



GP Practices Workplan 2013-14

Overall Summary *March 2014*

Introduction

Access to G.P. Services was adopted as one of the first areas of activity by Healthwatch Isle of Wight. This summary outlines the process by which this theme was identified, and traces the development of activity through which it was explored.

A series of visits were carried out to local practices, to find out more about patient access, informed by feedback received by Healthwatch IOW. Through a combination of reading, observation and conversation, information was gained on how patients gain access the services offered by G.Ps and other practitioners.

Whilst the workings of the appointments system was the primary focus of the work, ease of physical access was also looked at. Issues around communication figured largely, both those encountered by people with a sensory impairment, and those arising for patients for whom English is not a first language. All the topics related to patient experience rather than to clinical practice.

A mainly positive picture emerged from the practice visits, with some recommendations made to each practice. A number of features were found to be shared, with contrasts in approach to the topics looked at. Examples of good practice are highlighted in this summary, which could be considered for adoption more widely.

Background

Healthwatch Isle of Wight was formed on 1st April 2013 as part of a national move to strengthen public involvement and provide a more effective consumer voice in health and social care.

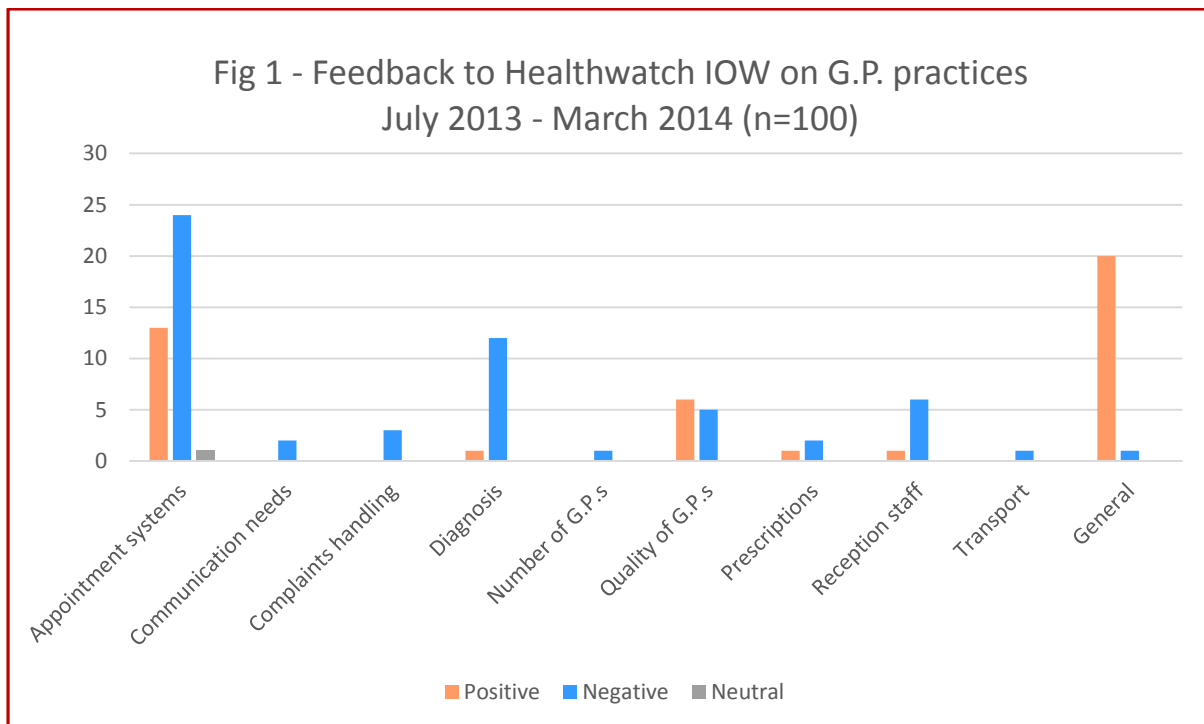
To shape the work priorities of Healthwatch IOW for its first year, a prioritisation workshop was held on 11th July 2013, with attendance from 41 members of local organisations and the public. A summary was available at the workshop of all feedback collected over the previous year by Healthwatch IOW and its predecessor, the IOW Local Involvement Network (LINK). This included 13 items of feedback on local G.P. practices, of which 8 related to appointments systems (five negative, one positive and one neutral).

Following the prioritisation workshop, and a subsequent survey (with 75 respondents) access to G.P. appointments was one of five themes adopted for Healthwatch IOW's workplan in its first year.

Since the time of the prioritisation workshop, Healthwatch IOW's community engagement work has developed considerably, and a further 100 items of feedback have been received on G.P. practices. Access to appointments has again been the most frequently mentioned topic, as shown by **Fig 1** (below). This has further confirmed the priority placed on this topic at the July workshop.

The Healthwatch IOW Manager attended a practice managers' meeting on 10th October, where possible ways forward for the workplan were discussed. Practice managers recommended a series of observational visits, to witness the appointment booking process first-hand. A range of urban and more rural practices, large and small were identified, to give a varied cross-section. The beginning of a morning session was suggested for this, as it tends to be the busiest time for bookings.

Practice managers also requested feedback received by Healthwatch IOW on G.P. services to be passed on to the practice in question, and this has been done on a continuing basis since the meeting.



The Visit Programme

Contact was made with practice managers, and visits agreed during December 2013 and January 2014. All visits took place on either a Wednesday or Thursday at the following locations:

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

A sixth visit had initially been offered by South Wight Medical Practice, but on re-establishing contact in November the practice manager did not feel able to commit to a visit at that time.

Each visit was undertaken by a Healthwatch volunteer and a member of the Healthwatch IOW staff team. A consistent format for recording observations was followed, with an outline structure to inform a

conversation with the relevant practice manager on each visit. Each visit commenced at 8.00 a.m. and continued for approximately two hours.

Prior to the visits, websites from all practices were looked at, to understand more about the pattern of provision. This in turn helped inform the conversations with practice managers during the visits.

The visitors concentrated on topics connected with access to general practice services at each practice. In addition to the booking system, matters around physical access and communication were also looked at. This included access arrangements for those with a specific communication need arising from a sensory impairment or patients whose first language is not English.

A summary of each visit was compiled and agreed between the two visitors, then sent to each practice manager for an accuracy check and for a response to each recommendation. Once each visit summary had been finalised, they were all published on the Healthwatch IOW website - <http://www.healthwatchisleofwight.co.uk/resources/reports>

Key Statistics

The practices to be visited varied in size, serving between 2,900 patients (Garfield Rd. Surgery) and 11,666 patients (Sandown Health Centre).

Information supplied by the practices indicated that the percentage of patients identified with long-term health condition ranged between 26% (Sandown Health Centre and Garfield Rd. Surgery) and 60% (West Wight Medical Practice).

Numbers of doctors based at the practices varied from three (Garfield Rd. Surgery) to seven (Tower House Surgery and Sandown Health Centre).

All practices offered nurse-led sessions and clinics. These included screening, immunisation and management of long-term conditions. Phlebotomy services were offered to varying degrees. At some

practices this was available to any patient on request. At others this was reserved for those specifically needing a scheduled time (e.g. diabetic patients required to fast beforehand), with others attending either St Mary's Hospital or Ryde Community Clinic.

Key Points

Atmosphere - all practices visited had a welcoming atmosphere with positive and appropriate conversations observed between staff and patients, both in person and over the telephone.

Appointments - The observation period at each surgery started at the same time as the booking opened for same-day appointments. Conversations concentrated on establishing the urgency of need, and letting the patient know which doctors were available for appointments at specific times. Conversation lengths varied, but patients were given time to understand and weigh up their options. During the observations, each conversation concluded with an arrangement agreed with the patient, even if it would not be their ideal option.

At West Wight, appointments with doctors are not booked by reception staff as a triage system is operated (Stour Access System). Instead, a conversation with a receptionist identifies a doctor, who is allocated to ring the patient back, discuss their symptom and arrange a consultation the same day if needed. The conversations that were observed therefore centred on offering a call back that day from a named doctor. Where a matter was not urgent and patients wished to wait for a preferred doctor to be available, they were asked to ring another day to arrange this.

As the visits took place mid-week, it is not possible to comment on how the situation may or may not differ on a Monday or Friday, which practice managers told us tended to see a greater volume of enquiries. We were told by all practices we visited that when there was an urgent problem, provision is in place for patients to be seen at short notice, even after timetabled appointments are fully booked.

The observations covered only the calls received at the surgery and would not have picked up any callers who were unsuccessful in getting through. Despite the use of multiple lines at most surgeries, it has been acknowledged that at peak times some patients might need to call more than once to get through. One practice (Garfield Rd. Surgery) operates a separate booking session for afternoon surgeries, with bookings open from 1.00 p.m. Other practices may wish to consider a similar approach.

Extended Hours Access - All five of the practices visited, have some form of surgery opening outside core hours 8.00 a.m. to 6.30 p.m. West Wight Medical Practice and Medina Healthcare (Wootton Surgery) have Saturday opening, whilst early morning surgeries take place at Garfield Road and Tower House. All the practices have at least one evening surgery. The process by which the specific times were chosen is outlined below (Fig 2).

Fig 2 – Patient Involvement in identifying Extended Opening Hours	
Practice	Response
West Wight (Brookside)	Evening opening twice a week, and alternate Saturday opening, based on national and local surveys
Tower House	Previous surveys indicated that for opening outside core hours patients would prefer early morning or evening, current times reflect this.
Garfield Road	Early morning and late evening - preferred by working people. Availability of GPs also a factor. Appears to work well as all appointments are well-used.
Medina (West Street)	Initially based on the needs of working people for early, late or Saturday appointments. Minor changes made in response to patient survey feedback
Sandown	Saturday surgery moved to a weekday evening after feedback from survey and patient group. Early morning not chosen, after feedback from patient group

Physical Access – The five surgeries varied in their physical layout. Whilst all were clean and bright, those housed in newer buildings tended to have better access for people with impaired mobility. Practice managers at two surgeries housed in older buildings were aware of the issues, and arrangements were in place to maximise access. At West

Street (Medina Healthcare) an accessible treatment room has been created on the ground floor patients to be treated by any clinician.

For patients who are wheelchair users, access to a lowered desk in the reception area is important. At the two older surgery buildings (West Street and Garfield Rd) we were told the demographics of the buildings do not allow for a lowered desk to be provided, but receptionists had flexibility to move from their usual position to assist the patient.

At the surgeries where the desk is lowered, practices needed to make sure the desk surface and adjacent floor space are both kept clear, which was not always the case when we visited. Signage would also be useful for its existence to be made known.

Communication – A variety of approaches had been adopted to support communication for those with a sensory impairment. At Sandown Health Centre, a visual display had been introduced to help those with a hearing impairment. This is an additional call to the consulting room alongside an audio announcement.

Whilst three of the five practices had some kind of hearing loop in the waiting area (**Fig 3**) only one of these (Medina Healthcare) was of the desktop kind, the most applicable for those speaking to the receptionist at the desk.

Fig 3 – Availability of Hearing Loops at the practices visited, February 2014		
Practice	Hearing loop – yes/no	Hearing loop type
West Wight (Brookside)	Yes	Room hearing loop
Tower House	No	N/A
Garfield Road	No	N/A
Medina (West Street)	Yes	Desktop hearing loop
Sandown	Yes	Room hearing loop

At one practice (Tower House) quiet background music is played in the reception area following patient feedback about conversations with staff being overheard. The Healthwatch visitors queried whether this might raise issues for people with a hearing impairment, so recommended feedback on this should be sought from patients with this impairment.

An example of good practice was noted at Medina Healthcare, where an Audacity Disc Writer is in use to transcribe correspondence onto an

audio CD for patients with a visual impairment. The practice had also made changes to the physical environment on advice from the IOW Society for the Blind.

Regarding the availability of interpretation for people who use British Sign Language, two practices (Tower House and Medina Healthcare) told the visitors that arrangements were in place with a local provider to book interpretation sessions when needed. Having this arrangement in place for quick access was an example of good practice which other practices may wish to consider.

The visitors were told that there are small numbers of patients whose first language is not English, and that the majority are able to converse confidently in English. Where this was not the case some practices said that family members may be called on as interpreters, which is not recognised as good practice unless the patient has been offered an alternative and actively opts for this.

The visitors were given differing information between practices on whether they currently had access to Language Line telephone translation services, through a subscription arranged by the commissioner.

Healthwatch IOW has now clarified with NHS England (Wessex Area Team) that a contract remained in place for practices to use Language Line. As a result of Healthwatch raising this, NHS England is contacting all practices to ensure they are aware of this, and have the correct access codes.

The visitors were told that a number of the doctors spoke languages other than English, for example French and German at Medina Healthcare and Bengali at Garfield Road. It was not clear how widely it was known that the facility therefore existed for patients to choose a specific practice and use the relevant language when seeing the G.P.

Carer Support: One further example of good practice was highlighted by the visitors, and recommended for wider adoption. Sandown Health Centre has its own carers' policy. When unpaid carers are identified they are given information on local authority carers' assessments and asked if their contact details may be passed on to the local branch of Carers UK.

Final Comments

Thanks are extended to the local practices for arranging and hosting the visits, and their help in answering queries beforehand and subsequently.

Full recommendations and responses to those by the practices visited have been published on the Healthwatch IOW website as part of the summary of each practice visit.

During the activity around the workplan, contact and communication has increased between Healthwatch IOW and local G.P. practices. It is intended to continue and further develop this positive contact.