

Inspection Evidence Table

Atkinson Health Centre Practice

(1-7806975798)

Inspection Date:

Date of data download: 08/01/2024

Overall rating: Good

Responsive

Rating: Good

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. <i>* We did not visit this premises as part of our assessment</i>	-
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

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 to 12.30pm and 1.30pm to 6pm
Tuesday	8.30am to 12.30pm and 1.30pm to 6pm
Wednesday	8.30am to 12.30pm and 1.30pm to 6pm
Thursday	8.30am to 12.30pm and 1.30pm to 6pm
Friday	8.30am to 12.30pm and 1.30pm to 6pm

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 were 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 was based in a health centre alongside several community services, which included district nurses, community paediatric doctors, mental health services, diabetic retinal screening and podiatry.
- 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.
- A marker was added to the practice clinical system if a patient was visually or hearing impaired. The reception would then know how the patients wanted to be communicated with.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Out of hours services were provided by NHS 111 and extended access appointments were provided by a local provider, weekday evenings from 6.30pm to 8pm. Saturday from 9am – 5pm (based in the health centre building) and some weekday mornings from 7am – 8am (based at another local practice).
- There was a range of appointments available at the extended access service which included, GP's, practice nurses, health care assistants, pharmacists, paramedics, social prescribers and physiotherapists.
- The paramedic team who were employed by local primary care network (PCN) were available every day for home visit bookings and could visit at different times of the day so that patients were not waiting for the GPs at the practice to finish their clinics and visit. Reception staff had received training in care navigation. The GPs had helped with this by putting together a guide about signposting.
- The practice carried out a dedicated ward round at the care home where they had patients who were resident, every Monday.
- One of the GP partners attended a local charity every week to speak with patients who may not frequent the practices, about their health needs. For example, they took blood pressure readings and attendance is encouraged in the practice.

- There were dedicated Thursday afternoon clinics from 1pm – 6.30pm for child immunisations – (these could be booked in other clinics if Thursday was not suitable for parents).
- The practice had unsuccessfully tried to organise a patient participation group (PPG), they did not have any patients who wished to attend, however were continuing to try to recruit patients.

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.	Yes
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.	Yes
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).	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had a hybrid model of appointments some were available to prebook, and others triaged. There was a split of face to face and telephone appointments on the day. If these became full a GP would triage them. • The practice were currently upgrading their website to make it more user friendly with more information about appointments for patients. • The practice were in the process of obtaining a new telephone system to improve access. • One of the practice nurses was having refresher training in asthma and diabetes to increase capacity for booking appointments. • The practice shared information about themselves on the practice website, through the practice social media page, via text, signage and TV screens in the patient waiting area. • If patients would benefit from continuity and seeing the same clinician, an alert was added to the patient clinical record. • Patients could book appointments at the main reception desk if they were unable to contact the practice by telephone. They could complete a handwritten information form about their symptoms and for confidentiality there was an interview room available for privacy. 	

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
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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)	84.6%	N/A	49.6%	Significant variation (positive)
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)	70.7%	63.2%	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)	65.5%	57.9%	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)	80.5%	72.9%	72.0%	No statistical variation

Source	Feedback
NHS.uk website (formerly NHS Choices)	There have been no reviews in the last 12 months.
Complaints to CQC in the last 12 months	There have been none received in the last 12 months.
Share your experience of care	When we announced the assessment, we sent out a link to the practice to share with patients to give us feedback. We received 9 responses. All of the responses were positive, patients told us the staff were friendly and professional, it was easy to obtain an appointment and they would recommend the service.
Results from NHS friends and family test	The practice sent us results of their NHS friends and family test, for the year of 2023. They had received 2545 responses, of these 95% (2419) of patients said they would recommend the practice to friends and family.

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
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
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Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
The practice received a complaint regarding a patient being signposted elsewhere	The practice looked at what had happened when the patient had been signposted elsewhere and recognised that the patient could have been helped further by the practice. The care navigation tool for receptionists was updated.

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.