

Inspection Evidence Table

Fitzrovia Medical Centre

(1-10015733020)

Inspection Date: 24/11/2023

Date of data download: 23/11/2023

Overall rating: Good

We carried out a comprehensive inspection at Fitzrovia Medical Centre between on 11 May 2022 and we rated the service as 'good' for all five key questions and overall.

This assessment of the responsive key question was undertaken on 24 November 2023. Responsive assessments are remote focused reviews to help us understand what practices are doing to try to meet patient demand and the current experience of people who use these services and of providers. The responsive key question is now rated as 'requires improvement'. The service remains rated as 'good' overall.

We recognise the great and often innovative work that GP practices have been engaged in to continue to provide safe, quality care to the people they serve. We know colleagues are doing this while demand for general practice remains exceptionally high, with more appointments being provided than ever. In this challenging context, access to general practice remains a concern for people. These assessments of the responsive key question include looking at what practices are doing innovatively to improve patient access to primary care and sharing this information to drive improvement.

Context

The practice is based within the London Borough of Camden in North-West London and provides primary medical services to approximately 7,440 patients. Information published by the Office for Health Improvement and Disparities shows that deprivation within the population group is rated as the seventh decile (7 out of 10). The higher the decile the less deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 23% Asian, 7% Black, 5% Mixed, 59% White and 6% other.

Responsive

Rating: Requires Improvement

At the last inspection, the Responsive key question was rated good. The practice has been rated requires improvement for providing responsive services following this assessment.

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> <p>The practice used specific analytic tools to identify areas of priority need for their patient population to ensure these were targeted and reviewed and to identify areas of health inequalities. The practice told us that an example of this was that their local population had a high proportion of Bangladeshi/British Bangladeshi patients and they directly employed a link worker to support these patients with access. Additionally, they had identified a high demand for hormone replacement therapy appointments and set up a menopause specific clinic to address this need which ran as required every six to eight weeks.</p> <p>The practice website provided information for patients regarding how to book an appointment. The range of options included by telephone, by visiting the practice, by using the online consultation service and the on-line appointment system. The practice also made use of a text message service to send and receive information from patients and an online software system to communicate with patients.</p> <p>Continuity of care was offered to patients where required or when patients requested consultations with specific clinicians.</p> <p>The practice was found to provide accessible services at the last inspection and assured us that this had not changed.</p> <p>Translation services were available to patients who required these and longer appointments were booked for patients who required the services of an interpreter.</p> <p>The provider was aware of the requirements to meet the 'Accessible information standards.' The patient record system was used to alert staff to any access requirement the patient had to help enable effective communication with the patient. Information was available in alternative languages, including on the practice website, and easy read materials were available.</p>	

Practice Opening Times	
Day	Time
Opening times:	

Monday	8.30am - 1pm and 2pm – 6.30pm
Tuesday	8.30am - 1pm and 2pm – 6.30pm
Wednesday	8.30am - 1pm and 2pm – 6.30pm
Thursday	8.30am - 1pm and 2pm – 6.30pm
Friday	8.30am - 1pm and 2pm – 6.30pm
Appointments available:	
Monday	8.30am - 1pm and 2pm – 6.30pm
Tuesday	8.30am - 1pm and 2pm – 6.30pm
Wednesday	8.30am - 1pm and 2pm – 6.30pm
Thursday	8.30am - 1pm and 2pm – 6.30pm
Friday	8.30am - 1pm and 2pm – 6.30pm

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 had identified they had a larger percentage of older patients living alone compared to the general population. These patients were invited for annual review of their care plan, which was a double appointment. The paramedic supported with care plans.
- The practice health care assistant was trained to undertake assessments of patients at home.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional GP, nurse and allied healthcare professional appointments were available from 6.30pm to 8pm Monday to Friday and 9am to 5pm on Saturday. Pre-bookable appointments were also available to all patients at hub practice locations within the area, as the practice was a member of a PCN.
- 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.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice was one of 5 practices piloting being a period poverty practice, providing free period products.

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.	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.	P
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 used a triage system for access to urgent and routine appointments whereby patients were directed to the appropriate clinician to meet their needs. The reception team undertook the initial triage and were supported by the duty GP. The duty GP was available all day from 8.30am – 6.30pm to provide on the day and urgent appointments. The reception team had been trained in signposting patients. The practice reviewed the triage process regularly throughout the week to ensure patients were appropriately signposted. The patient could choose either a telephone consultation or a face-to-face appointment. Additionally, patients could request a routine appointment with a GP and this was not part of the triage process.</p> <p>The practice offered a variety of clinical appointments either via their own workforce or jointly within their Primary Care Network (PCN). This included GP's, nurses, healthcare assistants, paramedics, pharmacists, social prescribers, mental health professionals, dieticians, physiotherapists and advanced nurse practitioners.</p> <p>The practice, in conjunction with their PCN (West End and Marylebone Primary Care Network) provided extended access from 6.30pm-8pm Monday to Friday and from 9am – 5pm on Saturdays at one of 3 hub practices in the Westminster area. Patients could choose face to face or remote appointments.</p> <p>Patients could access the practice by phone, online, by visiting the practice and via an online consultant system. Patients with identified access needs could request appointments in writing by email or via the postal system. Online consultation requests were processed by a central admin team who worked across central London practices to ensure patient requests were responded to as quickly as possible and within a maximum of 2 working days. The practice also used the NHS app and those patients signed up to this could request repeat medication, message the practice and check their records.</p> <p>The practice reviewed information from patients to make improvements including from the patient participation group, the friends and family survey and the GP patient survey. Additionally, PCN feedback was undertaken and sent monthly to be shared with the wider practice team. Improvements that had been made regarding access included utilising a regular locum when required, increasing the number of nurse appointments and working more closely with the allied health care professionals available to them. They had recruited a GP assistant to support the GP's role.</p> <p>The practice had a cloud-based telephone system. The national GP survey results indicated that most patients were satisfied with being able to contact the practice by telephone.</p>	

Patients who requested an urgent appointment were triaged by a duty GP so urgent needs were identified and patients booked in for appointments throughout the day.

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)	56.7%	N/A	49.6%	No statistical variation
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)	53.1%	57.4%	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)	50.5%	57.1%	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)	62.5%	69.7%	72.0%	No statistical variation

Any additional evidence or comments

The practice reviewed information from patients to make improvements including from the patient participation group, the friends and family survey and the GP patient survey.

The practice received higher than local and national average scores for patient satisfaction in the national GP patient survey for questions about the patient experience of getting through to the practice by phone. The practice received marginally lower than local and national average scores regarding the overall experience of making an appointment, satisfaction with the practice appointment times and patient satisfaction with the appointment they were offered.

The national GP patient survey data showed that access to the practice by phone had been on an upward trend since April 2022, when 55% of respondents were positive about their experience compared to 57% in April 2023. Regarding the overall experience of making an appointment and satisfaction with appointment times the GP patient survey data showed minimal change, or no change at all.

Regarding satisfaction with appointments offered, there was a downward trend over the last 12 months. In April 2022 77% of respondents were satisfied compared with 63% in April 2023. The practice told us this was due to a reduction of GP sessions, which was currently being recruited to, and an increase in the use of allied healthcare professionals which had presented patients with some change regarding who they see when they get an appointment.

Source	Feedback
NHS.uk website (formerly NHS Choices)	No reviews for this practice since the last inspection.

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.	14
Number of complaints we examined.	14
Number of complaints we examined that were satisfactorily handled in a timely way.	14
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
Difficulty making an appointment with preferred GP at the surgery as they only do 1 session.	Case discussed and patient was booked an appointment with preferred GP. Reviewed with wider team in practice meeting. Appointment policy reviewed.

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.