

Care Quality Commission



Inspection Evidence Table

Brampton Medical Practice

(1-541104215)

Inspection Date: 10 November 2023

Date of data download: 06/11/2023

Overall rating: Good

Responsive

Rating: Good

At the last inspection in February 2019 the Responsive key question was rated good. The practice continues to be rated good for providing responsive services following this assessment.

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>The practice had analysed the needs of its local population. Though they were situated in Brampton, a large market town with good public transport links, a lot of their vulnerable elderly patients lived in isolated rural areas. The practice had worked closely with their frailty team to develop a list of patients who required home visits and recorded this on their clinical records system to ensure these patients were triaged correctly.</p> <p>The area the practice covered contained several primary schools and a large secondary school. The practice worked with a childrens social prescribing team in partnership with the charity Barnados. As well as being able to self refer children and their families were also able to speak with their GP and be referred via the practice. We saw evidence that showed 52% of referrals to the service from the Brampton and Longtown primary care network (PCN) came from GPs. This meant that 48% of referrals were direct to the childrens social prescribing</p>	

team. Previously the most of these referrals would have come via the GP. This meant that children were able to access services such as anxiety support and LGBT+ support quickly and the practice was able to release more appointments to the general population.

The practice had noted that electronic consultations required further development. Though they were not popular with some older patients and those who had difficulty accessing the internet in rural areas the practice recognised that other patient groups found them useful. The practice intended to ensure the option for an electronic consultation was more visible on their website.

The practice had opened additional clinical rooms to in a separate building in the town. The Patient Participation Group (PPG) told us this had helped to facilitate more face to face appointments for patients.

Practice Opening Times	
Day	Time
Opening times:	
Monday	08.00 am – 18.30 pm
Tuesday	08.00 am – 18.30 pm
Wednesday	08.00 am – 18.30 pm
Thursday	08.00 am – 18.30 pm
Friday	08.00 am – 18.30 pm
Appointments available:	
Monday	08.00 am – 18.30 pm
Tuesday	08.00 am – 18.30 pm
Wednesday	08.00 am – 18.30 pm
Thursday	08.00 am – 18.30 pm
Friday	08.00 am – 18.30 pm

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. • 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. • Additional nurse appointments were available 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. • Pre-bookable appointments were available to all patients at additional locations within the are, including two

branches of the practice.

- 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 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>According to the National GP survey results outlined in the table below the practice had performed above national 'access' averages.</p> <p>The practice offered a variety of clinical appointments either via their own workforce or jointly within their Primary Care Network. This included: GP's; nurses; healthcare assistants; pharmacist or pharmacy technician; social prescribers; mental health professionals; physiotherapists and advanced nurse practitioners.</p> <p>Patients could access appointments via telephone, electronic consultation, the 'mygp' app or by walking into the practice. In addition, the practice often facilitated emergency walk in appointments. Due to the location of the nearest accident and emergency department patients from outlying rural areas would often call in directly to the practice.</p> <p>The practice was a registered training practice meaning they were contributing to the wider system by ensuring student doctors and nurses had the opportunity to access training opportunities. At the time of our assessment they were continuing to attempt to recruit to their vacancies. They were also involved in the operationalisation of a new graduate entry medical school in North Cumbria. The practice was also taking advantage of the nursing apprenticeship scheme and were training one of their own health care assistants. They were a tier 2 visa practice meaning they could support GPs from other countries to work in the practice. This meant the practice had increased options to cover clinical appointments.</p> <p>The practice acknowledged that feedback via the National GP survey had deteriorated slightly, for example less people were satisfied with their experience of getting through on the phone. At the time of our assessment the practice had a cloud based telephone system. However, they had decided to upgrade the system to improve their patient's experience.</p> <p>The practice presented data to show they were successfully increasing access to appointments in line with pre-pandemic levels. For example, they had just under 50,000 contacts to the practice in 2019, this had risen to</p>	

62,000 in 2021. The month prior to our assessment the practice had offered face to face, telephone and electronic consultation appointments to over 10,000 patients.

There were 11 upheld complaints to the practice relating to access from January to October 2023. The practice used the information from these complaints to inform actions to improve access. For example, all appointments were triaged by staff who had completed, or were in the process of completing, care navigation training.

We asked for a statement from the Patient Participation Group (PPG). They told us they were consulted with and were aware of the challenges facing the practice and were pleased with their progress around access.

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)	60.2%	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)	64.6%	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)	57.4%	50.4%	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)	82.4%	75.9%	72.0%	No statistical variation

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 2 reviews for Brampton Medical Practice. One was a 1-star review relating to access and the other was a 5 star review of the persons overall experience.

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.	52
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
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
Issues with staff attitude	Staff were spoken with and if applicable, retraining was offered.

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.