

Inspection Evidence Table

AW Surgeries

(1-551631100)

Inspection Date: 15/11/2023

Date of data download: 08/11/2023

Responsive

Rating: Requires improvement

The practice is rated Requires improvement for responsive because although the practice had taken action to address access issues, there was limited evidence on the impact these positive improvements had on patients.

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: The practice provided evidence that it had a good awareness of the needs of the local population and had tailored the service to meet patients’ needs.</p> <p>This included:</p> <ul style="list-style-type: none"> • Being responsive to the needs of older patients and offered home visits and urgent appointments. • Offering cancer patients appointments at any time when the practice was open. • Having an administration staff member dedicated to the management of care for patient with long term conditions. • Liaising regularly with community services to discuss and manage the needs of patients with complex medical issues. 	

- Holding a register of patients living in vulnerable circumstances including homeless people, travelers, and those with a learning disability.
- Creating links with the local food bank to reach out to homeless and vulnerable patients.
- Having a good relationship with the local religious centres to link with local community groups.

The practice had a website with links to services and an online query and appointment request form. Following feedback, the practice had amended the website home page to make it clearer for patients to use.

The practice was taking a lead in developing a dedicated team working in partnership with the Primary Care Network (PCN) to manage care for housebound patients. This included managing long term conditions and administering flu and covid vaccinations.

The patient had an active patient participation group to ensure patient views were listened and responded to. The group met every few months and discussed practice developments, including staffing and the access arrangements. The practice had taken suggestions from the group for consideration and improvement action. This included moving forward with linking in with local community groups to reach more patients.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am – 6.30pm
Tuesday	8.00am – 8.00pm
Wednesday	8.00am – 8.00pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6.30pm
Saturday	8.00am – 12.00pm
Sunday	Closed
Appointments available:	
Monday	8.45am – 12.00pm and 2.30pm – 6.00pm
Tuesday	8.00am – 12.00pm and 12.00pm – 7.30pm
Wednesday	8.00am – 12.00pm and 3.30pm – 6.00pm
Thursday	8.45am – 12.00pm and 3.30pm – 6.00pm
Friday	8.45am – 12.00pm and 3.30pm – 6.00pm
Saturday	9.00am – 12.00pm
Sunday	Closed

Access to the service

People overall were able to access care and treatment in a timely way. However, the National GP Survey results had remained below national averages.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize 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.	Y
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice offered a variety of appointments with different clinicians. These were both on the telephone and face to face.</p> <p>The practice provided access to appointment on the phone and via an online appointment request form. The practice had a triage system for both the calls and the online forms managed by administrative and clinical staff. The duty doctor would review the requests and ascertain the needs for an appointment on the phone for face to face. The duty doctor had protected time throughout the day to complete triage of patient requests. Patients with urgent needs were prioritised. Appointments were released throughout the day to allow for patients who needed a face-to-face appointment later in the day. The practice could offer appointments with a range of clinicians, including GPs, advanced nurse practitioners and nurses.</p> <p>There were pre-bookable appointments available for receptionists to book or for patients to book themselves online. Patients could choose a day and time that suited them. Patients could also choose to send a query online to a GP of their choice to allow continuity of care.</p> <p>Receptionists taking phone calls had received training on signposting patients appropriately to all the services available, including physiotherapy, occupational therapy and podiatry. Staff told us they felt confident in guiding patients to services following their training. This allowed clinicians to use more time to for appointments.</p> <p>The practice used a text messaging system as an assisting way to communicate with patients. This included managing long term condition management. Responses from patients to information requested was reviewed by the appropriate clinician, for example asthma reviews were managed by the practice nurse. GPs used the texting system to answer patient queries without the need for an appointment. The practice still maintained collection and post options for patients who were not able to access a mobile phone.</p>	

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)	22.1%	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)	38.9%	44.4%	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)	44.9%	46.5%	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)	65.1%	65.9%	72.0%	No statistical variation

Any additional evidence or comments

Since the last inspection in January 2019, the results of the National GP patient Survey had improved slightly but were still below national averages. The results for how easy it was to get through to someone at the GP practice on the phone was at 22.1% which was well below the national average of 49.6%.

The practice was aware of the National GP Survey results, and had taken action, including collecting its own data to monitor performance on call management.

The practice changed phone provider in September 2023, as they were previously having issues with calls being lost. The new phone system allowed the practice to manage calls and monitor waiting times and demand so that it could be proactive in managing the staffing for taking calls and appointment availability.

The practice managers stated they had worked very hard in the last two years to reduce call waiting times for patients. The new phone system provided the data to show the average call wait time was around 8 minutes. The practice told us the previous average call wait time was around 30 minutes. We saw the practice had data to closely monitor the appointment availability for each clinician to meet demand.

The practice reviewed friends and family feedback it received from patients following an appointment. Between the months of March 2023 and October 2023, the practice received an average of 237 patient comments each month. On average in this timeframe 82% of patients said the service they experienced was good or very good. The practice picked up any negative reviews to see where improvements to access could be made.

Following the assessment, the practice collected responses from patients who had attended an appointment to check they were satisfied with their experience of making the appointment. The practice used this information to monitor and improve services.

Source	Feedback
NHS.uk website (formerly NHS Choices)	The practice had received 12 reviews since September 2022. Out of these 8 were 5 out of 5 star reviews. The other 4 reviews ranged from 1 to 3 stars. The positive reviews related to the ease of booking and availability of appointments. Also, good quality care by all staff, including detailed signposting to available services. Negative comments related to using the online form, mainly when ordering a repeat prescription. For all comments the practice had responded to the person.

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.	17
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	17
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 of learning from complaints.

Complaint	Specific action taken
Delay in a patient picking up their prescription as it had been printed off as a one off and not sent over to the pharmacy electronically.	The practice apologised to the patient about the lack of communication. The clinician had an issue with the smart card and so the prescription had been printed off.

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:

- 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.

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.