

## 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.

## West Wight Medical Practice, Brookside Health Centre

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

Date of Visit: 5<sup>th</sup> December 2013

Time of Visit: 8.00 a.m. to 10.30 a.m.

### Visit Outline:

Conversations took place with the practice manager, assistant practice manager and senior GP. 45 minutes observation took place in the area where telephone calls were received, handled by two reception staff and prescriptions clerk. Brief introductions were made to other staff as the visit proceeded, including three other GPs and practice nurses.

### Overall Impression:

The overall impression of the practice is that it is welcoming and comfortable. Patients were often greeted by name when known to staff. The practice seemed busy but staff remained welcoming, including the doctors.

### Telephone Contacts:

The receptionists' general manner towards callers was pleasant and a business-like manner. They were friendly and informative.

In regards to the time taken for the calls, each call was to the point and appointments were offered immediately with nurses, or with doctors upon call back by a named doctor. Although the calls were to the point, sufficient time was allowed for each and callers were not rushed, even when the same information needed to be repeated several times. The receptionists were polite throughout the period observed.

For one call there was only one available appointment left for the afternoon as nurses were fully booked up. A call from a doctor was offered if the matter was urgent. The Stour Access System is used here - receptionists generally pass information on to the doctor to arrange the necessary course of action, and they arrange an appointment if needed. In general, patients were given an appointment within the time slot requested.

In regards to whether or not patients were given appointments with their preferred doctor/clinician, the name of a doctor was specified who would call back. One offered an appointment with a different doctor and checked if it is okay. If a doctor was not in on the day, some patients preferred to phone or call on the next

day that doctor was in. However they were offered another doctor available if they wished to be contacted the same day.

One staff member looked into an issue where a patient's medication details were difficult to locate on the computer system. This was pursued until it was resolved. If a complex enquiry arose, receptionists were polite and efficient in trying to resolve the issues at hand.

Receptionists maintained a nice, polite and quiet voice when addressing the patients and offered them as much time as necessary to explain what they needed. If there were alternatives that are available to the patient then this information was given.

With regard to confidentiality and dignity, no names were used and patients had been shown and signed a confidentiality statement for the practice. Patients seemed to be helped very well in regards to their enquiry, all telephone operators were well informed with good knowledge of who was in the building and on duty to help.

If the receptionists were to encounter a sensitive or complex enquiry, a quiet voice was used and as much time as needed was given to ensure the issue was dealt with efficiently and accurately.

### **Additional Observations:**

There seemed to be a large volume of calls coming in and all were answered quickly and given as much time as necessary as well as offering the appropriate help and information available to their situation. The impression given was that nothing seemed to be 'too much trouble', both staff receiving incoming calls had a good telephone manner. For one caller with a pharmacy enquiry, the patient's name did not come up on the system although the date of birth was checked. It took time to look into this. It was then established this was to do with temporary residence and was eventually resolved.

### **Practice Manager Conversation:**

The appointment process and times are as outlined on the website. There are between three and seven doctors in attendance for each surgery session, the number fluctuates depending on the day. The practice reported to have 10,900 patients on its books operating with a pooled list and patients can specify their preferred GP. Of the 10,900 patients, we were told that around 60% of them have long term conditions.

The practice stated that it has three Advanced Nurse Practitioners and 8 nurses. The roles differ between the two, Advanced Nurse Practitioners roles relate to minor illness, chronic disease management, family planning and cancer care.

Nurses deal with asthma, diabetes, anticoagulation, CHD, TR, Leg Ulcer Clinic, COPD, immunisation and general nursing.

All information for the prescription service is on the website. In regards to arranging appointments for patients whose first language is not English, they do have access to language line but we were told that patients would usually bring their own interpreter. Special arrangements can be made for patients who need help. We were told that two members of staff are training in the use of Makaton and one other staff member is training in use of British Sign Language. There is a loop system and the surgery has access to help from the “deaf society”.

Advanced Nurse Practitioners are trained to Masters Level, however St Mary’s do not always recognise some of their referrals, for example x-rays. The practice manager acknowledged that this could be a source of frustration.

The Stour Access System has been used for two years, with a consultation beforehand, then audited and surveyed after 12 months. This year’s survey has just been done. Home visits can be made upon request, there are 11 care homes/nursing homes being visited. The number of home visits per day can vary, a random sample shown from the home visit book showed 18, 13, 23 and 4 on different days.

It was explained that GP’s hours can extend into the evening, finishing at 7:30pm is not uncommon. It was felt by staff that the triage system had provided benefits of prompt consultations, with patients being seen more appropriately by nurse on many occasions. Apparently  $\frac{1}{3}$  of patients do not need a doctor with the new system and at least 90% will be seen on the day. The intention had been that GP’s would be more accessible on this system.

It was noted that repeat prescription requests could be made through a choice of methods, either by a paper request slip, or electronically. A new computerised system is in prospect for those who prefer an electronic method, but the paper system will be maintained.

## **Conclusion**

The practice was found to be clean and well run, tidy staff and all friendly. The practice manager seems well informed and willing to answer questions asked. All staff were helpful and welcoming, with the senior GP arranging a specific slot during the visit to talk about the practice and how it runs.

## Recommendations

Just two suggestions are put forward, both to do with the repeat prescription system.

1. The Practice is asked to consider using a term such as “First Name” rather than “Christian Name” on the repeat prescription request slips, in order to show a welcome to people from a range of faith backgrounds or none.
2. It is suggested to re-read the page on the website and a re-wording considered to make it clearer that only the electronic request system is being changed, and that the paper-based system will be retained in parallel.

## Response from Practice Manager to Recommendations

(received 7<sup>th</sup> February 2014):

1. The change of Christian Name to First Name on our repeat prescription requests was done the day after the visit.
2. Now that there is only one system for ordering prescriptions on-line there is less text on our website and all the options for ordering repeat prescriptions are easier to find.

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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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