Care Quality Commission

Inspection Evidence Table

Crossfell Health Centre (1-538607871)

Inspection date: 6 December 2021

Responsive

Rating: not rated

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 or 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	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
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Explanation of any answers and additional evidence:

- The practice is open from 8.30am until 6.00pm Monday to Friday.
- The practice provided flexibility in their offered appointments which included: online booking, electronic consultation, in-person booking at the reception desk, and telephone appointments at a time that best suited the patient, if needed.
- Use of the online booking service was encouraged. Clinicians had five appointments each per day that patients could book online, these ranged from one to five days in advance. If these appointments were not used online, the team would use them on the day for other patients who requested them.
- We saw evidence that there were numerous same-day urgent appointments which were care navigated by the reception team. Care navigation describes the way in which people are supported to identify and use appropriate health and other services. If unsure, the reception team would speak with the GP on call for further advice and those patients who needed an appointment were added onto the GP on-calls list for that day.

- On average, per day, each clinician has available approximately 30 appointment slots (which
 include telephone and electronic consultation requests). Any extra requests for appointments
 (beyond the 30 slots) and emergency appointments are dealt with in addition to this baseline
 offering.
- The provider operated a total triage system. Clinicians made judgements about whether a patient needed a face-to-face consultation.
- We saw that routine appointments could be offered as soon as the next working day, in many instances.
- When appointment slots were filled, the practice could secure appointments for their patients at alternative venues, through the Primary Care Network Contract (Directed Enhanced Service). This meant that patients could access care in their locality early mornings, late evenings and weekends.
- The practice website had a section dedicated to Accessible Information Standards where patients could register their needs for assistance with access to information, care and treatment.
- There was regular use of GP and Advanced Nurse Practitioner locum staff, to support the practice's clinical workforce.
- The practice told us they listened to patients who described the need for an urgent appointment, and accommodated their needs.
- Searches were run regularly to identify the number of missed appointments, and to encourage attendance. For the month of November 2021, there were 239 patients who did not attend for their face-to-face appointment.
- Home visits were offered to housebound patients.
- Patients in local care homes were offered dedicated telephone or video appointment slots every week, with visits in the care setting carried out if clinically indicated.
- Adaptations to access were made for patients who needed assistance. For example:

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A patient who does not own a telephone	The patient comes to the practice building and requests an appointment. The receptionist sends a task to the GP requesting a face-to- face appointment to be booked for the patient
Patients who do not speak English	Interpretation services are used.
Patients with sensory impairments	The practice provides an email address to these patients for requesting a routine appointment.
Frail or elderly patients	The reception staff actively assist these patients by booking appointments on their behalf, in the practice building.
Patients who require assistance	The practice told us that they demonstrate to patients how to use the electronic consultation facility, if they need help to access it.

• There were difficulties with the practice's telephone access. There were eight telephone lines and it was not possible for a patient to know their position in the queue. The practice had no system of knowing how many patients were in the telephone queue or how many patients had abandoned their calls. It was difficult to make an outgoing call from the practice so clinicians needed to use mobile telephones to contact patients. The practice is upgrading its telephony system in the near future This will include a queuing indicator and the practice will have the ability to record calls for training and improvement purposes. They are waiting to be informed of their 'go live' date.

• The practice has worked with, and has been supported by, the local clinical commissioning group, to identify an action plan to help to improve and sustain patient access over the winter months.