

Enter & View GP Practice Visit Report

Name of Service: Whittington Moor Surgery

Service Address: Scarsdale Avenue, Whittington Moor, S41 8NA

Date of Visit: 13th August 2019

WHAT IS ENTER AND VIEW? Healthwatch Derbyshire (HWD) is part of a network of local Healthwatch across the country established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health or social care services. Enter and View visits may be conducted if providers invite this, if HWD receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

This visit was conducted as part of a rolling programme of visits to GP practices. Visits are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

Contact Details: Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0RN. Tel: 01773 880786.

1. Visit Details

Service Provider: Whittington Moor Surgery

Time of Visit (from/to): 10.00am - 12.30pm

Authorised Representatives (ARs): Barbara Arrandale & Megan Martin

Healthwatch Derbyshire Office: Tel: 01773 880786

2. Description & Nature of Service

The practice has 8000 patients. It serves a mainly urban community on the outskirts of Chesterfield. It offers a full range of family healthcare including clinics for ongoing conditions. It offers extended hours appointments, both early morning and early evening. Weekend appointments are offered at the Brimington Hub.

3. Acknowledgements

Healthwatch Derbyshire would like to thank the practice manager, practice staff and patients for their contributions to this Enter and View visit.

4. Disclaimer

This report relates to findings gathered on the specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all patients and/or staff but does provide an account of what was observed and presented to HWD ARs at the time of the visit.

5. Purpose of the Visit

- To enable Healthwatch Derbyshire ARs to see for themselves how the service is being provided
- To capture the views and experiences of patients and staff
- To consider the overall patient experience when accessing and using the service
- To identify areas of patient satisfaction, good practice within the service and any areas felt to be in need of improvement.

6. Strategic Drivers

Healthwatch Derbyshire maintains a statutory responsibility to undertake Enter and View visits to a variety of NHS and social care adult services which receive any income from public funding.

Discussions were held with managers from Derbyshire Clinical Commissioning Group and the chief operating officer of Derby and Derbyshire Local Medical Committee to establish the feasibility of conducting visits to GP practices in Derbyshire. A framework and tools for the visits were developed and agreed and a programme of visits planned.

The rationale and methodology for the visits were introduced to GP practice managers by the Enter and View officer at practice managers' meetings across Derbyshire.

7. Introduction/Orientation to Service

On arrival ARs met Val Johnson, Practice Manager and Tamsin Pasanisi-Cooling, Deputy Practice Manager. ARs were invited in to undertake their visit. ARs undertook an approximate 15 minutes introduction to the setting where they were advised on any circumstances that they should be aware of and/or may reasonably restrict some aspects of their visit. These were outlined and acknowledged as being:

- No access to one section of the upper floor due to a seminar in session
- No access to the nurses' room.

8. Methodology

ARs were equipped with various tools to aid the gathering of information. The following techniques were used:

- Direct observation of interactions between staff and patients
- Assessing the suitability of the environment in which the service operates in supporting

- the needs of the patients
- Talking to patients and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Gathering feedback from staff via a questionnaire about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities.

Information was recorded on the ARs checklists and questionnaires, along with making supplementary notes.

9. Summary of Key Findings

<ul style="list-style-type: none"> • Eleven patients were interviewed, and one member of the reception staff engaged with in a more informal discussion with an AR
<ul style="list-style-type: none"> • Staff questionnaires were not completed as the practice manager explained that such questionnaires had only recently been conducted, and these are carried out regularly
<ul style="list-style-type: none"> • Most of the patients interviewed were complimentary about the care and treatment they received with only some comments about the difficulty of getting appointments when phoning in
<ul style="list-style-type: none"> • ‘Friends and Family’ responses reflected mainly positive comments and were noted to be displayed in one of the waiting rooms
<ul style="list-style-type: none"> • Plenty of notice boards/notices evident but most important information is displayed on several, regularly updated ‘screens’
<ul style="list-style-type: none"> • Toilet areas appeared to be poorly signed.

10. Detailed Findings

10.1	Location, external appearance, ease of access, signage, parking
	The site is easy to find and has on-site parking, although this was full during our visit. There is street parking adjacent to the site. There are some ‘dedicated’ staff and disabled bays adjacent to the main, ramped entrance.
10.2	Initial impressions (from a visitor’s perspective on entering the practice)
	<p>The entrance is bright and welcoming. The reception desk is staffed as well as a self-check-in system being evident. The reception desk staff are friendly and well-presented. Waiting areas, A and B, (one for GP and the other for nurse appointments) are indicated by a small sign but the reception staff also direct patients.</p> <p>Toilets are located off of a third waiting area (C) accessed through a short link corridor. However, this is not signed from the reception nor from waiting rooms A & B and AR’s observed an independent child with a patient having difficulties in locating the toilets.</p> <p>There are numerous notice boards as well as several ‘scrolling information screens’ in each of the three waiting rooms which can be viewed easily from all seating positions. The amount of information displayed was significant and something that the practice manager and deputy mentioned they are discussing to review.</p>

10.3	<u>Internal physical environment</u>
10.3.1	<p>Décor, lighting, heating, furnishing & floor coverings</p> <p>The floor coverings are in good condition. There is plenty of light, both natural and artificial. The visit took place on a summer's day so the main entrance door was open affording a pleasant temperature in the main reception/waiting areas.</p> <p>The internal waiting room C has no natural light or ventilation. This became 'stuffy' during the course of the morning.</p> <p>The furniture throughout was all in good condition. Some of the walls had scuff marks from the chair backs where there was no protection such as a dado rail and, under one of the large screens, there was evidence where posters had been placed leaving blu-tack and other marks on the walls.</p>
10.3.2	<p>Freshness, cleanliness/hygiene & cross infection measures</p> <p>There was a general freshness apart from waiting area C.</p> <p>Hand sanitisers were evident with clear signage identifying them but there was no reference to patients to make use of them from the reception staff. The practice manager advised that magazines in the waiting areas are not encouraged due to infection control measures. There are some children's 'activities' on a table in one of the waiting areas.</p>
10.3.3	<p>Suitability of design to meet needs of patients and staff</p> <p>There is seating in the waiting areas offering a variety of heights of seats, some with arms to support the needs of patients. There are no internal steps which patients would be required to access. The main doors are very wide and the waiting areas are linked through open arches which are bigger than "single door width". Consulting rooms were not observed by AR's and access is assumed to be satisfactory for wheelchair users. The waiting rooms are spacious with seating and space for prams or wheelchairs. The upper floor is a staff and administrative area only.</p>
10.4	<u>Involvement with patients and community/voluntary sector groups</u>
	<p>Several notice boards offer information about local community and voluntary groups.</p> <p>A large Patient Participation Group (PPG) information board, including meeting dates, is on the wall opposite the main entrance and adjacent to the self-check in area. However, only four patients interviewed knew about the PPG and one of these did not know what it did or how to 'join'. The practice web-site is noted to have comprehensive information about the PPG. Other patient comments indicated being aware that all patients 'could' be in the PPG whilst another knew of its existence but stated, "<i>I don't bother with things like that.</i>"</p> <p>The practice manager advised that the Primary Care Network has appointed a staff member to begin the delivery of Social Prescribing. This initiative is in its early stages.</p> <p>The CQC rating certificate is displayed appropriately within the reception area.</p>

10.5	<u>Services to support patients with specialist health needs</u>
	Some of the GP staff are training in specialist health needs.
10.6	<u>Accessibility</u>
10.6.1	<u>Accessible Information Standard 2016</u>
	The practice manager advised that the staff are aware of the Accessible Information Standard 2016. ARs encountered one patient with a visual impairment (10.7.1 refers) where some further adjustment may be needed.
10.6.2	<u>Reasonable Adjustments</u>
	Physical access is good with a ramp to the main entrance and no internal steps. All consultation rooms are on the same level. Some signage could be improved, especially for dementia patients e.g. toilet signage. The practice manager advised that the addition of red toilet seats is being considered and further considerations to assist dementia patients is being investigated.
	No particular measures or processes are in place to support religious preferences but one GP is learning an alternative language and is aware of some religious and cultural preferences.
	For non-English speaking patients use is made of a translation service provided by Capita. One patient interviewed commented on this being used for a consultation with her. She was most complimentary about this service. The reception staff were able to explain how they can set up a translation service for the GPs and health care practitioners if this is required.
10.7	<u>Appointments</u>
10.7.1	<u>Booking Appointments</u>
	Appointments can be booked by telephone; online or in person and can be made up to four weeks in advance.
	The patients interviewed generally book by telephone but some did comment on the difficulty of getting through and then, ‘... when you do all the appointments are gone. ’
	Repeat/follow-up appointments are made at the time the patient attends for their primary appointment. The practice manager advised that the practice has eight telephone lines and, at 8.00 a.m. each day, at least five members of staff are taking telephone calls. The practice aims to keep some same-day appointments but these are generally all booked soon after lines open.
	No one interviewed knew about the extended hours availability on some week days and once a month on Saturdays despite this being advertised in the newsletters, on the surgery screens and web-site. The newsletters are produced several times a year. The website displays them and copies are available on the reception desk.
	Two patients interviewed said that they had been able to get same-day appointments when they had an urgent need. Appointment reminders are sent by mobile texts and one patient commented, “ <i>It is really useful to get the</i>

	<p><i>text to tell you when your appointment is and then another just before to remind me.”</i></p> <p>However, one patient, with poor eyesight, does not use a mobile phone so doesn't receive these.</p> <p>The practice manager commented on the number of appointment non-attendances encountered and that the practice is constantly trying to find ways to reduce these.</p>
10.7.2	<p>Arrival at Appointment</p> <p>Patients can use the self-check-in screen available but ARs observed that most went to the reception desk, adjacent to the screen, to check in. Once checked in the patients are directed to the appropriate waiting area for their clinician.</p> <p>During our visit some patients had no waiting time as they were called through immediately whilst others waited for more than 15 minutes, with the average waiting time being about 10 minutes. All patients are called to their appointments by the clinician coming out of their surgery to 'collect' the patients. The onscreen advice to patients if a clinic is running late alerts them to return to the reception desk. This advice is on a loop so may initially be missed if patients are not watching as this slide is showing.</p>
10.7.3	<p>Follow-up Appointments</p> <p>As indicated under 10.7.1, these are usually arranged smoothly. One patient commented, <i>'There is never any trouble getting a follow up.'</i></p>
10.8	<p><u>Care and Treatment</u></p> <p>Most of the patients interviewed were complimentary about the care and treatment they received. Several have been patients for many years. Some commented on the general changes and the frequent change of doctors and other health care professionals.</p> <p><i>One patient stated, 'It's not the same as in the old days when you always saw the same doctor but they are all pretty good.'</i></p> <p>Another patient commented that, <i>'I always feel rushed now. They don't have enough time to really take notice of you.'</i></p> <p>A further patient who had only been with the practice for one or two years, commented on how happy she was with everything to do with the practice saying, <i>'... excellent service, no problems with anything.'</i></p> <p>ARs were given sight of the August Friends and Family responses whilst those from previous months (including positive and negative feedback) were noted to be displayed in one of the waiting rooms. The majority of comments were positive with only a couple each month indicating that they 'would not recommend' the practice.</p>
10.9	<p><u>Raising Concerns/Complaints</u></p> <p>One patient commented that they had raised a concern, over getting an appointment and had requested the reception staff put him through to the practice manager, this they had done and he had been seen promptly and the matter resolved. Other patients said they had no concerns but would complain if they felt the need.</p>

11. Additional Issues

11.1	Other observations/findings of note
	Under the Patient Participation Group board (10.4 refers) is a 'Book Sale Table' at which books can be purchased for 50p with the funds going to purchase items for the surgery. A full list of purchases made with these funds is on display. One lady came to the book table seeking a particular book even though she was not actually attending an appointment.
11.2	Comparisons with previous Healthwatch visit(s)
	No previous Healthwatch visits have been conducted.
11.3	Comparisons with the most recent CQC report
	<p>The surgery was last inspected on 18th July 2019 and, at the time of the Healthwatch visit, the report had not been received by the surgery.</p> <p>The previous CQC visit to this surgery took place on 5th November 2015 with the report being published on January 14th 2016. The overall rating at that time was 'outstanding'. This was attributed to three domains of 'safe', 'caring' and 'well-led', with 'good' being applied to the domains of 'effective' and 'responsiveness'.</p> <p>Due to the most recent CQC report not yet being available, comparisons have been made with the 2016 report. Whilst generally there is some overlap on areas of focus between Healthwatch Derbyshire and the CQC, there are also a number of differences.</p> <p>Overall within the areas of commonality, this Healthwatch Derbyshire report seems to reflect the general satisfaction of patients with the service as illustrated in the CQC report, and provides similar evidence as to the effectiveness of the staff and organisation in meeting the vast majority of patient needs.</p>

12. Elements of Observed/Reported Good Practice

•	Reception staff appeared welcoming and efficient
•	Patients, generally very pleased with the care and attention they receive
•	Significant amount of current information on well-maintained notice boards
•	General environment pleasant, light and airy
•	The intention to improve the environment to be more dementia friendly
•	The Primary Care Network has appointed a staff member to begin the delivery of Social Prescribing
•	A patient was complimentary about the interpretation service experienced
•	Clinicians personally come out of their consultation rooms to invite the patients in for their appointments
•	On-screen advice to patients occurs if a clinic is running late

13. Recommendations

13.1	Review the adequacy of signage directions to toilets from the reception and waiting areas (10.2)
13.2	Advise of outcome to review of the type and quantity of notice board information currently displayed (10.2)
13.3	Consider ways of improving the ventilation and freshness of Waiting Room C (10.3.1/10.3.2)
13.4	Address the décor deficits observed in waiting room areas and consider ways of reducing future damage to the walls by the seating (10.3.1)
13.5	Provide clear request at reception for patients to use the hand sanitizers available (10.3.2)
13.6	Confirm that consultation rooms have full accessibility (10.3.3)
13.7	Advise as to how the practice ensures that the Accessibility Information Standard operates effectively for all patients (10.6.1/10.7.1)
13.8	Provide up-date on progress and plans regarding modifications to environment to better meet the needs of patients who have dementia (10.6.2)
13.9	Consider newsletters at reception having a distinct sign inviting patients to 'please take one', with possible reminders on the 'self-check in' or 'rolling' information screens. (10.7.1)

14. Service Provider Response

13.1	We do have a sign directing patients to Waiting Room C.
13.2	Prior to the Healthwatch visit, we had agreed that signage and noticeboards needed to be refreshed and updated. We were displaying too much information and the important messages could be missed
13.3	We have costed up an air conditioning unit for this area but at this time we do not have the funds to support this
13.4	We are planning to fix some padding to the chair backs to protect the walls
13.5	The hand sanitizer signage will be improved
13.6	No action needed
13.7	The practice adheres to the Accessible Information Standard
13.8	Again, this was discussed with the Healthwatch representative at a meeting prior to the visit. We are currently updating our dementia information and updating signage in the practice to support this
13.9	We will reduce the number of information leaflets available on the reception desk. Two display holders with "PLEASE TAKE ONE" will replace the above with a newsletter, patient leaflet and carers information.