

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 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.

Sandown Health Centre

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

Date of Visit: 23rd January 2014

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

Visit Outline:

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

Following this, a 30 minute conversation was held with the practice manager who then showed the visitors around the building. Brief introductions were made to a range of practice staff during this tour.

Overall Impression:

The practice is housed in a purpose-built two-storey building which is around seven years old. The centre is bright, clean and roomy with an accessible and easily navigated layout.

The reception desk is located directly opposite the main entrance, with a spacious waiting area a few yards further away. G.P. consultation rooms and treatment areas used by nurses and other clinicians are located on the ground floor. A small minor injury facility is also located on this floor. The upper floor is accessible by stairs or a lift, and has further clinical rooms, mostly used by visiting providers such as the Age UK nail-cutting service. Also on the upper floor is a spacious general purpose room used largely for health education purposes. There is a small waiting area on the upper floor, and also administrative accommodation.

Telephone Contacts:

During the visit a total of thirty-one calls were observed, taken by four practice staff. Two members of staff covered the reception desk and also took calls. Two further staff members took calls in an adjoining area out of sight of reception

The first ten minutes of the observation period was the busiest, with staff members taking calls almost continuously. It was explained that incoming calls stay in a "loop" and can be answered regardless of designated receptionist. Each call was answered promptly as soon as each staff member completed their previous enquiry, but when all staff members were occupied the phone rang for longer periods.

Incoming calls were answered in a friendly and helpful manner. Most calls were straightforward appointment requests, which were dealt with courteously but succinctly. Where a more detailed conversation was needed, time was spent clarifying the nature of the enquiry to ensure an appropriate response or action. The main outcome of each call was summarised by the staff member at the end of each call to ensure clarity.

Where the call was a request for a G.P. appointment, staff members took care to ask patients about their preferred doctor, and if this doctor was not available at the desired time, to explain other options. Same-day appointments were still available during the period observed, though some patients opted to make a pre-booked appointment, usually for the following week.

One call related to wound management and required appointments with both a doctor and a nurse, the staff member took care to co-ordinate the two appointments so that this could be done in one visit to the surgery.

Another call related to a possible episode of deep vein thrombosis. The patient was advised to go directly to the Beacon Centre, even though an appointment was pending at Sandown. The call was handled in a competent and friendly way.

One patient was offered an early evening appointment the same day, and briefed on gaining access using the doorbell as Reception would be closed by then.

One call related to confusion over a prescription; the staff member acknowledged there had been a 'mix-up', and said she would arrange for the matter to be rectified, and for the necessary communication with the pharmacy to be handled promptly.

At one point a patient was told the appointment initially offered had "disappeared" during the course of the conversation as someone else in the team had booked this for another patient during the phone call. The staff member apologised for having to withdraw the offered time, but another was arranged immediately.

One conversation was with a patient who appeared to be in a state of agitation. The staff member dealt with this clearly and firmly, without asking personal questions. An appointment was arranged the same morning, with the staff member giving re-assurance that it had indeed been arranged.

Face-to-face Contacts:

A total of twenty face-to-face contacts were observed. The staff members at the reception desk were also taking telephone calls; these are noted above.

Most of these contacts were straightforward check-ins for appointments, or prescription requests. These were handled politely and efficiently, with an appointment card being printed out if the patient wished. The receptionists also dealt with a few non-patient enquiries, for example from a visiting computer technician.

One patient said they had called in due to not being able to get through on the telephone line. There were no appointments available with the patient's preferred doctor, but an appointment was arranged that the patient was happy with.

Two patients arrived at reception with enquiries about prescriptions, both rather abrupt in manner. The receptionist remained helpful and polite.

Where patients were arriving for blood tests the receptionists took care to explain what they needed to do in preparation.

One enquiry was from a patient who was in the process of registering at the practice. The receptionist took time to explain the process, and also arranged an appointment anticipating that registration would take place quickly. The receptionist responded to the patient's query as to whether they had previously left an identity document at the surgery by mistake. After checking for lost property, suggestions were given of other ways of locating the document if it had been found and handed in elsewhere.

Another patient arrived with a request for a prescription and an x-ray form, having been advised to collect them in a phone call from one of the G.P.s the previous evening. The receptionist was unable to locate these on the system and apologised to the patient for the delay.

Two receptionists were present during most of the observation period. At one point both receptionists were dealing with enquiries that necessitated leaving the desk, leaving reception unstaffed for a brief period. A third member of staff quickly arrived to answer enquiries. After 8.30 a.m. the area became much busier, at which point a third receptionist came in to join the other two.

Practice Manager Conversation:

The practice manager had answered general questions about the practice via the pre-visit Background Questions form. The practice covers a wide area from Brading to northern Shanklin, and the rural area as far as Arreton. The boundaries overlap with those of other local practices.

The practice has 11,666 registered patients of whom 3,034 (26%) have a one of the following long-term conditions: heart disease, lung disease, stroke, blood circulation problems, kidney disease, dementia, rheumatoid arthritis or a mental health problem. 638 patients have two of these conditions, 297 have three, 89 have four and 47 have 5 or more.

The practice has seven G.P.s all but one of whom are longstanding members of the practice team. Each patient is registered with a specific G.P. and the practice prefers that patients would usually see their own G.P. This is felt to offer a greater degree of understanding of that patient's clinical data, as the G.P. has a knowledge of the context of that particular patient and can interpret information in that light.

A late surgery is run each Wednesday, with G.P. appointments available between 6.30 p.m. and 7.30 p.m. Two G.P.s are present for this surgery. Doctors also contact patients by phone in the evening if required sometimes as late as 8.00 p.m.

A certain number of appointments are kept for same-day booking. If these are already booked and the matter is urgent, the patient is advised to attend at 5.15 p.m. to be seen on a "sit and wait" basis. This session can become busy, with two doctors in attendance and up to twenty patients on occasion. As much time is allowed to complete this session as required. The nurse practitioner helps during this session by seeing those patients who can be seen by a nurse rather than a doctor.

There are eight nurses, all of them part-time. A range of services is offered including checks for people with long term conditions, immunisations, wound management and smoking cessation. Blood tests are also taken at the centre.

There is a minor injury unit at the centre, which enables patients to be treated locally rather than have to travel to Newport. If the injury is too major to be dealt with at the centre the patient is advised to attend Accident & Emergency, and if necessary an ambulance is called.

The practice provides services to a several local residential and nursing homes, including one where there is an intermediate care bed for patients recovering from hospital treatment. Each home has a specific G.P. allocated to assist continuity.

The practice has devised its own Carers Policy, and takes a pro-active approach to identifying unpaid carers amongst its own patients. Permission is sought from patients to pass on their details to the Carers U.K. Isle of Wight branch, and information given about carers' needs assessments undertaken by the local authority.

The purpose-built centre is seen by staff as a great improvement on the previous smaller accommodation in central Sandown. Members of the team had input into the design process and the layout is accessible and convenient. The present accommodation includes a private room where patients can be taken if they have received troubling news, and need time to absorb this. One thing the design had not allowed for was a clearly-visible place for the electronic check-in unit in the reception area. As a result this is currently a little tucked away and less well-used than it might be, but there are plans to re-site it.

It was explained that the practice phone system can accommodate up to eight incoming calls. Calls will be held in a queue until answered. If eight callers are already waiting, any further callers will hear the engaged tone. The present system was adopted to replace a previous one that used an 0845 number. Outgoing calls by practice staff are made via a separate phone system to allow capacity for incoming patient calls.

For patients with a visual impairment large print correspondence can be requested, though other formats are not available at present. A number of staff are waiting for training in British Sign Language. It was indicated that if sign

language interpretation was required by a patient that this could be arranged, though the practice is not currently in touch with any providers.

For patients whose first language is not English access was previously available to a telephone translation service but this is no longer available via the Primary Care Trust license as previously. We were told that patients in these circumstances largely have English at a sufficient level to communicate with clinicians in that language. We were told that family members may act as interpreters where required. Links to a general factsheet in twenty languages about G.P. services are available on the practice website, though not all the links are currently working.

We were told that the practice has an active Patient Participation Group (PPG), which is convened specifically each year at the same time as the patient survey. The practice has a policy whereby a patient who checks in for an appointment more than 10 minutes late is asked to forego that appointment and book another. Following a PPG meeting the wording was changed of a notice outlining this approach, to a version felt to be more user-friendly. Also in response to feedback, a visual display is being introduced in the waiting area in addition to the tannoy, to assist those with a hearing impairment.

The visitors were told that fundraising by the local community has allowed for purchase of additional items of equipment and this activity is ongoing.

Conclusion:

The practice was found to be well-designed, well-equipped and well-run. Staff dealt courteously and efficiently with patients, and spent enough time to help them as effectively as possible. There is a systematic approach to patient care from a well-established group of G.P.s who we were told take care to get to know their own patients. The late afternoon urgent appointment surgery and the minor injury unit provide added flexibility for patients. The practice has a proactive approach to identifying carers and linking them to appropriate support.

Recommendations:

The following three suggestions are made:

1. It was noticed that the reception desk has a lowered section on the far right hand side, as seen by the patient. This section is suitable for use by wheelchair users, but the area itself, and the adjacent areas of floor would benefit from being clearer for ease of manoeuvrability and use.
2. The practice could benefit from a greater awareness of local agencies that can provide sign language interpretation and correspondence in alternative formats, e.g. audio. Although the visitors were told that such facilities could be made available, prior knowledge would assist in providing such support in a timely manner.
3. The practice's work around unpaid carers should be shared more widely as an example of good practice.

Response from Practice Manager to Recommendations

(received 17th February 2014):

1. I will look the lowered section of the reception desk and make sure this is kept clear.
2. I will identify local agencies that can provide sign language interpretation and correspondence in alternative formats and make sure all staff are aware who or where to contact.
3. As per your recommendation we are happy to again share more widely our policy to identify unpaid carers. Age Concern UK worked last year with us and took our policy to other practices.

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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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