

# Care Quality Commission

## Inspection Evidence Table

### The Arthington Medical Centre (1-4750438777)

Inspection date: 13 September 2022

Date of data download: 08 September 2022

This was a focused inspection looking at the key questions of caring and responsive. This inspection was undertaken as it was identified that all key questions should have been considered at the previous inspection on 13 April 2022.

## Overall rating: Good

### Caring

### Rating: Good

The previous inspection, undertaken on 17 October 2018, caring was rated as requires improvement. This was because:

- Patients' satisfaction with how cared for they felt was consistently, and in some cases significantly, below local and national averages.

At this inspection, we found those areas had been addressed by the practice and improvements made. The practice is, therefore, now rated good for providing caring services.

#### Kindness, respect and compassion

#### Staff treated patients with kindness, respect and compassion.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

#### Patient feedback

Source	Feedback
NHS ratings and reviews website	Out of six reviews in the preceding 12 months: <ul style="list-style-type: none"><li>• Four gave five stars and commented on how caring and helpful the staff had been.</li><li>• One review gave two stars and another gave one star; both of these related to difficulties with access.</li></ul>

Google reviews	<p>Out of 16 reviews in the preceding 12 months:</p> <ul style="list-style-type: none"> <li>• five gave five stars</li> <li>• one gave four stars</li> <li>• two gave two stars</li> <li>• eight gave one star.</li> </ul> <p>The positive comments referred to kind and helpful staff. The majority of the negative comments related to access. Some of the lower star ratings gave both positive and negative comments.</p>
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### National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	66.9%	86.2%	84.7%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	66.3%	85.2%	83.5%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	84.3%	93.7%	93.1%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	61.9%	74.1%	72.4%	No statistical variation

### Any additional evidence or comments

The practice had developed their own survey to give to patients after their consultation with a clinician, with a specific focus on the above national GP survey questions. Areas identified for action and improvement were discussed with the individual clinician. The results were used to improve performance and patient satisfaction.

We reviewed the survey and saw that 35 patients had completed it. The results were as follows:

- Overall experience - Twenty said it was excellent, ten stated very good, three good, one fair and one poor.
- Felt cared and concerned for – 31 said yes and four said no.
- Confidence and trust in the clinician – 33 said yes and two said no.
- Were you involved in decision-making – 32 said yes and three said no.
- Were you listened to – 33 said yes and two said no.

We were informed that the practice were continuing to strive to improve patients' experiences of the practice and the service they received.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Any additional evidence
We were informed that the practice had recently recommenced the NHS Friends and Family test. Messages were sent to patients who had recently attended the practice, inviting them to pass comment on their experience and how likely they were to recommend the service to others.

### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	
Information was provided both in the practice and on their website, signposting patients to support and advice as befit their individual needs.	

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Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	89.3%	90.0%	89.9%	No statistical variation

		Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.		Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.		Yes
Information leaflets were available in other languages and in easy read format.		Yes
Information about support groups was available on the practice website.		Yes
Carers	Narrative	
Percentage and number of carers identified.	171 patients amounting to 3.15% of the practice population were identified on the practice's carers' register.	
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>• There was a carers' champion who offered support to carers.</li> <li>• Carers were signposted to other avenues of local support.</li> <li>• There was a carers' notice board in the practice which displayed a range of information.</li> </ul>	
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>• Bereaved patients had access to clinicians should they wish to discuss any related issues.</li> <li>• Patients were signposted to other avenues of local bereavement support.</li> </ul>	

### Privacy and dignity

#### The practice respected patients' privacy and dignity.

		Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.		Yes
There were arrangements to ensure confidentiality at the reception desk.		Yes

## 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.		Yes
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
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### Practice Opening Times

Day	Time
Opening times:	
Monday	8am to 6pm
Tuesday	7.30am to 7pm
Wednesday	8am to 6pm
Thursday	7.30am to 6pm
Friday	8am to 6pm

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

- Appointments were available for patients throughout the day.
- Patients had access to extended hours appointments at evenings and weekends at hubs based in Leeds, which were organised by the local confederation. These included nurse-led cervical screening clinics on Saturday and Sundays between 9am and 3pm. Telephone consultations with a GP or advanced nurse practitioner were accessible Monday to Friday between 4pm and 8pm.
- 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.
- Out of hours cover was provided by Local Care Direct. Patients were directed to contact NHS 111 when the practice was closed.
- All parents or guardians calling with concerns about a child were offered a same day appointment as appropriate.
- 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 minimize 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice had successfully recruited additional clinical staff since the previous inspection, which included salaried GPs, a pharmacist, a practice nurse and an advanced nurse practitioner. This had increased appointment capacity. We were informed of an ongoing recruitment campaign for additional reception staff.</li> <li>Patients had access to a range of consultations, such as face to face, telephone and eConsult. These were accessible either at the practice or via the extended access hubs. The practice also had extended access appointments during the week. Patients could be referred to the GP community pharmacist consultation service (this was a pathway that enabled patients with a minor illness to have a same day consultation with the community pharmacist).</li> <li>The majority of patients' complaints we reviewed regarding access, stated they were not always able, or had to wait, to get through to the practice at 8am by telephone. The practice informed us this was generally the busiest time and they allocated additional staff to deal with the telephone calls as appropriate. They had also arranged for more telephone lines to be added to the system to improve patients being able to get through on the phone throughout the day.</li> </ul>	

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Indicator	Practice	CCG average	England average	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 (01/01/2022 to 30/04/2022)	49.9%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	46.6%	57.9%	56.2%	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 (01/01/2022 to 30/04/2022)	57.5%	56.1%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	65.2%	73.6%	71.9%	No statistical variation

### 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.	26
Number of complaints we examined.	
Number of complaints we examined that were satisfactorily handled in a timely way.	
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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice had a process and system in place for dealing with complaints. We saw evidence of details of the complaint, actions taken including any learning and whether the complaint was upheld.</li> <li>We discussed the most recent complaint the practice had received. Evidence showed that the complaint had been dealt with appropriately.</li> </ul>	

### Example(s) of learning from complaints.

Complaint	Specific action taken
Patient was advised incorrectly by a member of staff regarding some recent results.	<ul style="list-style-type: none"> <li>Apology given to the patient.</li> <li>Made the specific member of staff aware of the error.</li> <li>Arranged for reception staff to have additional training.</li> <li>Discussed the complaint in the clinical meeting.</li> <li>Made all staff aware of the need to provide correct information to patients.</li> </ul>

### 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 practice's 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)	≥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 women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women 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.