

Care Quality Commission

Inspection Evidence Table

Abington Medical Centre (1-571728887)

Inspection date: 9 December 2021

Responsive

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>Following staff feedback, in 2018 the practice introduced a number of measures aimed at improving access to appointments and reducing staff workload. Measures included a revised triage system, which consisted of standardised questions developed by clinicians which receptionists would follow when patients called the practice. Templates enabled receptionists to ask a series of standardised questions to ensure patients were navigated to the most appropriate support.</p> <p>Triage transcripts were automatically uploaded onto patient's clinical consultation notes for clinical staff to review and make a clinical decision in regard to the most appropriate actions. This ensured all patients were directed to appropriate services based upon a clinical judgement. Patients were advised by receptionists of next steps for example, if a face to face appointment was to be arranged or whether they would receive a telephone consultation at a later time.</p> | |

The triage system implemented by the practice had been shared with other providers and taken on by two neighboring practices within the Primary Care Network (PCN).

There were systems in place for ensuring that specific groups of patients identified as vulnerable and in need of a same day appointments were able to receive timely clinical support. For example, there were alerts on the system which identified patients receiving palliative care. There was a designated priority phone line for paramedics and other health care professions as well as care homes so that they were able to get through to the practice directly and without delay.

The practice responded to patient feedback through improvements to the telephone system including increasing the number of patients able to wait in a queue; this reduced the risk of patients being disconnected. The telephone message also informed patients of alternative options such as completing an online triage request form.

There were multiple appointment types available, including face to face, telephone and video consultations. The triage system included questions which prompted receptionists' to asked patients whether they would like a telephone or face to face appointment as well as exploring what the patients was hoping for. Staff explored appropriate appointment times for working age population and flexible appointments for children outside of school hours as well as patients diagnosed with a learning disability.

There were protected same day routine appointments as well as book on the day routine appointments for appointments such as dressing changes and coil fittings as well as childhood immunisations.

The practice had specific home visiting nurses and a paramedic tasked with the role out of care home vaccinations and home visits.

The practice were aware of patients at risk of being digitally excluded and staff explained that by raising awareness of online access the practice were able to increase capacity to provide more face to face appointments which enabled those who were digitally excluded to access appointments via telephone. Clinical records included alerts which flagged patients who preferred not to communicate via the phone, those who were not comfortable or able to use online facilities or were uncomfortable attending face to face appointments.

Staff were able to access interpreters, had completed deaf awareness training and were able to lower their masks when appropriate for patients who lip read.

The provider had a Patient Participation Group (PPG) which consisted of up to 100 online members. Electronic communications were sent to PPG members such as changes to online forms as a result as comments received from patients.

To keep patients informed the practice sent out newsletters to patients on a quarterly basis. Screens in the practice raised awareness of different ways of accessing appointments and the practice was looking into using social media platforms to increase the range of methods used to communicate messages.

The practice doors were always open during the practice's opening hours and patients could walk in and speak to members of reception for advice and support.

During our unannounced inspection, we observed a dedicated team working hard and efficiently to respond to patients demands, providing timely access to clinical care. Unverified data provided by the practice showed low use of extended access GP and nurse appointment and a high use of online appointments via an application which enables access to either NHS-partnered or private healthcare provider video appointments to patients across the UK. This was one example of how the practice were able to provide timely access to appointments with a clinician and that actions aimed at raising patient awareness of digital solutions was effective.

At the time of our inspection, a designated clinical lead was undertaking a digital health master's degree and using knowledge gained to design and implement improvements in the practice. In particular a triage control protocol, tutorial videos advising patients on how to access online services and looking at efficient use of digital solutions. Staff explained that they were planning to place the video on the practice website. New patients who registered with the practice were automatically sent a link to the video.

The practice carried out a survey to establish the impact of implementing their triage control protocol. The practice handed out 220 patients surveys using a range of methods and received 100 responses. Unverified data provided by the practice showed that all 100 patients who responded found the triage service easy to use.

- 95% of respondents got the outcome they needed from the online consultation.
- 94% were happy with the service they received and 6% were unsure.
- 98% would use the service again.

Patient comments we viewed showed that patient felt the online triage system was very efficient and so much easier than queuing on the phone. Patients with hearing impairments who provided feedback found the online triage request was useful. Patients responded positively regarding their experience of the triage process and quick response time. Patients commented that the experience made them feel as if they were writing requests directly to the GP which provided reassurance that their clinical needs were being viewed by a clinician. We saw positive feedback from families with elderly patients who found the practice response to request for appointments and clinical support was quick and efficient.

To further improve awareness staff were actively looking for patients who were willing to shoot a short video around various ways of how to access appointments. The provider were also actively advertising to recruit a digital worker.

The practice had arrangements with a local school which enabled them to see children who may not be registered with the practice. These patients were seen as a temporary patient.

The practice demonstrated that they had enough staff to meet demand. Staff rotas were in place for managing phone lines, including during busy periods, and protected time for other members of staff to call and follow up patients following requests from clinicians. Staff were able to be deployed to support different tasks within the practice in order to respond to increases in demand and workload.