improvements in access via the telephone system were confirmed by the Patient Participation Group representative we spoke with during the assessment.</p> <p>The provider also told us they had listened to patients and staff and in the last 12 months taken action to improve access in the following:</p> <ul style="list-style-type: none"> <li>• They had reinstated the online appointment booking system which was discontinued over the pandemic. Patients could now book GP appointments on the day or up to 14 days in advance. They told us 23% of each GP's appointments were now available online.</li> <li>• They had introduced specific appointment slots in response to previous pressures over the winter period at the end of the afternoon session for children and patients requiring urgent appointments for example, an acute exacerbation of a respiratory condition. They told us they were planning to extend this provision following feedback from nursing staff about an increase in respiratory conditions recently.</li> </ul>	

- They had introduced specific telephone call back sessions for patients to receive test results. This change was in response to staff identifying that patients were being asked to call to make an appointment for their test results, but no appointments were available causing frustration for all.
- The reception staff were trained in care navigation and navigated patients to the appropriate person for their health care needs. The provider told us they no longer completed clinical triage for appointment requests and their standard response to an appointment request was to always book a face-to-face appointment unless the patient requested a telephone consultation.

Feedback from the patient group representative was very positive about the changes made and told us access via the telephone had improved.

We reviewed the patient appointment system during our assessment and found on the day appointments were still available for both GPs and advanced nurse practitioners and the first pre-bookable appointment was available within 7 days.

The practice website gave clear information about the appointment system and staff roles.

Although the practice had taken the above actions to improve access, this was not yet reflected in the GP patient survey data or other sources of patient feedback which showed little evidence of improvement in patient experience. For example, we found patient satisfaction with access to the practice by telephone in the National GP patient survey had dropped from 44.1% in 2021 to 23.2% in 2022. In the 2023 survey, and after the new telephone system had been fitted, this had risen slightly to 29.9% but was under the England average of 49.6%. (see table below) Other areas relating to patient satisfaction with making an appointment had also deteriorated from 2021 results with little improvement in the 2023 survey.

### 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)	29.9%	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)	35.7%	48.0%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with	39.7%	49.5%	52.8%	No statistical variation

their GP practice appointment times (01/01/2023 to 30/04/2023)				
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)	77.8%	73.4%	72.0%	No statistical variation

Source	Feedback
NHS.uk website (formerly NHS Choices) since July 2022	3 comments had been made 2 of which were negative about staff attitude.
Feedback received by CQC in the last 12 months	1 negative comment about access had been received.

### 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.	23
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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
Delayed Prescription	Investigation undertaken, apology given and advice to patient re online line services provided.
Poor communication	Investigation undertaken, apology given and staff training on use of text message service provided.
Incorrect prescription for patients needs	Investigation completed, alert put on patients records to minimise risk of reoccurrence and apology given.

## 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)	$\leq -3$
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 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.