

Care Quality Commission

Inspection Evidence Table

Laburnum Health Centre (1-559160107)

Inspection date: 6 April 2022

Date of data download: 6 April 2022

Overall rating: Requires Improvement

Responsive

Rating: Requires Improvement

At our previous inspection in April 2021, we rated the practice as **requires improvement** for providing responsive services because:

- Although the practice had made changes to its appointment system and sought to improve access, evidence demonstrated that patients still could not always access care and treatment in a timely way.
- The practice's 2020 GP Patient Survey results remained below national averages for some questions relating to access and patient feedback relating to telephone access and types of appointment offered demonstrated a year on year downward trajectory.
- Feedback from patients indicated difficulties with telephone access in particular.
- These areas affected all population groups, so we rated all population groups as requires improvement for providing responsive services.

At this inspection, we have continued to rate the practice as **requires improvement** for providing responsive services because:

- Although the practice had sought to improve access by adding two additional telephone lines and making changes to its appointment system, evidence from patient survey results and patient feedback relating to access continued to show patients were still unable to always access care and treatment in a timely way.
- The practice's 2021 GP Patient Survey results remained below national averages for most of the questions relating to access.
- Despite a slight improvement to the data relating to telephone access, this was still significantly below national average and consistent with patient complaints.

- Patient complaints received by CQC were in relation to access to the service.
- We were not assured the system in place for undertaking home visits was operating effectively.
- Complaints were not always used to improve the quality of care.

These areas affected all population groups, so we rated all population groups as **requires improvement** for providing responsive services.

Responding to and meeting people's needs

Services did not always meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Not assessed
The facilities and premises were appropriate for the services being delivered.	Not assessed
The practice made reasonable adjustments when patients found it hard to access services.	Not assessed
There were arrangements in place for people who need translation services.	Partial
The practice complied with the Accessible Information Standard.	Not assessed
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice told us they had developed services in response to their population needs. For example, they recently introduced e-consultations as an available service to patients when they were fully booked. However, evidence continued to show significant difficulty when patients tried to access those services. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am – 7.15pm
Tuesday	8.00am – 7.15pm
Wednesday	8.00am – 7.15pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 7.15pm
GP Appointments available:	
Monday	9.00am – 12pm and 3.30pm - 7.00pm
Tuesday	9.00am – 12pm and 3.30pm - 7.00pm
Wednesday	9.00am – 12pm and 3.30pm - 7.00pm

Thursday	9.00am – 12pm
Friday	9.00am – 12pm and 3.30pm - 7.00pm

Access to the service

People were not always able to access care and treatment in a timely way.

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	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	N
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Partial
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	N
Patients with most urgent needs had their care and treatment prioritised	N
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y

Explanation of any answers and additional evidence:

The practice told us they had taken steps to improve access, such as:

- They introduced e-consultations as an available service to patients when they were fully booked.
- They increased their telephone lines to four call lines to allow greater access.
- The practice said they had experienced high levels of staff absences during the COVID-19 pandemic and they recruited another healthcare assistant to support the practice. This was in addition to four senior doctors, four trainee doctors, one practice nurse and three healthcare assistants.
- They were due to undertake a quality improvement project to improve access in conjunction with the Clinical Commissioning Group (CCG).
- The practice stated they are able to redirect patients to a local hub site (through the out of hours service) for a GP appointment if required, including on weekday evenings and on weekends.

Although the practice had taken these steps to improve access issues at the practice, we were not assured that people were able to access care and treatment in a timely way. The access data

documented below and patient complaints received by the practice and sent to CQC, as well as online patient feedback continued to highlight significant issues with access, including access to home visits.

- We were not assured that the systems in place to ensure patients with most urgent needs had their care and treatment prioritised were operating effectively. We saw evidence from complaints that patients faced lengthy waits to access the service for treatment for ongoing issues and in some cases, patients would wait up to two days to get through to the practice.
- Telephone triage was offered as the first point of contact before patients were offered any other types of appointments.
- Although some patients were able to make appointments using e-consultations, not all patients were able to book appointments this way and difficulties with telephone access meant other patients were unable to make appointments in a way that met their needs.
- We were not assured there were appropriate systems in place to support patients who faced communication barriers to access treatment. Although the practice website offered translation services for up to 21 languages, we found they had not acted appropriately to ensure a patient facing language barriers had been provided with an interpreter to access the service, leaving the patient unable to have their needs met when they visited the service.
- We were not assured patient requests for home visits were being adequately assessed or fulfilled and this placed vulnerable patients at risk of deterioration. We were presented with two home visit policies. The initial home visit policy we received was reviewed in March 2021, whereas the second policy provided was created in March 2020 during the Covid-19 pandemic. It was therefore not clear which policy was currently in use at the practice. The policy created in March 2020 stated the process for home visits was that patients requesting a home visit received a telephone triage from the GP who would then arrange, or advise patients how they would perform a virtual visit via computer links. Following this, if a home visit was deemed necessary then the patient would be visited that day with full PPE.
- We reviewed one patient complaint where a housebound patient had been declined home visits for assessment and follow up care, which led them to use emergency services on the occasions they were unable to receive a home visit. Clinical records do not show the practice were aware of the patient's return from an extended hospital stay and the discharge letter had not been read or actioned until two weeks post discharge. There was also no evidence a home visit had taken place when the patient experienced an upper respiratory infection which required further treatment and there was no evidence of a follow up following this treatment.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	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 (01/01/2021 to 31/03/2021)	43.4%	N/A	67.6%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to	49.3%	65.8%	70.6%	Tending towards

Indicator	Practice	CCG average	England average	England comparison
the overall experience of making an appointment (01/01/2021 to 31/03/2021)				variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	55.2%	64.4%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	68.9%	76.3%	81.7%	Tending towards variation (negative)

Any additional evidence or comments

At the previous CQC inspection in April 2021, we found that although the practice had made changes to its appointment system and sought to improve access, evidence demonstrated that patients still could not always access care and treatment in a timely way. The practice's 2020 GP Patient Survey results remained below national averages for some questions relating to access and patient feedback relating to telephone access and types of appointment offered demonstrated a year on year downward trajectory. Feedback from patients indicated difficulties with telephone access in particular.

At this CQC review, we saw that the practices' 2021 GP Patient Survey results of 115 patients (1.1% of the practice population) had improved in all the indicators relating to access. For example:

- The percentage of patients who responded positively to how easy it was to get through to someone at the practice on the phone was 43% in 2021, which had increased from 31% in 2020.
- The percentage of patients who responded positively to the overall experience of making an appointment was 49% in 2021, which had increased from 44% in 2020.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times was 55% in 2021, which had increased from 52% in 2020.
- The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered was 69% in 2021, which had increased from 51% in 2021.

Although the percentage of patients who were satisfied with access had improved in 2021, the performance figures for all four indicators continued to be below local and national averages and the practice continued to be an outlier in relation to how patients felt they could access the practice by phone. The practice was also tending towards being an outlier in relation to patients overall experience of making an appointment and satisfaction with the appointments offered. We saw minutes of practice meetings in September 2021 where the national GP patient survey results were discussed. In this meeting, the practice agreed to carry out its own inhouse survey.

The practice provided evidence of their inhouse patient satisfaction survey of 100 patients (1% of the practice population) carried out in 2021. The survey was set across 19 indicators, nine of which were access related. For example:

- 74% of the 100 responses rated the practice's speed of answering the speed as good, 6% excellent and 20% poor.
- 50% of the 100 responses found the triage system useful, 32% very useful and 18% not useful.
- 45% of the 100 responses found it fairly easy to make an appointment at the surgery, 20% easy, 20% not easy and 15% hard.

The practice told us they had received only one complaint regarding the appointment system; however, complaints received by CQC in the past five months continued to report significant difficulties with accessing the service. For example, one complaint received reported significant difficulty with telephone access and access to a GP for follow up care. Patients reported having to ring the practice up to 20 times in the morning and finding appointments no longer available by the afternoon.

These complaints were consistent with online reviews highlighted in the table below.

Source	Feedback
For example, NHS Choices	Six reviews had been received on the NHS Choices website within the last 12 months. Two of the reviews were positive, whilst four of the reviews reported wide range of access issues. These included having to resort to go accident and emergency to receive care after being unable to access the service. Other reviews reported the lack of a call waiting or queuing facility leaving them to ring the practice up to 108 times. Others report having to wait for up to two weeks to get access to book an appointment.
Google reviews	The practice had a rating of 1.4 starts out of 94 reviews. We looked at 19 reviews posted in the past six months. The reviews reported some patients having to wait three weeks to access the service and some having to ring the practice between 72 and 226 times and finding out there were no longer any available appointments once through to the practice. Other feedback reported having to attend accident and emergency for non-emergency related ailments due to lack of access at the practice. Two reviews reported concerns around missed diagnoses.

Listening and learning from concerns and complaints

Complaints were not always used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	13
Number of complaints we examined.	13
Number of complaints we examined that were satisfactorily handled in a timely way.	4

Number of complaints referred to the Parliamentary and Health Service Ombudsman.	2
--	---

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

Explanation of any answers and additional evidence:

- The practice told us they had received one complaint regarding the appointment system in the last year. However, the practice provided us with a further 13 complaints that had been received by the practice in the past year, three of which related to access issues, including one which was raised with NHS England. Patients expressed significant difficulties accessing the practice to see a GP, or to book appointments for ongoing health issues. They reported that in some cases, it took up to two days to access the practice, after which they found there were no available appointments left. We were not assured that these complaints were resolved appropriately as the practice response to these complaints was a generic reiteration of their appointment options, with no attempt to resolve the individual patient access complaints relating to their ongoing health issues.
- We also found other complaints had not been handled appropriately. We found three patient complaints related to concerns around clinical care and although we saw evidence that the practice offered patients an apology to their complaints, there was no evidence to show what learning had taken place to prevent future recurrences for most of these complaints. For example, one patient complaint related to a medication prescribing error for a young child following a consultation with a trainee doctor. This error had been noticed by external clinicians and carried a risk of harm to the patient. Further concerns had been raised about their knowledge of the patient's clinical history prior to the consultation; however, there was no evidence from the practice response of what action had been taken to notify the trainee doctor or the relevant body of this prescribing error, despite being advised to amend the error and issue a new prescription before the patient could be administered this medication. There was also no evidence of how the practice would address any training needs that arose from this incident, or to escalate this near miss to the relevant bodies and discuss this within the practice to prevent a recurrence.

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complaint of poor treatment by reception staff due to language barriers.	Despite an apology from the practice to the patient, there was no indication of how the practice could support the patient in the future; for example, by offering an interpreting service.
Patient complaint of poor care received and incorrect advice given to child.	Practice provided an apology and acknowledged that advice given to child by locum GP was incorrect, as they were not aware of local policies and would discuss the concerns with them.