

Inspection Evidence Table

Wentworth Medical Practice

(1-540506784)

Inspection Date: 18 January 2024

Date of data download: 16/01/2024

Responsive

Rating: Requires Improvement

At the last inspection in November 2022 the Responsive key question was rated requires improvement.

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 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 was involved in an asylum seeker hotel and had created flags on the patient record to allow priority access along with their other vulnerable group of patients. • Daily calls to care homes in its patch were completed by the practice to ensure all patient requests were met promptly. • There were 1030 patients held on a vulnerable register that were discussed every fortnight as part of a multi-disciplinary team approach. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8 am – 6.30 pm
Tuesday	8 am – 6.30 pm
Wednesday	8 am – 6.30 pm
Thursday	8 am – 6.30 pm
Friday	8 am – 6.30 pm
Appointments available:	
Monday	8 am – 6.30 pm
Tuesday	8 am – 6.30 pm
Wednesday	8 am – 6.30 pm
Thursday	8 am – 6.30 pm
Friday	8 am – 6.30 pm
Extended Access:	
<ul style="list-style-type: none"> Monday to Friday between 6.30 pm to 9 pm and Saturdays 9 am to 5 pm patients could use extended access through local practices. The provider offered 3 of these sessions weekly. Outside of these hours, patients were advised to contact NHS 111. Practice staff were heavily involved in the extended access service. Outside core hours, patients could access cervical smears, immunisations and vaccines, health checks, 24-hour blood pressure monitoring, and spirometry. The provider also created “one-stop shops” for their long-term health condition patients. This meant the patient would be offered 1 appointment for all pre-healthcare checks either in or out of practice hours. All tests such as blood, height and weight were completed before a medicines review with a GP or pharmacist. 	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> 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. There was a medicines delivery service for housebound patients. The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues. All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. 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 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).	Y
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).	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"> The provider amended staffing based on peak times where possible. Patient feedback from in-house surveys showed this was still not enough to meet patient needs. In response, the provider employed a remote reception consultation company to commence on 30 January 2024 to allow more telephone staff to answer the telephones during busier times. The practice told us they would review after 1 month of implementation by gathering further patient feedback to establish if further adjustments were required. The practice reviewed feedback from patients and stakeholders and as a result the provider had implemented face-to-face appointments by default. All patients would be asked for their preference of the type of appointment and would ensure clinicians were aware. An artificial intelligence (AI) system had been installed 12 months ago to amend the triage of patients. This was based on clinical needs and allowed the practice to complete analysis of appointments to ensure the staffing level was aligned for each patient need. The provider had created an unmet need register that allowed patients to be booked into extended access appointments for when the daily appointment slots had been filled. Patients had the option to pre-book appointments 24 to 48 hours in advance as the new appointment system allowed this functionality. 	

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)	27.3%	N/A	49.6%	Variation (negative)

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)	40.0%	53.4%	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)	46.1%	53.8%	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)	63.4%	68.4%	72.0%	No statistical variation

Any additional evidence or comments

The national GP survey results showed overall, the practice was below all national and local averages for indicators relating to access. Since 2016, we saw:

- A 21.4% decline in patient satisfaction with accessing the practice via the telephone. This was overall below the national average by 22%.
- Patient satisfaction relating to making an appointment decreased by 14%.
- 6% decline in patient satisfaction with appointment times and overall was below the national average by 1%.
- Appointment time satisfaction had declined by 17%. This was currently 9% below the national average.
- The provider had completed a patient survey following the implementation of the new triage system and showed us unverified data of a 75% increase in patient satisfaction. This is related to the telephone and appointments offered.
- The provider told us they had adopted an innovative approach to new technology systems and flexed their workforce about patient feedback given.

Source	Feedback
NHS.uk website (formerly NHS Choices)	We reviewed 63 patient responses. Of these, 68% of patients reported positive comments about access to care and treatment and praised the service and staff. The 20 negative patient reviews were in relation to care and service delivery over access.

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.	9
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
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
Communication lacking with a patient referral to secondary care.	The practice advised the patient that referrals may require test results that are sometimes required before referral can be made and apologised for the miscommunication. A learning event was completed by the practice and discussed within the practice meeting.

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.