

Inspection Evidence Table

Kensington Health Centre

Assessment Date:

Date of data download: 03/11/2023

Overall rating: Good

We carried out a comprehensive inspection at Kensington Health Centre on 25 February 2019 and we rated the service as 'good' for all five key questions and overall.

This assessment of the responsive key question was undertaken on 10 November 2023 as part of our work to understand how practices are working to try to meet demand and to better understand the experiences of people who use services and of providers.

We have rated the practice as good for providing a responsive service. The service remains rated as 'good' overall.

We recognise the great and often innovative work that GP practices have been engaged in to continue to provide safe, quality care to the people they serve. We know colleagues are doing this while demand for general practice remains exceptionally high, with more appointments being provided than ever. In this challenging context, access to general practice remains a concern for people. These assessments of the responsive key question include looking at what practices are doing innovatively to improve patient access to primary care and sharing this information to drive improvement.

Context

Information published by Public Health England shows that deprivation within the practice population group is in decile 1 (1 out of 10). The lower the decile, the more deprived the practice population is relative to others. A lower level of deprivation can indicate challenges in providing healthcare. The supply of healthcare services tends to be lower in more deprived areas due to a number of factors but has an increased demand. The population tends to have poorer health status among individuals with a greater need for health services.

The practice has a diverse patient population with higher than average numbers of registered patients being Eastern European, from the Travelling community and people seeking asylum.

Responsive

Rating: Good

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>The provider understood the needs of the local patient population and services had been developed in response to these. The practice worked within the primary care network (PCN) and had received network funding to recruit to the role of care co-ordinators with an aim to focus on specific cohorts of patients that needed closer attention and more in-depth levels of care. The provider told us the roles had improved patient engagement, education and the provision of more personalised care pathways.</p> <p>The provider's website provided advise for patients on how they could book an appointment. Patients could request an appointment through a range of options, for example through phoning the practice, visiting the practice, using the on-line appointment system or using the on-line consultation service.</p> <p>Continuity of care was offered to patients were required or when patients requested consultations with specific clinicians. When locum GPs were used the provider used the same GPs whenever possible.</p> <p>Services were provided at ground and first floor levels and reasonable adjustments had been made to ensure the premises were accessible to patients who required disable access. A lift was available for patients to access the first floor.</p> <p>The provider was aware of the requirements to meet the 'Accessible information standards'. The patient record system was used to alert staff to any particular communication needs of the patient so that staff could then communicate effectively with the patient. Information could be made available in alternative languages and formats including easy read materials.</p> <p>Translation services were available to patients who required these and longer appointments were booked for patients who required the services of an interpreter.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	7.30am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 7.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 6.30pm
Tuesday	7.30am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 7.30pm
Friday	8am – 6.30pm

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

- The provider was a member of the primary care network (PCN) and supported service developments set up to meet the needs of patients within the locality. Patients were referred to these services accordingly.
- The provider had secured funding for the role of care co-ordinators. The role of the care co-ordinator was decided in response to the needs of patient cohorts. The aim of the role was to improve the services provided to patients and improve the patient journey. The cohorts of patients supported by care co-ordinators include the following; patients living with dementia or frailty, housebound patients and those living in care homes, people living with long term conditions, people who have a learning disability, frequent attenders, patients who are asylum seekers or refugees, patients who have serious mental illness and those going through gender affirmation.
- The practice maintained a register of patients whose circumstances may make them vulnerable so that they could be easily identified, and services provided to meet their needs. For example, through prioritising appointments, providing health checks and regular reviews of care and treatment.
- 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.
- The practice liaised regularly with community services to discuss and manage the needs of patients with complex medical issues and those approaching the end of life.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The premises were suitable for children and babies and baby changing facilities were available.
- Telephone consultations and an on-line consultation service were provided and patients therefore did not always have to attend the practice in person.
- The practice was proactive in offering other online services including the booking of appointments and requests for repeat prescriptions.

- The practice provided extended access with early appointments and late appointments provided two days per week. Patients were also encouraged to utilise the extended hours provision provided in the locality. These appointments were provided to support working age patients, students and giving the option for children to attend outside of school hours.
- Patients had a named GP who supported them in whatever setting they lived.
- People in vulnerable circumstances were 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 and patients with a learning disability were offered an annual review. Patients with a learning disability had a care plan to make communication and the process of making an appointment easier for the patient.
- The practice identified patients who experienced poor mental health in order to be responsive to their needs, for example by the provision of regular health checks.
- The practice had a mental health practitioner in post working on a biopsychosocial model of assessment of patients with mental health issues. This model considers biological, psychological, and social factors in understanding health, illness, and health care delivery.
- The provider ran programmes for sexual health and wellbeing with patients who were asylum seekers.
- Education and awareness sessions were provided to increase baby immunisation uptake and the percentage of babies immunised had increased significantly over the past six months.
- A gender affirmative specialist clinic was hosted at the practice to reduce waiting times for patients.
- The practice had a dedicated asylum and refugee lead due to the number of registered patients who were asylum seekers. The practice worked closely with a housing group and community inclusion team to regularly review the list of registered patients who were asylum seeker patients living in temporary accommodation to ensure the needs of these patients were addressed.
- Frequent A&E attendees were discussed at safeguarding meetings to check if any other services had concerns for the patient and decide if there were any safeguarding concerns.
- The practice had a dedicated multi-disciplinary team (MDT) co-ordinator who arranged MDT meetings for patients living with dementia, those who were frail or housebound.
- Gold standard framework (GSF) MDT meetings were held on a regular basis for patients approaching end of life.
- A new service pathway was in the process of being developed for frail patients or vulnerable patients that included a dedicated ANP, a pharmacist and an occupational therapist.
- A priority phone line was available for patients who were frail or vulnerable.
- Staff were trained in care navigation and signposted patients to alternative services and community support organisations as appropriate to their needs.
- The practice website provided information and advise to patients with living with health conditions.
- Patients were provided with information about how to access a range of support groups and voluntary organisations.

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 minimise 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 (including those who might be digitally excluded).	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
<p>The provider shared data with us about the number of appointments provided over the previous four week period. The provider closely monitored access requirements and adjusted the services provided accordingly. The practice used an internet based telephone system to manage access and appointments and regular reports relating to call numbers and call waits were available as part of this system. The provider used data from this to monitor calls and plan resources. Regular meetings were held to monitor patient access and action was taken to adjust services to best accommodate demand. For example, if too many on the day appointments were provided then the appointment system would be amended to allow for more routine pre-bookable appointments. Peak times had been identified and staffing levels had been adjusted to meet demand.</p> <p>Patients could book appointments on the day or book a routine appointment in advance. Once all available on the day appointments had been allocated patients with urgent needs were triaged by a duty GP to ensure they were prioritised for care and treatment. Reception and administrative staff used a 'Red Call' triage pathway to advise patients who call with life threatening conditions. The pathway defined urgent 'red' call back conditions, for example breathlessness or suicidal thoughts and enabled these patients to be prioritised more urgently by clinicians.</p>	

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)	69.8%	N/A	49.6%	Variation (positive)
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)	67.5%	50.7%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with	69.3%	52.1%	52.8%	No statistical variation

their GP practice appointment times (01/01/2023 to 30/04/2023)				
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)	78.6%	72.3%	72.0%	No statistical variation

Any additional evidence or comments

The practice received higher than local and national average scores for patient satisfaction in the national patient survey for questions about patient experience of getting through to the practice by phone, their experience of making an appointment, being satisfied with appointments times and with the appointments offered.

The provider had systems in place to regularly monitor patient access, demand for appointments and the provision of appointments. As a result changes were made to how access was managed, for example, by increasing the number of appointments provided at peak times during the week or by increasing the number of staff managing incoming calls in response to periods of high call volumes.

Source	Feedback
NHS.uk website (formerly NHS Choices)	The last available review on the NHS website was dated April 2022 and was highly complementary about the service.
NHS Friends and Family Test	The provider shared the feedback received from the NHS Friends and Family test for the previous 6 months. This showed high levels of patient satisfaction with the service with scores close to or exceeding 90% satisfaction over that period.

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.	7
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example of learning from complaints.

Complaint	Specific action taken
Delay in referral to secondary care.	<ul style="list-style-type: none"> • The complaint was discussed at a management meeting. • Systems and processes in place to process referral queries and responses from secondary care were reviewed and changes were made to prevent a re-occurrence. • The impact of the changes were reviewed and audited.

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

