

## GP Practices Workplan 2013-14

### Visits to GP Practices - Introduction

The visits are part of Healthwatch IOW's workplan for this year, following a prioritisation exercise with the public. Healthwatch is taking a broad look at the accessibility of local GP services. The visits were agreed with local practice managers at a meeting in October 2013, with a variety of surgeries being visited, to give an overview of the Island's provision. These are as follows:

- West Wight Medical Practice, Freshwater
- Tower House Surgery, Ryde
- Garfield Road Surgery, Ryde
- Medina Healthcare, Newport
- Sandown Health Centre

Healthwatch provides local people with the chance to say what they think about local health and social care services, and an opportunity to influence how services are commissioned and delivered. Healthwatch feeds back what people have said to the services concerned, without using anyone's name, so that things can be challenged and improved. Healthwatch seeks to engage with people in local communities from a wide range of backgrounds, including those who are socially isolated or seldom heard.

The visits to GP practices were conducted by a Healthwatch volunteer and a member of the Healthwatch staff team. 45 minutes was spent observing receptionists handling enquiries and requests from patients. The areas being looked at are as follows:

- General impressions
- Reception staff communication with patients
- How enquiries are handled

A further 30 minutes was devoted to a conversation with the Practice Manager, clarifying aspects of how the practice provides its service. Some of the questions are common to all practices and set in advance. These were sent to the practice prior to each visit.

Following the visit, we aim to send feedback to each practice within one week.

Healthwatch IOW would like to thank the staff at the various practices for their help with setting up these visits, and looks forward to working together positively.

## **Garfield Road Surgery, Ryde**

Visit undertaken by Pamela Cranefield (Healthwatch volunteer) and Chris Gale (Healthwatch staff team member)

Date of Visit: 15<sup>th</sup> January 2014

Time of Visit: 8.00 a.m. to 9.45 a.m.

### **Visit Outline:**

A 45 minute period of observation took place in the reception area where a member of staff was taking telephone calls and dealing with face-to-face enquiries. Following this, a 30 minute conversation was held with the practice manager and audit clerk.

### **Overall Impression:**

The practice is housed in a well-maintained nineteenth century detached house close to Ryde High Street. The main reception area is a bright and comfortable room at the front of the building, with a reception hatch in one corner adjacent to the door. The practice is a small but busy one, with one full-time and two part-time GPs plus two nurses and a healthcare assistant.

The surgery building is located on a sloping site. The main reception and one GP consulting room is situated on the ground floor, with other clinical areas on the upper floor, accessible by stairs with a stair-lift available. A waiting room is available for patients on the ground floor. There is also a lower-ground floor which is used for office space. The visit took place midweek; it was explained that there was a much lower volume of phone-calls and face to face enquiries during this part of the week than on Mondays or Fridays.

### **Telephone Contacts:**

On the day of the visit one receptionist was covering both phone-calls and face-to-face enquiries. It was explained that on busier days there would be two reception staff on duty.

A total of seven calls came in during the observation period. Calls were answered promptly, and patients were greeted in a polite and friendly way on answer. The receptionist had a pleasant and clear tone in her conversations with patients. Most of the calls were straightforward requests for an appointment. On each occasion it was possible to arrange an appointment that morning if requested, or at another time as agreed with the patient.

Where patients needed a more detailed conversation, plenty of time was given to for explanation and clarification. One caller needed to make appointments for two other people; various options were checked regarding urgency, timing and preferred doctor. For one, the caller was advised to ring back at 1.00 p.m. for an afternoon appointment that day, whereas for the other person, an appointment the following week was arranged.

Another caller had a query about an assessment for fitness to work. The receptionist was careful to be clear about questions she was not in a position to answer, but asked relevant questions in a non-judgemental way to arrange a suitable appointment. The pace was not hurried, with sufficient time given for the patient to be provided with clear information and preparation.

### **Face-to-face Contacts:**

A total of six face-to face enquiries were dealt with during the observation. Three of these were patients simply reporting for appointments, who were directed upstairs to wait to be called. One patient asked a question on behalf of a relative, and was given information from a computer screen.

The partner of one of the patients checking-in, had a query regarding a particular problem. The receptionist asked for details, and offered an appointment within 30 minutes with a nurse for an initial consultation, to advise whether doctor needed to be involved later in the day for a hospital referral.

The layout of the reception hatch did not seem to be conducive to ease of contact, and the level of welcome varied from patient to patient. The staff member was seated at a desk, with patients standing at a small hatch with retractable clear sliding doors. One patient arrived whilst the receptionist was dealing with one of the longer telephone enquiries; a gesture of acknowledgement was not made, though the patient did try to catch the receptionist's eye. When the call was completed, the hatchway was opened and the patient explained they needed to drop off a urine sample.

### **Practice Manager Conversation:**

The practice manager had answered general questions about the practice via the pre-visit Background Questions form. The practice has 2,900 registered patients, around 26% of whom are known to have a long-term health condition. Typically two GPs would be working during the morning session; sometimes there is only one during afternoon sessions. There is an early surgery on Friday mornings, the opening time being 7.00 a.m. and an extended opening until 7.00 p.m. on Wednesday evenings.

For each half-day session, a certain number of appointments are reserved for same-day booking; these are released from 8.00 am each morning and from 1.00pm each afternoon.

On the day of the visit, all those who requested an appointment the same morning had been given one. The practice manager explained that receptionists do not probe into patients' specific symptoms, but generally patients are encouraged to ask for same-day appointments only for urgent matters. August and the Christmas period usually have a lower level of booked appointments, with the following month more heavily booked after both these periods.

It was explained that there were some constraints to the way services were offered, due to the age and layout of the building. Whilst most of the clinical services take place on the upper floor, one GP consulting room is on the same level as the entrance and arrangements can be made for other clinicians to use this room to work with any patient unable to use the stairs or stair-lift.

The visitors were told that the three GPs at the surgery each have a distinct personal style and an interest in specific areas of medicine. Patients therefore often have a preference for a specific GP. Whilst patients are formally registered with a specific GP, this need not have a bearing on which GP is chosen for an appointment or is which one is most regularly seen. Two of the GP partners are married to each other, both with a long-term involvement at the practice, whilst a third, newer GP is part-time and works additionally at another local practice. One of the part-time GPs undertakes checks for patients with respiratory conditions.

The practice has two nurses. Between them they offer a range of services; including long-term condition checks, immunisations, sexual health services, and wound management. Certain tasks are only undertaken by one or the other of the nurses. As one nurse is male and the other female, more intimate procedures can be carried out by a nurse of the appropriate gender.

Four receptionists work for the practice overall, with either one or two on duty at any one time. The practice does not have the facility for incoming patient calls to be automatically answered and put into a queuing system; currently if the receptionist is already dealing with a call the patient will hear either a ringing tone or engaged tone and needs to either hold on or ring back.

Several of the local pharmacies come to collect repeat prescriptions on a daily basis; patients may opt to deal with any pharmacy that suits them. Duplicate prescriptions occur from time to time if a patient requests one when the pharmacy has already attended to this. The receptionists are alert to this and keep track of any such occurrence. Controlled drugs are recorded on a specific sheet, and must be signed for by the pharmacy representative to avoid misunderstandings over collection.

Blood clinics are held three mornings per week to allow patients a timetabled phlebotomy service. This is especially valuable for those taking a fasting blood test. This service enables all patients in the practice to have blood taken in the surgery if they wish.

No particular arrangements were mentioned as being in place for interpretation for people who spoke languages other than English (including British Sign language).

The visitors were told that family members may be asked to translate for the patient. Two of the GPs speak Bengali but this was said not to have led to greater numbers of Bengali-speaking patients registering.

The visitors were told that surveys revealed the surgery as having the highest level of overall patient satisfaction of any local practice on the IOW.

## **Conclusion:**

The practice was found to be clean, well-run and welcoming. It has a blend of long-established and newer clinicians, who between them offer a range of working styles and a wide spectrum of clinical services. The domestic-style design of the building and smaller practice size allows for staff and patients to get to know each other well, though the old-fashioned layout also presents some practical challenges.

The arrangements for same-day booking are quite flexible at the practice, with afternoon appointments bookable from 1.00 p.m. rather than just from 8.00 a.m. There is a particularly good availability of phlebotomy at the practice.

Patients were generally greeted well, and enquiries were dealt with courteously and thoroughly. Plenty of time was given to clarify an appropriate timing of appointment, or to enable necessary preparations to be made for treatment. Time was given to establish urgency of need, and for non-urgent matters to accommodate patient preference for clinician and appointment time.

## **Recommendations:**

The suggestions below relate to accessibility. Whilst acknowledging the constraints presented by the nature of the building the practice is asked to consider the following:

1. It was observed that the reception hatch is sited in a position where the patient is standing and looking down at the receptionist through a space with closable doors. For wheelchair users the hatch is too high to communicate with the receptionist. The practice should review how it could make contact between receptionist and patient more accessible.
2. The practice may wish to consider using a notice by the main reception hatch to indicate a possible short wait when one receptionist is dealing with both phone calls and face-to-face enquiries.
3. At present one of the GP rooms is the only treatment area accessible to wheelchair users, so other clinicians make special arrangements to use this room when needed. The practice should review if there is any way a multi-purpose treatment room could be provided on the same floor as the on-street entrance.

**Response from Practice Manager to Recommendations**  
**(received 3<sup>rd</sup> February 2014):**

1. If accessibility or standing appears to be a problem for any of our patients, our reception staff will readily go round to the waiting room to see the patient, thus alleviating the problem.
2. We have created and laminated a small sign, this has been place on the glass of the reception window. It advises that if the reception staff are on the phone, please bear with them and someone will be with them as soon as possible.
3. Due to the constraints of the building, we are unable to create an additional clinical room on the ground floor. Generally this does not present us with a problem and our clinicians are more than happy to accommodate the needs of our patients who are unable to get upstairs. Patients can request to be seen in ground floor room if required.

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The two Healthwatch visitors would like to extend their thanks to all for a very useful visit

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