

Care Quality Commission

Inspection Evidence Table

Abbey Road Surgery (1-539525756)

Inspection date: 9/12/21

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 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>When we arrived at the practice the doors were not open for patient access however, we were able to speak with reception via an intercom. We saw that staff were available to greet patients and answer the telephones. We saw a patient who had booked an appointment waiting by reception.</p> <p>Information detailing how to book an appoint was available at the practice and on the practice website. The practice telephone system advised patients if reception staff were busy and indicated the call position.</p> <p>Patients requiring an appointment were asked to phone the surgery on the day or make an online request. Reception staff were able to book patients a telephone call with a doctor who would determine the best course of action including a face to face appointment where clinically necessary.</p> <p>Systems were in place to support people who face communications barriers to treatment, this included online services, text messages, calls using services offering translation or sign language video interpretation.</p>	

Patients were not able to routinely choose their preferred method of appointments. Reception staff would firstly triage the call to determine the appropriate appointment and clinician, where appropriate or necessary patients had a telephone call with a doctor, with a subsequent face to face appointment if required.

In addition to telephone access patients were able to book appointments via the E-Consult, and electronic booking open 24 hours a day. These appointment requests followed the same triage process to establish the most appropriate appointment type and clinician.

Any urgent needs or requests for appointments that needed additional review were reviewed by the duty doctor. In addition to morning appointment slots additional urgent appointments were also made available after 3pm daily to allow children to attend after school. Where required, these appointments could also be used for other patients.

A limited number of appointments were available which could be booked by NHS111 staff for patients using that service who required access to primary care.

The practice used their call monitoring system to monitor and improve access to appointments and increase staffing levels to meet demand. For example, the practice introduced additional capacity within the appointment system for receptionists to book for GPs to call patients to discuss test results. This meant more availability of standard 10 to 15 minute telephone triage appointments.