

## Inspection Evidence Table

Selsdon Park Medical Practice

(1-541918905)

**Inspection Date: 12 December 2023**

Date of data download: 06/12/2023

## Overall rating: Good

We carried out a comprehensive inspection at Selsdon Park Medical Practice on 28 and 29 September 2022 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 December 2023. Responsive assessments are remote focused reviews to help us understand what practices are doing to try to meet patient demand and the current experience of people who use these services and of providers. The responsive key question is now rated 'good'. 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

The practice is based within the London Borough of Croydon in South-West London and provides primary medical services to approximately 17590 patients. Information published by the Office for Health Improvement and Disparities shows that deprivation within the population group is rated as the eighth decile (8 out of 10). The higher the decile the less deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 10% Asian, 7% Black, 4% Mixed, 78% White and 1% other.

## Responsive

**Rating: Good**

At the last inspection on 28 and 29 September 2022 the Responsive key question was rated good. The practice continues to be rated good for providing responsive services following this inspection.

**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.   | Y           |
| The importance of flexibility, informed choice and continuity of care was reflected in the services provided.  | Y           |
| The facilities and premises were appropriate for the services being delivered.   | Y           |
| The practice made reasonable adjustments when patients found it hard to access services.   | Y           |
| There were arrangements in place for people who need translation services.   | Y           |
| The practice complied with the Accessible Information Standard.  | Y           |
| <p>The practice recognised the barriers to accessing healthcare for vulnerable patients and migrants and had signed up as a 'Safe Surgery' in partnership with Doctors of the World UK. This meant the practice were committed to ensuring that lack of identification, proof of address or immigration status did not prevent patients from registering and accessing GP services.</p> <p>The practice participated in a project with their primary care network, to focus on tackling neighbourhood health inequalities. The focus was on increasing the uptake of cancer screening programmes in the black and ethnic minority community specifically bowel, breast and cervical screening and to better understand barriers to participation.</p> <p>The practice was registered as an Armed Forces Veteran Friendly Accredited practice to help remove disadvantage to service families.</p> <p>The practice website provided information for patients regarding how to book an appointment. The range of options included by telephone, by visiting the practice, by using the online consultation service and the on-line appointment system. The practice also made use of a text message service to send and receive information from patients and an online software system to communicate with patients.</p> <p>Continuity of care was offered to patients where required or when patients requested consultations with specific clinicians.</p> <p>The practice was found to provide accessible services at the last inspection and assured us that this had not changed. In addition the practice were in the process of making their lighting brighter to help partially sighted people in the building. The practice had implemented a bus stop system within the building for patients with dementia who might become disorientated. If the patient stopped and waited at the bus stop, they would be supported by a member of staff to navigate the building.</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> <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 access requirement the patient had to help enable effective communication with the patient. Information was available in alternative languages, including on the practice website, and easy read materials were available.</p> |             |

## Practice Opening Times

| Day   | Time         |
|---|--------------|
| Opening times:  |              |
| Monday  | 8am – 6.30pm |
| Tuesday   | 8am – 6.30pm |
| Wednesday   | 8am – 6.30pm |
| Thursday  | 8am – 6.30pm |
| Friday  | 8am – 6.30pm |
| Appointments available:   |              |
| Monday  | 8am - 8pm    |
| Tuesday   | 8am - 8pm    |
| Wednesday   | 7.30am - 8pm |
| Thursday  | 7.30am - 6pm |
| Friday  | 7.30am - 6pm |
| Saturday  | 9am – 5pm    |
| Appointments were also available at SPC (Selsdon, Purley, Coulsdon) Health Primary Care Network (PCN) until 8pm on Thursday and Friday. |              |

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

- Patients had a named GP who supported them in whatever setting they lived.
- 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 the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available from 7.30am on Wednesday, Thursday and Friday for school age children so that they did not need to miss school. Additionally there was a nurse available until 7.40pm on 3 days of the week and a nurse at the practice every day from 8am – 6pm.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 8pm on a Monday, Tuesday and Wednesday. Appointments were available until 8pm on Thursday and Friday and from 9am – 5pm on Saturday as the practice was part of a primary care network (PCN).
- The practice had signed up as a 'safe practice' to ensure access to healthcare for vulnerable patients.
- The practice was an accredited veteran friendly practice.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- Patients who wished to change their name or pronoun were supported to do this and the practice did not request a gender recognition certificate.
- People in vulnerable circumstances were easily 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. For example, the practice had pictures in the building to identify fire exits and toilets and easy read information leaflets for services such as cervical screening, testicular examination and breast and bowel screening.

**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.  | 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.  | Y           |
| There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).   | 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           |
| <p>According to the National GP patient survey (GPPS) results outlined in the table below the practice had performed above national averages in all of the indicators regarding access and had a significant positive variation regarding patient satisfaction with access to the practice by phone, a significant positive variation regarding patient satisfaction with appointment times and a positive variation regarding the overall experience of making an appointment. The practice had indicators that were comparable in GPPS data terms, but still higher than the national average regarding satisfaction with the appointment offered.</p> <p>The practice did not have a cloud based telephony system but was in the procurement process regarding getting this system installed in the near future. They had 5 receptionists answering the phone at the busiest times at their main site and 2 each day at their branch site.</p> <p>The practice had a system for determining the minimum number of appointments needed each day and had identified that alongside routine and pre-bookable appointments 100 on the day slots were required on a Monday, 30 on a Tuesday, Wednesday and Thursday and 50 on a Friday. The practice provided an audit of appointments for 1 week in November 2023 and this showed that between 82% and 95% of appointments were used, and that between 12 and 50 appointments were not used each day of that week as the practice had ensured there were enough staff and appointments to allow for surplus. Additionally the practice duty doctor had only on the day appointments as did an educational supervisor doctor.</p> <p>Patients could access appointments by phone, online and by visiting the practice.</p> <p>The practice had 17.8 full time equivalent (FTE) GPs and there were 974 patients per FTE clinician compared to 1806 patients per FTE GP as a national average.</p> <p>The practice used a triage system where reception staff would ask the patient for enough information to make a decision regarding which clinician was appropriate for them to see. Face to face appointments were offered as a default position unless the patient preferred a telephone call. Patients were given the option when making an appointment.</p> <p>Patients who had a request for an emergency appointment were seen the same day.</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) | 86.8%    | N/A           | 49.6%   | Significant 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)                             | 86.3%    | 61.9%         | 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)                    | 84.3%    | 59.6%         | 52.8%   | Significant 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)                             | 82.6%    | 73.4%         | 72.0%   | No statistical variation         |

### Any additional evidence or comments

The practice reviewed the GP Patient Survey (GPPS) each year and developed an action plan to address areas of need. As a result of this there had been changes to the way patients could access their preferred GP and an improvement from 30% of respondents (to the GPPS) being able to see and speak to their preferred GP in 2022 to 52% in 2023. Additionally, the practice looked for trends regarding patient ease of access to their service and made changes accordingly. For example, in order to improve patient access over the last 12 months, the practice has increased or provided additional training to the clinical team. They had employed two advanced practitioners, trained a paramedic to be an independent prescriber, trained 1 of the practice nurses to be an independent prescriber and employed an extra practice nurse. Health care assistant and reception staff hours of employment had been increased.

| Source                                | Feedback  |
|---------------------------------------|---|
| NHS.uk website (formerly NHS Choices) | Since May 2022 there had been 26 reviews by patients. 24 of these were 5* reviews and 2 were 4* reviews. The practice manager had responded to all reviews. Comments left related to ease of getting an appointment, availability of appointments, choice of appointments along with praise for all of the staff team for their helpfulness, patience, support and professionalism. |

## 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.                                    | 14 |
| 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.                      | Y           |
| There was evidence that complaints were used to drive continuous improvement. | Y           |

Example(s) of learning from complaints.

| Complaint  | Specific action taken  |
|--|--|
| Difficulty was experienced making a complaint via the website. | The practice reviewed the website and the link to the complaint form and amended this accordingly. |