

Inspection Evidence Table

Palfrey Health Centre

(1-547457755)

Inspection Date: 15/01/2024

Date of data download: 13/12/2023

Overall rating: Good

Responsive

Rating: Requires Improvement

At our last inspection in 2019, we rated the practice as good for the provision of responsive services. At this assessment, we have now rated the practice as requires improvement for the responsive key question.

We recognise the pressure that practices are currently working under and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data or other sources of patient feedback. Therefore, the rating is Requires Improvement, as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of inspection.

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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We found that the provider had a patient needs protocol in place which was used to gather patients care needs when they were initially registered with the practice. This information was reviewed periodically with patients to ensure where their needs changed this could be noted on their medical records. The practice also used info gathered from their in-house patient survey to identify changes in patient needs within the general practice to improve/develop services to meet patient need. The practice carried out a Disability Discrimination Act (DDA) audit to ensure they were meeting the requirements of the Act and in so doing ensuring patients could access the practice safely. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am – 6.30pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 12.00pm
Appointments available:	
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm

Wednesday	8.00am – 6.30pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6:30pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Extended access service offers appointments e.g. for respiratory illnesses in children from 6.30pm until 9:00pm and weekends.
- Additional nurse appointments were available until 7pm on a Monday for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 6:30pm on Monday to Thursday and until 12 noon on a Friday. From 12pm to 6:30pm GMS medical services are provided by Ournet services.
- The practice held registers for AIS (Hearing and sight loss, Carers, Dementia, Learning Disabilities and palliative Care).
- People in vulnerable circumstances were easily 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.

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.	P
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.	P
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Where patients need were urgent, we found that the practice had systems in place to ensure these patients could be seen quickly and prioritised over non urgent care. • Where patients were of school age, we found that access to a GP outside of school hours was available alongside patients who worked were also able to access a GP on an evening. • The practice worked in partnership with the Patient Participation Group (PPG) and family and friends to improve patient access to care and treatment. • Reception staff were trained in GP triage so patients could access a range of other care services available at the practice without having to see a GP. For example: Pharmacy services and social prescribers. 	

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)	32.5%	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)	42.4%	44.3%	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)	42.7%	46.5%	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)	60.6%	65.8%	72.0%	No statistical variation

Any additional evidence or comments

The above data showed the practice had performed below local and national averages in the national GP patient survey for the indicators related to access. For example, the data showed only 42.7% of patients said they were satisfied with appointment times in comparison to the England average of 52.8%. The practice had carried out their own in-house survey between January and November 2023 showing 56% were satisfied.

The practice explained they were taking several actions to improve access for patients, which included:

- The Patient Participation Group (PPG) chairperson explaining the improvements which had been made to patient access by the practice. For example: more face-to-face clinician appointments and a texting facility were just two improvements.
- The practice also improved their appointment types. For example: online services and video calling was available since 2010, so patients had more choices to access their GP.
- These range of services enable patients to see a GP in a way that was more comfortable and provided easier access for them to support their care needs.
- We found the improvements reduced the level of complaints made.
- The provider had an action plan in place for the Integrated Care Board (ICB) as a way to show how they were improving patient access as part of their funding arrangements. This action plan identified that the provider was planning to improve their telephone system so they will be able to monitor more closely patient access/appointments.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There had been a number of responses from patients over the last 12 months, which were all positive about the service they had received.
Healthwatch Walsall	There was feedback from 6 patients, who shared a range of positive views as to their experience in accessing a GP.

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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

