

Inspection Evidence Table

Netherton Practice

(1-4953968978)

Inspection Date:

Date of data download: 17/11/2023

Overall rating: Good

We carried out a comprehensive inspection at Netherton Practice on 24 February 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 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 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

Explanation of any answers and additional evidence:

The provider understood the needs of the local patient population. The practice worked within the primary care network (PCN) and supported local service developments as part of this.

The provider's website provided advice 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.

Continuity of care was offered to patients who were required or when patients requested consultations with specific clinicians.

The premises/facilities were accessible to patients who required disabled access. A hearing loop system was available in reception.

The provider was aware of the requirements to meet 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.

Translation services were available to patients who required these and longer appointments were booked for patients who required the services of an interpreter.

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	9.30am – 5pm 6.30pm – 8 pm
Tuesday	9.30am – 5pm 6.30pm – 8 pm
Wednesday	9.30am – 5pm 6.30pm – 8 pm
Thursday	9.30am – 5pm 6.30pm – 8 pm
Friday	9.30am – 5pm 6.30pm – 8 pm

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 the 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 for patients approaching end of life. These had been reintroduced with the reopening of the practice.
- 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 and an on-line consultation service were provided, and patients therefore did not always have to attend the practice in person.
- The practice was proactive in offering other online services including the booking of appointments and requests for repeat prescriptions.
- Patients were encouraged to utilise the extended hours provision provided by the primary care network (PCN) with late appointments provided five days per week until 8pm and 8am to 5pm on Saturdays.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

- People in vulnerable circumstances were 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. A designated member of staff was responsible for ensuring that all patients who have a learning disability were invited to undergo an annual review of their health. Patients could be seen at home or at venues most appropriate to their needs.
- Patients with respiratory conditions could be referred to the PCN led respiratory hub.
- 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 to be responsive to their needs, for example by the provision of regular health checks.
- 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
<p>Feedback from patients, as evident in the results of the national patient survey and in complaints received by the provider (five out of eight complaints received over the past 12 months were linked to access) indicated patient dissatisfaction with getting through to the practice by phone and in obtaining an appointment.</p> <p>The provider shared data with us about the number of appointments provided over the previous four week period. This showed that the number of appointments provided was not always consistent.</p> <p>The provider was taking action to address patient concerns and improve patient experience. Actions included;</p> <ul style="list-style-type: none"> • The provider told us they were in the process of carrying out a piece of work to look at clinical capacity and demand with a view to reviewing the clinical cover required and provided. 	

- A new telephone system had been introduced 6 months ago. This included a queuing system and patients could be directed to calling at different times and with different options for dealing with their enquiries. An upgrade to the telephone system was scheduled for January 2024.
- The provider planned to introduce an analysis of call volumes and length of time waiting with an aim to identify peak demand and to flex the appointment system and staffing availability accordingly.
- Staff had been trained in care navigation and were moving away from asking patients to call back the following day in order to obtain an appointment.
- A new centralised administrative hub was under consideration.
- Patients were being encouraged to use the extended access service provided at evenings and weekends.

Patients could book appointments on the day or book a routine appointment in advance. Once all available on the day appointments had been allocated patients with urgent needs were triaged by a duty 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)	26.9%	N/A	49.6%	Variation (negative)
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)	38.6%	47.8%	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)	42.6%	47.7%	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)	68.7%	70.4%	72.0%	No statistical variation

Any additional evidence or comments

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

The practice had been merged with another location during the COVID-19 pandemic and had only reopened in December 2022. The national patient survey was dated January to April 2023.

The provider had produced an action plan detailing how they intended to improve patient access in response to the national GP patient survey results. This included: the provider was in the process of reviewing demand and capacity in relation to the clinical cover provided, a new telephone system had been introduced and an upgrade to this was scheduled, reception staff were being supported and trained to refer or direct patients to alternative services where appropriate and patients were being encouraged to utilise appointments provided as part of the extended GP access provided in the locality.

Source	Feedback
NHS Friends and Family test	The practice received scores of 80% and 92% for patients describing the service as 'good' or 'very good' for October and November 2023 respectively.
Healthwatch Sefton	One of two reviews was linked to patient dissatisfaction with trying to get through to the practice to obtain an appointment.

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.	8
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
Patient concerned about telephone access to obtain an appointment for themselves and a vulnerable family member.	The complaint was investigated. A response was provided to the complainant. Staffing levels had been reviewed and new staff recruited to deal with the volume of telephone calls and use of the new telephone system.

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.