

Inspection Evidence Table

West Road Surgery

(1-941722152)

Assessment Date: 6 December 2023

Date of data download: 27/11/2023

Overall rating: Good

Context

The practice has a patient list of just over 10,000 patients.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fourth lowest decile (4 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 86% White, 7% Asian, 4% Black, with smaller percentages of people who describe themselves as Mixed or as another ethnic background.

The age distribution of the practice population is similar to the local and national averages. The practice has more younger people and fewer older people than the average practice (locally and nationally).

The practice had a higher percentage of patients with depression and mental health conditions, and a higher percentage of patients with a learning disability than the average practice (locally and nationally).

The practice had struggled to recruit to vacant posts, including for a salaried GP, and was using locum staff to cover the vacancies.

Staff told us that there had been long-standing issues with the telephony system, that the partners had tried unsuccessfully to have resolved. The practice was due to receive a new, cloud-based, phone system with additional features to improve the patient-experience in 2024, under a national scheme to improve access.

Responsive

Rating: 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 was working hard to meet the needs of its local population, despite recruitment challenges.

| | 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">• Practice staff told us about the specific needs of the patient population. The practice had a higher percentage of patients with depression and mental health conditions, and a higher percentage of patients with a learning disability than the average practice (locally and nationally).• Patients with a learning difficulty were supported by a nurse with specialist training. Other staff were completing training on how to support patients with autism and learning disability appropriate to their roles.• Each partner had a list of patients with mental health conditions to support continuity of care. Staff told us that these patients were supported to communicate with the practice in ways that worked for them, and that accommodations were made for challenges these patients had with responding to messages and attending appointments on time. Staff recognised that some patients who attended the practice did so for social, rather than medical reasons, and sought to give time and facilities for this whenever possible.• There was a mental health practitioner based at the practice and staff sought advice from a mental health nurse in planning and delivering care for the patients with the most severe mental health problems.• The practice was in the process of becoming part of a scheme to that aims to tackle barriers faced by migrants, including immigration status, language barriers or a lack of ID or proof of address. Patients could register with the practice without a permanent address. | | |

- Staff trained as care navigators booked patients with a range of clinical staff, including GPs, nurses and a physiotherapist. The practice had a duty GP every day who was available to support care navigators and who assessed the needs of patients when appointment slots were full.
- The practice registration form asked new patients about their information and communication needs linked to disability or sensory impairments, and had cards in reception for patients to give any updates on their needs after they had registered.
- The practice anticipated heavy demand for appointments this winter and had added extra clinical sessions.

| 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 within these times. | |

- Further information about how the practice is responding to the needs of their population**
- 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.
 - Pre-bookable appointments were also available to all patients at additional locations within the area, in the evening and at weekends, as the practice was a member of a local group of practices. GP and nurse appointments were available until 8pm and on weekends 9am – 3pm.
 - Outside of these times patients were directed to call NHS 111.
 - 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.

Access to the service

People were not always able to access care and treatment in a timely way. There were issues with getting through to the practice by phone and patients did not always feel that they had received an appropriate appointment when they needed one

| | 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: <ul style="list-style-type: none">• In the 2023 National GP Patient Survey only 6.8% of patients responded positively to how easy it was to get through to someone at their GP practice on the phone. Practice staff told us that they recognised how poor an experience patients often had when they rang the surgery, with long wait times, incorrect information about queue position and calls being cut off. The practice had complained repeatedly to the service provider, but engineers had not been able to identify any faults. The practice had tried to switch to a different service, but it was tied into a contract with punitive exit fees.• The practice was due to receive a new phone system by March 2024, under a national scheme. Staff told us that it would allow more staff to answer calls at busy times, have additional features for patients and provide better monitoring data.• The practice had given direct numbers to organisations who may need to contact the practice urgently and to some particularly vulnerable patients.• Patients could also email the practice and use the online consultation service, or visit the practice in person.• Satisfaction with the experience of making an appointment, appointment times and appointment (or appointments) offered were also below average in the 2023 National GP Patient Survey. Staff said that they thought patients views of these were impacted by the negative experience of the phone system, and that patient satisfaction was also impacted by being booked in with locum staff rather than familiar doctors and nurses. The practice had recently succeeded in recruiting an additional nurse and health care assistant, and continued to look for a salaried GP. The practice believed that patients who needed assessment received this, although this might be a telephone review by the duty GP, which might not satisfy the patient. | |

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) | 6.8% | N/A | 49.6% | Significant variation (negative) |
| 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) | 32.1% | 49.3% | 54.4% | Tending towards variation (negative) |
| 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) | 32.1% | 50.1% | 52.8% | Tending towards variation (negative) |
| 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) | 57.3% | 69.3% | 72.0% | Tending towards variation (negative) |

| Source | Feedback |
|---------------------------------------|--|
| NHS.uk website (formerly NHS Choices) | There were 6 reviews in last 12 months, and they were all negative. Issues described included long delays in phone calls being answered, lack of appointments in general and difficulties booking with patients' preferred GP. |
| Friend and Family Test | The practice received 25 responses in September 2023. 80% responded positively. |
| Patient feedback to CQC | We asked the practice to send patients a link to our website. We received feedback from 18 patients. The feedback from 7 patients was negative or mixed. Issues described included long delays in phone calls being answered, phone calls cut off, lack of appointments in general and difficulties booking with patients' preferred GP, and with unhelpful reception staff. The feedback from 11 patients was positive. These patients described efficient, friendly, kind and helpful staff (both clinical and non-clinical) and attentive clinical staff. |
| Patient Participation Group feedback | We had feedback from 2 members of the practice Patient Participation Group. Both said that they thought phone and appointment access had improved in the last 12 months. |

| | |
|--|---|
| | There were concerns about patients' ability to see a consistent GP, for continuity of care. |
|--|---|

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. | 8 |
| 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 |
|---|---|
| Long delays to have phone calls answered at 8am, when all appointments released | <p>The practice changed their process so that appointments were released throughout the day rather than all at 8am.</p> <p>This change was made 6 months ago. Staff felt that it had reduced the volume of calls received and the number of patients queuing for appointments at 8am, but the practice could not get data to verify this from the current phone system.</p> |

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.