

Inspection Evidence Table

Spring Hall Medical Practice

(1-9298356902)

Assessment Date: 30 January 2024

Date of data download: 15 December 2023

Overall rating: Good

We carried out an announced comprehensive inspection at Spring Hall Medical Practice on 20 and 21 June 2022 and rated the service as good overall and good for all five key questions.

This assessment of the responsive key question was undertaken on 30 January 2024. Responsive assessments are remote focused reviews to help us understand what practices are doing to try to meet patient demand and the current experience of people who use these services and of providers.

The responsive key question is now rated as requires improvement as several sources of feedback from people who used the service indicated that they were not always able to access care and treatment in a timely way. The service remains rated as good overall.

Context

The provider, Spring Hall Group Practice Limited, delivered General Medical Services (GMS) under a locally agreed contract with NHS England to a patient list of 29,028. The service is provided from 5 locations, of which 2 locations (Rosegarth Surgery and Siddal Surgery) merged with the practice in April 2023.

- Spring Hall Medical Practice, 173c Spring Hall Lane, Halifax, HX1 4JG
- Queens Road Surgery, 252 Queens Road, Halifax, HX1 4NJ
- Rosegarth Surgery, Rothwell Mount, Halifax, HX1 2HB
- Southowram Surgery, Law Lane, Southowram, Halifax, HX3 9QB
- Siddal Surgery, 117 Oxford Road, Siddal, Halifax, HX3 9DG

The provider's locations are within the area covered by NHS West Yorkshire Integrated Care Board (ICB) – Calderdale. The provider is part of a wider group of GP practices known as a Primary Care Network (PCN). Spring Hall Group Practice is part of Central Halifax PCN.

The clinical team comprised 9 GP partners (6 male and 3 female), 6 salaried GPs (2 male and 4 female) and 2 GP registrars. They are supported by 3 advanced clinical practitioners, 2 of whom are trainees, 2 physician associates, a mental health practitioner, 6 practice nurses, 2 healthcare assistants and 3 phlebotomists. Supporting the clinical team are 2 practice managers, 2 operations managers, a data quality officer, and 3 reception team leaders working alongside a team of 12 administrative and 29 reception staff.

In addition, the practice was supported by PCN staff which included physician associates, a mental health practitioner, an ageing well practitioner, physiotherapists, podiatrists, social prescribers, phlebotomists and clinical pharmacists.

The service opened from 8am to 6.30pm at all 5 locations. Pre-bookable extended access appointments were available on Monday to Friday from 6.30pm to 8pm and Saturday from 10am to 2pm at the provider’s Queen’s Road Surgery and on Saturday from 10am to 2pm at the Boulevard Medical Practice, a neighbouring practice in the PCN.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group was in the second lowest decile (2 of 10). The lower the decile, the more deprived the practice population was relative to others.

According to the latest available data, the ethnic make-up of the practice area was 54% White, 40% Asian, 2% Black, 2% Mixed, and 2% Other.

Responsive

Rating: Requires Improvement

At the last inspection in June 2022, we rated the responsive key question as good. Following this assessment, we have now rated the practice as requires improvement for providing responsive services as several sources of feedback from people who used the service indicated that they were not always able to access care and treatment in a timely way.

We recognise the work that GP practices have been engaged in to continue to provide safe, quality care to the people they serve. We know colleagues are doing this while demand for general practice remains exceptionally high, with more appointments being provided than ever. In this challenging context, access to general practice remains a concern for people. Our strategy makes a commitment to deliver regulation driven by people’s needs and experiences of care. Although the practice has taken several measures to improve access, and improvements have been noted with some positive patient feedback, this has not yet been fully reflected in the National GP Patient Survey data, NHS patient feedback platforms and some feedback gathered during the course of the assessment. Therefore, the rating of requires improvement has been given as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of 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.	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.	Yes
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The provider understood the needs of the local patient population. As part of the service’s recent merger of their 3 locations with 2 additional locations in April 2023, the provider had undertaken engagement with the public and other relevant stakeholders, which included health, community and local council through meetings, surveys and open events. The engagement and subsequent analysis enabled them to understand the patient demographic and prevalence of health conditions to calculate potential demand and allocate appropriate clinical skill-mix and staff resource at their locations. • The service worked within their Primary Care Network (PCN) to support local service developments. The practice told us that engagement and analysis as part of the merger had enable them to develop additional clinical roles within the PCN as part of the Additional Roles Reimbursement Scheme (ARRS) which improved patient access to various allied health professionals. • The provider operated from 5 separate locations within an 8-mile radius. This assessment did not include a site visit. The provider told us that all sites have disabled parking spaces, accessible automatic control doors and disabled access routes (ramp of step-free access). Clinical rooms at all 5 sites were on the ground floor. All locations had accessible toilet and baby changing facilities. • The practice told us they captured patient communication needs at the point of registration and through clinical consultations, which were recorded on the clinical system. • Practice staff told us that they communicated with people in a way that they could understand. For example, there was an induction hearing loop to assist patients whose hearing was impaired at each location. The service could also access British Sign Language. • Translation services were available to patients who required these and longer appointments were booked for patients who required the services of an interpreter. • The practice had several multilingual staff who spoke languages in line with the patient demographic. • The provider was aware of the requirements to meet the Accessible Information Standard and staff had received appropriate training. • We saw that the practice website had the functionality to translate to other languages. 	

Practice Opening Times	
Day	Time
Opening times (all 5 locations):	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

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 provider 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 provider liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues. This included engagement in a monthly frailty multi-disciplinary team (MDT) meeting to assess complex patients.
- The provider utilised the acute visiting service (AVS) available in Calderdale to refer patients who required a same day visit for an acute need in their own home. In addition, the practice referred patients who required additional support to an Ageing Well Practitioner. The practice had recently reviewed their housebound patient list and identified patients who may benefit from signposting to this service.
- The provider referred to social prescribers who could help patients improve their health, wellbeing and social welfare by connecting them to community services.
- The provider had approximately 240 patients in local care homes and undertook a GP-led remote weekly ward round. Nurses attended care homes to complete personalised care support plans on an ongoing basis.
- The provider told us they identified carers at the point of registration, and on an ongoing basis through consultations. Carers had access to the social prescriber available at the practice. Information for carers was available on the practice website.
- In recognition of the religious and cultural observances of some patients, the GPs would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. The provider had close links with local mosques.
- All parents or guardians calling with concerns about child under 5 were assessed on the day and offered a same day appointment, where necessary.
- The provider held a register of patients living in vulnerable circumstances including homeless people and asylum seekers. The practice told us they supported asylum seekers in their practice catchment area with access and registration.
- The provider had signed up to the Safe Surgery network which was a commitment to take steps to tackle barriers faced by migrants in accessing healthcare. There was information in various languages available.
- People in vulnerable circumstances were easily able to register with the provider, including homeless people. The provider told us homeless patients could register using the surgery address.
- The provider had undertaken some outreach clinics for their homeless patients focusing on vaccinations including influenza and Covid-19.
- The provider held a register of those with a learning disability. There was a GP learning disability lead and a system in place to invite those on the register for an annual health check. The provider adjusted the delivery of its services to meet the needs of patients with a learning disability. The provider engaged with local services supporting those with a learning disability, for example, Lead the Way in Calderdale. Staff had undertaken learning disability training.
- The provider engaged with the local community through local mosques, churches and women's centres to promote cancer screening programmes and encourage uptake.
- The provider had a dedicated GP lead for mental health and employed a mental health practitioner.
- The provider participated in the Community Pharmacy Consultation Scheme which enabled staff to refer minor ailments to the local pharmacy.
- The provider encouraged a culture of self-help and self-management through health and promotional information on their website.

Access to the service

Feedback from people who use the service indicated that they 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> <ul style="list-style-type: none"> • The provider told us they constantly reviewed their access model and appointment availability and used an analytics platform to understand demand, capacity and activity. • We saw patients were able to make an appointment with GPs, advanced clinical practitioners (ACPs), physician associates (PAs), a mental health practitioner, practice nurses (PNs), healthcare assistants (HCAs) and phlebotomists. All clinicians worked across all the provider's sites. • The service was supported by primary care network (PCN) staff, which included physician associates, a mental health practitioner, an ageing well practitioner, physiotherapists, podiatrists, social prescribers, phlebotomists and clinical pharmacists. Approximately 877 appointments were provided by these allied health professionals each week. • The service was open from 8am to 6.30pm at all 5 locations. Clinical appointments with GPs, ACPs and PAs were available 8am to 1.30pm and 2pm to 6.30pm and with PNs and HCAs between 8am and 1pm and 1.30pm and 6.30pm. • Pre-bookable extended access appointments were available on Monday to Friday from 6.30pm to 8pm and Saturday from 10am to 2pm at the provider's Queen's Road Surgery, and on Saturday from 10am to 2pm at a neighbouring GP practice in their PCN. • We saw that patients could access face-to-face and telephone appointments by booking in person at any location, by telephone or online. The practice told us that approximately 45% of patients had signed up to access appointments online. • The provider told us that across all 5 locations, they offered 1331 GP appointments each week, of which 55% were face-to-face, and 224 ACP/PA appointments, of which 68% were face-to-face. There was an average of 314 practice nurse appointment and 343 healthcare assistant appointments offered each week across the 5 locations. • Patients accessing appointments were triaged using a care navigation template, developed collaboratively with the PCN, to ensure patients got the right care, from the most appropriate clinician or service. This allowed the provider to appropriately utilise their resources. Patients were asked their preferred location when booking an appointment, but there was no restriction on which location they attended. • The provider told us that when all appointments on the day had been allocated, patients with urgent needs were reviewed and triaged by daily duty GP and care and treatment prioritised as appropriate. • During the assessment we reviewed the clinical appointment system across all 5 locations and found: <ul style="list-style-type: none"> ➤ The next routine GP appointment was the next day. ➤ The next routine ACP appointment was 3 days. ➤ The next routine practice nurse appointment was 3 days. ➤ The next routine healthcare assistant appointment was 3 days. 	

- The provider monitored their call volume, abandonment rate and call waiting times. Between August 2023 and January 2024, the practice had noted that of the 15,208 telephone calls received there had been an abandonment rate of 31.7%. Of those answered, 47.5% were answered within 10 minutes. The average call wait time was 13.5 minutes.
- The provider monitored their 'did not attend' (DNA) rate and demonstrated for December 2023 that 6% of patients had not attended their allocated appointment. The provider told us they were managing this through text reminders and telephoning patients the day before their 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)	31.1%	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)	45.9%	52.3%	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)	47.8%	51.8%	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)	65.7%	70.3%	72.0%	No statistical variation

Any additional evidence or comments

- We reviewed the National GP Patient Survey which was conducted between 3 January and 3 April 2023. The survey did not include patients from Rosegarth Surgery and Siddall Surgery as these locations only merged with the provider in April 2023.
- Since our inspection in June 2022, there had been a decline in all 4 patient outcomes for access. We found:
 - The percentage of respondents who responded positively to how easy it was to get through to someone at their GP practice on the phone had fallen from 52.1% (March 2021) to 31.1% (March 2023).
 - The percentage of respondents who responded positively to the overall experience of making an appointment had fallen from 61% (March 2021) to 45.9% (March 2023). We noted that in the March 2022 survey 38.1% of patients had responded positively to this question and so there had been an improvement in the 2023 survey. However, this was still a lower outcome than the 2021 survey we observed at our previous inspection.

- The percentage of respondents who were very satisfied or fairly satisfied with their GP practice appointment times had fallen from 63.8% (March 2021) to 47.8% (March 2023).
- The percentage of respondents who were satisfied with the appointment (or appointments) they were offered had fallen from 74.6% (March 2021) to 65.7% (March 2023).
- The provider was aware that access had been a challenge, particularly after the April 2023 merger. Patient feedback, including complaints, showed that access, particularly getting through to the provider by telephone or the online consultation portal, and the lack of available appointments, including face-to-face, were a concern for people using the service.
- The practice had produced an action plan in response to the National GP Patient Survey and undertaken a Quality Improvement Project (QIP). We saw they had addressed their patients in an open statement on their practice website about access and availability of appointments. The action plan and statement highlighted efforts the provider was making to address patient concerns, which included:
 - The installation of a new telephony system scheduled for March 2024. The new system featured a call queuing and call back feature, and analytic software to enable real-time monitoring of various metrics to manage and respond to demand.
 - Adjustment to the appointment model by increased online capacity and ratio of face-to-face appointments.
 - Improved workforce planning, training and development of roles.
 - All 5 locations open from 8am to 6.30pm with a GP, practice nurse and healthcare assistant at each site daily.

Source	Feedback
NHS.uk website (formerly NHS Choices)	<p>The provider had received 13 reviews in the last 12 months of which 10 were 1-star, 1 was 2-star, 1 was 3-star and 1 was 5-star. The majority of negative reviews related to difficulty with access and appointments. The positive reviews related to helpful staff.</p> <p>We saw that the provider had responded to the feedback and encouraged the complainants to contact them directly to discuss their complaint further.</p>
Healthwatch Calderdale	<p>In the last 12 months there had been 8 reviews on the local Healthwatch Calderdale website in relation to the provider's locations. We saw that the practice had received 2 5-star, 1 3-star and 5 1-star reviews. Positive reviews included excellent care and friendly receptionist. Negative 1-star reviews related to access to appointments and systems and processes to facilitate access, including telephone and online.</p>
NHS Friends and Family Test (FFT)	<p>The practice used the NHS Friends and Family Test (FFT) to gather patient feedback, which included feedback regarding the use of the online consultation portal as part of their access improvement action plan.</p> <p>We reviewed an analysis of feedback which had been received for the period April 2023 and January 2024, of which there had been 5,089 responses. We found:</p> <ul style="list-style-type: none"> • In April 2023: <ul style="list-style-type: none"> ➤ 53.4% of patients had given a combined positive response of very likely/likely would recommend the practice and very good/good experience of the online consultation portal ➤ 26.2% of patients had given a combined negative response of unlikely/very unlikely and poor/very poor. ➤ 20.4% of patients answered with a neutral comment.

	<ul style="list-style-type: none"> • In January 2024: <ul style="list-style-type: none"> ➢ 64% of patients had given a combined positive response of very likely/likely would recommend the practice and very good/good experience of the online consultation portal ➢ 19% of patients had given a combined negative response of unlikely/very unlikely and poor/very poor. ➢ 17% of patients answered with a neutral comment. <p>The provider had calculated that between April 2023 and January 2023 there had been a steady improvement in patient feedback with a 10.6% improvement seen in positive comments. However, it was not possible to determine what percentage of positive feedback related to patients' perception of access.</p>
Compliments	The provider recorded and celebrated with staff positive feedback and compliments received. We saw that staff had been described as helpful, kind, approachable, amazing and excellent.
CQC Give Feedback on Care	<p>When we announced the assessment, we sent the provider a link to the CQC Feedback on Care portal, which they shared with patients directly and on their website. We received 55 responses of which 37 were positive and 18 were negative. We reviewed the comments and found:</p> <ul style="list-style-type: none"> • Of the positive responses, we saw that 18 related to staff who were described as friendly, thorough, patient and helpful, and 8 related to access and getting an appointment. Other responses included excellent and great practice. • Of the negative comments we found they related to difficulty getting through to the practice on the phone, difficulty getting an appointment and the ease of use of the online consultation portal.
Patient Participation Group (PPG)	We contacted members of the provider's Patient Participation Group (PPG) and received varied feedback with both positive and negative comments regarding access by telephone and online.

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.	111
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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

Explanation of any answers and additional evidence:

- We saw for the period January 2023 to January 2024 for the 5 service locations, which totalled a patient list size of approximately 29,000 patients, there had been 111 complaints received. The provider had noted that since the merger in April 2023, over half of the complaints related to access and were taking proactive steps to address this in their access strategy and action plan.
- There was a complaint policy and leaflet in place, which had been updated in line with current guidance.
- There were clinical and non-clinical complaints leads, which were referenced in the complaint policy.
- All staff had access to a complaints' handling desk aid/flowchart.
- We reviewed the provider's website and found clear advice on how to complain with links to the complaint policy and leaflet. There was also an email address to direct complaints.
- We saw that complaint responses included details of the Parliamentary and Health Service Ombudsman (PHSO) should the complainant be dissatisfied with the complaint outcome and wish to contact the PHSO.
- The provider told us that complaints and complaint trends were discussed in meetings and minuted.
- The provider monitored and used feedback from formal and verbal complaints, the NHS Friends and Family Test (FFT), comments posted on the NHS.uk website (formerly NHS Choices) and social media platforms.
- There was a duty of candour policy in place and the practice was able to give an example where they had demonstrated the duty of candour as a result of a data protection breach.

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.