

Care Quality Commission

Inspection Evidence Table

Moore Street Medical Centre

Assessment date Date: 16 November 2023

Date of data download: 09/11/2023

Overall rating: Good

We carried out a comprehensive inspection at Moore Street Medical Centre on 21 March 2019 and we rated the service as 'good' for all five key questions and overall.

This assessment of the responsive key question was undertaken on 16 November 2023 as part of our work to understand how practices are working to try to meet demand and to better understand the experiences of people who use services and of providers. The results of our findings have led us to now rate the responsive key question 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

Information published by Public Health England shows that deprivation within the practice population group is in decile 1 (1 out of 10). The lower the decile, the more deprived the practice population is relative to others. A lower level of deprivation can indicate challenges in providing healthcare. The supply of healthcare services tends to be lower in more deprived areas due to a number of factors but has an increased demand. The population tends to have poorer health status among individuals with a greater need for health services. For example, there may be higher levels of long-term conditions such as those affecting the cardiovascular system and respiratory system. Data available to us showed that the practice has a higher than average number of patients who have a long-standing health condition compared to the national averages. For example, a higher

proportion of patients have conditions such as; a diagnosed airways disease, depression, diabetes, high blood pressure and obesity compared with other practices nationally.

Responsive

Rating: Requires improvement

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.	Yes
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
<p>The provider understood the needs of the local patient population and they had developed services to meet these. The practice worked within the primary care network (PCN) and supported local service developments as part of this. The practice also actively participated in clinical pilots and trials and was the first to take part in a lung cancer trial earlier this year.</p> <p>The provider’s website provided advise for patients on how they could book an appointment. Patients could request an appointment through a range of options, for example through phoning the practice, visiting the practice, using the on-line appointment system or using the on-line consultation service.</p> <p>The practice had an established clinical team and continuity of care was offered to patients were required or when patients requested consultations with specific clinicians.</p> <p>Services were provided at ground floor level and reasonable adjustments had been made to ensure the premises were accessible to patients who required disable access. A hearing loop system was available in reception.</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 particular communication needs of the patient so that staff could then communicate effectively with the patient. Information could be made available in alternative languages and formats including easy read materials. The practice offered extended appointments for patient with any additional communication needs.</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>	

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	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Further information about how the practice is responding to the needs of their population

- The provider was part of a primary care network (PCN). They supported service developments set up by PCN to meet the needs of patients within the locality. Patients were referred to these services accordingly.
- The practice maintained a register of patients whose circumstances may make them vulnerable so that they could be easily identified, and services provided to meet their needs. For example, through prioritising appointments, providing health checks and regular reviews of care and treatment.
- 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 liaised regularly with community services to discuss and manage the needs of patients with complex medical issues and those approaching the end of life. Gold standard framework (GSF) MDT meetings were held on a regular basis for patients approaching end of life.
- Patients considered vulnerable, or who have had multiple admissions, to hospital were referred to a virtual ward service and this had been shown to reduce unplanned hospital admissions.
- The practice had piloted and then introduced additional clinics with one of the GPs at the start of the flu season for patients living with chronic respiratory conditions to be reviewed. The patient received education with regards to the management of acute exacerbations, as well as administration of a flu jab and review of any other chronic disease. The reviews supported patients to optimise their treatment plans and provided education to minimize hospital presentations.
- The practice provided a phlebotomy service with a trained health care assistant providing this.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

- The premises were suitable for children and babies and baby changing facilities were available.
- Telephone consultations were provided, and patients therefore did not always need to attend the practice in person.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions.
- Patients were encouraged to utilise the extended hours provision provided in the locality. These appointments provided greater flexibility to working age patients, students and gave the option for children to be seen outside of school hours.
- Patients had a named GP who supported them in whatever setting they lived.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability and patients with a learning disability were offered an annual review. Longer appointments were provided for these reviews.
- Military veterans were identified to ensure they could be fast tracked to appropriate services including mental health support.
- Patients living with multiple long term conditions could have their health reviewed in one appointment when appropriate.
- The practice website provided information and advice to patients living with health conditions.
- The practice identified patients who experienced poor mental health in order to be responsive to their needs, for example by the provision of regular health checks.
- The practice hosted a weekly clinic for patients requiring the support of a community mental health worker.
- Patients were provided with information about how to access a range of support groups and voluntary organisations.
- Staff were trained in care navigation and signposted patients to alternative services and community support organisations as appropriate to their needs.

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.	Partial
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.	Partial
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:	

The patient voice about difficulties in getting through to the practice by phone and in obtaining an appointment indicated patient dissatisfaction. This was evident in the national patient survey results and in patient reviews on the NHS and Healthwatch websites.

The provider had started to take action to address patient concerns and improve patient experience. Actions taken to date included;

- Plans to move to a cloud-based telephone system which would enable the provider to audit the busiest times and respond accordingly. The anticipated timeline for this to be in place was early in the new year.
- Two additional receptionists' posts were being recruited to in order increase staff resources to answer phones at the busiest times.
- A regular locum GP was being used 4 mornings per week to help with winter pressures. This commenced a few weeks prior to this assessment.
- An additional advanced nurse practitioner (ANP) had been sourced to work one day per week. This had commenced a few weeks prior to this assessment.

Patients could book appointments on the day or book a routine appointment in advance. The provider reported high levels of non-attendance for appointments and therefore provided a higher percentage of 'book on the day' appointments to reduce this. Appointments with GPs could be booked in advance when follow up was needed, including in response to medication for mental health problems and to discuss test results. The majority of patients were initially telephoned by a GP or ANP and invited to attend the practice for examination or investigations when necessary. The reception team could also arrange a face-to-face appointment directly depending upon the presenting complaint. Clinicians triaged their appointment list and managed priorities. When all available on the day appointments had been allocated patients with urgent needs were triaged by a GP to ensure they were prioritised for care and treatment.

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)	34.8%	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)	31.8%	47.8%	54.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with	39.6%	47.7%	52.8%	No statistical variation

their GP practice appointment times (01/01/2023 to 30/04/2023)				
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)	55.7%	70.4%	72.0%	Tending towards variation (negative)

Any additional evidence or comments

The practice received lower than average scores in the national patient survey for patient satisfaction with getting through to the practice by phone, their experience of making an appointment and the appointments offered.

The provider told us they were actively trying to improve patient experience of access to the service. They anticipated that the plans for a new phone system and increasing the staff team would support this.

Source	Feedback
NHS.uk website (formerly NHS Choices)	Patient reviews for the past 12 months (3) include difficulties in getting through to the practice and in obtaining an appointment.
NHS Friends and Family test	The provider shared the feedback they have received from the NHS Friends and Family test for the previous 12 months. Patient satisfaction was high with results of good or very good in excess of 90% of patients. Very positive comments were received with regards to members of the staff team for both clinical and non-clinical staff members. The main areas of concern raised for patients included appointment availability, access via the telephone, and waiting time for appointments.
Healthwatch Sefton	The service has been the subject of both positive and negative feedback over the past 12 months. Feedback about people's experience of the staff team and the care and treatment provided has been mostly positive. Feedback about people's experience of contacting the practice and of making an appointment has been largely negative.

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.	22
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

Y/N/Partial

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

Example of learning from complaints.

Complaint	Specific action taken
Person concerned with historic inappropriate prescribing of a medication.	The complaint was investigated and responded to appropriately. The patient's concern was logged as a significant event. The patient was re-assessed by a member of the clinical team. Action was taken to change how the medication in question was recorded on the patient record system.
Delayed referral to secondary care.	The complaint was investigated and an explanation and apology was provided. A referral was made as a priority. The patient was reviewed to ascertain if any additional care and treatment was required.

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.