

Inspection Evidence Table

The Baldock Surgery

(1-539599317)

Inspection Date: 12 December 2023

Date of data download: 11/12/2023

Overall rating: Good

We carried out an announced comprehensive inspection at The Baldock Surgery on 27 February 2019. We rated the service as 'good' for all five key questions and good overall.

This assessment of the responsive key question was undertaken on 12 December 2023. Responsive assessments are remote focused reviews to help us understand what practices are doing to try to meet patient demand and the current experience of people who use these services and of providers.

Responsive

Rating: Requires Improvement

At the last inspection in February 2019 the Responsive key question was rated good. At this inspection, the responsive key question was rated requires improvement.

We recognise the pressure that practices are currently working under and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data or other sources of patient feedback. Therefore, the rating is requires improvement, as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had carried out significant analysis of its patient population and had developed services accordingly. For example, the practice consistently demonstrated the delivery of high quality reasonably adjusted services to adults with learning disabilities across Hertfordshire thereby were 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. The practice identified a gap in the quality of care of frail patients in the community who were not care home residents. They recruited 2 paramedics to be responsible for providing a holistic assessments, liaison with family or carers and advance care planning. In addition, under the supervision of GP's the paramedics would review patients with minor illnesses. The practice had a carers champion who offered advice and information to carers. There was a hearing loop available for patients. Staff were aware of translation services available support patients who required an interpreter. 	

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	8.30am – 12.30pm 2.30pm- 6.30pm
Tuesday	8.30am – 12.30pm 2.30pm- 6.30pm
Wednesday	8.30am – 12.30pm 2.30pm- 6.30pm
Thursday	8.30am – 12.30pm 2.30pm- 6.30pm
Friday	8.30am – 12.30pm 2.30pm- 6.30pm

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.
- 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 practice was open between 8am to 6.30pm from Monday to Friday.
- Pre-bookable appointments were also available to all patients at additional locations within the area on weekdays between 6.30pm to 8pm, as the practice was a member of a GP federation. Appointments were also available on weekends.
- 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 held a register of patients with long term mental health conditions and dementia and informed us they were offered yearly health checks. They had access to a mental health nurse through the Primary Care Network who provided urgent appointments. In addition, the e-consult service used by the practice, asked patients questions about thoughts of self harm and suicide. This would prompt high-risk answers as urgent to the triage doctor.
- Patient records indicated vulnerable patients; these were highlighted to the duty Doctor during triage.
- An afternoon asthma clinic was provided for school aged children to improve the uptake of their asthma reviews.
- The practice's policy was to attempt calling patients 3 times if they missed a call which was followed by a message querying the patients availability.

Access to the service

People were not always 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.	Partial
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.	Partial
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
Explanation of any answers and additional evidence:	

- Data from the National GP Patient Survey reflected that some patients were not able to get timely access to appointments or access by phone to make them in a way which met their needs.
- Following the pandemic, the practice remodelled their telephone and triage system in an attempt to improve the patient journey and ensure effective allocation of appointments. As a result, the practice introduced a system called 'total triage'. This meant patients were encouraged to request appointments with a GP via the practice website e-consult service. If they were unable to do this, they could request appointments on the telephone.
- Patients who called the practice would answer a series of questions on a triage questionnaire, conducted by a receptionist. The practice informed us this would take approximately 3 to 4 minutes.
- All e-consults and triage questionnaires completed were then triaged by the duty doctor who determined the clinical appropriateness of the appointment and allocated this accordingly.
- The duty doctor prioritised more clinically urgent appointments to be seen on the same day and less urgent or routine appointments were prebooked in the next 3 days, 7 days, 14 days or 28 days.
- This total triage process was conducted throughout the day and all requests for an appointment were reviewed by the triaging doctor before 4pm.
- As a result of this system, the practice informed us no patient was refused a GP appointment or told to call back another day.
- The practice offered face to face appointments, telephone appointments and home visits where required.
- The practice offered appointments with GPs, nurses, healthcare assistants on site. They also offered other appointments onsite that were operated by the primary care network such as with a physiotherapist, mental health nurse, minor illness nurse, clinical pharmacist . Due to the limited clinical space, other appointments with staff from the primary care network took place at the primary care network surgery.
- Receptionists had care navigation training and would highlight priority GP appointments for babies, children, high risk patients and vulnerable patients. Receptionists could book other appointments such as with the nurse, health care assistant, phlebotomist, midwife or pharmacist.
- Administrative staff were trained to handle reception duties if required.
- The practice list size was approximately 12900 patients and had a GP ratio of approximately 1017. The England average is 1775 per FTE for all GP's.
- The practice reviewed call handling data, this was available in real time for staff answering calls and provided information such as the number of people waiting in the queue and duration of calls. The data was reviewed in real time to manage the staffing arrangements on the day as well as weekly at meetings, the provider informed us this ensured a responsive approach.
- The practice sent text messages to a random sample of service users each month to complete the family and friends test. Themes and trends were analysed at meetings.
- We spoke to a member of the Patient Participation Group (PPG) who informed us of the positive experience they have always had with the practice. They particularly commented on how pleasant it was to see the same staff working at the practice over several years who were very friendly and made it easy to build a rapport with.

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)	41.5%	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)	49.2%	50.7%	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)	46.3%	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)	76.9%	70.2%	72.0%	No statistical variation

Any additional evidence or comments

- The practice had examined the results of the National GP Patient Survey and was aware of the lower performances across the indicators above compared to the national averages.
- We acknowledge that the practice reviewed their access systems in place to reflect the demand and clinical needs of the patients, however the impact of this was not always reflected in the patient survey data.
- 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) was 41.5%, this was lower than the national average of 49.6%. This had decreased since the patient survey in 2022 where it was 43.4% and in 2021 where it was 81%.
- 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) was 49.2%. This had decreased since the patient survey in 2022 where it was 51.8% and in 2021 where it was 85.5%. The practices performance was lower than the local average of 50.7% and the national average of 54.4%.
- 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) was 46.3%. This had decreased from 60.2% since the patient survey in 2022 and 75.9% since the patient survey in 2021. The practices performance was below the local average of 48.2% and below the national average of 52.8%.
- 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) was 76.9%. This was higher than the local average of 70.2% and above the national average of 72%. The practice had improved their performance since the patient survey in 2022 where it was 75.8%. The practice attributed this to their triage system which ensured that the most appropriate appointment, at the most appropriate time, was allocated in accordance with the patients clinical needs.
- The practice took action to improve patient satisfaction which included:
 - Increasing the range of appointments offered with different healthcare staff.
 - The introduction of the total triage system and e-consultation system which allowed the practice to review the daily demand for appointments. This included reviews of e-consult data and feedback as well as actively reviewing call handling data and responsively managing staffing requirements to meet the needs of their patient population.
 - Ensuring all patients who requested an appointment were allocated an appointment.
 - Implementing a system where patients never had to call back for an appointment.

- Introducing automatic follow-up appointment booking systems so patients did not need to contact the practice for follow up appointments.
- Direct booking links for patients to book blood tests.
- The practice recognised their telephone system was a challenge and had a system in place to monitor telephone data. This included reviewing data in real time. They had appointed a lead receptionist who liaised closely with the practice manager and deputy practice manager for strategic and operational support.
- The practice intended to continue exploring methods to educate their patient population about the e-consult service, the range of appointments offered at the practice and from staff employed by the primary care network.
- The practice reviewed their Friends and Family Survey regularly. We saw the review of the results from November 2023 with an action plan in place. The practice found:
 - The majority of patients were happy with the care provided from the practice.
 - The majority of patients were happy with clinical staff and were treated with care and compassion.
 - Some patients didn't understand the e-consult system or felt there was a barrier in getting an appointment with the practice.
- Following the November 2023 Family and Friends Survey, the practice devised an action plan which included planning a day for further care navigation training, engaging with patients about the total triage system again and providing an update.
- The practice had a patient participation group although meetings were not always regularly held. We spoke to a member of the patient participation group who informed us of the positive experience they have had with the practice and staff members. They particularly commented on how accessible appointments with the GP were for themselves as well as for their children. They spoke positively of all staff at the practice stating patients needs were always put first, patient views were always considered and that they all worked hard to ensure high quality care was consistently delivered.
- The practice reviewed and documented all feedback from patients. We saw examples of positive feedback written directly to the surgery about friendly, helpful staff and a prompt service where requests to be seen sooner were honoured. We saw some examples of feedback from the e-consult service in October and November which were mainly negative about the process being complicated, repetitive, time consuming and unsatisfied with the appointment they were allocated.
- We noted the practice had further improvement plans in place and was involved in developing the PCN's access improvement plan. For example, one of the key aims was to streamline the triage process to release the capacity of the triaging GP and increase the number of same day appointments. For example, by introducing intelligence filters for patients queries such as administrative/medication requests.

Source	Feedback
NHS.uk website (formerly NHS Choices)	<p>7 reviews in the previous 12 months.</p> <p>3 were positive about the appointment booking system, triage system,</p> <p>3 were negative about the appointment booking system, telephone system, management of repeat prescriptions and communication system at the practice.</p> <p>1 review was positive about the nurses and negative about the appointment booking system.</p>

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.	22
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
Incorrect time of appointment given to service user resulting in missed appointment and delayed treatment.	Discussed at team meeting and staff were reminded how to double check the information sent to patients and the appointment times.
E-consultation was not processed.	The practice handled the e-consult and reviewed why it was not processed. It was established this was due to being short staffed. This was reviewed to ensure staffing levels were appropriate.

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.