

Care Quality Commission

Inspection Evidence Table

Stanhope Surgery (1-3486142854)

Inspection date: 9/12/2021

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	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
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	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
There were systems in place to monitor the quality of access and make improvements	Y
<p>Explanation of any answers and additional evidence:</p> <p>When we arrived at the practice the doors were not open for patient access however, we were able to speak with reception via an intercom. We saw that staff were available to greet patients and answer the telephones. We saw a patient who had booked an appointment waiting by reception.</p> <p>Information detailing how to book an appoint was available at the practice. The practice telephone system advised patients the estimated wait times.</p> <p>At the time of inspection patients were only able to request appointments by phoning the practice. The online booking system had been turned off and booking at reception was discouraged although the practice told us that if a service user was unable to do so over the phone alternative arrangements were made. The practice told us that the booking system had been moved to telephone only so that access to appointments was fair and equitable and prioritised based on clinical need.</p>	

Reception staff were able to book patients a telephone call with a doctor who would determine the best course of action including a face to face appointment where clinically necessary. Home visits were offered to people unable to attend the practice due to medical reasons.

Systems were in place to support people who face communications barriers to treatment, this included online services, text messages, calls using services offering translation or sign language video interpretation.

There were systems in place to monitor access to services, demand for services and capacity to meet demand. Changes had been made to improve equality of access by moving to a telephone only booking system. Additional administrative staff were recruited to increase call handling capacity.

The practice told us they had arrangements in place to book appointments for people who had been unsuccessful in securing appointments on multiple occasions once identified to the practice manager.