

Inspection Evidence Table

Amwell Surgery

(1-4208941420)

Inspection Date: 14 December 2023

Date of data download: 14/12/2023

Overall rating: Good

We undertook an announced targeted assessment of the responsive key question. This assessment was carried without a site visit. 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.

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.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We found that the practice had carried out significant analysis of its patient population and had developed services accordingly. This included frailty clinics and long-term conditions clinics run by the practice nurses. The practice consistently demonstrated the delivery of high quality reasonably adjusted services to adults with learning disabilities across Hertfordshire and had been awarded a purple star by the Purple Star Promise. This was a trademark accredited to Primary health care services who demonstrate a set of standards were consistently being maintained, in line with the requirements of the Equality Act 2010. There was a hearing loop available in reception as well as an amplified microphone. The practice had access to translation services and booked longer slots for patients who required this 	

service.

- The practice had a carers champion who offered advice and information to carers.

Practice Opening Times

Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8.40am - 6pm
Tuesday	8.40am - 6pm
Wednesday	8.40am - 6pm
Thursday	8.40am - 6pm
Friday	8.40am - 6pm

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 responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
 - 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.
 - Extended access Appointments were available Monday to Thursday from 6.30pm to 8pm and on Saturday from 9am to 5pm.
 - 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.
- The practice is a veteran accredited practice which allowed them to identify and support veterans and refer on to specialist healthcare services.

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> <ul style="list-style-type: none"> The practice offered a range of appointments which included telephone, face to face and home visits where required. The practice updated their telephone system in March 2022. This resulted in a wall board which showed staff the number of incoming calls in real time. Service users could wait in a queue or request a call back. The practice used call handling data to regularly review their operations. For example, on days when the lines were busier, more staff would be on the reception rota. Reception staff were always supported by the duty Doctor if they had a query regarding appointment allocation. All reception staff had care navigation training. As a result, they were able to signpost patients to the most appropriate services. We saw the practice regularly reviewed results from the Family and Friends Survey to gather feedback from their service users. Following feedback, the practice had amended the pre-recorded messages on their telephone to make them more user friendly. The practice had increased the provision of total appointments since last year. The practice provided evidence that showed in 2022 there was an average of 5364 total appointments per month. In 2023, there was an average of 6215 appointments per month. 	

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)	60.6%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall	58.0%	50.7%	54.4%	No statistical variation

experience of making an appointment (01/01/2023 to 30/04/2023)				
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)	58.8%	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)	73.4%	70.2%	72.0%	No statistical variation

Any additional evidence or comments

- The practice informed us they had gone through a challenging time and 4 partners had retired over the last 2 years. As a result, they had gone through a lot of changes described above. They had examined the results of the National GP Patient Survey to improve their patient satisfaction. A recruitment drive also took place which resulted in the practice being fully staffed. The practice no longer had to rely on locums to provide cover.
- The percentage of people who responded positively to how easy it was to get through to someone at their GP practice on the phone was 60.6%. This had improved from the survey results in 2022 where it was 38.2%. The practices performance was higher than the national average of 49.6%.
- The percentage of people who responded positively to the overall experience of making an appointment was 58%. This was consistent with results from 2022. The practices performance was higher than the local average of 50.7% and national average of 54.4%. The practice had improved from the survey results in 2022 where they were at 57.4%.
- The percentage of people who responded positively to the overall experience of making an appointment was 58%. This was higher than the local average of 48.2% and national average of 52.8%.
- The percentage of people who were satisfied with the appointment (or appointments) they were offered was 73.4%. This was higher than the local average of 70.2% and national average of 72%.
- The practice had recently implemented an internal quarterly survey on access in August, they were yet to review this.
- The practice informed us they improved patient satisfaction by implementing several changes such as:
 - The practice reviewed their approach to booking appointments. They found the triage system previously relied heavily on reception staff. As a result of the audit the practice allocated a duty Doctor to provide additional support in this area and sit alongside the reception staff. The Duty Doctor would review all booked appointments and ensure they were appropriately allocated to optimise staff efficiency, ensuring all appointments with staff working from the Primary Care Network were booked accordingly and freeing up capacity to allocate more GP appointments. This system also ensured the most appropriate appointment with the appropriate staff member was booked. Feedback from reception staff was positive and showed they felt supported.
 - Patients could now self-book for specific appointments.
 - GP's booked their own follow up appointments for their patients; this would reduce the number of calls coming in for service users who would otherwise have to call and request or chase up their follow ups for their results from scans and blood tests.
 - Recruitment of staff.
 - Updated telephone system with real time information and call back feature.

Source

Feedback

NHS.uk website (formerly NHS Choices)	There was one negative feedback rating the practice 2 stars out of 5. The feedback was about issues with a repeat medication request.
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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.	5
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(s) of learning from complaints.

Complaint	Specific action taken
Service user complained about their medicine not being processed early as per their request.	Staff member discussed this with the team and followed the outcome with the patient to explain the practices policy and why the decision was made to not process the request.

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.