

# Care Quality Commission

## Inspection Evidence Table

### Stirchley Medical Practice (1-600704802)

Inspection date: 7 December 2021

## Responsive

Rating: Not Rated

### 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	Yes
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	Yes
There were systems in place to support patients who face communication barriers to access treatment	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
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
There were systems in place to monitor the quality of access and make improvements	Yes
Explanation of any answers and additional evidence: <p>Patients were able to request an appointment either by telephone, or in person as the practice doors were open, and had been throughout the pandemic. Patients, after advising the receptionists of the reasons for requesting an appointment, were signposted to the most appropriate clinician or to alternative services as appropriate including the local pharmacists, social prescribers or NHS 111. The practice offered extended access on Wednesday evenings between 6.30pm and 8pm and on Saturday mornings between 8am and 2pm. When we arrived at the practice at 8.30am, we observed receptionists attending to patients' queries in a timely manner.</p> <p>The practice demonstrated how they supported vulnerable patients, including patients who were shielding and those who experienced communication barriers to access the service. Some of the measures included placing alerts on patients' records outlining how staff could best support them. The</p>	

practice had identified a lead person and first line of contact for patients with a learning disability to promote continuity and familiarisation.

The practice operated a team approach to manage clinical appointments. GPs had been placed into three teams, with each having their own list of patients. Staff told us that this worked well and promoted continuity of care to patients. The team approach allowed for three duty GPs to be on duty each day to prioritise and deliver urgent same day appointments. The practice operated a telephone first system, where patients were triaged and offered face-to-face appointments where needed. The practice had identified a specific room at the back of the building, where GPs could examine patients who presented with Covid-19 symptoms.

Practice records showed that routine appointments could be pre-booked. The next available routine appointment with a nurse was on the afternoon of our inspection. The next available routine appointment with a GP was within four working days of our inspection on the 13 December 2021. Patients could also contact the practice using an online consultation method, although staff told us that this wasn't very popular among their patient population.

Requests for home visits were triaged by a GP and the practice offered twice weekly visits to the care homes under their care. The practice had identified a care home lead, who attended weekly multi-disciplinary meetings to discuss ongoing care. Staff had supported homebound patients and care home residents to have their vaccinations at home.

The practice had a telephony system in place to monitor all incoming and outgoing calls, including waiting times, and call length as well as lost calls. Monthly reports were generated, the data analysed and discussed at partner meetings. Actions were taken in response to the data including for example, directing all administration staff to prioritise call handling at busy times such as first thing in the morning to manage incoming calls. The practice shared the data for the month of November 2021 with us, which showed average call waiting times ranged between one and six minutes. The practice had continued to meet with the patient participation group (PPG) during the pandemic. In response to feedback from the PPG, the practice had introduced a queuing system on the telephone system indicating the caller's position in the queue.

The practice data showed a 300% increase in call volumes within the last year. Practice staff shared the challenges they had and continued to face with increasing demand for appointments and increased call volumes. Staff told us that despite the challenges they continued to face, they worked well as a team and there were opportunities to support each other.