

Inspection Evidence Table

Oldwell Surgery

(1-6311874100)

Inspection Date:

Date of data download: 22/11/2023

Overall rating: Good

Responsive

Rating: Good

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. | Yes |
| The importance of flexibility, informed choice and continuity of care was reflected in the services provided. | Yes |
| The facilities and premises were appropriate for the services being delivered. <i>*We did not visit the practice as part of this assessment</i> | N/A |
| The practice made reasonable adjustments when patients found it hard to access services. | Yes |
| There were arrangements in place for people who need translation services. | Yes |
| The practice complied with the Accessible Information Standard. | Yes |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> All patients had a named GP, they had a choice of who they wished to consult with which included either a male or female GP. GPs met every day to discuss referrals. They used this opportunity to discuss clinical concerns and update the team on any end-of-life patients. They endeavoured to keep the same GP for a palliative patients to ensure continuity of care. 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 were protected appointments for children, afternoon appointments being available for school age children.
- There were nurse and health care assistant (HCA) appointments, prebook able and on the day. There was a would care service.
- There were COVID and influenza vaccination clinics on Saturdays during the uptake season.
- GP slots had been freed up over time by the introduction of an in-house physiotherapist, a health wellbeing coach and a mental health wellbeing coach and mental health worker, patients could book directly with them. Practice nurses were trained to carry out most of the long-term condition reviews. Pharmacy support was available for example, for blood pressure and medication reviews.
- Extended access appointments were available to patients via a local provider from 6.30-8pm and weekend appointments were available 9am to 5pm.
- The practice had a register of patients with poor mental health or a learning disability. One of the HCAs was the lead for this register to ensure continuity of appointments. They achieved a 100% uptake of annual assessments for our learning disability patients last year.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- In the last 12 months the practice undertook a patient journey audit to see if there had been any fragmentation to their care. All aspects of care were looked at (not just primary care) out of 25 patient journeys, 88% of patients were seen within 14 days of booking their appointment.

| Practice Opening Times | |
|-------------------------|--------------------|
| Day | Time |
| Opening times: | |
| Monday | *8.15am - 6pm |
| Tuesday | 8.15am - 6pm |
| Wednesday | *8.15am -6pm |
| Thursday | 8.15am -6pm |
| Friday | 8.15am -6pm |
| Appointments available: | |
| Monday | *8.30am – 5.30pm |
| Tuesday | 8.30am -5.30 pm |
| Wednesday | *8.30 am – 5.30 pm |
| Thursday | 8.30 am -5.30 pm |
| Friday | 8.30 am – 5.30 pm |

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. | Yes |
| The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online). | Yes |
| Patients were able to make appointments in a way which met their needs. | Yes |
| There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded). | Yes |
| Patients with most urgent needs had their care and treatment prioritised. | Yes |
| There was information available for patients to support them to understand how to access services (including on websites and telephone messages). | Yes |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice offered prebook able and same day appointments. These could be adjusted according to demand, for example if there had been a bank holiday, there would be more same day appointments the next working day in order to meet the increased demand due to the longer closure period. • Patients could make an appointment by attending the surgery, on the telephone or online or via eConsult. • There were telephone and face to face appointments, it depended upon patient preference as to what was booked. • *The practice offered additional appointments with GPs and nurses, both telephone and face to face on alternate Mondays and Wednesdays from 6.30pm to 7.45pm. • There was a review of the appointment system every few months where the reception team, nurses and GPs attended a meeting to discuss if the system was working well or if anything needed to be done, to make changes, due to patient demand. • The practice had struggled to recruit any members to their patient participation group (PPG). They had plans to send out a survey to patients to ask if anyone would be interested in joining their PPG. • The practice used the feedback from the GP national survey, comments in their suggestion box and NHS friends and family results to make improvements to access. • They told us that from the suggestion box they had taken some suggestions forward for improvements to telephone access. • Positive comments from the NHS friend and family test included, good quick efficient service, being treated well by all staff, compassion shown, being made to feel relaxed. There were low numbers of negative comments. • Each GP regularly took a survey where they received feedback from themselves from patients. The practice shared with us an example of this. This was positive, with the GP receiving overall 5.9 out of a possible 6 for overall care from 20 patients. | |

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) | 62.9% | 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) | 66.4% | 59.0% | 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) | 63.6% | 56.9% | 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) | 83.3% | 74.4% | 72.0% | No statistical variation |

Any additional evidence or comments

- Getting through on the telephone had been a problem for patients during the COVID-19 pandemic.
- In order to improve access, the practice upgraded their telephone technology and increased the number of telephone lines to the surgery.
- The new technology gave patients information of where they were in the queue and the option of cancelling an appointment without having to speak to a member of reception.
- Fewer negative comments about telephone access were seen on the on the monthly friends and family test following the introduction of the technology.
- Calls were monitored throughout the day, by managers to ensure that sufficient staff were on duty to answer calls at the busiest times which reduced call waiting times for patients.

| Source | Feedback |
|---|--|
| NHS.uk website (formerly NHS Choices) | There was one review left on the website in the last 12 months. The patient gave the surgery 5 out of 5 stars and said the GP they saw was very supportive. |
| Complaints to CQC in the last 12 months | There were no complaints to CQC in the last 12 months |
| Share your experience of care | When we announced the assessment, we sent out a link to the practice to share with patients to give us feedback. We received 4 responses of which all were positive. Comments included, the best practice in the area, staff are helpful, and they listen. Brilliant service. |

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. | 4 |
| 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. | Yes |
| There was evidence that complaints were used to drive continuous improvement. | Yes |

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.