

# Care Quality Commission

## Inspection Evidence Table

### St Pauls Practice (1-541124164)

Inspection date: 11 October 2019

Date of data download: 10 October 2019

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

### Responsive

### Rating: Good

At the last inspection, we rated the practice as requires improvement for providing responsive services. We said the provider should:

- Continue to make improvements to telephone access and access to appointments, and to gather patient feedback to ensure these improvements are effective.
- Continue to look for ways to communicate and engage with staff and patients.

At this inspection, we found that the provider had taken action to address these areas.

#### 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
Explanation of any answers and additional evidence:  At the inspection in November 2018 we were told by staff and patients that they felt communication at the practice was better, but that there were still areas where improvement could be made. A number of staff mentioned a high volume of emails being sent and expressed a desire for more whole-team meetings to be held. Some patients we spoke to were still not aware of the role of advanced nurse practitioners.  In October 2019 we saw that the staff meetings that had been put in place shortly before the last inspection were continuing, and staff had given positive feedback about these. We also saw messages on screens in the waiting area explaining roles of non-medical staff and advanced nurse practitioners, as	

well as explanations as to why some patients find it difficult to access appointments. Online access was also promoted.

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
36989.0	273.0	117.0	42.9%	0.32%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	90.3%	95.5%	94.5%	No statistical variation

#### Timely access to the service

### People were mostly able to access care and treatment in a timely way.

#### National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

#### Explanation of any answers and additional evidence:

At the inspection in November 2018, we saw that, while positive changes had been made, improvements were still required which affected patients in all of the population groups. Patient feedback on the National GP Patient Survey for access by telephone and to appointments was still among the lowest in the local area, and well below local and national averages. The practice was not able to supply any other patient survey results which showed that, despite the changes made, patients were better able to access appointments or contact the practice by telephone without having to wait.

In October 2019, we saw that the practice had continued to take steps to improve telephone access and access to appointments. While feedback on the National GP Patient Survey for these areas remained below local and national averages, we saw that it had again improved from the 2017 and 2018 results. The practice was also able to provide us with results from surveys they had carried out which showed that patient satisfaction with appointments was improving. For example:

- The practice had continued to recruit GPs and advanced nurse practitioners to try and increase

the number of appointments they were able to offer patients. They were training nurses to advanced nurse practitioner level as well. They had also increased the number of non-medical staff and appointed new roles to try and improve access. For example, they had appointed a reception team manager who was able to assist with the monitoring of telephone access.

- The practice continued to monitor call waiting times to look for improvements, and we saw data provided by the practice that showed the average waiting time for calls to be answered was coming down each month. In September 2019, during the busiest periods the average wait for a call to be answered was approximately seven minutes, and around two minutes during quieter times. At the inspection in November 2018 the average time for a call to be answered was over 10 minutes. The practice had set a target of 95% of calls to be answered in under 10 minutes between 8am and 9am and in under three minutes between 9am and 6.30pm. In September 2019 they achieved this target for 100% of the 14,274 calls received that month.
- A survey was carried out among patients who contacted the practice by telephone during July and August 2019, in order to gather their feedback about telephone access. Of 120 patients who responded to the survey, 79% said they were satisfied or very satisfied with their experience of contacting the practice by telephone, and 88% rated the service they received on the telephone as good, very good or excellent, with the majority rating it excellent. While results on the National Patient GP Survey remained low in this area, they had improved from 19% responding positively to how easy it was to get through to someone at their GP practice on the phone in 2017 to 32.5% in 2019.
- The appointment system was routinely monitored, and staff rotas were planned for projected busy periods up to six months in advance. Appointments were available at all of the five sites operated by the practice. We checked the appointment system in real time on the day of the inspection and found several urgent appointments were still available, and the next routine appointment with a GP was within two working days. This was consistent with what we saw in November 2018. In January 2018, at the time of the practice's first comprehensive inspection, the wait for a routine GP appointment was one month.
- At the inspection in November 2018 the practice had recently launched a new website and were promoting online access. This website gave patients the option to communicate securely with the practice as an alternative to using the phone. This had not been in place for long enough to have had an impact on telephone access at the practice by the time of that inspection. However, since that time, 2796 patients had used the website to contact the practice. A survey of these patients showed that, had they not had access to this service, 56% would have phoned the practice instead, 21% would have visited in person in an attempt to make an appointment, and 8% would have booked an appointment through some other means, and 10% would have given up. These figures equated to a reduction of 1562 telephone calls to the practice, 224 appointments avoided, and 592 visits in person avoided. At the time of the practice's first comprehensive inspection in January 2018 we saw that visits in person by patients unable to access the practice by phone were having a significant negative impact on the receptionist team's ability to answer telephone calls.
- Complaints about appointments and telephone access had significantly reduced since the first inspection in January 2018 and our follow-up comprehensive inspection in November 2018. At the January 2018 inspection we saw there had been 286 complaints from patients about access to appointments or via the telephone during the whole of 2017. In the 10 months from January 2018 to the end of October 2018, there had been a total of six complaints about appointments and none regarding telephone access. Since then until the time of this inspection in October 2019, there had been two complaints about appointments and none about telephone access.

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 (01/01/2019 to 31/03/2019)	32.5%	N/A	68.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	45.6%	64.8%	67.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	44.1%	61.8%	64.7%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	63.5%	72.8%	73.6%	No statistical variation

Source	Feedback
NHS Choices, I Want Great Care, Friends and Family Test	<p>Patient feedback regarding appointments and telephone access had improved slightly since the inspection in November 2018 but remained mixed overall. For example:</p> <ul style="list-style-type: none"> <li>• There had been nine reviews left by patients on the NHS Choices website since the last inspection. Four gave the practice a five-star (out of five) rating, three awarded four stars, one gave three stars and there was one one-star review. Both the one-star and three-star review were negative regarding telephone access, while three of positive reviews said access to appointments had much improved. This was an improvement from the results seen at the last inspection in November 2018, where nine reviews were negative regarding access to appointments and by phone and three were positive.</li> <li>• There were two reviews on the I Want Great Care website since the last inspection. Both left negative comments about appointments and telephone access.</li> <li>• At the inspection in November 2018 we saw Friends and Family results during the six-month period from April to September 2018 showed on average 80% of patients would recommend or definitely recommend the practice to family and friends. This showed a marked improvement from 54% in July 2017 and an improvement from 72% at the time of the last inspection (January 2018). At this inspection in October 2019 we saw that each month the practice was achieving over 80% consistently, with the most recent results showing that 87% of patients surveyed would recommend the practice.</li> </ul>

## 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
- **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.