

Inspection Evidence Table

Hetherington at the Pavilion

(1-2978412676)

Inspection Date: 17/11/2023

Date of data download: 17/11/2023

Overall rating: Good

We carried out a comprehensive inspection at Hetherington at the Pavilion between 7 and 10 November 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 17 November 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 still rated as ‘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 Lambeth in South-West London and provides primary medical services to approximately 8,160 patients. Information published by the Office for Health Improvement and Disparities shows that deprivation within the population group is rated as the third lowest decile (3 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 6% Asian, 34% Black, 8% mixed, 50% White and 2% other.

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.	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>Explanation of any answers and additional evidence:</p> <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 used specific analytic tools to identify areas of priority need for their patient population to ensure these were targeted and reviewed and to identify areas of health inequalities. The practice told us that an example of this was lower than wanted diagnosis and management of patients of Black and Afro-Caribbean ethnicity. A lead GP at the practice had designated time to perform searches and contact patients to address any barriers to accessing care and help improve monitoring. Additionally, the practice told us a named patient care co-ordinator role had been established as a blood pressure champion and provided checks at reception without appointments.</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. The practice told us that the telephone first approach meant that patients could request a specific clinician to call them back or to see in a face to face consultation.</p> <p>The practice was found to provide accessible services at the last inspection and assured us that this had not changed.</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
Saturday	9am – 12pm Booked appointments only
Appointments available:	
Monday	GP 9am - 6pm Nurse 7.30am-4.30pm Nurse associate and pharmacist 9am-4.30pm
Tuesday	GP 9am - 6pm Nurse 7.30am-4.30pm Nurse associate and pharmacist 9am-4.30pm
Wednesday	GP 9am - 6pm Nurse associate and pharmacist 9am-4.30pm
Thursday	GP 9am - 6pm Nurse 7.30am-4.30pm Nurse associate and pharmacist 9am-4.30pm
Friday	GP 9am - 6pm Nurse 7.30am-4.30pm Nurse associate and pharmacist 9am-4.30pm

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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice had employed an outreach nurse to visit housebound patients at least annually to ensure all their health checks were done and covid and flu vaccinations where appropriate.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues. For example, the practice hosted a refugee clinic on their premises to help patients to register and receive care and support as required.
- Nurse appointments were available for each day except Wednesday from 7.30am until 4.30pm for school age children so that they did not need to miss school. Additionally, nurse associate appointments were available each day until 4.30pm.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

- The practice was open until 6.30pm Monday to Friday. Pre-bookable appointments were also available to all patients at 4 additional locations within the area, as the practice was a member of a GP federation. Appointments were available from 12pm – 8pm Monday to Friday and 8am-8pm weekends and bank holidays.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- 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 told us there was a high proportion of people experiencing homelessness in their area and that they were 1 of 2 practices awarded the homelessness local enhanced service. Additionally, the practice worked with local organisations to provide outreach services to ensure care needs were met for these patients.
- The practice told us there were a high number of patients with serious mental illness in their area and they had recruited a mental health support worker who held monthly 'staying well' multi-disciplinary meetings regarding patients with complex needs.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. They had a designated physicians associate as the champion for people with a learning disability and autistic people who actively called and recalled people to ensure they had their annual physical health check. Extended appointments were made available. An alert was put onto the system to allow priority access for patients with a learning disability or autistic patients who called for an appointment. The staff team had undertaken training and the practice was introducing the Oliver McGowan training in learning disability and autism.
- Patients who wished to change their name or pronoun were supported to do this and the practice did not request a gender recognition certificate.
- The practice had completed the pride and practice assessment and been given a gold award for this achievement.
- The practice had a designated immunisations care co-ordinator whose main role was call and recall of patients to encourage uptake. The care co-ordinator worked with a GP to ensure the parents of children who were unvaccinated had a call from the GP to discuss any concerns and hesitancy.

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
Explanation of any answers and additional evidence:	
The practice used a telephone first approach to accessing appointments whereby patients telephoned and spoke with a clinician for triage purposes. The patient was either booked for a telephone consultation the same day or a face to face appointment at a convenient time. The reception team would triage administrative concerns and those that did not involve a GP such as nurse appointments for cervical screening.	

The practice told us that telephone first system meant patients could choose which GP they wanted to speak to or see and an appropriate length of time could be determined for their appointment. Follow up appointments would be booked in advance during the consultation as appropriate.

Alongside the telephone first system, the practice used an online consultant system. Patients were directed to use this, if they wanted, within the practice access message. The practice had no cap on the number of online consultations that could be submitted. These were reviewed and responded to within 1 day. The team leader reviews and responds to the online consultations, with support from a lead GP. The number of online consultations submitted across 2023 is approximately 300 per month. In October 2023 301 were submitted.

The practice reviewed information from patients to make improvements including from the patient participation group, the friends and family survey and the GP patient survey. In direct response to this feedback the practice had introduced a cloud based telephony system and there were a minimum of 3 receptionists answering the phone at all times. The practice was in the process of recruiting an additional staff member to ensure 4 receptionists were answering the phones in the mornings when they were busiest. The phones in other admin areas were linked to the system meaning these could be answered when the other phones were busy.

The practice internet based telephone system to generated monthly reports relating to call numbers and time until appointment were available as part of this system. For example, one report detailed that In October 2023 the practice received 2771 inbound calls and 2522 of these were answered. 249 calls were abandoned. The average waiting time until a patient call was answered was 3 minutes and 30 seconds. The average time at which a call was abandoned was 3 minutes and 22 seconds. The practice told us that some calls were abandoned as the message gave them options including to be diverted to the pharmacy and to complete and submit an online consultation. The maximum time a patient waited for their call to be answered in October 2023 was 31 minutes.

The practice had 4.7 full-time equivalent GPs. This meant there were 1708 patients per GP excluding locums and registrars, compared to an England average of 2369 patients per GP meaning there was greater access to appointments for patients. The practice had a nursing team and additional allied health care professionals including a mental health worker and social prescriber.

Friends and family test responses were reviewed monthly at the practice. In October 2023 the practice received 22 friends and family survey results. 15 of these were very good, 5 were good, 1 neither good nor poor, 1 was poor and 0 were very poor. 1 concern identified was regarding waiting a long in the waiting area before being called to see a GP. Examples of positive comments received included, no delay, being seen on time, helpful and polite clinicians, , good customer service, professional and helpful staff team, friendly environment, attentive and calm and prompt attention.

All consultation requests were triaged by a GP so urgent needs were identified and patients booked in for appointments. Where all appoint spaces were filled, urgent requests were managed by the daily duty GP and then shared among the remaining GPs working.

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
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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)	59.0%	N/A	49.6%	No statistical variation
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)	61.6%	49.7%	54.4%	No statistical variation
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)	67.0%	50.0%	52.8%	No statistical variation
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)	68.6%	66.1%	72.0%	No statistical variation

Any additional evidence or comments

The practice reviewed information from patients to make improvements including from the patient participation group, the friends and family survey and the GP patient survey. The practice held GP partner meetings monthly and discussed feedback received regarding access to agree changes. These include, installation of a new uncapped cloud based telephony system, increased use of online consultations and of a software system to request and share information with patients and undertake video consultations, expansion of the skills of the existing staff team such as nurse practitioner and prescribing pharmacist training and ensuring there are always minimum of 3 people answering phones while recruiting for an additional person.

The practice received higher than local and national average scores for patient satisfaction in the national GP patient survey for questions about the patient experience of getting through to the practice by phone the overall experience of making an appointment and satisfaction with the practice appointment times. The practice received marginally lower than local and national average scores patient satisfaction with the appointment they were offered.

The national GP patient survey data showed that access to the practice by phone had been on an upward trend since April 2022, when 56% of respondents were positive about their experience compared to 59% in April 2023. Regarding the overall experience of making an appointment, there was an improving picture over the last 12 months. In April 2022 55% of respondents to the survey responded positively compared with 62% in April 2023.

Regarding satisfaction with GP appointment times, there was an improving picture over the last 12 months. In April 2022 48% of respondents to the survey were satisfied, compared with 67% in April 2023.

Regarding satisfaction with appointments offered, there had been a slight downward trend over the last 12 months. In April 2022 82% of respondents to the survey were satisfied, compared with 69% in April 2023. The practice told us this was due to a salaried GP with a strong patient following moving area and an increase in the number of recruited allied healthcare professionals which had presented patients with some change regarding who they see when they get an appointment. The practice had recruited an additional GP and were informing their patient group regarding different types of clinicians that could be seen for a consultation.

Source	Feedback
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NHS.uk website (formerly NHS Choices)	No reviews or ratings since November 2022. Last review gave a 5 star rating.
CQC	No complaints or enquiries received regarding access.

Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care/
Complaints were not used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	12
Number of complaints we examined.	12
Number of complaints we examined that were satisfactorily handled in a timely way.	12
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
Letter not seen by GP in time required.	All scanning systems reviewed and all documents handed in to the practice by patients to be scanned the same day.
Patient called and did not pick up so text message sent.	Discussed at team meeting agreed that 2 attempts should be made to call a patient for a consultation at least 20 minutes apart. Consideration given to adding a reply function to text messages sent to patients.

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.