

## Inspection Evidence Table

Humshaugh and Wark Medical Group (1-545519819)

**Inspection Date:**

Date of data download: 09/11/2023







## Responsive

## Rating: Good

At the last inspection in April 2019 the Responsive key question was rated good. The practice continues to be rated good for providing responsive services following 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>The practice had analysed the needs of its local population and notably had a high population of vulnerable elderly patients who lived in isolated rural areas. The practice recorded this on their clinical records system to ensure these patients were triaged correctly and had access to paramedic home visit appointments via their primary care network (PCN). The practice recognised that public transport in the area could cause patients difficulties in accessing the practice and ensured they took this into account when offering appointment times. Additional support such as a medicines home delivery service was also in place.</p> <p>Patients who experienced long term health conditions, such as diabetes, were pro-actively contacted to offer appointments either by text or telephone call.</p> <p>The practice had identified that access to secondary mental health services was an issue and was able to access appointments via their PCN for patients who needed mental health support.</p> <p>The practice were involved in their local health inequalities projects and were currently trying to improve access to cancer screening. They focused on contacting and offering appointments to patients who missed important bowel or breast screening appointments. Though numbers were small the practice had seen a 65% increase in attendance for bowel screening in this patient group.</p>	

### Practice Opening Times

Day	Time
Opening times:	
Monday	8am - 6pm
Tuesday	8am - 6pm (Branch site closes 1pm)
Wednesday	8am - 6pm (Branch site closes 1pm)
Thursday	8am - 6pm (Branch site closes 1pm)
Friday	8am – 6pm
Appointments available:	
Monday	8.10am – 5.30pm
Tuesday	8.10am – 5.30pm
Wednesday	8.10am – 5.30pm
Thursday	8.10am – 5.30pm
Friday	8.10am – 5.30pm

#### Access to the service

#### People 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
According to the National GP survey results outlined in the table below the practice had performed above national 'access' averages in all but one of the indicators. However, we noted three of the indicators were on a downward trend compared to previous years. As a result of the analysis of the survey data, the practice introduced additional face to face appointments to improve patient satisfaction. For example, GP face to face appointments offered in 2022 totalled 4932. In 2023 (year to date) the practice had already increased this to 6148. The practice regularly analysed National GP patient Survey data and friends and family data to try and ensure patient's received appointments that met their needs.	

The practice offered a variety of clinical appointments either via their own workforce or jointly within their Primary Care Network (PCN). This included: GP's; nurses; healthcare assistants; paramedics; pharmacist or pharmacy technician; social prescribers known as living well co-ordinators; mental health professionals; physiotherapists and advanced nurse practitioners. Patients could access appointments via telephone, electronic consultation, the 'mygp' app or by walking into the practice.

The practice, in conjunction with the PCN and GP Federation provided extended access from 6:30-8pm Monday to Friday at Corbridge Health Centre and from 9-5 on Saturdays based at Hexham, Prudhoe, Bellingham and Haltwhistle. Appointments were available with GP's, nurses and healthcare assistants.

The practice had a cloud-based telephone system. The national GP survey results indicated that patients were satisfied with being able to contact the practice by telephone. However, the practice manager believed they could further improve on this and was in negotiation with their service provider to improve the telephone system. In addition, the practice had reviewed how they used text messages and increased the use of this facility to communicate normal test results quickly and give guidance to patients around conditions such as the menopause. This helped to release time and appointments.

One of the practice healthcare assistants was completing a degree in nursing. The practice was currently host to 4<sup>th</sup> year medical students with one GP partner due to begin their GP trainer course. The practice would be able to train GP registrars from September 2024, meaning they were contributing to the wider system by ensuring nurses and student doctors had the opportunity to access training opportunities. At the time of our assessment, they were continuing to attempt to recruit to their vacancies.

The practice recognised the need for good communication with patients. At the time of our inspection the website was being 'revamped' and social media continued to be developed. The practice had recently re-established its patient participation group (PPG) after a post COVID-19 lull in interest. The PPG was going to be tasked with facilitating feedback from patients around access.

We examined complaints against the practice, of the 6 we looked at 1 related to access. The practice used complaints as well as other feedback to support improving access.

### 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)	94.1%	N/A	49.6%	Significant variation (positive)
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)	74.7%	59.5%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with	61.4%	56.7%	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)	68.6%	78.0%	72.0%	No statistical variation

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were no reviews for this practice.

### 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.	6
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
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
Patient concerned about dental pain relief.	New practice policy developed for consistent approach







## 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.