

## Inspection Evidence Table

The Valkyrie Surgery

(1-1131194309)

### Inspection Date:

Date of data download: 14/12/2023

## Overall rating: Good

We carried out an announced comprehensive inspection at The Valkyrie Surgery on 13 February 2019. We rated the service as 'good' for all five key questions and good overall.

This assessment of the responsive key question was undertaken on 11 January 2024. Responsive assessments are remote focused reviews to help us understand what practices are doing to try to meet patient demand and the current experience of people who use these services and of providers.

## Responsive

## Rating: Requires Improvement

At the last inspection in February 2019 the Responsive key question was rated good. At this inspection, 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 |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice offered telephone and face to face appointments as well as home visits where required. Patients could choose their preferred type of appointment.</li> <li>The practice had access to translation services and booked longer slots for patients who required this service.</li> <li>There was disability access to the premises and a disability toilet. There were car parking bays onsite available for disabled badge holders.</li> </ul> |   |

| Practice Opening Times  |              |
|-------------------------|--------------|
| Day                     | Time         |
| Opening times:          |              |
| Monday                  | 8am – 6.30pm |
| Tuesday                 | 8am – 6.30pm |
| Wednesday               | 8am – 6.30pm |
| Thursday                | 8am – 6.30pm |
| Friday                  | 8am – 6.30pm |
| Appointments available: |              |
| Monday                  | 8am – 6.30pm |
| Tuesday                 | 8am – 6.30pm |
| Wednesday               | 8am – 6.30pm |
| Thursday                | 8am – 6.30pm |
| Friday                  | 8am – 6.30pm |

| Further information about how the practice is responding to the needs of their population  |
|--|
| <ul style="list-style-type: none"> <li>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.</li> <li>The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.</li> <li>All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.</li> <li>The practice was open until 6.30pm from Monday to Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available on Saturday from 8am to 6.30pm.</li> <li>The practice resumed working with the Primary Care Network to provide extended access appointments in January 2024. Appointments were available Monday to Friday from 6.30pm to 8.45pm.</li> <li>The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.</li> </ul> |

- 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"> <li>• Data from the National GP Patient Survey reflected that some patients were not able to get timely access to appointments or access by phone to make them in a way which met their needs.</li> <li>• The practice offered approximately 630 GP appointments each week.</li> <li>• The practice offered approximately 64 Advanced Nurse Practitioner appointments each week.</li> <li>• The practice offered approximately 560 nurse appointments each week.</li> <li>• Other appointments were available at the practice operated by the Primary Care Network (PCN) for example with the clinical pharmacist, nurse associate, paramedics, home visiting team, social prescriber, first contact physiotherapist, mental health nurse and Health trainer.</li> <li>• Appointment availability was regularly monitored and adjusted to ensure there was sufficient cover every day. Clinicians would take on additional clinics if there was a demand for more appointments.</li> <li>• Patients requested appointments by attending the practice, on the telephone or online via the practice's website. When patients contacted the practice, the reception team would triage the call and prioritise and allocate appointments to the appropriate or preferred clinician.</li> <li>• Patients were able to book appointments in advance and an option of both face to face and telephone appointments were given.</li> <li>• Appointments could be booked in person, on the telephone, online and via email for urgent requests.</li> <li>• All staff were encouraged to ensure all PCN appointments were booked including those in the evening or weekends if necessary for those who could not attend during the normal opening hours of the surgery. Longer appointments were offered to those with complex needs or multiple issues.</li> <li>• Reception staff underwent care navigation training and worked closely with the reception manager and deputy reception manager to ensure triage was effective and appropriate.</li> <li>• The practice list size was approximately 17000 patients and had a GP ratio of 1761. The England average is 1775 per FTE for all GP's.</li> <li>• The telephone system was a cloud-based system that allowed patients to queue. It also allowed additional users to be added to answer calls, this was how busy periods were managed.</li> </ul> |             |

- There was an e-consultation service. This allowed service users to complete a questionnaire on the practice website, the questionnaire also prompted the urgency of an appointment and was picked up and allocated daily.
- An e-consultation triage manual was used by reception staff to triage patients appropriately. Staff informed us that feedback on triage was provided during meetings. Queries on the day were dealt with by the duty Doctor.

### 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) | 24.8%    | 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)                             | 45.1%    | 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)                    | 47.3%    | 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)                             | 72.0%    | 69.3%         | 72.0%   | No statistical variation |

### Any additional evidence or comments

- The practice had examined the results of the National GP Patient Survey and was aware of the performance across the indicators compared to the local and national averages.
- We saw that the practice had an action plan to improve patient satisfaction, but this was not yet reflected in patient survey data. A review of the data shows:
  - 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) was 24.8%, this was lower than the national average of 49.6%. This had slightly improved since the patient survey in 2022 where it was 20.3%.
  - 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) was 45.1%. This had increased since the patient survey in 2022 where it was 29.8%. The practice performance for this indicator was below the local average of 49.3%, it was also below the national average of 54.4%.
  - 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) was 47.3%. This had increased

since the patient survey in 2022 where it was 37.4%.The practice performance for this indicator was below the local average of 50.1% and the national average of 52.8%.

- 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) was 72%. This had decreased since the patient survey in 2022 where it was 74.6%. The practice performance for this indicator was above the local average of 69.3% and on par with the national average of 72%.
- The practice had reviewed results from the GP patient survey and had taken action in response to the feedback. For example:
  - The practice conducted a telephone audit. Although they utilised a web-based telephone system, they identified it to be complicated and ineffective. As a result, the practice worked with the telephone provider and made significant changes to simplify the call process for the patient. For example, changes were made to the automatic answering machine and new recordings were added.
  - The practice engaged with their patient population to gather the views of the telephone queuing system. As a result, they increased the number of calls that could wait in a queue from 10 to 50. The practice informed us they had signed up to initiate a patient call back feature which was going to be installed in March 2024.
  - The practice reviewed their appointment system. They changed from providing a high percentage of appointments on the same day to offering same day appointments as well as appointments that were 1, 2, 3, 4, 7 and 10 days in advance.
  - The practice had improved the range of services and skill mix of staff offered to patients. For example, in 2023 the practice had recruited additional staff, this included 2 salaried GPs, a practice nurse, a paramedic and a health care assistant. 3 Reception staff were also recruited as well as a secretary.
  - Appointment slots were increased from 10 to 12 minutes per appointment to support both the patient and the GP in addressing the patients concerns.
  - Patients were able to book appointments directly online for example for blood tests.
  - Appointments were ring-fenced for service users who attended the practice in person to book their appointment, this ensured patients received flexibility and choice.
  - The availability of appointments was staggered, this meant the practice released appointments throughout the day on a daily basis. The practice found this system had improved access across the coming weeks and months.
  - The practice regularly reviewed their appointment allocation and would discuss feedback with the clinical team about the appropriateness of the appointments being booked. This would be fed back to the reception manager and discussed at team meetings.
  - The practice conducted the Family and Friends Survey to better understand the view of their practice population. We saw there were more positive comments than negative comments since January 2023. We noted that responses were audited by the practice, action was taken following negative comments or concerns and learning was identified.

| Source                                | Feedback  |
|---------------------------------------|---|
| NHS.uk website (formerly NHS Choices) | The practice had 32 positive comments and 1 negative 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.                                    | 9 |
| 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  |
|--|--|
| Complaint from service user relating to their consultation with a clinical staff member. | A response was given to the patient. The clinician involved was informed for reflection. |

### 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.