

Care Quality Commission

Inspection Evidence Table

Stable Fold Surgery (1-569921627)

Inspection date: 19 May 2021

Date of data download: 12 May 2021

Overall rating: good

The overall rating for this practice is Good. At our previous inspection on 31 January 2020 the practice was rated requires improvement for providing a responsive service. This was in the main due to significantly lower than average, national GP survey results, in relation to 'how easy it was to get through to someone at their GP practice on the phone'. The practice was also rated as requires improvement in effective for people with long term conditions due to the lower than average outcomes for people with long term conditions.

We sought evidence and assurance that improvements had been made. This desktop review confirmed some improvements have been made in relation to people with long term conditions, which is now rated as good, however improvements still need to be made to how people are able to contact the practice by telephone.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Effective

Rating: Good

This review only looked at people with long term conditions, which was identified as requires improvement following our last inspection, we did not review all key questions within this domain

Effective needs assessment, care and treatment

Patients' needs were, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

People with long-term conditions

Population group rating: good

Findings

- Data showed the practice had made improvements for patients with long term conditions from our previous inspection with the majority of areas now in line with local and national averages. Where data showed the practice remained below average, for example coronary heart disease, this had improved from previous years and the practice continued to make improvements.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Taking into account the impact of the COVID 19 pandemic, the practice have continued to ensure those patients with a long term condition were reviewed by clinicians via telephone or video consultations, and where required invited for a face to face appointment with a nurse or GP.
- Patients were able to continue to access blood monitoring throughout the pandemic to ensure effective management of care and treatment continued.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) (QOF)	71.7%	75.9%	76.6%	No statistical variation
PCA* rate (number of PCAs).	1.5% (8)	12.2%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	80.0%	88.7%	89.4%	No statistical variation
PCA rate (number of PCAs).	1.8% (3)	10.6%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	72.2%	82.0%	82.0%	Tending towards variation (negative)
PCA rate (number of PCAs).	1.2% (2)	3.7%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	53.1%	63.4%	66.9%	Tending towards variation (negative)
PCA rate (number of PCAs).	2.7% (9)	12.8%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	68.1%	72.1%	72.4%	No statistical variation
PCA rate (number of PCAs).	2.5% (21)	5.4%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) (QOF)	93.8%	93.8%	91.8%	No statistical variation
PCA rate (number of PCAs).	2.3% (3)	3.1%	4.9%	N/A

The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	62.0%	76.2%	75.9%	Tending towards variation (negative)
PCA rate (number of PCAs).	4.2% (14)	7.5%	10.4%	N/A

Any additional evidence or comments

Since our previous inspection a new salaried GP has been appointed increasing capacity and the practice nurse, who was new to primary care is now fully trained to support patients with long term conditions.

Responsive

Rating: requires improvement

The practice continues to be rated as requires improvement for providing a responsive service.

This review only looked at areas which were identified as requires improvement following our last inspection, we did not review all key questions within this domain. We identified several areas of improvement, including the introduction of an online booking system, however the results of the GP patient survey continued to show the practice was significantly below average in relation to accessing the practice by telephone.

Responding to and meeting people's needs

Older people

Population group rating: requires improvement

Findings

- Although we saw good practice in this population group, the key question was rated as requires improvement overall due to issues around telephones. This impacted on all population groups.
- All 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.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- The practice had a dedicated telephone line for health and social care staff including care homes, should they need to contact the practice urgently.
- For older people living in care homes, weekly ward rounds continued during the pandemic by telephone, followed by home visits where required. Monthly multidisciplinary meeting also continued.

People with long-term conditions

Population group rating: requires improvement

Findings

Although we saw good practice in this population group, the key question was rated as requires improvement overall due to issues around telephones. This impacted on all population groups.

- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: requires improvement

Findings

Although we saw good practice in this population group, the key question was rated as requires improvement overall due to issues around telephones. This impacted on all population groups.

- Appointments were available until 8pm on a Tuesday.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under five were offered a same day appointment when necessary.
- A new online booking system was in place, allowing people to book appointments in advance.

Working age people (including those recently retired and students)

Population group rating: requires improvement

Findings

Although we saw good practice in this population group, the key question was rated as requires improvement overall due to issues around telephones. This impacted on all population groups.

- Appointments were available until 8pm on a Tuesday.
- A new online booking system was in place, allowing people to book appointments in advance.
- For telephone consultations, where patients requested a specific time period, the practice aimed to accommodate this, for example lunch breaks.

People whose circumstances make them vulnerable

Population group rating: requires improvement

Findings

Although we saw good practice in this population group, the key question was rated as requires improvement overall due to issues around telephones. This impacted on all population groups.

- The practice had achieved the Gold Award for Pride in Practice, a quality assurance support service to strengthen relationships with the lesbian, gay, bi-sexual and transgender (LGBT) community.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: requires improvement

Findings

Although we saw good practice in this population group, the key question was rated as requires improvement overall due to issues around telephones. This impacted on all population groups.

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Throughout the pandemic staff actively contacted vulnerable patients, including those shielding and carers.
- The practice had a dedicated telephone line for health and social care staff including NHS 111 and out of hours.

Access to the service

People were not always able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with urgent needs had their care prioritised.	Yes
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had started on online booking system in June 2020, this allowed patients to book appointments up to four weeks in advance, as well as on the day appointments. Initially this was only for telephone consultations, however following on from the consultation, should the patient need to be seen face to face, patients would be booked. • For telephone consultations, where patients requested a specific time period, the practice aimed to accommodate this, for example lunch breaks. 	

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 (01/01/2020 to 31/03/2020)	20.0%	N/A	65.2%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	37.4%	68.4%	65.5%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2020 to 31/03/2020)	44.3%	65.6%	63.0%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	58.1%	73.0%	72.7%	No statistical variation

Any additional evidence or comments

- Following our last inspection, the practice had made a number of improvements to the in which patients could access the service including:
 - Introduction of a new online booking system in June 2020 the practice has promoted this to patients and regularly used social media channels to encourage patients to book online wherever possible. Data from the practice showed a month on month increase in the number of patients booking appointments this way.
 - The practice actively encouraged patients to sign up for the electronic prescription service.
 - Additional staffing hours had been introduced at key times, to ensure as many staff as possible were available to answer the telephone at peak times.
- The planned installation of a new telephone system, however, was delayed due to the pandemic. Work was now underway, and the practice were aiming to have the new system operational in the summer.
- To accommodate the increased demand on the telephone system during the pandemic, the practice purchased mobile telephones for staff to make outgoing calls and a dedicated line was in place for patients wanting to book a COVID 19 vaccination to ensure the main line remained free for other patients.

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 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.
- **PHE:** Public Health England.
- **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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- ‰ = per thousand.