

# Care Quality Commission

## Inspection Evidence Table

### St Luke's Primary care Centre (1-594317530)

Inspection date: 7 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
Explanation of any answers and additional evidence: The practice operated a GP led triage service, which had been in place for five years. Upon telephoning the practice, patients were directed through a series of options to the correct channel in the practice. One of these options was for patients requesting urgent, same day appointments. These calls were answered by receptionists who were supported by a GP who sat alongside them. The practice had developed a set of algorithm-based questions for receptionists to ask patients, known as pathways. These pathways provided prompts for receptionists to ask to ensure patients received the most appropriate support. Answers to the questions were automatically recorded in the patient record. Reception staff were able to ask the triage GP for advice on what action to take in response to the patient's symptoms and outcome of the pathway. This ensured all patients were directed to appropriate services based upon a clinical judgement. Patients were advised by reception 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. The triage GP was always supported by a buddy to enable appropriate clinical support as needed. The triage system ensured specific groups of patients identified as	

vulnerable and in need of same day care were able to receive clinical support, for instance those receiving palliative care.

The practice had responded to patient feedback through improvements to the telephone system. They advised patients had frequently complained of long wait times on the telephone to then be told appointment capacity had already been reached for the day. As a result, the cloud-based telephone system had been programmed to inform patients that once appointment availability had reached capacity the telephone line would be disconnected. This removed the risk of patients waiting for an extended period in a redundant queue. The prerecorded hold message informed patients of the appropriate action to take should this happen, and they still require same day support. For example, patients could call the NHS 111 service who had access to dedicated appointment slots at the practice for patients assessed to be requiring same day support. Patients had also expressed dissatisfaction with all appointments being released in the mornings at 8am. In response to this the practice changed their system and appointments were released in the morning at 8am for morning slots and then again at 2pm for afternoon slots.

There was a separate option on the telephone system for patients requiring same day support and those requesting to speak to reception or book an alternative appointment, for example advance appointments with nurses. Upon reviewing the clinical system, we saw advance appointments were available that week. The practice supported multiple care homes, and these also had a dedicated option on the telephone system to ensure timely support for patients. Pre-allocated daily appointment slots were also available for these patients.

There were multiple appointment types available, including face to face, telephone, video and remote video consultations. Face to face appointments were offered based upon clinical need or following consultation with a GP. The practice employed a multi-disciplinary team of healthcare professionals, including advanced nurse practitioners, clinical pharmacists, nurses, health care assistants, first contact physiotherapists and social prescribers. Ongoing efforts were being made to educate patients on appropriate use of services, particularly the ability to see alternative healthcare professionals for the appropriate support, as opposed to always having to see a GP. For example, clinical pharmacists were trained to support medicines and long-term condition reviews.

Information for patients on access was displayed in the practice, on the website, on the telephone lines and on the practice's social media pages. Information on 'did not attend' data and subsequent lost appointment time was also shared with patients. There was regular engagement with the Patient Participation Group (PPG), and access was regularly included in discussions. The practice prioritised safety and we saw systems had been developed to ensure clinical oversight and support for staff employed in advanced roles. For example, support for the advanced nurse practitioners and clinical pharmacists was provided by the GP triage buddy.

The senior team maintained regular oversight of the appointment system. Three weeks prior to our inspection the practice had invested in a reporting package for the cloud-based telephone system. We saw this telephone system software enabled managers to identify peak periods of demand on the telephones, average wait times as well as live data from the system throughout the day. This data was used to support workforce planning but also to develop and improve systems. For example, it had been identified that there was a significant drop in pressure on the telephone systems outside of the peak

appointment release times. In response reception staff were reallocated to alternative tasks at quieter times and redirected back to answering the phones during peak times.

Additional improvements were also taken to reduce pressures on the telephone systems where possible to ensure those who needed to contact the surgery by phone could. The practice clinical system was used to support these improvements where possible. For example, the practice utilised a function within the clinical system to send specific patients a web address to enable them to book an appointment directly in the practice system. This option was being piloted at the time of our visit and had only been used in specific circumstances where appropriate. The practice used staff effectively to call patients to arrange appointments rather than asking patients to call where possible. For instance, following abnormal blood test results requiring follow up, an SMS message would be sent to the patient advising the practice would be contacting them to arrange an appointment.

Staff we spoke with had an awareness of patients who may have particular difficulties accessing the practice due to digital exclusion or fears during the pandemic. They advised the practice doors were always open during the practice's opening hours and patients could walk in and speak to a member of reception for advice and support. In addition, the efforts made to reduce pressures on the telephone systems also aimed to ensure those reliant on the telephone for access were able to get through.

Staff we spoke with advised staffing levels were maintained at an appropriate level most of the time. However, throughout the pandemic the practice had been impacted by significant staff sickness at times which had put the service under substantial pressure. To ensure continuity of service the practice utilised a pool of regular locums when needed. These locums were incorporated into the practice team to ensure they were kept up to date with practice policies and protocols. For example, all locums were included in all relevant practice wide emails. Staff described the practice team as supportive and cohesive, with a collaborative approach to supporting patients and ensuring effective service delivery.