

Care Quality Commission

Inspection Evidence Table

Berwick Surgery (1-4513042592)

Inspection date: 8 December 2021

Responsive

Rating: Not Rated

Access to the service

People were to access care and treatment in a timely way.

	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	Y
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	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
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
There were systems in place to monitor the quality of access and make improvements	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice offered either urgent, on the day or routine, face to face or telephone appointments or home visits dependent upon the patient's individual needs. The practice manager explained the reception staff will offer all patients a GP telephone appointment, who will then decide if a face to face or home visit is needed.</p> <p>The operational manager explained the reception staff had completed care navigation and sepsis training and had a flow chart in place to enable them to identify patients who required an urgent appointment. In addition, if they had any concerns about the patient they would always speak with a clinician. On the day of the inspection the next routine appointment was for the 14 December.</p>	

Patients could book specific appointments for long-term conditions, immunisations' and cervical screening with the practice nurse. On the day of the inspection the next available practice nurse appointment was 16 December.

The practice door was locked to manage patient flow and promote social distancing because the waiting room was small. However, the reception staff explained they had both visual and audio contact available at the front door and answered the door immediately and took into account the weather and prioritised vulnerable patients. In addition, and patients could make an appointment by attending the surgery.

The reception staff explained that appointments were generally booked for ten minutes and the clinician would vary the length of time dependent upon the patient's needs.

The practice provided unverified data to demonstrate the number of face-to-face, telephone and home visits the practice had carried out over one week prior to the inspection.

Online advice was available through e-consult, which was responded to within 48 hours. However, the business manager explained that the population group were elderly and the take up for this service was low.

Both the business managers and the reception staff told us that they had adequate numbers of staff to answer the telephones.

The practice operated a cloud-based telephone where all call were responded to by five rings and entered a queuing system and most calls were responded to within five minutes. The business manager explained since improving the telephone system in they had not had complaints about the telephone system.

All the reception staff had received care navigation training to help them direct patients to the right health professional first time.

The practice monitors and follows up patients who does not attend their appointments.