

Care Quality Commission

Inspection Evidence Table

Woodside Health Centre (1-560959192)

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: The practice told us when patients attended or telephoned the practice, they were requested to advise the receptionist of the reason for wanting an appointment. This was to ensure patients were booked in with the most appropriate clinician or signposted to alternative services for support, such as the local pharmacist or NHS 111. The practice had a designated duty GP available each day providing urgent same day appointments. The number and type of appointments offered was dependent on the number of clinicians available each day. Patients were offered a choice of appointments. Most appointments were either face-to-face or telephone consultations depending on clinical need and patient's own preference. If a patient requested a telephone consultation, they were offered an indicative time for the callback. The practice told us they had reinstated face-to-face appointments around July 2021.	

On arrival at the practice at 11.30am no patients were observed queuing for the receptionist. We saw the next available routine appointment with both a GP and a nurse were available on the afternoon of our inspection. The next routine appointment with a GP was available on 13 December 2021. Practice records showed routine appointments could be booked one month in advance and current availability was up to 8 January 2022. Home visits were available based on clinical need. Requests for these were triaged by a GP. The practice told us arrangements were in place for housebound patients to have a flu and covid vaccine in their own home.

The practice told us they provided a virtual ward round at a local care home on a Tuesday. Patients were discussed as part of a multi-disciplinary team approach involving a GP from the practice, the community matron, home manager, community physiotherapist and other health and social care professionals, where appropriate.

The practice placed alerts on patients' clinical records to help staff identify and support patients who faced communication barriers with accessing treatment. They had systems in place to obtain consent for a family member to make an appointment on behalf of a patient. Interpreter services were available.

We saw information was available to enable patients to understand how to access the service. Information on what to do when the practice was closed was also available on the practice website. Patients could also email the practice for all patient enquiries such as appointment requests, medication and repeat prescriptions or results. A range of online self-help resources was also available in addition to Online Consult, a consultation tool to help patients identify their health care needs. An information poster developed by the British Medical Association (BMA) was displayed in the waiting room, providing patients with details of why GPs were needing to work differently during the pandemic.

Practice staff shared the challenges they had and continued to face with increasing demand for appointments. They considered there were adequate staff currently available to prevent staff working in excess of their contracted hours, although it had been very stressful. Arrangements were in place to reimburse staff should they work above their hours. The provider had employed a locum GP to assist the team but had experienced difficulty with staff recruitment and retention over the last couple of years. The practice currently had staff vacancies, including a part-time salaried GP and health care assistant. The practice told us the NHS Supporting Change in General Practice team had visited the practice to review their systems and offered suggestions for overcoming challenges and improving outcomes.

The practice had a telephony system in place to monitor all incoming calls to help deliver a better patient service and take action where improvement was identified. The system monitored the number of calls received, length of time waiting, lost calls etc. and the data was analysed by the practice, so they were able to adjust their staffing requirements to manage calls accordingly. The practice told us on average they received between 600 – 700 calls per day. During the inspection incoming telephone calls and patients presenting at the practice were responded to promptly.