

Inspection Evidence Table

Lister House Surgery

(1-558383692)

Inspection Date: 13 December 2023

Date of data download: 12/12/2023

Responsive

Rating: Requires Improvement

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 did not always organise and deliver 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.	Partial
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.	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">• The provider delivered care to approximately 14,400 patients and told us recruitment was challenging. In response, the practice contacted the local integrated care board (ICB) for support with the recruitment of staff. This was to provide more continuity of care to the patients.• The practice recognised recruitment challenges may impact upon services, however, at the time of our inspection, had signed up for the National General Practice Improvement Programme run by NHS England. This was due to commence once a new telephony system was installed in March 2024.• The provider had responded by providing services whereby every patient contacting the practice would be contacted to either be signposted to the most appropriate service or be seen by a clinician on the same day.	

- The practice supported their patient participation group to hold patient education information evenings to promote topics of health promotion. For example, diabetes, mental health, and cancer care.
- For patients who found it hard to access services due to language difficulties, the practice used a language line and had a diverse staff population who could support translation for patients.
- Patients could book appointments in person, via telephone, online and through the practice electronic consultation app.

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	8.30 am – 6.15 pm
Tuesday	8.30 am – 8 pm
Wednesday	8.30 am – 6.15 pm
Thursday	7 am – 8 am 8.30 am – 6.15 pm
Friday	8.30 am – 6.15 pm
Extended Hours:	
The provider offered extended access through Ephedra Health care on the following days at the practice:	
<ul style="list-style-type: none"> • Monday to Friday 6.30 pm to 8 pm • Saturday 8 am to 4 pm • Sunday 8 am to 2 pm • Last Saturday of each month 8 am to 12 noon 	
Outside of these hours, patients were advised to call NHS 111.	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • 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. • Additional nurse appointments were available until 8pm on a Tuesday and Thursday for patients and the last

Saturday of each month for pre-bookable appointments.

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 8 pm on a Tuesday and Thursday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available the last Saturday of each month from 8am until 12 noon.
- 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 adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People were/ were not 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.	Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<ul style="list-style-type: none"> • The provider recognised the poor feedback within the July 2023 national GP survey and had taken measures to increase access and patient satisfaction as there had been a gradual and steady decrease of 12% in patient satisfaction and remained below expected national averages since 2018. • The practice monitored telephone access during busier periods and would increase staffing levels to ensure wait times on hold were reduced. The data trend showed since 2018, there was a 21% decrease in patient satisfaction with accessing the practice via the telephone. <p>In response the provider:</p> <ul style="list-style-type: none"> • Increased staff training and implemented more reception staff to 365 hours per week. • Implemented clearer and more concise website information for patients to book appointments online. • Feedback from patients was collated more frequently, for example, after each appointment. Monthly analysis was gained to further improve access. • Same-day access was implemented and at the time of our inspection, was averaging 85 same-day appointments on a Monday and 55 same-day appointments the remainder of the week. • Vulnerable complex patients were given more reasonable adjustments and longer appointments to reduce multiple appointments at the practice. • Practice staff had been trained to provide the most appropriate signposting for patients. For example, referring a patient to a pharmacy over requiring a GP appointment. 	

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)	33.5%	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)	51.0%	50.7%	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)	47.1%	48.2%	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)	70.7%	70.2%	72.0%	No statistical variation

Any additional evidence or comments

- We saw an upward positive trend of patient satisfaction with appointment times of 5% since 2022 but still remained below the national averages. Although the provider had taken measures to address this, it was still yet to be reflected in the national GP survey.
- The provider told us that non-clinical staff would be further trained in communication, identifying high-risk patients to prioritise access, and being upskilled to include enhanced patient navigation roles to support multi-disciplinary signposting to the most appropriate service for patient needs. Additionally, the provider completed 6 monthly audits on telephone access following a high number of complaints relating to telephone access. The provider was waiting to have a new cloud-based telephony system installed.
- Once the new telephony system was installed, the practice would be completing the NHS England National General Practice Improvement Programme aimed to improve staff communication with patients when booking appointments and the practice recognised a requirement to modernise current ways of working.
- The provider was positive about changing current working practices to providing staff education on improving efficiency and continuity of care delivery. The provider was hopeful this would positively impact the next GP patient survey data as patients would be seeing changes to feedback and may be encouraged to respond to offer feedback to input on changes required for accessing the practice.

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

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.	26
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
Access to the practice via telephone with long patient delay complaint after waiting 4 hours on hold and not transferred to the out of hours service.	The provider responded by apologising to those patients affected and ensured staff training was completed. The provider contacted the telephone service provider to address this issue. Furthermore, a new telephony system was awaiting installation in March 2024.

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.