

## Inspection Evidence Table

The Practice Northumberland Avenue (1-614990764)

Inspection Date: 16 January 2024

Date of data download: 14/12/2023

## Overall rating: Good

We undertook an announced targeted assessment of the responsive key question. This assessment was carried without a site visit. As the other domains were not assessed, the rating of good will be carried forward from the previous inspection and the overall rating will remain good.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the first lowest decile (1 of 10). The lower the decile, the more deprived the practice population is relative to others.

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>We found that the practice had carried out an analysis of its patient population and had developed services accordingly.</li><li>The practice had daily appointment slots kept for children and vulnerable patients.</li></ul>	

- There was a hearing loop available in reception.
- The practice had access to translation services and booked longer slots for patients who required this service.

### Practice Opening Times

Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 8pm
Wednesday	8am – 6.30pm
Thursday	8am – 8pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 6.30pm
Tuesday	8am – 8pm
Wednesday	8am – 6.30pm
Thursday	8am – 8pm
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.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available until 8pm on a Tuesday and Thursday for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Additional appointments were available at the practice on Saturday and Sunday from 10am until 1pm. Patients at the practice could also walk-in on the weekends if they did not have an appointment but wanted to be seen by a clinical member of staff.
- Other out-of-hours appointments were available at Queensway Surgery, these were pre-bookable appointments available from 6.30pm to 8pm Monday to Friday, and from 9am to 5pm on Saturdays.
- 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.
- The practice was making efforts to improve cervical screening rates by offering this service to its service users on weekends.

## 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice offered a range of appointments which included telephone, video, face to face and home visits where required.</li> <li>• The practice updated their telephone system in March 2022. Service users could wait in a queue or request a call back.</li> <li>• A wall board was installed which showed staff the number of incoming calls in real time.</li> <li>• The practice used call handling data to regularly review their operations. For example, on days when the lines were busier, more staff would be on the reception rota.</li> <li>• All reception staff had care navigation training. As a result, they were able to signpost patients to the most appropriate services. They were always supported by the duty Doctor if they had a query regarding appointments or triage.</li> <li>• Administrative staff who supported the reception team had non-clinical triage training.</li> <li>• We saw the practice regularly reviewed results from the Family and Friends Survey to gather feedback from their service users.</li> <li>• The practice had increased the provision of total appointments since last year. The practice provided evidence that showed in 2022 they provided approximately 40,100 clinical appointments in the year. In 2023, they provided approximately 44,100 clinical appointments in the year. This included increasing the number of appointments offered with the GPs, Nurses and other staff such as Healthcare Assistants.</li> </ul>	

## 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	England	England
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		average		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)	59.4%	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)	49.0%	49.3%	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)	54.8%	50.1%	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)	78.1%	69.3%	72.0%	No statistical variation

#### Any additional evidence or comments

- In April 2022 the practice underwent an organisational and operational restructure. A regional manager, deputy regional manager and regional medical director were appointed. The practices performance was reviewed resulting in a recruitment drive and several other changes such as the telephony system.
- The percentage of people who responded positively to how easy it was to get through to someone at their GP practice on the phone was 59.4%. This had improved from the survey results in 2022 where it was 50.9%. The practices performance was higher than the national average of 49.6%.
- The percentage of people who responded positively to the overall experience of making an appointment was 54.8%. This had improved from the survey results in 2022 where it was 51.8%. The practices performance was higher than the local average of 50.1% and national average of 52.8%.
- The percentage of people who were satisfied with the appointment (or appointments) they were offered was 78.1%. This had improved since the survey results in 2022 where it was 54%. The practices performance was higher than the local average of 69.3% and national average of 72%.
- The percentage of people who responded positively to the overall experience of making an appointment was 49%. This was similar to the results from 2022. The practices performance was below the national average of 54.4%.
- The practice showed us a detailed review and analysis of their national patient survey results from the 120 surveys that were completed. They identified the views and needs of their practice population. A detailed action plan was developed, and we saw that all items were completed.
- The practice replicated the national patient survey in 2023 and used this to conduct their own internal survey in December 2023, gathering a response from 226 patients. They found that their results showed an improvement in their performance from their GP patient survey results in all but 1 area where they performed above the local average but below the national average. An action plan was developed accordingly to ensure patients were being offered a range of appointments.
- The practice informed us they improved patient satisfaction by implementing several changes such as:
  - The practice reviewed their workforce and recruited additional staff to meet the needs of their patients for example a prescribing practice nurse was recently recruited.
  - In addition, they also increased the number of staff working at the practice that were from the Primary Care Network (PCN) such as clinical staff offering diabetes reviews and foot checks as well

as Pharmacists supporting medication reviews.

- This increased the total number of appointments that were available.
- The practice also recruited additional administrative staff. The number of staff in the reception area increased from 2 to 5 and additional computers were installed. This allowed more staff to handle calls during busy periods whilst other staff were able to attend to patients arriving at the practice.
- The telephone was updated to a cloud-based system which provided real time call information, queuing systems and call back features.
- A wall board was installed in the reception area which provided call handling information in real time, this was monitored regularly so when demand was busy more staff were allocated to provide support in managing the incoming calls.
- The practice regularly reviewed the daily and weekly inbound calls.
- Dr IQ app was implemented in June 2023, this was a platform for patients to book appointments as well as for other queries such as repeat prescriptions. Requests on the app were triaged throughout the day by either the Duty Doctor, GP Clinical Lead or Advanced Nurse Practitioner (ANP). This was to ensure the most clinically appropriate appointment was allocated to the patient. The practice saw an increase in the demand and uptake of this service with approximately 2500 patients having registered to the app.
- Patients could now self-book for specific appointments on the website for example with the nursing team or for blood tests.
- The practice also had support from a central team of remote Pharmacists to handle the incoming queries if and when required.
- Due to the increased demand for appointments and the expansion of the workforce, the practice expanded their services to the ground floor which provided them with additional clinical rooms to review patients.

Source	Feedback
NHS.uk website (formerly NHS Choices)	The practice had 1 negative and 1 positive comment in the last 12 months.

### 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.	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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
SU complained of taking child to Accident and Emergency as advised by the practice.	Practice followed a procedure to review the patients concerns and their outcome. The practice concluded that their policy was to see children at a face-to-face appointment and not direct them to A&E. Learning was shared and staff were reminded of this. As a result of this complaint, the practice set aside additional children appointments per day.

### 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.