

Inspection Evidence Table

Burscough Family Practice

(1-7853405542)

Assessment Date: 29/11/2023

Date of data download: 23/11/2023

Overall rating: Good

Responsive

Rating: Good

At the last inspection in February 2020 the Responsive key question was rated good. The practice continues to be rated good for providing responsive services following this 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"> The provider had adapted the delivery of its appointments service to move away from the need for patients to call the practice at 8.00am for same day appointments. They listened to feedback which indicated a dissatisfaction from patients and staff who found this a stressful and labour intensive process. Although it necessitated education and a culture change in staff and patients; they have achieved a much more effective and adaptive process which has received positive feedback. It has enabled the practice to better meet the need of patients who required a same day appointment due to their medical need and other patients only needed to wait 2 or 3 days at the most for non-urgent 	

appointments. They could also choose an appointment to suit their needs and convenience further in advance.

- The process introduced has averted the rush of calls in the morning and the frustration that causes and enabled better direction and use of their resources. It was found that patient telephone calls, if they did need to call the practice, were staggered throughout the day which enabled better time and resource management and consequently a better working environment with reduced stress for receptionists and care navigators.
- Patients were given more flexibility, choice and continuity of care and could choose the appointment that suited them best, which could be face to face, telephone, in advance or one the day if their needs dictated it was necessary.
- The new system also enabled the practice to respond to changes in demand as they could put on additional clinics if the appointments stretched to more than a 3 day wait for patients. They could then continue to monitor that the demand did not outstrip the appointments available.
- The change in this process had led to more positive feedback, which is supported by the findings of the NHS GP patient survey.
- Reception staff were 'care navigation' trained and followed a reliable protocol which dictated patients who may need an on the day appointment. This system had been audited and tested and deemed to be an effective tool.
- The practice had a newly established patient participation group, this was a group of patients who volunteered to represent users of practice to ensure that patients and carers were involved in decisions about the range, shape and quality of services provided. They were due to have their first meeting in January 2024. The groups was to act as a source of feedback and help the practice further understand the needs and experiences of patients.
- The practice had established; and then expanded and adapted the use of virtual clinics based on patient feedback. This had proved successful in enabling better use of practice resources. Virtual clinics dealt quickly and efficiently with 30 to 40 patients who were deemed suitable for inclusion during one clinic session. They processed appropriate tasks that could be done by reviewing records and following up results without the need to have the patient present or return in person to the practice. It may have involved a telephone call, message or letter being sent to the patient, giving them advice, results, education or information. This ensured capacity and appointments were preserved for those needing them.
- They also used a virtual clinic to triage minor surgery procedures through the use of photographs. If deemed suitable, patients were booked directly on to the minor surgery lists, thus ensuring just a single visit by the patient was needed, which streamlined the process.
- The practice utilised the GP Appointments Data (GPAD) dashboard to monitor appointments offered. This showed that the practice had increased the total number of appointments offered to their patients year on year since 2020. This was measured in appointments per 1000 patients, so could reliably measure and enable comparisons with other services and over time.
- The triage of patients was overseen and audited by the lead GP to ensure it remained effective and fit for purpose. Any incidents regarding triage were reviewed to ensure that the processes were working effectively.
- Friends and family survey for the period July 2023 to September 2023 was on the whole positive with 91% of the 144 respondents stating they would recommend the practice. The practice analysed by the results to understand experience. The feedback was broken down to days of the week, with comments and observations noted, leading to an action plan to respond going forward.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 6pm
Thursday	8am - 6pm
Friday	8am - 6pm
Appointments available:	
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 6pm
Thursday	8am - 6pm
Friday	8am - 6pm

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • An allocation of appointments through extended access arrangements was available on a Monday evening and all day Tuesday and Thursday. Appointments for GP, advanced nurse practitioner, nursing and phlebotomy was available all day on Saturdays. Out of hours services were provided through and arrangement with an external provider. • The practice ensured they had an understanding of the needs of their patient population group, by accessing public data on the demographics of the area they served and the plans for housing developments in the locale. • The practice provided a welcome call from the lead GP to all new patients. This involved a medical history review, medication review and an assessment of their social circumstances. • Receptionists were trained in care navigation to ensure that patients were signposted to the services that could best meet their needs and ensure that resources were responsibly managed. • The practice had access to additional roles through arrangements with the primary care network. This provided further appointments with physiotherapists, paramedics, clinical pharmacists, social prescribing team and mental health support workers. • Administrators had received document management training, which enabled them to recognise additional needs of patients that they may learn of when reviewing documents. They ensure these needs are noted on the patient records and refer them to the GP as necessary. • The practice has dedicated 'champions' who were members of the reception and administration teams. They included champions for carers, cancer, veterans and safeguarding. These roles supported the staff to learn about areas they were interested in and to act as a point of contact and support. The names of the champions were published on the practice website. • The practice has responsibility for a 53 bedded nursing home and provides primary and general practice care for the residents. They had implemented a protocol in collaboration with the care home, which included when more immediate care was required to ensure the care home staff could access the practice quickly and easily and were responded to in a timely way.

- Patients with particular individual needs were highlighted on their patient records to alert staff to their circumstances. For example, those who were carers, lived alone, deemed vulnerable, had mobility problems, were living with dementia or learning disabilities, whose first language was not English, veterans and members of the travelling community.
- 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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless persons and travellers.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Appointments were available at times to suit working adults and school aged children, to prevent them needing to miss work or school.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability and other individual needs.
- A quiet area was available for those who needed a quiet environment or needed to discuss an issue away from any distractions or other patients.
- The practice accepted patients via electronic or paper-based applications.

Access to the service

People were 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.	Y
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.	Y
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"> • The practice had adopted a new approach to the management of patient appointments which ensured those that most needed to access same day appointments were able to do so, and those whose needs were less urgent had to wait a maximum of 2 to 3 days for a pre-booked appointment. • The way the service managed appointments meant that patients did not have long waits for their telephone calls to be answered. We saw evidence to show the practice analysed their call data to understand demand and telephone traffic with a view to ensuring adequate resources and understand why patients telephone at particular times. The average waiting time for calls to be answered in October 2023 was 37 seconds. • Patients could access appointments in a number of ways, such as electronically, via the telephone, in person and using NHS applications. The practice assisted patient who could not or did not have access to technology and ensured they were able to make appointments to suit their needs. 	

- During the period 17 October 2022 to 15 October 2023, the practice provided 65% of their appointments as face-to-face consultations and 33% as telephone consultations. These were provided based on patient choice to suit their needs and preferences.
- Virtual clinics were reviewed and revised based on patient feedback and experience to ensure those who were unhappy with the approach were not included and they were dealt with more conventionally.
- Feedback from patients from the NHS GP patient survey were very positive and much better the England and local area averages.
- Feedback from patients to the care quality commission (CQC) in response to this assessment were very positive about the practice.
- Friends and family surveys and surveys undertaken by the practice were positive with 91% of patients recommending the practice.
- The practice provided information through various sources such as online, posters and noticeboards in the practice, via social media sources, text messaging and in person about the services available and how they can be accessed.
- The practice accepted new patients via electronic or paper-based applications.
- The practice took into account patients' mobility, access and individual needs and made reasonable adjustments to enable better access to the service. They accepted persons with no fixed abode and those who travelled. For example, the practice accommodated seasonal residents who lived on canal boats in the area.
- The practice had access to interpreters, British sign language interpreters.
- The practice was wheelchair accessible, with ramps to the premises. A hearing loop was available.
- The practice had disabled toilet facilities, a breast feeding and quiet room and baby changing facilities.

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)	92.7%	N/A	49.6%	Significant variation (positive)
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)	81.8%	49.7%	54.4%	Tending towards variation (positive)
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)	73.4%	50.2%	52.8%	Tending towards variation (positive)
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)	78.8%	70.8%	72.0%	No statistical variation

Source	Feedback
NHS.uk website (formerly NHS Choices)	35 positive reviews had been captured on the NHS website. 34 out of the 35 had five out of five star reviews, with 1 four out of five star review. The comments reported excellent service, particularly the minor surgery service with kind, helpful and competent staff.
CQC Give feedback on care.	We received feedback from 17 patients, all of which were positive about the practice and the services provided. Comments included efficient service, helpful, professional and caring staff.
Friends and Family Survey	For the period July 2023 to September 2023 the practice received 144 responses to the survey. Of those 124 (86.1%) reported their experience to be very good, 10 (6.9%) reported it was good, 2 (1.4%) reported it was neither good nor poor, 4 (2.8%) reported it was poor and 4 (2.8%) reported it was very poor.

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.	4
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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
Feedback from an external health agency regarding access to patient records.	A better understanding of issues, led to a change in the advice given to patients in relation to accessing their medical records.
Feedback regarding B12 injections.	An alternative medication was provided to the patient, that better met their needs.

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.