

## Inspection Evidence Table

### Poulter Road Medical Centre

**Inspection Date: 21 November 2023**

Date of data download: 17/11/2023

## Overall rating: Good

We carried out a comprehensive inspection at Poulter Road Medical Centre on 8 May 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 21 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 following this assessment. 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 2 (2 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, high blood pressure and obesity compared with other practices nationally.

# 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 they had developed services to meet these. The practice worked within the primary care network (PCN) and supported local service developments as part of this.</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 where required or when patients requested consultations with specific clinicians. The lead GP had been running the practice for 34 years. Two long term locum GPs also worked at the practice. The clinical team also included an advanced nurse practitioner (ANP), a practice nurse and a mental health nurse. All of whom were established members of the team.</p> <p>Reasonable adjustments had been made to ensure the premises were accessible to patients who required disabled access and facilities.</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./ Information could be made available in large print. The practice team was well established, and the provider told us that because the number of registered patients was low the staff knew patients communication needs well.</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	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 8pm
Friday	8am – 6.30pm 8am-8pm (every 4 weeks)

#### 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 service developments set up by PCN to meet the needs of patients within the locality. Patients were referred to these services accordingly.
- 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. Gold standard framework (GSF) MDT meetings were held on a regular basis for patients approaching end of life.
- Patients living with multiple long term conditions could have their health reviewed in one appointment when appropriate.
- A blood pressure machine was available in the waiting room to enable patients to check for possible hypertension.
- The practice offered enhanced health checks for patients who may be more at risk of developing a long term condition such as diabetes or a cardiovascular disease.
- 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.
- 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 late appointments provided one day 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 to give the option for children to attend outside of school hours.
- Patients had a named GP who supported them in whatever setting they lived.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Patients with a learning disability were offered an annual review with longer appointments provided for these.
- Military veterans were identified to ensure they could be fast tracked to appropriate services including mental health support.
- The practice had a high number of older patients living alone and initiatives had been adopted to give special consideration to the needs of these patients. For example, during extreme hot and cold weather the practice staff contacted each patient individually to check on their welfare and provide advice on staying hydrated.
- Patients who were asylum seekers and refugees were identified to ensure they were given longer appointment times, ensure interpreter services were booked and provide additional health checks.
- 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.
- The practice had a mental health nurse in post.
- Patients were provided with information about how to access a range of support groups and voluntary organisations.
- Practice staff supported vulnerable patients with social issues and the practice hosted the Citizens Advice Bureau on a fortnightly basis.
- Staff were trained in care navigation and 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

The provider closely monitored access requirements and adjusted the services provided accordingly. The provider shared data with us about the number of appointments provided over the previous four-week period. This showed that the number of appointments provided was consistently high in relation to the number of registered patients. Patient feedback about their experience of access to the service and obtaining an appointment was higher than local and national average, as seen in the national GP patient survey.

The practice used an internet-based telephone system to manage access and appointments and reports relating to call numbers were available as part of this system.

Patients could book appointments on the day or book a routine appointment in advance. The provider told us that all patients requiring an appointment with a GP were seen on the day or booked into the following day. Patients with urgent needs were triaged by a GP to ensure they were prioritised for care and treatment.

Members of the reception staff were trained in care navigation and could sign post patients to alternative services if these were more appropriate to meet the person's needs.

### 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)	92.3%	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)	83.8%	50.7%	54.4%	Tending towards 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)	78.0%	52.1%	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)	89.0%	72.3%	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.

**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.	1
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
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
Complaint was made around the prescribing of repeat medicines and the query of a referral to secondary care.	The complaint was investigated. Patient was invited to meet with the provider to discuss and resolve their concerns. A change was made to prescription requests received in the later part of the week. A timely referral had been made by the practice but there was a delay in the provision of the appointment with secondary care.

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.