

Inspection Evidence Table

Stalham Staithe Surgery

(1-558458486)

Inspection Date: 12 January 2024

Date of data download: 11/01/2024

Responsive

Rating: Good

At the last inspection in 2019 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 practice offered patients a choice of appointments 4 to 6 weeks in advance. All appointments were placed face-to-face unless a patient indicated they wished to have a telephone appointment.• On-the-day appointments were managed with triage from a duty doctor or nurse practitioner.• The provider completed a weekly review to determine the number of emergency appointments required in a week to ensure staffing levels were delivered in response to the demand for appointments.• The provider was upskilling staff members to be trained in British sign language (BSL) to support patients who lived with communication difficulties, for example, deaf patients.• The provider had implemented an access dashboard 1 year ago and access was a standing agenda at weekly practice meetings.• The practice was aware that they had a large prevalence of long-term conditions and patients who are house bound and would pre-book appointments to ensure access to appointments was given with ease.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30 am – 6.30 pm
Tuesday	8.30 am – 6.30 pm
Wednesday	8.30 am – 6.30 pm
Thursday	8.30 am – 6.30 pm
Friday	8.30 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"> • The provider had an on-call GP available between 8 am to 8.30 am and 5.30 pm to 6.30 pm. • The provider was a member of the North Norfolk primary care network. Monday and Friday evening appointments were available between 6 pm – 8 pm and every third Saturday from 9 am – 5 pm. • The East of England Ambulance Service would oversee out-of-hours clinical care for patients, and this included a telephone messaging service for non-urgent calls. This service always operated when the practice was closed. 	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • The practice monitored demand and capacity for appointments weekly. They had implemented an in-house dashboard to adjust staffing levels as required. • 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. Home visits could be booked by contacting before 10 am daily. The provider accommodated emergency home visits if requested after the cut off time. • There was a medicines delivery service for patients who are housebound. • 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.
- A dedicated nurse would oversee learning disability checks and afternoon and evening appointments were offered to encourage uptake. The provider told us they had completed 17 out of 50 checks and the remainder patients were booked in for appointments. The provider told us that they had focussed on the quality of the reviews over the numbers completed.

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"> • A range of clinicians were available for appointments. These included GPs. Nurse practitioners, nurses, paramedics, mental health practitioners, and healthcare assistants. • Questionnaires were sent out to patients to gain feedback on services delivered for access and results were collated and discussed and staffing levels were amended to improve. • A new phone system was booked to be implemented in March 2024 as the provider was aware some patients had long phone waits. To address this issue in the shorter term, the practice monitored when phone lines were busiest and had a dedicated team of staff to answer the phones to reduce waiting times. • The practice took part in the gold standard framework. As part of the monthly meetings, the provider implemented discussions on complex health needs and vulnerable patients. This ensured open communication through a multi-disciplinary team. • To further improve access, the provider met daily with the non-medical prescribers and would undertake a 30-minute clinical supervision daily on the previous appointments. As well as checking prescribing competence, the provider would review clinical consultations to ensure the most appropriate actions were taken to reduce the need for multiple appointments. Additionally, a paramedic was being encouraged to complete a prescribing qualification to increase access to appointments even further. • Non-clinical staff such as receptionists and administrators were trained in recognising patient health changes and communicated these well to the clinicians. • The provider was a member of the Inclusion Health Care and Safe Surgery schemes and trained all staff in recognising these vulnerable patient groups. • The provider had also reviewed patients accessing medicines from their dispensary and had implemented an electronic prescription machine. Patients were given a code. They would input into the 	

machine and could collect their medicine at any point in 24 hours. Patient feedback to this service had been positive.

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)	76.1%	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)	78.6%	59.1%	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)	61.3%	56.1%	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)	85.9%	76.1%	72.0%	Tending towards variation (positive)

Any additional evidence or comments

The national GP patient survey results showed:

- There was a 26.5% positive response over the national average for ease of access over the telephone. Compared with the previous year's data, this had dropped by 20%, however still above the expected averages. The provider was aware of this and a new telephone system was being installed in March 2024.
- The practice remained static in the experience of making an appointment compared to the previous year and results showed a 24.2% increase in patient satisfaction.
- Patient satisfaction with appointment times had increased by 8.2% since the previous year and in line with national averages.
- The type of appointment was above the national average by 13.9%. This was in line with the practice data trend that remained stable since 2016.

Source	Feedback
NHS.uk website (formerly NHS Choices)	3 reviews with a 5-star rating were left for the practice about quick appointment times and care given. The reviews complimented the practice staff.

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.	7
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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
Medicine change following hospital consultant advice. A staff member forgot to order the medicine.	The patient received an apology from the provider and the staff member was supported in a learning event. The practice shared this learning for staff development.

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.