

Inspection Evidence Table

Dr Mahmood & Partners

(1-585018876)

Assessment Date: 23 January 2024

Date of data download: 15 December 2023

Overall rating: Good

We carried out a comprehensive inspection at Dr Mahmood & Partners on 25 and 26 August 2021 and we rated the service as good overall and good for all five key questions.

This assessment of the responsive key question was undertaken on 23 January 2024. 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.

The responsive key question is now rated as requires improvement as feedback from some people who used the service indicated that they were not always able to access care and treatment in a timely way. The service remains rated as good overall.

Context

The practice is based at Ravensthorpe Health Centre, Netherfield Road, Ravensthorpe, Dewsbury, West Yorkshire WF13 3JY and has a patient list of 4,393 patients.

The practice is located within the area covered by NHS West Yorkshire Integrated Care Board (ICB) and is part of the Three Centres Primary Care Network (PCN).

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the lowest decile (1 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 62% Asian, 31% White, 1% Black, 3% Mixed, and 3% Other.

The provider is a partnership with 2 GP partners (1 male and 1 female). The clinical team includes 3 advanced nurse practitioners (2 employed and 1 locum), 1 locum advanced clinical practitioner, 3 practice nurses and 1 healthcare assistant. They are supported by a practice manager, a reception manager and 6 reception/administrative staff.

The practice is open between 8am to 6pm Monday to Friday. When the practice is closed, patients are directed to contact NHS 111 for out-of-hours care.

Responsive

Rating: Requires Improvement

At the last inspection in August 2021, we rated the responsive key question as good. Following this assessment, we have now rated the practice as requires improvement for providing responsive services as feedback from some people who used the service indicated that they were not always able to access care and treatment in a timely way.

We recognise the work that GP practices have been engaged in to continue to provide safe, quality care to the people they serve. We know colleagues are doing this while demand for general practice remains exceptionally high, with more appointments being provided than ever. In this challenging context, access to general practice remains a concern for people. 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 National GP Patient Survey data. Therefore, the rating of requires improvement has been given as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of assessment.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The provider understood the needs of the local patient population. They worked within the primary care network (PCN) and supported local service developments as part of this.• The practice was located in an area of high deprivation. There was a below national average number of older patients registered. We saw that of the patient population, 9% were aged under 5 years old, 86% were aged 6 to 64 years old, 3% were over 65 years old and 1% over 75 years old.• The practice operated from a purpose-built medical facility with other healthcare providers, including a GP practice. This assessment did not include a site visit. However, the provider told us there had been no changes to layout or accessibility since our 2021 inspection. The practice utilised 4 consultation rooms.• The practice told us they captured patient communication needs at the point of registration and through clinical consultations, which were recorded on the clinical system.	

- Practice staff told us that they communicated with people in a way that they could understand. For example, there was an induction hearing loop to assist patients whose hearing was impaired, and they could access British Sign Language.
- Translation services were available to patients who required these and longer appointments were booked for patients who required the services of an interpreter.
- The practice had several multilingual staff who spoke languages in line with the patient demographic.
- The provider was aware of the requirements to meet the Accessible Information Standard.
- We saw that the practice website had the functionality to translate to other languages and there were leaflets available in other languages on the website.

Practice Opening Times

Day	Time
Opening times:	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm
Appointments available:	
Monday	8am to 6pm (GP) 8am to 5pm (Advanced Nurse Practitioner) 9.30am to 12.30pm (Healthcare Assistant) 8am to 12 noon (Phlebotomy)
Tuesday	8am to 6pm (GP) 1pm to 6pm (Advanced Nurse Practitioner) 8am to 6pm (Practice Nurse) 8am to 6pm (Healthcare Assistant)
Wednesday	8am to 6pm (GP) 8am to 6pm (Advanced Nurse Practitioner) 9.30am to 12.30pm (Healthcare Assistant)
Thursday	8am to 6pm (Advanced Care Practitioner) 8am to 6pm (Advanced Nurse Practitioner) 9.30am to 12.30pm (Healthcare Assistant) 8am to 12 noon (Phlebotomy)
Friday	8am to 6pm (GP) 8am to 5pm (Advanced Nurse Practitioner) 9.30am to 6pm (Practice Nurse) 8am to 12 noon (Phlebotomy)
Further information about how the practice is responding to the needs of their population	
<ul style="list-style-type: none"> • 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.
- The practice had a carers' champion (a member of staff who coordinated the identification and support of carers within their practice, acted as a voice for carers within the practice and was the key point of contact for carer information). Carers had access to a social prescriber available at the practice. Information for carers was available on the practice website.
- The practice had a cancer champion who coordinated the recall and follow-up of patients for cervical cancer screening and national cancer screening programmes.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment where necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including homeless people.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. There was a GP learning disability lead who undertook annual health checks. The practice told us they had engaged with the Kirklees Adult Community Learning Disability Health Team to access support and guidance to improve engagement and uptake with this cohort of patients.
- The practice website provided information and advice to patients living with health conditions.

Access to the service

Feedback from some people who use the service indicated that they 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).	Yes
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).	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).	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice told us they regularly reviewed their access model and appointment availability and used the NHS Digital GP Appointment Data Dashboard (GPAD) to monitor this. We saw patients were able 	

to make an appointment with GPs, advanced nurse practitioners (ANPs), an advanced clinical practitioner (ACP), practice nurses, a healthcare assistant and a phlebotomist.

- The practice was supported by primary care network (PCN) staff, which included a pharmacist, a social prescriber and a care navigator. An NHS hospital trust midwife also provided a weekly clinic at the practice.
- We saw that patients could access face-to-face and telephone appointments by booking in person, by telephone or online. The practice told us that approximately 27% of patients had signed up to access appointments online and 15% for the online consultation service. The practice told us they were trying to promote this.
- Pre-bookable extended access appointments were provided by Curo Health at locations in the area. We saw appointments were available on Monday to Friday from 6.30pm to 9.30pm, on Saturday from 9am to 4pm and on Sunday from 9am to 1pm.
- The practice told us they offered 79 face-to-face and 14 telephone appointments with a GP per week and 147 face-to-face and 16 telephone appointments with an advanced nurse practitioner/advanced care practitioner per week. In addition, 75 practice nurse appointments were offered on Tuesday and Friday and 51 healthcare assistant appointments were offered on Monday, Tuesday, Wednesday and Thursday. There was also a morning phlebotomy clinic on Monday, Thursday and Friday.
- During the assessment we reviewed appointment availability and found:
 - The next routine GP appointment was 2 weeks.
 - The next routine ANP/ACP appointment was next day.
 - The next routine practice nurse appointment was 1 week.
 - The next routine healthcare assistant appointment was the same day.
- When patients contacted the practice, staff utilised a navigation template to make an appointment with the most appropriate clinician or PCN allied professional. Staff were also able to signpost to the services such as the community pharmacy. The practice told us staff had undertaken care navigation training to support this process.
- The practice told us that when all appointments on the day had been allocated, patients with urgent needs were triaged by the GP on duty and care and treatment prioritised.
- We saw that the provider's website provided advice for patients on how to access appointment in core practice hours and out of hours and the type of appointments available. However, some of this information was out of date. The practice told us they were in the process of looking at a new website and would review this.
- Since our last inspection in 2021, the provider had procured a new cloud-based telephone system which had a call queuing and call back feature. The telephone system included analytic software to enable the practice to monitor various call metrics, including call volume and wait times.

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)	21.0%	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)	34.5%	58.1%	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)	30.0%	54.8%	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)	57.1%	74.2%	72.0%	No statistical variation

Any additional evidence or comments

- We reviewed the National GP Patient Survey which was conducted between 3 January and 3 April 2023. Since our inspection in August 2021, there had been a decline in all 4 patient outcomes for access. We found:
 - The percentage of respondents who responded positively to how easy it was to get through to someone at their GP practice on the phone had fallen from 55.2% (March 2021) to 21% (March 2023).
 - The percentage of respondents who responded positively to the overall experience of making an appointment had fallen from 58.4% (March 2021) to 34.5% in 2023.
 - The percentage of respondents who were very satisfied or fairly satisfied with their GP practice appointment times had fallen from 48.8% (March 2021) to 30% (March 2023).
 - The percentage of respondents who were satisfied with the appointment (or appointments) they were offered had fallen from 72.8% (March 2021) to 57.1% (March 2023).
- The provider was aware that access, particularly getting through on the telephone, was an outlier on the National GP Patient Survey. The practice told us they were disappointed with the outcome of the survey and felt this did not reflect feedback they received from patients both verbally and through the NHS Friends and Family Test (FFT). We saw they had discussed the survey with staff in July 2023 and with the Patient Participation Group (PPG) in August 2023.
- The practice had produced an action plan in response to the survey, which included a telephone audit of daily call availability (connected calls) and wait times (for calls to be answered), and to work with the PPG to replicate the National GP Patient Survey to obtain additional patient feedback on access, particularly getting through on the telephone. At the time of our assessment the practice had not undertaken an additional survey. We saw the practice had undertaken a telephone audit for the periods 31 July to 4 August 2023, 14 to 18 August 2023 and 11 to 15 September 2023. The findings had been varied and showed:
 - For the period 31 July to 4 August 2023, call availability (connected calls) to get an appointment had been between 73.9% and 89.8% and the average waiting time had been between 75 and 145 seconds.
 - For the period 14 to 18 August 2023, call availability (connected calls) to get an appointment had been between 82.1% and 94.8% and the average waiting time had been between 76 and 241 seconds.
 - For the period 11 to 15 September 2023, call availability (connected calls) to get an appointment had been between 59.2% and 93.9% and the average waiting time had been between 103 and 454 seconds.
- The practice told us they used the outcome of these audits to adjust staffing. The management team told us they undertake random audits to constantly monitor call availability and wait times.

The practice had a high did not attend (DNA) rate and had initiated a system to telephone patients ahead of their appointments who were known to DNA to encourage attendance. Text reminders were sent to patients who had consented to this service.

Source	Feedback
NHS.uk website (formerly NHS Choices)	The practice had received 1 review in the last 12 months, which was negative and rated 1 star. Comments included difficulty getting through to the practice on the telephone and calls being cut off.
Healthwatch Kirklees	In the last 12 months there had been 1 anonymous 2-star review on the local Healthwatch Kirklees website. We saw that the practice had responded to the feedback and encouraged the complainant to contact the practice directly to discuss their complaint further.
Friends and Family Test (FFT)	There had been 100 responses to the FFT for the period February 2023 to December 2023. We reviewed the responses and saw that 68% of patients considered the practice very good and 32% of patients considered the practice good. We also reviewed written comments recorded on the FFT and saw that all 12 comments were positive with patients describing staff as professional, kind and helpful.
Patient Feedback	We received feedback from 3 patients in relation to access, which was mixed. We found: <ul style="list-style-type: none"> For the question how easy it was to get through to someone at their GP practice on the phone, 2 patients indicated it was neither easy nor difficult and 1 patient indicated it was fairly difficult. For the question regarding the overall experience of making an appointment at their GP practice, 2 patients said it was fairly good and 1 patient indicated it was very poor.

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.	3 (Verbal)
Number of complaints we reviewed.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	

- The practice had received 3 verbal complaints, but no written complaints, in the last 12 months.
- There was a complaint policy, which had recently been updated in line with current guidance. The policy included the practice's complaints leaflet and a standard complaint response letter. We saw the letter included details of the Parliamentary and Health Service Ombudsman (PHSO) should the complainant be dissatisfied with the complaint outcome and wish to complain to the PHSO.
- The practice told us complaints were discussed with staff in meetings.
- The practice told us information about how to complain was available at the practice, which included the complaints leaflet.
- We reviewed the practice's website with the provider and found it was difficult to navigate to find information about how to complain in line with their policy. The policy or the leaflet were not available on the website. The practice told us they would review this.

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.

