

Inspection Evidence Table

Cantilupe Surgery

(1-548565358)

Inspection Date: 6 December 2023

Date of data download: 27/11/2023

Overall rating: Good

We undertook an announced targeted assessment of the responsive key question. This assessment was carried out 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

At the last inspection in February 2019 the Responsive key question was rated good. The practice continues to be rated good for providing responsive services following this inspection.

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:	
The provider was able to demonstrate how the service effectively maintained oversight of access to services and efforts made to improve access in line with national priorities. For example, the practice had introduced	

online consultations in May 2023. Prior to this the practice had offered predominantly face to face appointments, in line with patient preference and demand, receiving positive feedback on the service from patients. Leaders advised they focused efforts on eliminating the need for patients to call back a second time in line with national targets by working to improve the systems for managing on the day requests for care. To do this they moved to an online triage process for all same day requests. Patients unable to complete online forms were supported by practice staff to complete the online triage form. Evidence reviewed demonstrated this had effectively reduced telephone usage and the number of monthly unanswered calls had fallen by approximately 1,000 calls.

Following feedback from patients and their families/ carers, the practice, in collaboration with its Primary Care Network (PCN), had reformatted all correspondence into an accessible/easy read format for all patients with learning disabilities. Referrals to the wellbeing team were available for all patients if needed and outreach clinics were organised at a local community centre to support completion of learning disability annual health checks.

Practice Opening Times

Day	Time
Opening times:	
Monday	8am – 6.30pm (branch surgery till 5pm)
Tuesday	8am – 6.30pm (branch surgery till 5pm)
Wednesday	8am – 6.30pm (branch surgery till 5pm)
Thursday	8am – 6.30pm (branch surgery till 5pm)
Friday	8am – 6.30pm (branch surgery till 5pm)
Appointments available:	
Monday	8am - 6pm (branch surgery till 4.30pm)
Tuesday	8am - 6pm (branch surgery till 4.30pm)
Wednesday	8am - 6pm (branch surgery till 4.30pm)
Thursday	8am - 6pm (branch surgery till 4.30pm)
Friday	8am - 6pm (branch surgery till 4.30pm)

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.
- 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.
- 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.
- The local GP federation operated an enhanced access service, known as Taurus. The practice was able to book appointments for patients with the Taurus service throughout the day, if they did not have capacity to see patients themselves. Taurus also provided the extended access and out of hours service for the locality.
- The practice was able to refer patients directly to the local community pharmacy care service (CPSU). Rather than asking patients to go to a local pharmacy, staff were able to book patients in with the local pharmacy and the pharmacist would call patients back to either discuss concerns over the telephone or book them in for a consultation.
- The practice had an in house first contact physiotherapist, whom patients could book directly with. In addition, patients could be referred to a physiotherapist who was based on site 4 days a week.
- The practice worked with its local Primary Care Network (PCN) to provide patients with access to social prescribers and a well-being team.
- The practice was supported by a team of community Advanced Care Practitioners (ACPs) who provided a wide range of support, including emergency care packages to avoid admission to secondary care, support with long term chronic problems and frailty, and an emergency 4 hour response visit, if needed.
- 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 was a Veteran friendly practice, with the Veterans service utilising a room within the practice building once a fortnight, to support patients.
- Leaders advised the practice prioritised childhood immunisations and undertook targeted work to encourage parents/guardians to vaccinate their children.

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>Following the implementation of the online triage process, the practice continued to monitor and access capacity against demand to ensure newly adopted systems were working effectively. Through the course of our discussions with leaders and reviewing of evidence submitted, it was apparent systems were working effectively to ensure patients were receiving appropriate care in a timely manner. For example, the number of appointments required had not increased in line with the use of online consultations, suggesting effective decision-making processes were in place when actioning online triage forms. Although initial triage was</p>	

undertaken by trained administrative staff, clear protocols were in place to support decision making and staff had access to the duty doctor if needed.

Patients had access to face to face or telephone appointments with GPs, advanced nurse practitioners and physiotherapists. Patients were able to request advance appointments through the same system. Online triage forms were only available for patient completion until 1pm each day, after which patients could telephone the practice for support.

Leaders discussed safety netting processes in place to reduce the risk of patients requiring more urgent care experiencing delays. For example, the cut off time of 1pm supported effective management of requests, with a target response time of 3 hours. All staff were trained in ensuring patients were only booked with appropriate clinicians, in line with their competencies. GPs undertook regular 6 weekly supervision sessions with staff employed in advanced practice, such as advanced nurse practitioners, to support safe and effective care delivery.

We saw capacity management systems in place to align staffing numbers with demand. Staffing levels and mix were adjusted if needed during busier periods.

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)	62.6%	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)	74.3%	60.9%	54.4%	Tending towards variation (positive)
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)	61.1%	57.0%	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)	76.0%	74.4%	72.0%	No statistical variation

Any additional evidence or comments

The practice's results for the national GP patient survey were consistently above local and national average, for questions relating to access. It was observed that the percentage of people who responded positively to their overall experience of making an appointment had improved in 2023 with 74.3% of people responding positively compared to the survey in 2022 when it was 67.27%.

The provider was aware that despite the indicator relating to access by telephone being above the national average of 49.6% at 62.6%, it was lower than it had been in previous years. Leaders advised of efforts made to improve this further. The practice had introduced a call back service for patients waiting in the telephone queue which enabled them to keep their place in the queue but receive a call back instead of holding on the telephone line. It was envisaged the introduction of the online triage process would continue to drive improvement in relation to telephone access and patient satisfaction. Data reviewed demonstrated the number of telephone contacts had dropped since May 2023. Between October 2022 and October 2023, the number of telephone appointments had reduced from 711 to 535. Face to face appointments had also increased by 14% in the same period. In addition, the practice was providing an average of 327 online consultations weekly. Practice leaders we spoke with discussed plans to continue to monitor and improve access through regular review of actions taken and work with local stakeholders.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 11 responses posted in the 12 months preceding this inspection. Of these, 4 were 5-star reviews, 2 were 4-star reviews, 2 were 3-star reviews, 1 was a 2-star review and 2 were 1-star reviews. Patients commented positively on the care they received and the approach of staff. Negative comments described delays receiving care and staff attitude. The practice responded to negative feedback, offering patients the opportunity to discuss their concerns formally.

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 from April 2022 to March 2023.	33
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 regarding the appointment system	The practice was prompt to respond to the patient and explain the appointment booking system, offering an apology for any prior confusion caused.

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.