

Inspection Evidence Table

The Penrhyn Surgery

(1-7294856075)

Inspection Date: 15/11/2023

Date of data download: 21/11/2023

Responsive

Rating: Requires Improvement

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 ₁
The facilities and premises were appropriate for the services being delivered.	Y ₂
The practice made reasonable adjustments when patients found it hard to access services.	Y ₃
There were arrangements in place for people who need translation services.	Y ₄
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. The practice offers patients their preferred appointment times and clinician where possible. The practice monitor outcomes by completing monthly snapshot audits of booked appointments. The most recent audit from September 2023 showed 90% of scheduled appointments were offered at a time specified by the patient. 2. The surgery has a contract with an outside cleaning agency who clean the premises daily. The premises are deep cleaned as need and at a minimum every 2 months. 3. The surgery has easy access for prams, scooters and wheelchairs. There are consultations rooms and a disabled patient toilet on the ground floor. There are disabled parking spaces in front of the surgery. The practice is currently working with the local council to obtain additional parking spaces in front of the surgery. 	

4. At the time of registration patients who require translation services are identified and alerts are added to their clinical record. Longer appointments are offered to patients who require translation services. The practice uses support services including telephone interpreting service, language line app is installed on all practice computers, British sign language service and the practice website is fully accessible for patients who may have trouble with vision, hearing or comprehension. The practice website is accessible in over 100 languages.

Practice Opening Times

Day	Time
Opening times:	
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am – 6.30pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6.30pm
Appointments available:	
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am – 6.30pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6.30pm

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

- 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.
- NHS health checks were identified as a priority area for action. In response the practice a member of staff dedicated to this programme. As a result, the number of NHS health checks increased from 88 in 2021/22 to 288 in 2022/23.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- 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.
- 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.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y ₁
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:	
1. From the pandemic to the end of 2022, 100% of appointments offered were online consultations. As a result of joining the EQUIP access project, 80% of appointments from the end of 2022 to date were face to face consultations.	

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)	22.2%	N/A	49.6%	Significant 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)	31.2%	49.0%	54.4%	Tending towards variation (negative)

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)	27.0%	50.9%	52.8%	Variation (negative)
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)	60.0%	65.0%	72.0%	No statistical variation

Any additional evidence or comments

The practice were aware of the negative patient access results from the GP National Patient Survey July 2022. Survey results for 2023 showed a further decline in patient experience in accessing the service.

We recognise the practice have been actively working to improve patient access, these changes have not yet resulted in verified data showing patient experience around access has improved.

1. The practice currently use an analogue phone system, this means patients may encounter long waits when contacting the practice by telephone. The practice provided evidence they are switching to a cloud-based telephony service, the new service will allow for shorter wait times and in-depth analysis of incoming calls, response times, call back times and more. The new system is expected to be implemented in early 2024. To help patients in accessing the service, the practice implemented several changes to allow patients access without having to phone the practice. For example:
 - A dedicated email address for administrative queries and prescription requests
 - Klink online portal (available via the practice website) for non-urgent appointments and administrative requests.
 - Move to a total triage system. The practice now operates under a total triage system. Reception staff take patient information and symptoms, this information is shared with the specially trained triage team. The triage team are responsible for booking patients with a GP, nurse or the referrals team. Patients will also be signposted to the social prescriber where appropriate. The Duty Doctor has oversight of the triage team on a daily basis and undertakes a clinical triage of the incoming requests.
2. The practice regularly engaged with patients via patient surveys and the patient participation group (PPG) to gauge feedback about patient experience. The most recent patient survey took place November 2023. At the time of the assessment the practice had received 50 responses to the survey which was focussed on access to the service. The results showed an improvement in patient satisfaction when compared with the national GP patient survey results from July 2022.
 - How would you rate your experience contacting the surgery by using Klinik Online Portal: **68% responded good to very good.**

- How would you rate your experience of contacting the practice by telephone? **74% responded good to very good.**
 - How would you rate the service you have received from the reception team in dealing with your request? **90% responded good to very good.**
 - How would you rate your experience of contacting the surgery by walking into reception? **95% responded good to very good.**
 - When you requested your last appointment at the surgery were you offered a choice of appointment? **76% responded they were offered a choice.**
 - **80% responded they were offered choice of date/time appointment**
 - When you requested your last appointment at the surgery were you offered a choice of clinician? **67% responded they were offered their clinician of choice.**
 - How would you rate your overall experience at Penrhyn Surgery? **92% responded good to very good.**
3. Appointment audits: the practice regularly completes snapshot audits of appointments. The most recent audit was completed in September 2023:
- 87.5% of patients who requested a face to face appointment were offered one.
 - 75% of patients who requested a telephone appointment were offered one.
 - 90% of patients were offered appointments at a time specified by them.
4. Friends and Family Test results
- **September 2023** – 40% of responses indicated their experience with the practice was 'very good', 40% of responses indicated their experience of the practice was 'good' and 20% indicated their experience was neither good or poor.
 - **October 2023** - 33% of responses indicated their experience with the practice was 'very good' and 67% of responses indicated their experience of the practice was 'good'.
 - **November 2023** - 78% of responses indicated their experience with the practice was 'very good', 11% of responses indicated their experience of the practice was 'good' and 11% indicated their experience was neither good or poor.
5. Access and Capacity Project with PCN/ICB
- The practice has been working with the PCN over the past 6 months on the access and capacity project. The project aims to enhance the patient experience of using the practice website, improve the mapping of appointments to national codes and implement a PCN-wide increase in online consultations. In addition, the practices in the PCN share good practice for improving access.
 - As a result of this joint working the practice updated their website to make it easier for patients to understand all available mechanisms for contacting the practice and booking appointments. For example, on the home page of the website access to the online booking system 'Klinik' is clearly visible with a banner across the top of the home page. Information about booking appointments

and prescription requests are clearly indicated under 'How do I?' and 'How can we help you' sections on the home page. Following learning from the capacity and access project the practice are reviewing the website to ensure navigating the website for access is effective. The website update is expected to be completed January 2024.

6. Surgery extension and increase in clinical staff:

- In response to a growing patient population the surgery is currently undergoing an extension. The surgery currently has 5 clinical consultation rooms, this will increase to 10 clinical consultation rooms when the extension is completed.
- The practice recently recruited a salaried GP and a practice nurse.
- The practice was recently accredited as a GP training practice and currently has one GP trainee

Source	Feedback
NHS.uk website (formerly NHS Choices)	<p>We reviewed patient feedback from the last quarter. For the months of September, October and November 2023 there were 15 patient reviews on NHS.uk website:</p> <ul style="list-style-type: none"> • 14 x 5 star reviews • 1 x 1 star review. This review was about a negative experience contacting the practice by telephone. The practice are aware the current phone system needs improvement and they provided evidence during the assessment to show a new cloud based system will be active in early 2024.

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.	42
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 of learning from complaints.

Complaint	Specific action taken
Complaint about the length of time it took the practice to respond to a fit note request.	<p>The practice investigated and responded to the complaint in less than 3 weeks. The response was apologetic and confirmed the fit note process had been changed as a direct result of learning from this complaint. The new process ensured all fit notes were reviewed weekly with the clinical team. The practice website had two methods for patients to request fit notes, via Klinik or through a secure online form.</p> <p>The practice response included information independent advice, advocacy support and information on how to escalate the complaint to the Parliamentary and Health Service Ombudsman if the patient was not happy with the resolution.</p>

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.