

# Care Quality Commission

## Inspection Evidence Table

### The Haymarket Health Centre (1-543046982)

Inspection date: 9 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	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:  On arrival at the practice at 8.30am the practice doors were open, and patients were able to walk in. We observed no patients queuing for the receptionist. Seating in the waiting area was signed and well-spaced.  Home visits were available based on clinical need. Requests for these were clinically triaged. 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 when patients telephoned the practice, they were encouraged to provide the receptionist/call handling staff with as much information as possible to ensure that they were given an appointment with the most appropriate clinician.	

The practice doors were open from 8am and patients could arrange a telephone consultation by walking into the practice and arranging this via the reception staff as well as via telephone. The practice had moved towards a same day appointment system for GP and Advanced Nurse Practitioner (ANP) appointments and explained that unless the patient had urgent medical needs should they call for example at 6pm they would be seen the next day.

There were suitable arrangements in place for those patients that were digitally challenged. The practice was aware who these patients were and had systems in place to support them appropriately.

The practice monitored and managed the incoming calls, this included:

- Setting up a call centre located away from the practice locations to take incoming patient calls.
- All reception and call handling staff were care navigation trained which included recognition of 'red flag' urgent care need symptoms.
- A call centre electronic board which alerted call handling staff to incoming calls and the longest call wait times. At the time of the Care Quality Commission unannounced access inspection the longest call wait time was noted as 11 minutes.
- The appointment of an experienced call centre manager to ensure oversight of the practices call queue. The managers role included reviewing the appointments made by the call handling staff to ensure they had assigned appointments to the most appropriate clinical staff member. However, this process was not documented.
- The call centre manager liaised with reception managers throughout the day in order that up to six reception staff at the practice locations during peak call volume times could be mobilized to assist with the ebb and flow of call volume increases.
- They operated a system which included a designated GP to provide a Support GP role. The Support GP had no pre-booked appointments on the day and dealt with all queries in relation to incoming patient calls and provided clinical support and advice to the call handling and reception teams, as well as providing the potential for an appointment access safeguard for patients with urgent need.
- Reception staff at the practice locations saw patients face to face when they arrived to book them in for their appointments at the practice, or to arrange for them to have a telephone consultation.
- Patient recall systems included electronic reminders for patients who used mobile phone devices.

The practice website opening hours details were up to date and readily available to patients as well as information held in the practice reception area. In the reception waiting room there was a board dedicated to information on how to access appointments, the various appointment methods and how to comment, suggest or complain.

Patients could access appointments, via telephone, video link, face to face, online, could complete online consult forms, and request home visits.

Care home staff had access via internet lines to the practice clinical staff without the need to go through the practice call handling process. Patients within the care home could be initially assessed via 'Attend away' video links facilitated by the care home staff and when clinical need indicated a face to face clinical visit.

For patients who completed online consultations for non-urgent care these were reviewed within 48 hours. One of the practice partners advised that in the last month the numbers of these submissions had significantly increased to in excess of 3,000. The system in place to manage this workload was being revised to take into the recent surge in uptake of this offer.

Their phone system automatically switched to the out of hours service at 6.30pm Monday to Friday.

Some appointments with some clinical staff were bookable in advance, this included for example two-week advance bookings with practice nurses, healthcare assistants, the pharmacist for patient telephone medicine reviews, advanced healthcare professional appointment for example, first contact physiotherapy and mental health reviews.

Records were maintained of all contacts to the practice and the practice mantra was that 'Every Contact Counts,' and this was posted on the call centre board for staff. This meant that if a patient re contacted the service there was a record of all the practice contacts they had made, and staff could escalate to the clinicians in the event of continuing or worsening systems.

The process in place in respect of signposting patients appropriately to other services was carefully monitored, for example, attendance at A&E was only suggested following a clinical staff member review unless there were red flag, urgent care need symptoms. Patient attendance at A&E had been subject to recent audits to assist the practice understand why their patients may choose to attend rather than contacting the practice. Staff signposting included:

- PCN Community Psychiatric Nurse
- Wellbeing centre
- Pharmacy
- In house-care assessment team
- Dentists
- Social prescriber (advertised as a current vacancy)
- Vaccination clinics
- Physiotherapy
- Community teams such as district nursing, midwives and health visitors
- Hospice team
- NHS carers

The practice monitored the call numbers and we could see that numbers varied from week to week. We saw call volume figures for 8 December 2021 of 868 calls and two unanswered calls, the unanswered calls could be patients choosing to replace the phone prior to it being answered. We looked at a month's total call volume from 5 November 2021 which totaled, 29,359 calls, and a week's call volume for week commencing 12 November where we saw there had been 1422 calls on Monday, 929 Tuesday, 845 Wednesday, 732 Thursday and 843 Friday.

The practice reported significant call volume increases between 2020 and 2021. They had changed the telephone message at times to reflect changes needed in response to demand, for example requests that patients requiring an urgent on the day appointment to call from 8am and for non-urgent on the

day appointments to call after 9am. As a group they had discussed the impact of this measure and a further change to the outgoing message was planned to relieve call volume from 8am. Audits were planned to include frequent callers in order that the practice could better understand the reasons behind the number of calls and to assist then to remove any barriers that patients maybe experiencing by considering a patient management plan.

Accessible information standards had been taken into account which we noted on the practice electronic coding system, which meant that staff could support patients to the most appropriate appointment to meet their needs, for example a person with significant hearing loss having a face to face appointment rather than a telephone consultation.

In the event of sickness, leave of absence staff took up the extra hours to ensure the practice ran smoothly, several admin and reception staff worked less than full time hours and taking up additional hours could mean they increased to full time hours in the short term. We were informed that staff were offered overtime payments and others took time owing in lieu. One partner told us that the overtime payments in the last month had reduced significantly and the human resources team for Loomer Medical Group ensured that staff risk assessments were completed to ensure that staff did not work excessive additional hours. We were told their staff made sure shifts were covered for continuity of the services for patients so covered for each other and stayed over their shift times until the last patient left the building.

The staff skill mix and staff numbers were regularly evaluated at the practice governance meetings. Information from patient feedback via comments, complaints and significant events informed the service on risk and they revised their ongoing practice strategy accordingly.

The practice monitored the national GP survey feedback and had been disappointed by some of the results regarding telephone access. The practice had appointed a Practice Patient Manager to support patients to understand the systems they had introduced in respect of access and as a feedback and complaints manager. Part of this role included feeding back to their Loomer Medical Group and the practice partners on the information received from patients to inform their strategy regarding patient access and of any trends identified. The practice constantly reviewed its busy times and taken steps to ensure that there were sufficient staff available to answer calls at those times. A newsletter was planned for January 2022 to go out on the practice Facebook site, in reception, and website as well as into local pharmacies and via the patient participation group and propose to continue every three months. The newsletter was set to contain educational information such as updates on the various ways to access the service, the skill mix of staff what support they can provide patients within respect of their roles, qualifications and skills. They plan to provide patients with data regarding snapshots on the number of calls they take over time and the numbers of patients with appointments who failed to attend their appointment. At the time of inspection 9 December 2021, the practice had not conducted a follow up patient survey for all these changes, however they informed us that this was proposed in 2022 they hoped with the support of their patient participation group(s).

The practice had signed up to the winter pressure support offering an additional 22 hours per week in addition to those already provided.

In response to longer ambulance response times the practice had increased its oxygen supply at the practice. They had also recruited an urgent care practitioner, a first responder who was supported with medical devices and equipment to better support urgent care needs of their patients at the practice and those they supported at home.

One of the practice partners advised there were plans for the practice confidentiality room/privacy room to double up as an on line consult room in order that the patients could digitally consult on the premises if required and staff could support them with this for those with a lack of IT knowledge/skills or a lack of availability to access to IT systems.