

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 G.P. 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 were 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 each visit, we aim to send feedback to the 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.

Medina Healthcare, Newport – West Street Surgery

Visit undertaken by Rose Wiltshire (Healthwatch volunteer) and Chris Gale (Healthwatch staff team member)

Date of Visit: 16th January 2014

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

Visit Outline:

The visit began with 45 minute period of observation of patient enquiries. One visitor was in the reception area where a member of staff was taking telephone calls and dealing with face-to-face enquiries; the other visitor being in an adjoining area where two staff members were available to take telephone calls.

Following this, a 30 minute conversation was held with the practice manager and the deputy practice manager. In addition to the surgery at West Street the practice has a branch surgery at the village of Wootton, four miles away. The Wootton surgery was not visited by Healthwatch.

Overall Impression:

The practice is housed in a spacious nineteenth century house close to the upper end of Newport High Street. There is a reception desk close to the main entrance, and waiting areas in various recesses on the ground floor. Some clinical rooms along with office space are located on an upper floor up a flight of stairs. The building is brightly decorated and full of character, all staff were welcoming and smartly-dressed.

Telephone Contacts:

During the visit a total of 31 calls were taken between the three staff observed. One member of staff covered the reception desk and also took calls. Of the calls taken in the area adjoining the reception area, one member of staff had a very clear and well-articulated telephone manner, but it was felt that the other staff member did not communicate as clearly. A fourth staff member was also available to take calls in a nearby room, but these calls were not observed.

Between 8.00 a.m. and 8.30 a.m. calls were being received for both the West Street and Wootton surgeries; from 8.30 a.m. the reception opened at Wootton and calls were also taken there.

Calls were answered promptly, and patients greeted in a cheerful and friendly manner. Each call was handled in a polite and helpful way, with time given to explore any issues in sufficient detail to arrange an appropriate appointment. Callers were offered a choice of appointments between the two surgeries. Where a call was not answered after four rings, it

was diverted to another phone where a staff member was designated to take calls. Staff tried hard to accommodate patient preferences for clinician and appointment time.

Particular care was taken to deal with enquiries about medication, time was taken to ensure everything was done correctly, with an assurance that the process would be carried out by a certain time if possible.

Of the calls that took longer to deal with, one was to arrange an appointment for a patient who is a shift worker. It took some time to go through the possible options, but eventually a suitable appointment was arranged.

By 8.30 a.m. all same-day appointments at West Street had been taken, callers were politely advised to call back the following day should an appointment not be wanted at Wootton and if the matter was not urgent. Appointments were booked further in advance where that was the patient's preference.

Some calls required a longer and more detailed conversation. One call required the staff member to look at information on the computer screen; when the computer was slow to respond an apology was made to the caller. Time was taken to clarify exactly what was required, to make sure paperwork was prepared and the relevant doctor alerted.

Another call was on behalf of someone else, when the caller gave an address it was not the same as the one recorded on the computer system. The staff member asked that this be updated, as an accurate address was needed in case of emergency.

When a call was received about an apparent adverse reaction to medication, the staff member made arrangements for one of the G.P.s to call. In the meantime the caller was advised not to continue with the medication.

One further call saw the staff member deal skilfully with an enquiry that needed more time. Empathy was shown and time given whilst the conversation was also gently moved forward so that appropriate help could be given. The patient was told that one of the G.P.s would be alerted to call back later. Reassurance was given about when the call would take place, with a time suggested at which to ring back if no call had been received.

Face-to-face Contacts:

A total of ten face-to-face contacts were observed. The receptionist was also taking telephone calls, and these are included in the section above.

Patients were greeted in a welcoming and polite manner. Some patients were checking in for appointments that morning, others to arrange future appointments or pursue other matters to do with treatment. Where paperwork needed to be filled in, time was taken to give a clear explanation of what was required.

When a patient called in for a prescription this was found promptly, and the matter concluded quickly.

As the morning continued, the appointments in the surgery began running a little late; an apology was made to each patient, and information given on how many patients were ahead in the queue. One patient requested a questionnaire form so as to complete the practice's patient survey whilst waiting.

The receptionist also dealt with general non-patient calls into the surgery, for example someone from the milk delivery service requesting payment.

Practice Manager Conversation:

The practice manager had answered general questions about the practice via the pre-visit Background Questions form. The practice has 8,834 registered patients, around 50% of whom are known to have a long-term health condition.

The practice has a full complement of six G.P.s with either two or three being available at West Street for all but one of the half-day sessions during the week. There is one nurse practitioner, four practice nurses and two healthcare assistants. There are a number of scheduled clinics for patients with long-term conditions, including those with diabetes, respiratory diseases, epilepsy and coronary heart disease. A range of open clinics take place for purposes including health-checks, immunisations, lifestyle advice and wound management.

We were told by the practice manager that phlebotomy services at the surgery are only offered routinely for Diabetic patients but can also be arranged for patients when during their consultation the GP will request bloods are taken before they leave the surgery. However, most patients attend the pathology clinic at St Mary's for routine blood tests.

Where repeat prescriptions are issued, the practice follows its own protocol. A certain number of prescription renewals are specified at the outset, after which there is a review with the patient. This is then flagged up by the system so that the review can be arranged.

The practice operates a pooled list, with patients not registered with a specific doctor. Patients may see a doctor at either the main or the branch practice according to their own choice and convenience. Car parking is not available for patients at West Street but is amply provided at Wootton. For this reason the practice's Saturday morning G.P session is undertaken there – this is for pre-booked appointments only. The visitors were told that the Wootton surgery is no longer fit-for-purpose, but funding has been agreed for a new purpose built surgery and building is due to commence shortly.

The visitors were told that a certain number of same-day appointments are available each day at both surgeries. Urgent matters are accommodated at each surgery with a number of emergency appointments offered during both morning and afternoon surgeries. These are offered as a five minute appointment dealing with the one urgent problem only. For any additional problems the patient may have, not relating directly to the emergency, they are asked to make another appointment to deal with these.

Amongst the G.P.s at the practice, two speak German and one Dutch, so patients with those as a first language may use these during the consultation if they wish. For other languages, the practice use the Language Line telephone translation service, or a family member may

act as an interpreter. For one patient with a visual impairment, letters are transcribed onto a compact disc through a specific piece of software provided by the local NHS Trust at St Mary's Hospital. Sign language interpretation can be arranged through the local Island Interpretation Support Services.

The age and layout of the West Street surgery has meant there have been some issues around accessibility, which the practice team has been addressing. As a number of clinical rooms are on the first floor, an accessible treatment room has been provided on the ground floor for use by any clinician. There are plans to provide a push-button opening mechanism for the door at the main entrance, and further improvements in accessibility are being explored. We were told the Practice invited the I.W. Society for the Blind some time ago to help with suggestions to improve the disabled toilets – paint white walls and all hand rails etc. in a dark colour (navy blue was chosen) so that visually impaired patients could identify where they were.

Home visits are shared amongst the G.P. team, following a meeting at 11.30 a.m. each day. The practice provides a G.P. service to a number of large nursing homes and residential homes, with regular visits made.

Conclusion:

The practice was found to be clean and welcoming and run efficiently. The appointment system appears to work well, and contacts made by patients are handled with courtesy and professionally with a warm and friendly manner.

Work had been carried out to make the building more accessible for disabled people and this work is continuing. There is an awareness of the need for interpretation services, and a start has been made at making these available.

Recommendations:

The suggestions below relate to communication and access for patients with disabilities.

1. The facility for providing correspondence on CD for people with a visual impairment is a good one, and should be better-known to patients. The existing contact with the I.W. Society for the Blind could be utilised further to make this service known. It could also be used as an example of good practice for other local practices.

2. It was observed that the height of the reception desk would be at eye level for wheelchair users using the practice. Therefore writing or signing anything would not be easy, and leaflets on the desktop would not be accessible. The surgery should review how it could make the desk more accessible.

Response from Practice Manager to Recommendations

(received 6th February 2014)

1. Audacity disc writer – yes we will advertise on our website and notify the IOW Society for the Blind that we have this resource.

2. Reception Desk – unfortunately the demographics of the building do not allow a change to the current desk to allow for wheelchair users. However we are aware of the problem and endeavour to have a receptionist available at the front desk at all times. If they do need to step away they will always alert a colleague and ask them to cover for them.

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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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