

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 include, 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.

Tower House Surgery, Ryde

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

Date of Visit: 9th January 2014

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

Visit Outline:

Conversations took place with the practice manager before and after the observation. 45 minutes observation took place in the reception area where two members of staff were taking telephone calls about appointments.

Overall Impression:

The practice is a bright modern building with a large and comfortable waiting area. The outside entrance is prominent and easy to find. The reception desk is placed conveniently opposite the main entrance. There is an atmosphere of welcome and a general impression of efficiency. It was explained that some adjustments had been necessary to the surgery's timetable that morning as one of the G.P.s was unable to attend the practice that day. During the morning a management meeting was cancelled, making more G.P. time available for appointments to help cover the absent doctor's workload.

Telephone Contacts:

It was explained that callers press an option button to discuss either appointments or a general enquiry. Appointment calls go to Reception staff, general enquiries to staff in an upstairs area. If Reception staff are dealing with other enquiries, calls are diverted to the upstairs staff after three rings. This maximises the capacity for taking calls.

A total of 23 calls came in during the observation period. Calls were dealt with courteously and succinctly, with more time given where clarification or reassurance was required. Most calls followed a similar pattern whereby the receptionist checked whether the matter was urgent and if so ensured a same-day appointment. The gender of the doctor was mentioned to some callers where relevant.

Where the patient had a preferred doctor it sometimes had to be explained that a longer wait would be needed. Varying times were needed for this from one call to another, it seemed that all patients were left satisfied with the choice of appointment. On one of the longer calls the receptionist reminded the caller that

there was a certain number of timeslots to be filled, which explained whether appointments were or were not available.

A number of callers were offered appointments with the “duty doctor” where a prompt appointment was needed, this seemed a helpful way of presenting the idea with a G.P. other than the one usually seen.

On one call, the receptionist took plenty of time to check on the urgency of the matter, to make sure an appointment was offered soon enough. Some time was needed to clarify when the symptoms had been experienced, to gauge the urgency of the required appointment. This was done efficiently but without hurrying the caller. The caller also needed reassurance regarding the G.P. for the appointment, as the doctor’s name was unfamiliar to this patient.

Where a call included several elements, the receptionist re-capped at the end of the conversation to make sure everything had been recorded correctly. An example of this was for an adult making two appointments for different children.

Face-to-face Contacts:

Two reception staff were in place during the visit, the visitors were told there are always with either one or two staff in this area, the number depending on how busy the surgery is at the time. If one is in place and things suddenly become busy, a buzzer can be pressed by the staff member, to call on an additional staff member for help.

There were ten face-to-face contacts during the observation. The majority of these were for straightforward check-ins for appointments, requests for paperwork or patients needing re-direction to the adjacent pharmacist or dental practice, whose entrances are quite tucked away. All these were handled efficiently and with a pleasant manner. One patient seemed surprised not to be seeing the expected doctor due to the doctor being sick, but was quickly reassured.

A few enquiries needed more time - these happened to come to one particular receptionist, who gave all patients sufficient time for explanation, and took care to clarify all deal with all aspects of each enquiry.

One patient had concerns about confidentiality on noticing the Healthwatch visitors - the receptionist quickly gave reassurance on this point. Concern was expressed about renewal of a prescription, the patient was unsure of the name of the medication. The receptionist checked all the necessary information and assured the patient she would do all she could to ensure new medication was available well before the existing supply ran out.

Another patient was given plenty of time to explain an enquiry. The receptionist explored every avenue needed to ensure a prompt response, sending a message to the G.P. about the issue concerned, taking two contact phone numbers and gaining the patient’s permission for the G.P. to talk to the spouse should the patient not be able to come phone when the G.P. called back.

A further patient was seeking information on nail-cutting support, and was given information relevant to the circumstances. The receptionist felt the Age UK service might not be able to help as a referral process was needed and this was a one off request. She checked out with her colleague this was correct before confirming with the patient. The patient was happy with the response which gave other options.

Practice Manager Conversation:

The practice manager had answered general questions about the practice via the pre-visit Background Questions form. The practice has approximately 10,500 around 37% of whom are identified as living with a long-term health condition. On a Thursday morning (the morning of the visit) there would usually be four G.P.s working at the practice. A duty doctor is always identified during surgery hours, who takes urgent appointments and visits.

There are four practice nurses, providing a range of services including long term conditions clinic, immunisations, sexual health, family planning and minor surgery support. There is an active Patient Participation Group at the practice.

The visitors commented on the fact that a high percentage of the patients had been given same-day appointments during the observation. The practice manager confirmed this was the aim whenever needed. If a booked slot was not available, a patient would be offered a consultation at 5.00 p.m. if their symptoms indicated they needed to be seen that day.

The visitors fed back on their impressions of the surgery. In response to a query on the background radio sound, it was explained this had been introduced in response to a patient survey in which 15% of respondents had felt uncomfortable about conversations at the Reception desk being overheard. Feedback since then had indicated greater satisfaction with this issue.

The system for requesting medication was explained. This was done automatically without the need for a request slip to be completed by the patient. Staff did their utmost to ensure dealing with this promptly, this was confirmed by the observation. The presence of a pharmacy in the same building helped with efficiency, although patients could specify a pharmacy of their choice. The practice manager explained that an on-line prescription service was now in place, another part of the same website also gave access to on-line appointment booking.

For users of British Sign Language, the practice will book an interpretation service with Island Support Services. It would be expected that patients would request this on booking, though receptionists tend to know the patients, so would mention this themselves at the booking stage. It was also stated that the computer system would flag up when a patient required this. The practice manager said that the service was available quickly once requested, though specific typical time interval was not quoted.

Conclusion

The practice was found to be clean and well-run, and tidy. Staff took care to gauge patients' needs and respond accordingly in a pleasant and helpful manner.

Recommendations

Just two suggestions are put forward, both concerning accessibility for people with disabilities.

1. It was observed that the height of the front section of the reception desk was not convenient for wheelchair users using the practice. The top of the desk was around eye-level for these patients. Whilst no specific difficulties were observed during the visit, writing or signing anything would not be easy, and leaflets on the desktop would not be accessible. The visitors did not observe any lowered section to the desk, and suggest lowering part of the desk to help in any future building work at the practice.
2. It is suggested that feedback be sought from patients with a hearing impairment on the effect on them of the background music in the reception area. Whilst it was explained this was introduced to enhance confidentiality and is at a low level, feedback to Healthwatch IOW indicates that background music is in general unhelpful for those with a hearing impairment.

Response from Practice Manager to Recommendations (received 3rd February 2014)

1. We do have a lower desk to the left hand side of the main reception desk as you approach from the door. This is available for patients to use for signing or writing.
2. I will investigate the possibilities of obtaining the suggested feedback. Of course all patients have access to our patient survey (either via our website or from the reception desk if no internet access available), to provide feedback and additional comments on all matters.

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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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