

Care Quality Commission

Inspection Evidence Table

Stable Fold Surgery (1-569921627)

Inspection date: 21 April 2023

Date of data download: 18 April 2023

Overall rating: Good

The overall rating for this practice is Good. At our previous inspection on 31 January 2020 the practice was rated requires improvement for providing a responsive service. This was in the main due to significantly lower than average national GP survey results in relation to 'how easy it was to get through to someone at their GP practice on the phone'. The practice was also rated as requires improvement in effective for people with long term conditions due to the lower than average outcomes for people with long term conditions.

We completed a desktop review focused on responsive and effective on 19 May 2021. The desktop review confirmed some improvements had been made in relation to people with long term conditions, which was rated as good, however improvements still needed to be made to how people are able to contact the practice by telephone.

At this inspection on 21 April 2023, we inspected to see what proactive measures the practice had made to improve access. While a new phone system had been introduced in September 2022, no review had been made of the data or feedback gathered from patients to demonstrate that access had improved. We found that the national GP survey results, in relation to 'how easy it was to get through to someone at their GP practice on the phone' were still significantly lower than average and there was an inconsistent approach to managing the complaints in line with the practice policy.

Responsive

Rating: Requires Improvement

The practice continues to be rated as requires improvement for providing a responsive service.

One area of improvement was the introduction of a new phone system, however, the GP patient survey data, which was taken before the new phone system was introduced, continued to show the practice was significantly below average in relation to accessing the practice by telephone. At the time of this inspection the practice did not have evidence that the new phone system had improved access for patients and there was an inconsistent approach to managing the complaints in line with the practice policy.

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

Practice Opening Times

Day	Time
Opening times:	
Monday	8am - 6:30pm
Tuesday	8am - 6:30pm
Wednesday	7:30am - 6:30pm
Thursday	7:30am - 6:30pm
Friday	8am - 6:30pm

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 had a dedicated telephone line for health and social care staff including care homes, should they need to contact the practice urgently.
- 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 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 minimize the length of time people waited for care, treatment or advice	Yes
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	Yes
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice introduced a new phone system in September 2022 that allowed incoming calls to be queued. The previous phone system could only have three patients calling, and once this was reached it would cut off. • The practice offered patients extended access appointments at a another local practice 6:30pm-9:30pm on weekdays and 9am – 1pm on Saturdays, and nurse only appointments 1:30pm – 5:30pm on a Saturday. • Additional nurse appointments were available until from 7:30am on Tuesday and Wednesday. • The practice offered an online booking system, this allowed patients to book appointments up to four weeks in advance, as well as on the day appointments. Initially this was only for telephone consultations, however following on from the consultation, should the patient need to be seen face to face, patients would be booked. 	

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 average	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 (01/01/2022 to 30/04/2022)	24.2%	N/A	52.7%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to	41.2%	53.3%	56.2%	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
the overall experience of making an appointment (01/01/2022 to 30/04/2022)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	42.9%	54.2%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	63.2%	67.7%	71.9%	No statistical variation

Any additional evidence or comments

- Following our last inspection, the practice changed the phone system. The previous phone system could only have three patients calling, once this was reached it would cut off. The new system was introduced in September 2022, after the above GP patient survey data above was collected.
- The new phone system enabled the practice to analyse high volume call times and call abandonment rates. The practice told us they reviewed this when we announced our inspection and noticed a high number of abandoned calls around the time reception staff took their lunch break. As a result, the practice told us they had plans to put in place a rota to have more administration staff available to answer phones during this time.
- The practice provided the phone data for December 2022 and March 2023. The data showed an average call abandonment rate of 25% in December 2022. This abandonment rate reduced to 13% on average in March 2023. The practice had not compared this to other practices to see whether they were an outlier or not.
- The practice believed complaints about access had reduced since the new phones had been introduced but did not have evidence to support this.
- 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 27.9% for the 1/1/2019 to 31/3/2019 period. This decreased further to 20% for the 1/1/2020 to 31/3/2020 period. Although this had improved to 24.2% for the 1/1/2022 to 30/4/2022 period, this was not an improvement from the 2019 results and a significant negative variation when compared to other practices nationally.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 41.8% for the 1/1/2019 to 31/3/2019 period, this further reduced to 37.4% for the 1/1/2020 to 31/3/2020 period. Although this had improved to 41.2% for the 1/1/2022 to 30/4/2022 period, this was not an improvement from the 2019 results.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times was 46.4% for the 1/1/2019 to 31/3/2019 period. It decreased to 37.4% for the 1/1/2020 to 31/3/2020 period. It increased to 42.9% for 1/1/2022 to 30/4/2022 period, however, this is still lower than the GP survey results in 2019.

Source	Feedback
NHS Choices	There were four reviews left since February 2022. Two reviews were positive with a theme of caring staff attitudes and user friendly online booking form. Two were negative with a theme of poor access through the phones and website.

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.	10
Number of complaints we examined.	3
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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We reviewed two complaints in detail with the practice manager. One complaint had not been dealt with in line with the practice policy. We looked at a number of other complaints to check whether the policy was followed as normal practice, we found it was and this appeared to be an anomaly. Staff could give examples of learning from complaints, but this was not always evidenced in meeting notes of complaint investigations. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient had asked for a private referral form to be completed by the practice. This was not actioned.	The practice did not follow their policy on how to manage complaints. They called the patient but were unable to make contact. Following our inspection, the practice followed their normal procedure.
Complaint from a patient struggling to get through on the phone, they were being cut off. The patient also needed a referral that was not sent and was unable to book an appointment to get the referral sent again.	The practice investigated and discussed in the clinical meeting. The new phone provider explained there was a safety feature that would cut callers off after a set time to stop them being on hold indefinitely. The referral had not been sent due to staff changes. The response explained that the complaint would be shared with staff so they could learn and improve.

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 practice's 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 SICBL average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a SICBL 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.