

Inspection Evidence Table

Guttridge Medical Centre

(1-3701531411)

Inspection Date: 01/12/2023

Date of data download: 01/12/2023

Overall rating: Good

Responsive

Rating: Good

At the last inspection in February 2019 the Responsive key question was rated good. The practice continues to be rated good for providing responsive services following this 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
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"> Receptionists were trained in care navigation, they directed patients to the most appropriate resource to meet their needs. Calls were reviewed and audited to ensure this had been completed appropriately and the practice had confidence that the system was working well. They felt this had enabled the GPs to see the most appropriate patients, better using their skills in areas such as undifferentiated diagnoses. The practice had adopted a new system of communicating with patients for monitoring and screening. The message advised patients of the test, procedure or appointment they required and contained a link, which enabled an automatic appointment to be allocated. The practice told us that patients found this 	

very convenient and the practice believed this would enable better compliance and take up of key diagnostic tests and monitoring. They have also used this effectively for influenza vaccinations. This has also effectively diverted the telephone traffic into the practice.

- The practice had developed online request forms for non-urgent problems, which receive an appropriate response by an appropriate clinician.
- The practice introduced a further system to free up clinical capacity by introducing a paperless digital fit note (sick note) procedure which reduced the need to take additional appointments in order to extend fit notes.
- The practice stated they did not adopt the system whereby all appointments were released at 8am for patients to call the practice. They stated pre-bookable appointments were released regularly and available which could be booked online, in person or by phone in advance.
- Some appointments were embargoed for the morning and afternoon slots and urgent appointments were always available. Staff followed an algorithm for those who required urgent appointments.
- All appointments could be face to face, by telephone or by video call based on patient choice. It was not necessary to have triage before a patient could be allocated a face to face appointment.
- Where all appointments for that day have been allocated, any further requests were triaged by the duty GP and offered advice or allocated an appointment for the next day if appropriate.
- Extended and double appointments could be secured if the clinician deemed this was necessary or the patient requested this.
- The practice worked to provide appointments in line with the advice of the Integrated Care Board (ICB) who advised that 70 appointments per 1000 for their population. The practice continually analysed the data and reviewed the demand against the appointments provided. If demand increased the practice would extend clinics and add additional sessions.
- Home visits were undertaken by GPs. Requests were reviewed by care navigators and passed to a GP to triage and assess the necessity and urgency of the request. They were then completed in the morning, afternoon or evening as determined by the GP.
- The practice combined appointments to prevent the need for patients to attend the practice for different appointments and enhanced appointment capacity. They ensured that, for example, chronic disease reviews and vaccinations were completed in the same appointment slot.
- When the practice had received feedback from patients stating they were struggling to access appointments they responded by freeing up capacity to provide more appointments. They also recruited an advanced paramedic practitioner in August 2023 who ran their own clinics and whom patients had responded to very positively. This had further increased capacity and feedback from patients has indicated the situation had improved.
- The practice also introduced longer 15 minute appointment slots as a result of patient feedback.
- Friends and family survey for September 2023 was on the whole positive with 87.8% of respondents stating they would recommend the practice to their family and friends. The practice analysed by the results to understand experience. The feedback was broken down with comments and observations noted, leading to an action plan to respond going forward.
- The practice had a patient participation group (PPG), however they found that attendance had dropped off due to the pandemic and as the participants got older and their health deteriorated. At the time of assessment, the practice was in the process of relaunching the PPG and had advertised via posters in reception and the practice website. They had recruited some new members and were planning to support three meetings per year going forward.

Practice Opening Times

Day	Time
Opening times:	
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 6pm
Thursday	8am - 6pm
Friday	8am - 6pm
Appointments available:	
Monday	9am - 6pm
Tuesday	9am - 6pm
Wednesday	9am - 6pm
Thursday	9am - 6pm
Friday	9am - 6pm

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

- An allocation of appointments through extended access arrangements was available on a Monday evening and all day Tuesday and Thursday. Appointments for GP, advanced nurse practitioner, nursing and phlebotomy was available all day on Saturdays. Out of hours services were provided through and arrangement with an external provider.
- Patients had a named GP who supported them in whatever setting they lived.
- The practice had access to additional roles through arrangements with the primary care network. This provided further appointments with physiotherapists, paramedics, clinical pharmacists, social prescribing team and mental health support workers.
- Patients with particular individual needs were highlighted on their patient records to alert staff to their circumstances. For example, those who were carers, lived alone, deemed vulnerable, had mobility problems, were living with dementia or learning disabilities, whose first language was not English, veterans and members of the travelling community.
- 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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless persons and travellers.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- The practice worked with community partners to assist their patients who faced problems with poverty, addiction and mental health problems.
- The practice had its own social prescriber who directed patients to alternative sources of holistic support.
- Appointments were available at times to suit working adults and school aged children, to prevent them needing to miss work or school.

- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability and other individual needs.
- A quiet area was available for those who needed a quiet environment or needed to discuss an issue away from any distractions or other patients.
- The practice accepted patients via electronic or paper-based applications.
- The practice sent reminders and messages to patients in different languages. They also had leaflets and educational material in different languages.

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"> • We saw evidence to show the practice analysed their call data to understand demand and telephone traffic with a view to ensuring adequate resources and understand why patients telephone at particular times. • Patients could access appointments in a number of ways, such as electronically, via the telephone, in person and using NHS applications. The practice assisted patient who could not or did not have access to technology and ensured they were able to make appointments to suit their needs. • Feedback from patients to the Care Quality Commission (CQC) in response to this assessment were positive about the practice. • The practice provided information through various sources such as online, posters and noticeboards in the practice, via social media sources, text messaging and in person about the services available and how they can be accessed. • The practice took into account patients' mobility, access and individual needs and made reasonable adjustments to enable better access to the service. They accepted persons with no fixed abode and those who travelled. • The practice had access to interpreters including British sign language interpreters. • The practice was wheelchair accessible, with ramps to the premises. A hearing loop was available. • The practice had toilet facilities for the disabled, a breast feeding and quiet room and baby changing facilities. 	

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)	64.2%	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)	65.7%	59.6%	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)	70.0%	57.1%	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)	74.6%	74.5%	72.0%	No statistical variation

Any additional evidence or comments

- The above table shows that the results of the national GP patient survey results were better or similar to the results seen in the local area and England average results. Since 2022, all indicators measured were on an upward trend.
- The national GP patient survey also showed 77% of patients agreed that they were offered a choice of appointments when they last tried to make a general practice appointment at Guttridge Medical practice, this was better than the local area average of 61% and the England average of 59%.

Source	Feedback
CQC Give feedback on care.	We received feedback from 4 patients, all of which were positive about the practice and the services provided. Comments included; helpful, good service, accessible and friendly staff.
NHS.uk website (formerly NHS Choices)	There were no reviews for this service.
Friends and Family Survey	Friends and family feedback at September 2023 determined that 88% of respondents would recommend the service to friends and family.

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.	7
Number of complaints we examined that were satisfactorily handled in a timely way.	7
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
Complain about the prescribing quantity of insulin	Changes to the way insulin is prescribed to ensure if changes are needed there remains enough insulin to meet the patient's needs.
Complaint about care navigation	Shared information and encouraged navigators to be more vigilant and follow tool kit.

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.