

Inspection Evidence Table

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(1-489121553)

Inspection Date: 14 December, 2023

Date of data download: 06/12/2023

Responsive

Rating: Good

At the last inspection on 15 January 2019, the Responsive key question was rated good.

We undertook an announced targeted assessment of the responsive key question on 14 December 2023. This assessment was carried out without a site visit.

The practice continues to be rated good for providing responsive services following this inspection. As the other domains were not assessed, the rating of good will be carried forward from the previous inspection and the overall rating will remain 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.	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> <p>The practice understood the needs of its local population and worked well with Primary Care network to review and address issues within the locality as part of the Primary Care network 'Capacity and Access Improvement Plan'.</p> <p>The practice had made changes to appointments post covid to walk in surgeries in line with the patient participation group suggestions. As popularity for this increased the wait times became unmanageable so the</p>	

practice changed to approximately 80% on the day appointments which it has continued to work with. Pre bookable appointments for patients are also available up to two weeks in advance.

The provider had reviewed ways to improve access, particularly around telephone access. The current system is cloud based but does not have improved features such as call back, record and the provision of enhanced data for greater analysis. The practice shares the telephone facilities with other healthcare providers in the health centre, therefore changes to the contract when it expires in 2024 will be a group decision. We observed the telephone system upgrade was part of the Primary Care network 'Capacity and Access Improvement Plan'.

The practice population is mostly English and Urdu speaking. Most of the clinicians and staff are bilingual catering to the local population needs Urdu, Punjabi and Hindi. For the remaining languages translation services were available to patients either face to face or by phone, as requested by the patient. The appointment booked was longer to allow for longer discussion. Health information and educational material was provided in a variety of formats and languages for patients with different literacy levels and background.

Services were provided at ground floor level and reasonable adjustments had been made to ensure the premises were accessible to patients who required disabled access.

The practice provided additional services within the locality to assist those less able to travel for example an inhouse full contraception service.

Once a month, the practice held wellbeing events. Patients were offered health checks, and blood pressure and health promotion workshops held jointly by social prescribers, health care assistants and voluntary organisations. Diabetic patients with high sugar levels were also targeted to attend.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 6pm
Thursday	8am - 6pm
Friday	8am - 6pm
Appointments available:	
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 6pm
Thursday	8am – 6pm
Friday	8am – 6pm

Any additional evidence or comments

The practice closed at 6pm each weeknight, however extended hours appointments were available. These were Monday to Friday 6.30pm to 9.30pm and Saturday and Sunday 8am to 1pm.

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

- All 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 had provided death certification for patients during the weekends and out of hours where the families or local care direct have contacted the GP directly. This enabled prompt burial in line with families' wishes when bereavement occurred.
- Most pharmacies used by the practice provided a medicines delivery service for housebound patients.
- The practice liaised regularly with community services to discuss and manage the needs of some patients. The practice had a social prescriber and linked in with a local Proactive Care team (PACT) who liaised within the community groups through the Central locality integrated Care system (CLICS) for Bradford. The programme managed the needs of patients with complex medical and social 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.
- People in vulnerable circumstances were easily able to register with the practice.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- In the last 12 months the practice implemented a care coordinator to help improve the number of patients attending cancer screening for example, bowel, cervical and breast cancer.

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>Explanation of any answers and additional evidence:</p> <p>The practice offered on the day appointments for both urgent and routine appointments with various health care professionals namely GP, pharmacist, health care assistant, nurse, and social prescriber. Patients would be offered a choice of a face to face, online or GP telephone appointment on the same day they contacted the practice. When these appointments were full, any urgent calls would be referred to the GP's. The practice also held back some appointments for later in the day for urgent cases. The receptionists were trained in care navigation and could signpost patients as appropriate, for example, to the pharmacist.</p> <p>The provider worked as part of a group of practices within the locality to improve capacity and access. There was an action plan in place, for example improving the telephone systems. The group had also reviewed the national patients survey which had a low uptake of 19% for the local practices. As the 2024 survey is due out shortly the practice were informing patients it is due by text message and with a poster in the practice waiting room. The poster also helps to explain the survey and how to complete it.</p> <p>The provider had a patient participation group (PPG) who suggested changes and improvements to the practice. For example, the open clinics and then the same day appointment system and use of GP triage when appointments were taken was implemented following feedback from the group. The membership of the participation group had declined in the last year and there was a successful recruitment drive ongoing with the next meeting planned for January 2024.</p>	

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)	64.2%	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)	62.8%	47.5%	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)	60.0%	47.9%	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)	74.9%	70.6%	72.0%	No statistical variation
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Any additional evidence or comments

- 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 was 64.2%. This indicator was consistently higher than national average since 2018 however, the gap since April 2022 is narrowing.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 62.8%. This indicator has been above local and national averages since 2018, however it was declining since its peak at 84% in March 2021.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times was 60%. This indicator has been consistently above local and national results since 2018. However, again, it has been declining in performance from its peak in March 2021. In 2023, the practice were 7% above national average data.
- The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered was 74.9% just 2% above the National average. Since April 2022 this indicator has followed the upward trend in line with local and national data.
- The practice were aware of the downward trends highlighted above and are continually planning to improve access.
- The practice had been taking part in the local primary care network support programme which initially was measuring capacity and demand and then planning and implementing changes using the tools provided. For example, future changes necessary to the existing cloud-based telephone system and greater emphasis and education around the forthcoming national patient survey to encourage higher completion rates.
- The practice had implemented a webtool to relieve the phone line usage and for practice staff to streamline administrative patient requests.
- Care coordinator implementation in practice to help improve patient screening uptake levels.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There is no feedback recorded on NHS choices.
Feedback to CQC	There have been no complaints made to CQC 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.	2
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 of learning from complaints.

Complaint	Specific action taken
Complaint by a patient who was frustrated with the level of phone contact from the practice for example for blood pressure checks, diabetes checks, flu and shingles vaccinations etc.	<ul style="list-style-type: none">• Letter sent acknowledging concerns within 48 hours.• Practice apology and explanation given subsequently.• Alternative communication options offered.• Discussed at with staff at practice meeting.