

# Care Quality Commission

## Inspection Evidence Table

### Wells Park Practice (1-542048670)

Inspection date: 29 September 2022

Date of data download: 28 September 2022

## Responsive

**Rating: Good**

At the last inspection in 30 October 2019 we rated the practice as requires improvement for providing responsive services because:

- The practice scored below the national average in the National GP Patient Survey in relation to how easy it was to get through to someone at the GP practice on the phone.

At this inspection, we saw there was no statistical variation on survey data between the practice and the England average and saw efforts were being made to improve telephone access.

### Access to the service

#### National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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 (01/01/2022 to 30/04/2022)	38.9%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	49.1%	52.9%	56.2%	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 (01/01/2022 to 30/04/2022)	48.7%	52.9%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the	63.0%	67.2%	71.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)				

### Any additional evidence or comments

The practice has implemented a variety of methods to improve telephone access to the GP and improve the appointment system:

#### Updating their call system

The practice updated their telephone system which allowed callers to hold their position and have the practice call them back when it was their turn in the queue. When speaking to members of the Patient Participation Group (PPG), they referred to this update as useful and convenient.

The new calling system included a virtual wall board for the practice to view live performance and call monitoring. For example, they were able to view how many callers were in the queue, the average waiting time for callers and the average length of time for answered phone calls. The practice used the wall board to assess whether more staff members were required to answer phone calls; when the queue for callers reached over six, the practice would request administrative staff members to prioritise phone calls over other tasks.

Their new system showed improvement in the number of calls answered as the percentage of calls answered increased from 65% in May 2022 to 85% in September 2022.

#### Conducting their own patient survey

The practice carried out an in-house survey with their patients in May 2022. The practice rang patients who called the GP between April and May 2022. In total, they spoke to 175 patients and found;

- 94% of patients responded positively in relation to the time they waited for their phones to be answered.
- 82% of patients were satisfied with the appointment system.
- 97% of patients were satisfied with choice of appointments.
- 94% of patients were satisfied with the overall experience of booking an appointment.

The practice planned to hold another survey in November 2022.

#### Increasing staff members

The practice recruited additional receptionists/administrators to answer phone calls with a further receptionist recruited in July 2022. Four receptionists answered phone calls between 8:00am to 9:30am. After 9:30am, there are two staff members who answered phone calls whilst other staff handled administrative tasks. However, if they saw the queue for answering phone calls reached above six, the two staff members returned to answer the phone calls until the number drops back to below six.

#### Engagement with patients

The practice had open discussions with patients at Patient Participation Group meetings to address concerns in relation to telephone access to the GP. The practice encouraged alternative methods of making appointments and discussed ways to improve telephone access, such as increasing the number of receptionists to answer the phone.

The practice published monthly newsletters with 'facts and figures' of their call activities with, for example, details of the number of calls received and number of calls answered. The practice also published the number of missed appointments they had on a monthly basis and encouraged patients to cancel appointments by texting if they were not able to attend.

### **Alternative methods of booking appointments**

The practice spoke about alternative methods of booking appointments which they encouraged patients to use. For example, patients were able to book appointments on the ASK NHS App and email the GP for non-urgent enquiries and appointments.

### **Increasing appointment times and appointment types**

- Since July 2022, four GP's had been appointed creating an additional 14 sessions on a weekly basis. The practice also recruited an agency nurse.
- Appointments were being offered during evenings and the GP is open on the second Saturday of every month.
- Appointment types were patient-led so patients were able to access face to face appointments if they wished.

<b>Source</b>	<b>Feedback</b>
Members of the Patient Participation Group (PPG)	We spoke to four members of the PPG who all said telephone access to the GP improved over the past year. They all reported positively on the call-back system and acknowledged there was a huge demand for appointments within the GP.

## 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.
- **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.