

## Inspection Evidence Table

Abbey Road Surgery

(1-539525756)

Inspection Date: 12 January 2024

Date of data download: 11/01/2024

**Responsive**

**Rating: 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**  
**Services did not always meet patients’ needs.**

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Partial
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.	Partial
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"><li>• The provider delivered care to approximately 9615 patients. The practice provided services whereby every patient contacting the practice would be contacted to either be signposted to the most appropriate service or receive a telephone call from a clinician.</li><li>• The practice offered 5 to 8 appointments per day and told us 6 of these would be telephone appointments and the rest face-to-face depending on the patient’s need or choice. We were not wholly assured this was enough clinical staffing levels to support the practice list size.</li><li>• Other clinical team members’ appointments were face-to-face unless the patient chose to have a telephone appointment instead.</li><li>• Patients were able to book appointments up to 14 days in advance, however, the provider told us that they often had appointment availability left.</li></ul>	

- The provider completed most medicine review appointments on the telephone.
- For patients who found it hard to access services due to language difficulties, the practice used a language line and had a diverse staff population who could support translation for patients.
- Patients could book appointments in person, via telephone, online, and through the practice electronic consultation app.
- The practice was working with the local integrated care board to improve access to the practice and had signed up for the general practice improvement programme.

### 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	8.30 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
Extended Access:	
<ul style="list-style-type: none"> <li>• The local primary care network hub offered appointments on a Monday to Friday between 6.30 pm and 8 pm. There was also weekend availability on a from Saturday 9 am to 5 pm.</li> <li>• The practice offered late opening hours on a Thursday from 6.30 pm to 7.45 pm.</li> <li>• Outside of these hours, patients were asked to contact NHS 111.</li> </ul>	

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was not always responsive to the needs of older patients and could not always offer home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised with 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. If the practice could not facilitate an appointment, they would book an appointment with the local primary care network.
- The practice was open until 7.45 pm on a Thursday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a primary care network.

- 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. This included appointment times during quieter periods.

### 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.	No
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.	Partial
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: <ul style="list-style-type: none"> <li>• The practice told us their care navigators would triage the patients. If they were tasked to the incorrect clinician, a task was sent back to the care navigator to correctly assign. We were not wholly assured of any additional support being offered to staff or any developmental supervision completed. Additionally, it was unclear if there was clinical oversight given daily to staff.</li> <li>• The provider told us they would make an appointment for patients and call them to avoid long telephone waits.</li> <li>• Patients were offered a choice of the next available appointment but if they wished to see a specific doctor for continuity of care, the patient would request this.</li> <li>• Patients were able to access the practice through telephone, online, text message and email.</li> </ul>	

### 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)	25.9%	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)	38.2%	50.7%	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)	39.3%	48.2%	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)	50.7%	70.2%	72.0%	Variation (negative)

#### Any additional evidence or comments

Since 2018 the practice had performed below local and national averages in the national GP patient survey:

- There had been a 28% decline in patient satisfaction with accessing the practice via the telephone.
- We saw a 14% decrease in patient satisfaction of making an appointment at the practice.
- Appointment time satisfaction had decreased by 22%.
- A downward trend of patient satisfaction of 25% in appointments offered.

In response the provider:

- Told us that if patients struggled to make appointments on the telephone, they were able to call to make appointments in person at the practice.
- We were told the telephone system does not have a call-back function at present.
- The practice had sent an in-house survey to 18 patients and received a higher patient satisfaction outcome than the national GP patient survey result.
- The provider had begun utilising pharmacist support to undertake telephone medication reviews.
- The practice told us that high deprivation in the area was a contributory factor to why patient satisfaction was low. The provider told us if a higher number of appointments were requested, it meant longer patient delays for appointments. We were not shown any mitigation plans for increasing clinical support to meet the patient demand.

Source	Feedback
NHS.uk website (formerly NHS Choices)	We saw 10 patient reviews. Of these, 2 were negative regarding access and the remaining 8 reviews were positive to the service offered and delivered.

#### Listening and learning from concerns and complaints

**Complaints were not always used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	0
Number of complaints we examined.	0
Number of complaints we examined that were satisfactorily handled in a timely way.	0
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.	No

Example(s) of learning from complaints.

Complaint	Specific action taken
We requested complaint information and were not supplied any evidence from the provider.	

### 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.