

## Inspection Evidence Table

Tregenna Group Practice

(1-567859473)

### Inspection Date:

Date of data download: 08/01/2024

## Overall rating: Good

We carried out a comprehensive inspection at Tregenna Group Practice on 10 January 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 12 January 2024 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.

The service continues to be rated as good for the responsive key question as a result of the findings of this focused assessment. The practice continues to be rated as good overall as this was the rating given at the last comprehensive inspection.

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. For example, there may be higher levels of long-term conditions such as those affecting the cardiovascular system and respiratory system. Data available to us showed that the practice has a higher than average number of patients who have a long-standing health condition compared to the national averages. For example, a higher proportion of patients have conditions such as; a diagnosed airways disease, depression, diabetes, high blood pressure and obesity compared with other practices nationally.

**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>Explanation of any answers and additional evidence:</p> <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).</p> <p>The provider’s website provided advise for patients on how they could book an appointment. Patients could request a consultation or appointment through using the on-line consultation service. They could access this directly on-line or by phoning or visiting the practice. All appointments requests were made via the on line service and staff could complete the request form on behalf of patients who did not feel confident to use on-line services. Patients choosing to request the support of staff were not required to share information about their condition if they did not wish to.</p> <p>Continuity of care was offered to patients were required or when patients requested consultations with specific clinicians.</p> <p>Services were provided at ground floor level and reasonable adjustments had been made to ensure the premises were accessible to patients who required disable access. The practice had a designated member of staff who was responsible for contacting patients who required reasonable adjustments. They ran searches on the clinical record system to identify such patients.</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> |             |

| <b>Practice Opening Times</b> |                  |
|-------------------------------|------------------|
| <b>Day</b>                    | <b>Time</b>      |
| Opening times:                |                  |
| Monday                        | 7.30am – 6.30pm  |
| Tuesday                       | 7.30am – 6.30pm  |
| Wednesday                     | 8.00am – 8.30pm  |
| Thursday                      | 7.30am – 6.30pm  |
| Friday                        | 7.30 am – 6.30pm |
| Appointments available:       |                  |
| Monday                        | 7.30am – 6.30pm  |
| Tuesday                       | 7.30am – 6.30pm  |
| Wednesday                     | 8.00am – 8.30pm  |
| Thursday                      | 7.30am – 6.30pm  |
| Friday                        | 7.30am – 6.30pm  |

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

- The provider was part of a primary care network (PCN). They supported and hosted services set up by PCN to meet the needs of patients within the locality.
- 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.
- Vulnerable patients who could not attend the practice in person could be seen at their home for blood tests, annual health checks and vaccinations.
- 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.
- The practice had two members of staff who were designated cancer champions. These members of staff had received training on offering support and directing patients to available services.
- A priority phone line was available for patients who were frail or vulnerable including patients who had been diagnosed with cancer.
- The practice supported elderly or vulnerable patients to order their medication. A designated member of staff telephoned patients to check what medication they required and they put the request through for them.
- The practice provided a phlebotomy service with a trained health care assistant providing this.
- 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.

- A notice board in reception was designated to provide information to young people about the services available to them and how to access these services.
- The practice hosted a child and adolescent mental health service (CAMHS) once per week.
- The practice was proactive in offering other online services including the booking of appointments and requests for repeat prescriptions.
- The practice operated extended access appointments Monday, Tuesday, Thursday, and Friday from 7:30am – 8am for prebooked phlebotomy appointments. The main reception was open from 7.30am on these days for general enquiries. The practice operated an enhanced access clinic as part of the primary care network every Tuesday evening 4.30pm – 8.30pm and one weekend in every four throughout the month. The opening hours for these are Saturday 9am – 5pm and Sunday 9am – 2pm. These appointments were provided to support working age patients, students and giving the option for children to attend outside of school hours. Patients were encouraged to utilise the extended hours provision.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- 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 provided support to patients experiencing domestic abuse by offering a safe space to patients to support them through the Identification and Referral to Improve Safety (IRIS) referral programme.
- 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 living with multiple long term conditions could have their health reviewed in one appointment when appropriate.
- The practice website provided information and advice to patients living with health conditions.
- 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. Care co-ordinators contacted patients who have mental health concerns to book them in for regular reviews. Telephone reviews and home visits could also be arranged for these patients if required.
- The practice had a mental health practitioner as part of the team.
- Patients were provided with information about how to access a range of support groups and voluntary organisations.
- Staff were trained in care navigation and they signposted patients to alternative services and community support organisations as appropriate to their needs.

### 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>Explanation of any answers and additional evidence:</p> <p>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. The provider used data from this to monitor calls and plan resources. For example, peak times had been identified and staffing levels had been adjusted to meet demand. The provider shared data with us about the number of appointments provided over the previous four week period.</p> <p>The provider told us that all appointment requests were managed on the day with 90-95% of appointment requests leading to the patients having been provided with a consultation on the same day. This may include telephone appointments and face to face appointments or signposting or referring patients to other appropriate services. Any patients that were not managed on the day were scheduled into pre-bookable appointments. GP partners triaged appointment requests.</p> <p>A patient survey had been carried out by the patient participation group (PPG) in 2023. The provider made changes to improve the service in response to patient feedback from the survey. These included:</p> <ul style="list-style-type: none"> <li>• Reinstating social media and ensuring this was regularly updated with information on community/local services and external events in the community or at the practice that may be beneficial to patients.</li> <li>• Upgraded the website to provide a more user friendly system as some patients felt the previous system was complicated to use.</li> <li>• Self-referral forms were added to the website so that patients could access some services without the need to see a clinician.</li> <li>• A notice board was set up in reception to provide information as to the different clinicians available in the practice and what their roles were. This included staff under the additional roles reimbursement scheme (ARRS).</li> <li>• Supporting members of the reception and administrative team in responding to patients attending the practice.</li> <li>• Supporting and encouraging patients to use on-line services and complete appointments requests.</li> </ul> |     |

### 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) | 69.7%    | 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)          | 82.1% | 55.2% | 54.4% | Variation (positive)                 |
| 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) | 72.0% | 56.2% | 52.8% | Tending towards variation (positive) |
| 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)          | 85.0% | 71.0% | 72.0% | Tending towards variation (positive) |

### 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. We noted that patient satisfaction had increased over time.

The provider told us they had taken action in response to patient feedback received in the national patient survey and that they continued to monitor the impact of this. Actions taken included:

- The recruitment of an additional member of administration staff to help with the increased demand on the telephone, face to face and online services.
- Making changes to the rota for reception team to ensure more staff were available at busier times of the days.
- Introducing a new recall system for patients requiring checks for the management of chronic health conditions and medication reviews to ensure all their annual reviews were completed in one visit. Thereby reducing the number of visits the patient had to attend and freeing up more appointments.
- The recruitment of two care co-ordinators to manage the patient recall system. Thereby freeing up staff time and phone lines.
- Introducing a ring back facility to call patients back and save them waiting for longer in a telephone que.
- Supporting and enabling patients to book their own appointments for phlebotomy.
- The use of a text messaging service to send links to patients which allowed them to book directly into appointments for women's health, phlebotomy and spirometry.
- The provision of extended access appointment outside of core contract hours.
- Enabling patients to request to see a GP of their choice wen using the on-online consultation/appointment request forms.

| Source                                | Feedback  |
|---------------------------------------|---|
| NHS.uk website (formerly NHS Choices) | There was one review on the NHS website posted December 2023 with positive feedback and a rating of 4 out of 5 stars.   |
| NHS Friends and Family test           | The provider shared the results of the NHS Friends and Family test results received over the previous 12 months. The results of this were that 96% of respondents would recommend the practice. |

### 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.                                    | 10 (3 written, 7 verbal) |
| 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   |
|--|---|
| Patient raised a concern of not feeling able to be seen and not being informed about the potential side effects of a medicine. | The complaint was investigated including a chronology of events. A learning event was held and a change in procedure was introduced.<br>The learning was shared across the staff team to prevent a re-occurrence. |

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.