

Inspection Evidence Table

Grove Surgery

(1-566648997)

Inspection Date: 20 December 2023

Date of data download: 20/12/2023

Responsive

Rating: Requires Improvement

At the last inspection in February 2022 the Responsive key question was rated good.

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 or other sources of patient feedback. 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 inspection.

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"> For patients who found it hard to access services due to language difficulties, the practice used a language line and had a language folder on reception in case a translator was unavailable. A new appointment system was introduced in 2021 where reception staff would signpost where appropriate and submit clinical queries to the GP. All GPs at the practice would share out the list of patient clinical queries on a triage list. Patients had a named GP and where possible, the patient would be allocated to their usual, or chosen requested GP. If a patient was seen by another GP, if they returned with the same issue, the GP who initially reviewed would be allocated for continuity of care. 	

- Patients had a choice of their preferred clinician when placing a request also and would be where possible, allocated their choice.
- The practice offered services to care home patients and there was a usual GP who would complete these visits. In the event of any change to the usual GP, another doctor would be allocated and the care homes informed.

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 - 8 pm
Tuesday	8 am - 8 pm
Wednesday	8 am - 8 pm
Thursday	8 am - 8 pm
Friday	8 am - 8 pm
Extended Access	
<ul style="list-style-type: none"> • Medicom (an out of hours contracted company) provided early access appointments Monday – Friday 8 am – 8.30 am. • Extended hours were available through the Breckland Alliance primary care network (PCN) on Monday to Friday from 6.30 pm – 8 pm and Saturday 9 am – 5 pm. 	

- The PCN network would rota to provide extended access and the practice provided this on a Monday and every 3rd Thursday, Friday, or Saturday.
- Outside of extended hours, patients could access appointments NHS 111.

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.
- All parents or guardians calling with concerns about a child were offered a same-day appointment when necessary.
- The practice was open until 6.30 pm Monday and Friday. Pre-bookable appointments were also available to all patients until 8 pm at additional locations within the area, as the practice was a member of a Breckland primary care network. Appointments were available Saturday from 9 am until 5 pm.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers, and those with a learning disability. The provider was a veteran-friendly and safe surgery member.
- A safe surgery was devised to educate practice staff on understanding the barriers to healthcare faced by vulnerable patients.
- 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 adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Patients with specific communication needs were supported. The practice had individually tailored laminated communication cards they could give to patients when they were booking into appointments and the nurse would be able to collect them when their appointment was due.
- The provider also completed home visits for patients who struggled with social situations and may be anxious when seen in the practice.

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).	Y
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).	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"> • In response to telephone delays, the provider employed a patient service manager who completed real-time telephone audits to ensure correct procedures were being followed. If areas of training were found for delays in answering the telephone, the provider tailored bespoke training and provided feedback to staff in a documented supervised approach. 	

Pre-diabetic patients were invited to group meetings to have educational sessions on improving lifestyle and diet to reduce the risk of diabetic complications.

- Appointments were made more flexible following patient feedback. For example, clinics for screening were available at weekends following negative feedback from working-age patients.

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)	58.9%	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)	58.2%	59.1%	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)	49.9%	56.1%	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)	75.7%	76.1%	72.0%	No statistical variation

Any additional evidence or comments

- We saw patient satisfaction in accessing the practice by telephone had increased in the last 12 months by 9.3%. The provider had also implemented a new telephony system, and monthly audits of telephony showed the average hold time had now been reduced to an average of 51 seconds.
- Although the data for appointment times offered had slightly decreased at this inspection by 0.2%, overall, it remained below national and expected averages.
- We saw since 2021, there was upward trend of 2% in patient satisfaction with the appointment times offered.
- The provider told us temporarily registered patients who were visiting the local area left positive feedback when needing GP services and offered a same-day appointment.

Source	Feedback
NHS.uk website (formerly NHS Choices)	We saw 21 mixed patient feedback responses. Of these, 13 were positive about access and mainly telephone access.
Primary care network (PCN) surveys	Patients across the PCN were invited to complete patient surveys and the practice told us the survey uptake had been low. In response, the provider asked their

	patient participation group to undertake a practice survey which was planned for the next few months.
Healthwatch feedback	The provider invited Healthwatch to attend the practice to in-person patient feedback. The latest survey completed in September 2023, had rated the practice 4.3 out of 5.

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.	35
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint about staff attitude when answering the telephone when wanting to register at the practice.	The provider investigated the complaint, listened to the telephone call, and apologised to the patient. The practice response also advised the patient of the practice boundary area for patient registration and why this was not feasible as a permanent patient.
Unwell patient requested GP call back but the call back did not meet the patient's expectations of time and a complaint was made following hospital admission.	<p>The practice completed an investigation and the clinical query was triaged appropriately when the GP called the patient, the clinical symptoms were advised required secondary care admission.</p> <p>The patient was advised that a duty GP will not specify a time for a callback and apologised if this was not communicated effectively.</p> <p>The provider shared this as an incident with the staff to refresh on the duty rota procedure and processes to avoid a reoccurrence.</p>

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.