

Inspection Evidence Table

Humber Primary Care

(RV9Y7)

Inspection Date: 3 January 2024

Date of data download: 19/12/2023

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: Requires Improvement

At our previous inspection in November 2022 we rated the practice as requires improvement for providing responsive services. At this assessment we have also rated the practice as 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. We also recognise that the practice has been through a large transition and change within the local area following the merger of 5 GP practices, to leave 2 remaining. Due to the merger of practices patients have been unable to change or move practices following a closure of patient lists by the Integrated Care Board. 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. 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"> We found that the practice had completed analysis of their practice population and as a result, developed services accordingly. The practice identified that there were significantly deprived parts within their practice population. Analysis of the practice population also showed that, they had significantly more patients with multiple morbidities compared to local Integrated Care Board (ICB) and national averages, this included patients with hypertension, diabetes and depression. Through joint working with their Primary Care Network (PCN) patients were able to access musculoskeletal, dieticians, social prescribers, mental health and well-being coaches directly. Through their PCN the practice had set up a single point of contact for local care homes so they could access services. This was a multidisciplinary team (MDT) including paramedics, pharmacists and GP's all working together. As part of this assessment the practice was able to share examples of how reasonable adjustments were made for patients. Patients with learning difficulties were given appointments at one of the provider's sites which was identified as a quieter location. There was a designated quiet space where reviews would be undertaken. We found patients could request appointments through a range of options, this included phoning the practice, in person when visiting the practice and using the online appointment system. The practice had access to translation services and were able to use these for face to face appointments, telephone appointments and video appointments. The practice had analysed their patient population and although they identified that they didn't have many non-English speaking patients, they identified a cohort of Polish speaking patients and displayed posters in Polish around the practice. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00 am – 6:00 pm
Tuesday	8:00 am – 6:00 pm
Wednesday	8:00 am – 6:00 pm
Thursday	8:00 am – 6:00 pm
Friday	8:00 am – 6:00 pm
Appointments available:	
Monday	8:00 am – 6:00 pm
Tuesday	8:00 am – 6:00 pm
Wednesday	8:00 am – 6:00 pm
Thursday	8:00 am – 6:00 pm
Friday	8:00 am – 6:00 pm

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.
- Patients were able to make weekend and evening appointments outside of core hours through the extended access scheme. Extended access was provided by the Primary Care Network (PCN).
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- 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. We found that the practice was working with local charities to support their practice population. This included providing support for homeless patients.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice had analysed their practice population and as a result identified that there was high admissions to accident and emergency for patients between the ages of 15 – 24 who self-harmed. The provider for this practice is Humber Teaching NHS Foundation Trust who provide mental health care for patients. The practice was able to access mental health clinicians to provide support for the patients they identified that had been admitted to hospital following self-harming.
- The practice was developing this further and had a mental health teams coming into the practice and doing mental health reviews for patients.
- Staff were trained in care navigation and signposted patients to alternative services and community support organisations as appropriate to their needs.

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.	No
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"> • Data available to CQC showed that the practice had a significantly larger proportion of patients who attended accident and emergency departments compared to local and national averages. The practice acknowledged this and planned on carrying out an audit to see if patients were attending A&E appropriately. They planned on being proactive and contacting patients who attended A&E regularly. 	

- Patient dissatisfaction about contacting the practice by phone was strong. This was reflected in the scores of the National GP Patient Survey results and also information received by CQC. Following the results of the patient survey the practice had recently changed their appointment system to an online based platform known as Total Triage. Patients that were not able to access online services were able to contact the practice by phone or in person at the surgery, and a member of staff would fill out the triage form on their behalf.
- Following the implementation of this the practice were able to provide data to show how telephone demand had decreased following the move to an online platform. The practice provided data to show that in January 2023 they received over 40,000 telephone calls, in December 2023 this had decreased by 50% to 20,000 telephone calls.
- We found that the practice had recently brought in an improved cloud-based telephone system. This was being developed further to provide a callback function for patients and would link with the clinical system to further reduce call lengths.
- When we reviewed the practice’s appointment system as part of this assessment, we saw that there were still appointments available on the same day and the following day to see a GP. The practice had recently changed its recall system for patients with long term conditions to be the same as the other practice within their PCN.
- Patients were able to make online requests from 7am to 6pm on Monday and 8am to 6pm Tuesday to Friday. All staff were trained in care navigation and requests were care navigated following and depending on the symptoms provided by patients.
- We found that the practice had been doing a “you said, we did” campaign with patients for a number of years. As a result of this, 3 volunteers attended both of the practice’s sites with an iPad to demonstrate how to complete online consultations. They also assisted patients with other things like showing patients how to use the check in machine, this reduced the demand on reception and administration staff.

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)	5.5%	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)	25.9%	56.0%	54.4%	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)	28.4%	52.3%	52.8%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or	61.7%	73.8%	72.0%	No statistical variation

appointments) they were offered (01/01/2023 to 30/04/2023)				
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Any additional evidence or comments

- The practice received lower than local and national average scores for patient satisfaction in the national patient survey for questions about patient experience of getting through to the practice by phone, their experience of making an appointment and satisfaction with appointment times. (As seen in the table above.)
- As a result of the National GP Patient Survey results the practice had implemented an action plan to improve the results. Due to the significant amount of dissatisfaction from patients about contacting the practice by phone, a new cloud-based telephone system was introduced. The practice also changed their appointment system to an online platform. As a result of this, the practice were able to show that from January 2023 to December 2023 the amount of telephone calls they received had dropped by 50%. The practice was looking into making further improvements with the cloud-based phone system to improve patients experience of contacting the practice by phone.
- During the assessment the practice were able to show their telephone performance data for that day. We saw that the practice had answered all but 1 of the calls received and the average wait time for calls to be answered was 174 seconds.
- When the patient survey data was collected between January 23 – April 23 there was significant disruption within the local area as 5 GP practices merged to become 2. The ICB enforced restrictions to stop patients changing GP practices during this time while the mergers where happening.
- We found that during the merger of the GP practices staffing levels at the practice were low, since the merger had been completed this had improved and the practice had managed to recruit additional GPs and would be fully staffed when a new GP started in January 2024.
- The practice shared data with us to show how the merger of practices had affected staff sickness. Sickness absence rates had however reduced since then with rates in December 2023 being approximately half the rate in January 2023.
- As part of the assessment we looked at the Friends and Family test the practice had completed. This survey showed an improvement in patient satisfaction since the new appointment system was brought in. In May 2023 the practice achieved 75.7% positive satisfaction, following the implementation of the new appointment system and cloud-based telephone system this increased to 85.3% in October, and 87.6% in November 2023.

Source	Feedback
Integrated Care Board (ICB)	The ICB shared appointment data with us prior to this assessment. It showed since the implementation of total triage in August, the practice were offering significantly more appointments then previously. In May 2023 the practice offered 383 appointments per 1,000 patients, this increased to 527 in October 2023. The ICB aims for practices within the area is for practices to offer 487 appointments per 1,000 patients.

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.	57

Number of complaints we examined.	19
Number of complaints we examined that were satisfactorily handled in a timely way.	19
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
A patient wasn't given an appointment at their preferred site which resulted in an expensive taxi fare.	The patient was apologised to, they were shown how to use Accurx to add a preferred location of their appointment. Volunteers that demonstrate the online platform to patients also show other patients how to do this.

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)	≤ -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.