

# Care Quality Commission

## Inspection Evidence Table

### Glovers Lane Surgery

Assessment date: 6 November 2023

Date of data download: 30/10/2023

## Overall rating: Good

We carried out a comprehensive inspection at Glovers Lane Surgery on 21 February 2019 and we rated the service as 'good' for all five key questions and overall.

This assessment of the responsive key question was undertaken on 6 November 2023 as part of our work to understand how practices are working to try to meet demand and to better understand the experiences of people who use services and of providers. The results of our findings have led us to now rate the responsive key question as 'requires improvement'. The service remains rated as 'good' overall.

We recognise the great and often innovative 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. These assessments of the responsive key question include looking at what practices are doing innovatively to improve patient access to primary care and sharing this information to drive improvement.

## Context

Information published by Public Health England shows that deprivation within the practice population group is in decile 1 (1 out of 10). The lower the decile, the more deprived the practice population is relative to others. A lower level of deprivation can indicate challenges in providing healthcare. The supply of healthcare services tends to be lower in more deprived areas due to a number of factors but has an increased demand. The population tends to have poorer health status among individuals with a greater need for health services. For example, there may be higher levels of long-term conditions such as those affecting the cardiovascular system and respiratory system. Data available to us showed that the practice has a higher than average number of patients who have a long-standing health condition compared to the national averages. For example, a higher proportion of patients have conditions such as; a diagnosed airways disease, depression, diabetes, high blood pressure and obesity compared with other practices nationally. The provider told us they were finding it a challenge to recruit clinical staff including GPs and nurses.

## Responsive

## Rating: Requires improvement

At the last inspection on 21 February 2019 we rated the responsive key question as 'good'.

Following this assessment we have now 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 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 this 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> <p>The provider's website provided advice for patients on how they could book an appointment. Patients could request an appointment through a range of options, for example through phoning the practice, visiting the practice, using the on-line appointment system or using the on-line consultation service.</p> <p>Continuity of care was offered to patients who were required or when patients requested consultations with specific clinicians. When locum GPs were used the provider used the same GPs whenever possible.</p> <p>Services were provided at ground floor level and reasonable adjustments had been made to ensure the premises were accessible to patients who required disabled access.</p> <p>The provider was aware of the requirements to meet the 'Accessible information standards'. The patient record system was used to alert staff to any particular communication needs of the patient so that staff could then communicate effectively with the patient. Information could be made available in alternative languages and formats including easy read materials.</p> <p>Translation services were available to patients who required these and longer appointments were booked for patients who required the services of an interpreter.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8.30am – 6.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> <li>• The provider supported service developments set up by the primary care network (PCN) to meet the needs of patients within the locality. Patients were referred to these services accordingly.</li> <li>• The practice maintained a register of patients whose circumstances may make them vulnerable so that they could be easily identified, and services provided to meet their needs. For example, through prioritising appointments, providing health checks and regular reviews of care and treatment.</li> <li>• 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.</li> <li>• The practice liaised regularly with community services to discuss and manage the needs of patients with complex medical issues and those approaching the end of life.</li> <li>• Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.</li> <li>• The premises were suitable for children and babies and baby changing facilities were available.</li> <li>• Telephone consultations and an on-line consultation service were provided and patients therefore did not always have to attend the practice in person.</li> <li>• The practice was proactive in offering other online services including the booking of appointments and requests for repeat prescriptions.</li> <li>• Patients were encouraged to utilise the extended hours provision provided by the primary care network (PCN).</li> <li>• Patients had a named GP who supported them in whatever setting they lived.</li> <li>• The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.</li> <li>• People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people and Travellers.</li> </ul>

- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability and patients with a learning disability were offered an annual review.
- The practice website provided information and advice to patients with living with health conditions.
- The practice identified patients who experienced poor mental health in order to be responsive to their needs, for example by the provision of regular health checks.
- Patients were provided with information about how to access a range of support groups and voluntary organisations.
- Staff were trained in care navigation and signposted patients to alternative services and community support organisations as appropriate to their needs.

## Access to the service

**People who used the service 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>The patient voice about difficulties in getting through to the practice by phone and in obtaining an appointment was strong. Patient dissatisfaction was reported to the practice in the form of complaints and in patient feedback surveys. It was also evident in the national patient survey results, in a survey carried out by the commissioners and in patient reviews on the NHS and Healthwatch websites.</p> <p>The provider had started to take action to address patient concerns and improve patient experience. Actions taken to date included;</p> <ul style="list-style-type: none"> <li>• Increasing the number of pre-bookable appointments available for routine appointments</li> <li>• Increasing the number of face-to-face appointments and reducing the number of telephone consultations. The percentage of face-to-face appointments was running between 30-40% at the time of the assessment.</li> <li>• Staffing levels and rotas were adjusted to ensure greater numbers of staff were available at peak times.</li> </ul> <p>The provider was also actively trying to recruit more clinical members of staff including 2 GPs and an advanced nurse practitioner (ANP).</p>	

The provider shared data with us about the number of appointments provided over the previous four week period. This showed that the number of appointments provided was not always consistent as a result of absence in the clinical team.

The practice used an internet based telephone system to manage access and appointments and monthly reports relating to call numbers and call waits were available as part of this system. The reports noted long call wait times and high volumes of callers. The provider was planning to recruit additional reception/administrative staff to better manage the volume of calls.

A patient survey had been carried out by the PCN in March 2023 and this included an action plan for how the provider intended to make improvements in response to patient feedback.

Patients could book appointments on the day or book a routine appointment in advance. Once all available on the day appointments had been allocated patients with urgent needs were triaged by a duty GP to ensure they were prioritised for care and treatment.

### 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)	34.9%	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)	44.3%	47.8%	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)	45.0%	47.7%	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)	75.4%	70.4%	72.0%	No statistical variation

### Any additional evidence or comments

The practice received lower than local and national average scores for patient satisfaction in the national patient survey for questions about patient experience of getting through to the practice by phone, their experience of making an appointment and satisfaction with appointment times.

The provider told us they were actively trying to recruit to the clinical team to increase the number of available appointments. This included the recruitment of two salaried GPs and an advanced nurse practitioner (ANP).

They were also in the process of recruiting to the reception/administrative team to better manage the volume of calls.

Source	Feedback
Healthwatch Sefton	The service has been the subject of both positive and negative feedback over the past 12 months. Feedback about people's experience of the staff team and the care and treatment provided has been mostly positive. Feedback about people's experience of contacting the practice and of making an appointment has been largely negative.
Care Quality Commission	Feedback from people who use the service received directly by CQC has included concerns about access to the practice by phone and in obtaining an appointment.

### 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.	12
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 of learning from complaints.

Complaint	Specific action taken
The practice had received 12 formal written complaints over the past 12 months. Of these, eight concerned difficulties in getting through to the practice by phone and/or obtaining an appointment.	Planned improvements included the recruitment of additional staffing, both clinical and non-clinical. Staffing rotas were being produced to respond with times of peak demand.
A patient was not able to access consultation records through patient on-line access.	This was investigated with the IT department, and it was established that dates had been changed for the new access for patients. This was resolved by the IT department.

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.