

## Inspection Evidence Table

Croft Surgery

(1-6481332630)

**Inspection Date:**

Date of data download: 29/11/2023

**Responsive**

**Rating: Good**

**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
<p>Explanation of any answers and additional evidence:</p> <p>The practice engaged well with its local population via a Patient Participation Group and by using a range of tools such as regular newsletters and the use of a text messaging service. They understood the needs of their population well. For example, many of the staff had worked for the practice for many years and knew a large proportion of the patients well. This meant people were comfortable when approaching staff who were able to cater appropriately for their needs when allocating appointments or signposting.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm

Tuesday	8am – 6.30pm
Wednesday	7.30am – 6.30pm
Thursday	7am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8:30am - 6pm
Tuesday	8:30am - 6pm
Wednesday	8am - 6pm
Thursday	7:30am - 6pm
Friday	8:30am - 6pm

### Further information about how the practice is responding to the needs of their population

- The practice offered a range of appointments including face to face, telephone and online. Approximately 70% of appointments were face to face.
- Administrative staff were seated in an open plan office and supported by a manager. This ensured they had the knowledge and experience to signpost patients where needed. For example, the podiatry service and the minor eye conditions clinic.
- The practice referred those patients who may benefit to social prescribers for help and support.
- All parents or guardians contacting the practice with concerns about a child were offered a same day appointment.
- The practice had access to a wide range of inhouse services including physiotherapy, pharmacists, midwife, mental health nurse and social prescribers. Referrals were also made to external services such as those for mental ill health.
- The practice held a register of patients living in vulnerable circumstances including homelessness and those with a learning disability. An alert was added to the clinical system for staff to identify and respond to these patients.
- Patients who were deemed to be vulnerable who did not have access to a phone, were always seen if they called into the surgery and were never asked to return later or on another day.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- Each GP took responsibility for specific areas of need to provide continuity of care. For example, the same GP always completed annual reviews at a local home for people with a learning disability.

Another GP completed all cancer care reviews and supported patients requiring palliative care and treatment.

- Patients were always booked in for the review of blood tests with the clinician that had requested bloods to be taken.
- The practice had a patient participation group and were looking at ways to increase participation in this including face to face meetings, coffee mornings and virtual meetings.
- The practice had a carers champion to ensure the needs of those caring for others were met.
- The practice provided information in several formats including easy read and large print. They had access to interpreters and a hearing loop for deaf people.
- The practice sent out a seasonal newsletter to patients and used an online system to send texts for reminders about appointments and seasonal vaccinations.
- The practice worked with another local practice to ensure people in care homes received their flu and COVID vaccinations in a timely manner.
- The practice met with other local GP practices to share good practice and information affecting patients.
- A GP from the practice regularly attended multidisciplinary meetings with a range of professionals including those from adult social care which ensured patients received the additional support they needed in the community.

### 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:	
According to the National GP Patient Survey results outlined in the table below the practice had performed above the national average for how easy it was to get through to the practice by telephone.	

The practice had a mixed approach to assessing patients' needs through signposting offering a combination of book on the day and pre bookable appointments. Appointments could be booked by telephone or in person, and patients could also contact the practice using the online option through the website.

The practice was part of an extended hours service and provided out of hours clinics for people who worked 6.30pm to 9pm weekdays and 9am to 5pm at weekends.

The practice had a group of trained administrators who supported the booking of appointments. Each GP had 5 slots available daily to facilitate access for patients who required an urgent appointment. The advanced nurse practitioner and the pharmacists were able to provide additional urgent appointments.

Nurses, an advanced nurse practitioner and a paramedic provided additional face to face appointments. The practice was a teaching practice which also increased capacity for appointments.

We saw that the practice website had information about how patients could access services. This information was also provided in newsletters and on noticeboards for those people who did not have access to her website.

Friends and family comments were monitored monthly, and feedback is given to staff in regular meetings.

### 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)	78.9%	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)	59.2%	44.3%	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)	52.9%	46.5%	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)	62.6%	65.8%	72.0%	No statistical variation

**Any additional evidence or comments**

The practice used Arden software, a clinical decision support and workflow optimisation tool, to monitor capacity and adjust rotas as needed. For example, if someone had to take unexpected leave, the other GPs in the practice could provide cover for appointments.

The practice had a range of ways to gather patient feedback. They used surveys and had a comments box in reception. They followed up suggestions and where appropriate, actions were taken. For example, a patient suggested they have a bell in reception to attract the attention of staff, which was actioned.

Action plans were formed from the National GP Patient Survey results and used for continuing improvement within the practice.

The practice was aware that there had been a decline in the patient feedback survey results for satisfaction with appointments. The practice explained that the patient list size had grown significantly since 2021, and the relative number of face-to-face contacts with doctors had reduced due to increased remote telephone working to expand the practice capacity to offer appointments. The practice also informed us that whilst they had more Primary Care Network Additional Roles staff working at the practice now, such as First Contact Physiotherapists and Paramedics, who offered appointments when GP r appointments were full, patients still generally preferred to have an appointment with a GP .

In order to address this issue, in addition to improving their telephone service and moving to cloud telephony, the practice has been proactively engaging with various bodies with regards to expanding the practice premises for the future, which should allow the practice to offer more face-to-face appointments and improve patient satisfaction.

The practice had also provided additional training for the reception team to help educate patients about the role of the Primary Care Network Additional Roles staff in facilitating patients' clinical care in General Practice.

The practice provided additional training and clinical supervision via the clinicians for the Primary Care Network Additional Roles staff working within the practice. The practice explained they believed over time patients were gradually becoming used to the newer roles in the GP surgery that are complementing the traditional doctors' appointments. The practice had included more information about these roles within the development of the new practice website and staff reported they had received positive feedback about this via the practice virtual Patient Participation Group.

Staff explained ongoing Patient Participation Group meetings will discuss and monitor patient satisfaction with appointments and the results of the National GP Patient Survey to assess the changes made by the practice so far to improve patient experience.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There was no feedback available via this website

### 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.	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 of learning from complaints.

Complaint	Specific action taken
Complaint about waiting for a long time in the surgery to see clinician.	Practice have reminded all clinicians to let reception know if delays are likely so patients can be informed prior to their appointment time.

### 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.