

## Inspection Evidence Table

The Eston Surgery

(1-500638277)

### Inspection Date:

Date of data download: 06/12/2023

At our previous inspection in (27 February 2019) the responsive key question was rated good. Following this assessment, we have rated the practice as requires improvement for providing responsive services.

We recognise the pressure that practices are currently working under and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care.

Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data.

Therefore, the rating is requires improvement, as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of this assessment.

## Responsive

## Rating: Requires improvement

### 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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered. <i>*We did not visit this premises as part of our assessment</i>	-
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

### Practice Opening Times

Day	Time
Opening times:	
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 8pm
Thursday	8am - 8pm
Friday	8am - 6pm
Appointments available:	
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am – 6pm (6.30pm -8pm)
Thursday	8am - 6pm (6.30pm -8pm)
Friday	8am - 6pm

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

- 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 offered various types of appointments including, face to face, by telephone, by use of technology through E-consult or smart phone self-booking links for patients who do not have on-line access accounts.
- Receptionists undertook care navigation training to ensure the most appropriate appointment was offered to patients.
- The practice was able to offer a wider provision of care via working with their Primary Care Network (PCN), they were able to draw on a wider pool of staff which included, pharmacy technicians, pharmacists, a mental health nurse practitioner, podiatrist, physiotherapist, a dietician, mental health coach, and health and wellbeing coach.
- Consideration was given to patients who studied, worked or were a carer in relation to making an appointment. There were late evening appointments available and extended access appointments.
- Urgent on the day appointments were offered for children.
- Interpreter services were available and extra appointment time was given to those who needed it.
- There were extra services who were based in the practice who could offer help to patients, for example a nurse who provided carer support, social prescribers who can offer help for the health and wellbeing of patients, a dementia and nursing home care co-ordinator and a drug and alcohol service.
- The practice held a register for carers, veterans, patients with a learning disability and those with dementia, they had a local Traveller community and had many Travelling families registered with them.
- The practice recently signed up to a lung health check programme, where they were proactive to offer lung health check screening for smokers and ex-smokers.

## Access to the service

**People were not always 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.	*Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	*Partial
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<p>Explanation of any answers and additional evidence:</p> <p>*Some of the GP national survey results (see table below) were lower or similar to local and national averages, the practice had already recognised this.</p> <ul style="list-style-type: none"> <li>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 was 30.3% (national average 49.6%). However, the previous year the number had been 54% which was higher than the national average of 52%.</li> <li>In response to complaints and surveys, measures were introduced to improve access to the practice.</li> <li>A new telephony system was introduced at the beginning of in October 2023, the practice carried out a survey after its introduction. From 59 patients who were asked how easy it was to get through on the telephone 90% (53) patients said it was very or fairly easy to get through.</li> <li>A call queuing system was introduced which held 5 calls, allowing patients to understand their waiting time in the queue.</li> <li>A physician's associate was employed to help improve access to consult with non-complex patients.</li> <li>Appointments could be booked by telephone, in person, on-line, or a self-booking link was sent to the patient.</li> <li>The management gathered feedback from staff to ensure staffing numbers could manage the telephone demand for appointments. Pre-booked clinics were monitored and the numbers of staff could be increased during busy times.</li> <li>The clinicians checked their appointment lists each morning to prioritise calls, urgent appointments were built into the clinician's rotas, and additional appointments could be added at the end of the sessions.</li> <li>The practice had a virtual patient participation group (PPG), they sent out emails to them for feedback prior to our assessment and did not receive any replies.</li> <li>Feedback was collected via the NHS friends and family test, for the year 9 December 2022 to 4 December 2023 of 1051 responses 91% of patients said they would recommend the practice to their friends and family.</li> <li>Following our assessment, the practice provided us with data from NHS England dated October 2023 (which was unvalidated data), which showed that that 100% of clinical triage was done on the day, 97%</li> </ul>	

of acute GP appointments were booked on same day, and including routine appointments, 93% were booked within a 2-week period.

- The same data set showed that GP face to face appointments at the practice compared to their telephone appointments were at 77% compared to 21%, national comparison for face to face being 25% compared to telephone at 70%.

### 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)	30.3%	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)	56.4%	54.1%	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)	53.3%	52.6%	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)	88.7%	74.2%	72.0%	Tending towards variation (positive)

Source	Feedback
NHS.uk website (formerly NHS Choices)	There have been no reviews left on this website in the last 12 months
Complaints to CQC	There have been no complaints to CQC in the last 12 months
Share your experience of care	When we announced the assessment, we sent out a link to the practice to share with patients to give us feedback. We received 9 responses of which 7 were positive stating good care, seen quickly, helpful staff and felt listened too. There were 2 negative responses on relation to staff attitude.

## 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.	15
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint regarding engaged tone sounding when patients contacted the practice at 8am	The practice introduced a call queueing system.

### 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.