

Inspection Evidence Table

Dr RK Mathews

(1-484540471)

Inspection Date:

Date of data download: 30/11/2023

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 from the previous inspection and the overall rating of good will remain.

Responsive

Rating: Good

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"> We found that the practice had carried out significant analysis of it's patient population and had developed services accordingly. This included a vulnerable patient's clinic where patients were given easier access to health checks at the practice. On set days vulnerable patients including those with no fixed abode could attend the practice without an appointment and be seen by clinicians. The practice made reasonable adjustments for patients, particularly those with learning difficulties. When making appointments for this cohort of patients the practice contacted them and their carers to ensure reasonable adjustments were met. This included patients having the option of waiting outside of 	

reception if it was too busy or using a different entrance to the practice to avoid going through the waiting area.

- The practice had access to translation services and were able to use these for both face to face appointments and telephone appointments. Staff shared examples with us of when registering new patients who didn't speak English as a first language, they were able to provide information packs in different languages.

Practice Opening Times

Day	Time
Opening times:	
Monday	8 am – 6:30 pm
Tuesday	8 am – 6:30 pm
Wednesday	8 am – 6:30 pm
Thursday	8 am – 6:30 pm
Friday	8 am – 6:30 pm
Appointments available:	
Monday	8 am – 6:30 pm
Tuesday	8 am – 6:30 pm
Wednesday	8 am – 6:30 pm
Thursday	8 am – 6:30 pm
Friday	8 am – 6:30 pm
Saturday	9 am – 5 pm (Extended access)

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

- The practice scored 1 on the deprivation measurement scale; the deprivation scale goes from 1 to 10, with 1 being the most deprived. People living in the more deprived areas tend to have greater need for health services. The practice recognised this and worked with other agencies such as the department for work and pensions, women's refuge, and substance misuse teams to refer patients to. The practice also found that a number of their patients were struggling with the cost-of-living crisis, these patients were referred to their vulnerable patients clinic for additional support.
- 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 liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- 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 and Travellers. The practice assisted homeless patients with helping them open bank accounts, finding accommodation and obtaining food. The practice had also raised money for a local homeless shelter that supported patients at the practice.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice is a veteran accredited practice which allowed them to identify and support veterans and refer on to specialist healthcare services.
- The practice was currently working on an LGBTQ+ gold project, known as Pride in Practice. The practice had identified a group of patients that were experiencing delays in accessing care. By completing this project the practice hoped to develop systems with specialist organisations to provide bespoke care for this patient group.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice provided evidence that showed how it had improved telephone access to the surgery. In 2021 the average wait on the telephone line was 35 minutes, in 2022 this improved to 10 minutes. The audit was run again in 2023 and the average wait was reduced to 3 minutes. The practice had plans to develop this further by introducing a new cloud-based telephone system from January 2024. • Following feedback from Healthwatch and patients, the practice had been auditing access to appointments since 2021. Following this audit there has been an increased number of appointments available to patients. In May 2022 there was an average of 16 GP telephone appointments and 16 nurse triage appointments. In May 2023 this has increased to 25 GP telephone appointments and 25 nurse triage appointments. The practice had more than doubled the on the day appointments it was offering from May 2022 to May 2023. • The practice offered a range of appointment types, this included face to face, telephone and video consultation. • All administration staff were trained on care navigation, as a result they were able to signpost patients to the most appropriate services. 	

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)	58.3%	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)	57.7%	60.1%	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)	65.7%	58.0%	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)	78.6%	79.8%	72.0%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> Following our previous inspection of the practice in September 2022 the practice had undertaken significant work to improve the results of the National GP Patient Survey. Evidence provided by the practice showed how average telephone waits to the practice had improved. This was reflected with an increased result in the National GP Patient Survey for how easy it was for patients to get through to someone at their practice. The practice hoped that the new telephone system they were introducing in January 2024 would help improve this figure further. The practice had made significant improvements in the other 3 areas of the table above, compared to the previous year's result. They had made particular improvement around how satisfied patients were with their GP practice appointment times. Previously the practice had achieved 43.6% for this which was below local and national averages. They were now achieving 65.7% which was higher than both the local and national averages. The practice received recognition for its improvement in the National GP Patient Survey from their Integrated Care Board (ICB). They were in the top 10 most improved practices in the North East and Yorkshire.

Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care/
Complaints were not used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	1
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1

Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
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	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
Compliant via NHS England around the standards of care a patient received.	The practice carried out a thorough investigation and found that the care received was professional, relevant, and actioned in a timely manner. NHS England agreed with this. An apology was given to the patient for any communication errors and all staffs conflict and resolution training was updated.

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.