

Enter & View GP Practice Visit Report

Name of Service: Stubley Medical Centre

Service Address: 7, Stubley Drive, Dronfield, S18 8QY

Date of Visit: 12th September 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: Stubley Medical Centre

Time of Visit (From/To): 10:00 - 13:00hrs

Authorised Representatives (ARs): Shirley Cutts & Jacquie Kirk

Healthwatch Derbyshire Office: Tel: 01773 880786

2. Description & Nature of Service

Stubley Medical Centre is situated in Dronfield and serves a mainly urban community. It provides a full range of family healthcare services, including clinics for patients with long term conditions. There are approximately 5,000 patients registered at the practice.

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 Authorised Representatives 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 Julie Chaplin, Practice Manager and were invited in to undertake their visit. ARs undertook an approximate 30 minute introduction to the setting. ARs were made very welcome and they were advised that there were no circumstances that would restrict the visit being undertaken and that members of staff, the senior GP, PPG members and patients were all available for interview.

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

• Ten patients were interviewed including five members of the Patient Participation Group (PPG)
• Three members of staff were interviewed along with the senior GP
• Patient needs appeared to be at the centre of all developments within the practice
• An active PPG was well supported by the practice team
• Systems in place to monitor older patients and those deemed 'vulnerable'
• The repeat prescription on-line system appears problematic.

10. Detailed Findings

10.1	<p>Location, external appearance, ease of access, signage, parking</p> <p>The practice is located in a small commercial area approximately 20 yards from a main road. There is a sign on the main road providing direction to the practice, at the time of the visit this was partially covered by a hedge. Within the commercial area are a pharmacy and two other retailers. There is ample parking, including disabled parking spaces.</p> <p>The surgery building is ten years old and was purpose-built for the practice. There is a large sign on the side of the building identifying all the services based in the building. There are no steps into the building making access suitable for all patients and visitors.</p>
10.2	<p>Initial impressions (from a visitor's perspective on entering the practice)</p> <p>The entrance to the medical centre is via large, glass, automatic doors with visitors entering directly into the waiting room area. There are two floors within the building, the main practice facilities being all on the ground floor. The upper floor is occupied by various other health workers including district nurses and physiotherapists.</p> <p>The waiting area is large, spacious, light and well decorated. A reception desk is located towards the rear of the waiting room and is staffed at all times. The latest CQC report is displayed behind the reception desk. The desk has a lowered area on the left-hand side which is used to display a number of leaflets.</p> <p>The receptionist was welcoming on arrival, as were all staff as the ARs accessed different areas of the building during their visit. Clinical staff were wearing appropriate uniforms while administration staff wore their own choice of clothing.</p>

10.3	<u>Internal physical environment</u>
10.3.1	<p>Décor, lighting, heating, furnishing & floor coverings</p> <p>The waiting area is pleasant and well-lit with a combination of natural and electric light. The décor is modern and welcoming all furnishings are in excellent condition. Flooring is clean and well maintained.</p> <p>Seating for the waiting patients is in the form of fixed bench like structures, one in a semi-circular shape and a front-facing, one along the wall. They are well covered in bright coloured fabrics, with high backrests. They are suitable for all patients including those with mobility problems.</p> <p>In the corridor through the doors is another comfortable seating area. The ARs were told that this area is often used by staff to speak with patients who have concerns and provides more privacy than in the waiting room.</p>
10.3.2	<p>Freshness, cleanliness/hygiene & cross infection measures</p> <p>All areas accessed by the ARs were clean and tidy.</p> <p>Toilet facilities are available adjacent to the waiting area, with a separate disabled toilet. Both were clean and well maintained.</p>
10.3.3	<p>Suitability of design to meet needs of patients and staff</p> <p>As indicated under 10.2, the building consist of two floors and a lift is available to access the second floor.</p> <p>The patients are seen on the ground floor with access to all clinical areas and consulting rooms via signposted wide glass doors which facilitate wheelchair access.</p> <p>A patient commented that it was beneficial that all consulting rooms were on the ground floor and that, '<i>no stairs were involved</i>'. Another patient commented that the building was '<i>very nice and comfortable</i>'.</p> <p>There is a small area designated for children, with a number of toys and some bean bags as seating for any children.</p>
10.4	<u>Involvement with patients and community/voluntary sector groups</u>
	<p>The practice has an active PPG with a membership of approximately 40 patient representatives, although attendance at the bi-monthly meetings is usually around 20.</p> <p>The practice manager attends all the meetings and other members of staff attend as needed. The PPG members told us that one of the GP Practice Partners has attended in the past to discuss changes, both in the practice and the CCG. The PPG members spoken to by ARs felt that they are included in the running of the practice, being both consulted about and informed of developments.</p> <p>PPG members support the 'flu clinics, providing refreshments and promoting</p>

	<p>the PPG. Unfortunately, none of the non-PPG member patients the ARs spoke to were aware of the PPG.</p> <p>ARs were told by staff members that there was information about the PPG in the waiting room and also on the waiting room TV screens. The PPG has recently published a newsletter which was seen by the ARs but was not noticeable on display in the waiting room and neither was the general information on the PPG to which staff had referred. The PPG information on the TV screen was apparently within a 25 minute 'loop' of information which consequently could be missed by many of the waiting patients. The ARs were not able to observe this video loop information during the visit.</p> <p>Some patients told the ARs that they consult the medical centre website and note any changes there. PPG members commented that the website is, <i>'A little bland and not user friendly but there are plans for it to be updated'</i>.</p> <p>Links with voluntary and community groups appear to be informal. One recent initiative is the introduction of a carers support group. Approximately 40-50 carers attended the introductory event and more are planned.</p>
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10.5	<u>Services to support patients with specialist health needs</u>
	The nurses and health care assistants provide a range of monitoring and clinical services, including wound care and ECGs. Some special services are available on the same site, e.g. district nurses, midwives, audiology and physiotherapy.

10.6	<u>Accessibility</u>
10.6.1	Accessible Information Standard 2016
	<p>A hearing loop is available, and individual methods of communication are developed for patients with hearing problems, often including provision of information in writing. An information book using pictures is also available for patients with special needs.</p> <p>For patients who have English as a second language interpreters are often used, or family members if appropriate. No leaflets or other information is currently available in other languages, but the ethnic population is very small in Dronfield, so the current demand is not great.</p>
10.6.2	Reasonable Adjustments
	See above (10.6.1)

10.7	<u>Appointments</u>
10.7.1	Booking Appointments
	<p>Appointments can be made by telephone, surgery visit or online, but the majority are booked by 'phone. The practice has recently introduced a triage system for all appointments. All receptionists have been trained in the process. A 'RAG' rating system is used, patients with urgent needs being classified 'red'</p>

	<p>and will be seen the same day, patient non-urgent needs are classified ‘green’ and will be seen within one week, although the patients we spoke to told us that they usually wait two weeks. The practice manager told the ARs that patients who miss appointments will be contacted on the same day to ensure that they are ‘ok’.</p> <p>Following the submission of this draft report to the Practice, they considered the details received by the AR’s and recorded above, may be misleading. They wished to offer the following clarification,</p> <p><i>“The implementation of our triage system has meant that all patients from ‘Red’ to ‘Green’ triage calls are contacted within 24-48 hours to be offered an appropriate appointment as soon as possible. Many of these calls do not require a GP appointment and patients who require a GP appointment will be offered the next available slot. Unfortunately, we are unable to guarantee routine patient’s appointments within one week. We do not advertise this to be the case.”</i></p> <p>The senior GP advised that he had found the introduction of the triage system allows him, <i>‘to spend more time with those patients that need it’</i>.</p> <p>A number of nurse and health care assistant appointments are always left available for any urgent circumstances each day.</p> <p>One patient interviewed informed ARs that they were, <i>‘fed up’</i> with the triage system, not liking giving personal information to a receptionist and waiting for a call back was difficult when the patient was at work. Another patient commented that they were not always able to see their doctor of choice when they wished and often had to wait to see this doctor.</p> <p>Staff informed ARs that the SMS messaging service is used to remind patients of appointments and also to inform them of changes.</p> <p>The practice hours end at 6pm but ARs were told that the GP will see urgent patients late in the day and AR’s understood that extended hours appointments are provided by another practice in Dronfield.</p> <p>Further to the completion of this draft report, the practice provided the following clarification on this matter,</p> <p><i>“Extended hours appointments are provided by Stubley Medical Centre at Gosforth Valley Medical Practice, Moss Valley Medical Practice, and the Chesterfield Hub. It is our service which is provided by our surgery through our partnerships which are held at other local surgeries. It is a programme which continues to develop another practice in Dronfield“.</i></p>
10.7.2	Arrival at Appointment
	<p>Patients arriving at the surgery check in using the computerised check in system located to the right of the Reception desk. Patients told ARs that appointments usually run to time and they are informed on arrival if there is a delay. Two patients interviewed during the visit had been advised that there was a 20 minute delay.</p>

	<p>Patients are called for their appointment via a TV screen. There are three TV screens in the waiting room, one showing Sky news and two showing health information and calling for appointments. The siting of the TVs ensures that the information is visible from all seats in the waiting area.</p> <p>A patient informed ARs that sometimes the doctor will come to the door between reception and the doctor's rooms to greet them.</p>
10.7.3	Follow-up Appointments
	<p>A patient told ARs that sometimes the doctor will book a follow-up appointment at the end of the consultation, which is appreciated. Otherwise they will be booked with the receptionist either at the time or by 'phone at a later date.</p>

10.8	<u>Care and Treatment</u>
	<p>The ARs were informed that the practice has developed a number of initiatives designed to be proactive with patient care support; these include a regularly monitored 'watch list' of patients identified as 'vulnerable'. The Healthcare Assistant staff members will ring these patients monthly to check their well-being, the intention being to prevent admission to hospital. Administrative staff will also call any patients who miss an appointment to ensure that all is well. ARs were also informed that all patients over 85 have a care plan in place, and that this is to also be implemented for those over 75 years.</p> <p>The patients spoken to by the ARs generally seemed satisfied with the treatment they received in the practice. A patient commented that they never felt that their consultation was rushed and was often for longer than ten minutes. PPG members were confident that the practice provides a good standard of appropriate care, describing it as, '<i>... a very personal service</i>' and that, '<i>they trust all the staff in the practice</i>'.</p> <p>The ARs were told of occasions when the partner GP has gone above and beyond what might be expected, e.g. making an unrequested home visit to check on a patient's response to hospital treatment.</p> <p>However, three patients raised concerns regarding the recently introduced system for repeat prescriptions with one patient commenting that no prior notice had been given regarding the change. The senior GP also advised ARs of his frustration with the on-line prescription programme that, '<i>... results in wastage</i>'. A patient also commented that there was wastage with the new system for patients accessing their drugs from the pharmacy.</p>
10.9	<u>Raising Concerns/Complaints</u>
	<p>None of the patients interviewed whilst waiting for their appointments were aware of a formal process for raising complaints. However, several said that they would raise any concerns, if they had any, with reception staff.</p>

11. Additional Issues

11.1	Other observations/findings of note
	The senior GP advised that a new GP had just joined the practice and was unused to the triage system adopted by the practice and that this was causing delays at the time of our visit.
11.2	Comparisons with previous Healthwatch visit(s) <i>(completed by Enter & View Officer)</i>
	Healthwatch Derbyshire has not previously undertaken an Enter & View visit to this service.
11.3	Comparisons with the most recent CQC report <i>(completed by Enter & View Officer)</i>
	<p>The CQC last visited this service on 14th October 2015 and the report published on 17th December 2015 where all domains were considered ‘good’ except the ‘safe’ domain which was deemed to ‘require improvement’. A CQC ‘desk-top’ review, following the service’s response to the ‘safe’ domain deficits, was conducted on 21st October 2016 with a report only relating to this domain being published on 24th November 2016. This provided the service with an overall rating of ‘good’ and noting the ‘effective’ domain to be ‘outstanding’.</p> <p>In comparing the Healthwatch findings with the 2015 CQC full report, similar findings were evident. Both acknowledged the positive service provision overall and with particular reference to the monitoring of frail/older patients. It was also evident that the PPG was well established within the positively supporting culture of the service.</p> <p>Common areas identified for potential improvement across both reports included better communications to patients regarding the concerns/complaints procedures and average waiting times for routine appointments which the CQC recorded as being, ‘between two and three weeks’, whilst this report suggests that patients more commonly wait for two weeks (10.7.1)</p>

12. Elements of Observed/Reported Good Practice

•	SMS used to remind patients of their appointments and calls made to patients who have not attended for their appointment
•	Introduction of ‘carers support group’
•	Availability of an information book using pictures for patients with special needs
•	Triage system and availability of telephone consultations
•	Care Plans in place for patients over the age 85 and those requiring palliative or end of life care plus a system to monitor ‘vulnerable’ patients on a monthly basis.

13. Recommendations

13.1	Check that the external road sign directing people to the medical centre is no longer obstructed by the hedgerow overgrowth (10.1)
13.2	Consider advertising the existence of the PPG within the reception area and make PPG information more readily available within the waiting areas (10.4)
13.3	Confirm that non-urgent appointments are offered within one week in the light of patients indicating that it is usually two weeks (10.7.1)
13.4	Advise of actions being taken to improve the repeat/on-line prescription system (10.8)
13.5	Ensure that information is clearly available to advise patients in how to raise concerns/complaints (10.9).

14. Service Provider Response

This action plan is based on the draft report provided by Healthwatch Derbyshire. Stubley Medical Centre would like to thank Healthwatch Derbyshire for kindly coming to see the service. The recommendations made have been constructive and will help the practice improve the quality of the service it provides.

No.	Recommendation	Service Response
13.1	Check that the external road sign directing people to the medical centre is no longer obstructed by the hedgerow overgrowth (10.1)	The practice will clear the overgrowth of the hedge to make sure it is no longer obstructing the sign once permission has been sought from the property owner the plant belongs to. The practice will remain vigilant that this sign does not obstruct the sign in the future.
13.2	Consider advertising the existence of the PPG within the reception area and make PPG information more readily available within the waiting areas (10.4)	In light of this feedback the practice has since incorporated information about the PPG within its practice leaflet and will review the display on the TV monitors in the waiting room so assess if changes need to be made so that the PPG information can be more regularly visible on the display. Furthermore, with help from our PPG, the practice will endeavour to produce a regular newsletter which can be displayed in the waiting room which informs patients about the work of the PPG and which extends the invitation to join the PPG if wishes. Consideration for another display board to be put up in the waiting room is being taken which would display the PPG work and other practice community information.

No	Recommendation	Service Response
13.3	Confirm that non-urgent appointments are offered within one week in the light of patients indicating that it is usually two weeks (10.7.1)	Given the triage system ALL patients are offered an appointment within two working days. The appointment offered will be as soon as possible with the most appropriate practitioner. The practice gives patients no guarantee of routine matters being seen within one week as this is unfortunately unrealistic. The practice does always bear in mind the wishes of the patient and the time frame in which they wish to be seen, however many patients object to utilising the 'Extended Access' appointments preferring to see a GP or nurse on the premises which can often mean waiting beyond the next available appointment. The practice acknowledges that patient satisfaction with the designated appointments can and should be improved, we aim to do this with the signposting training given to administrative members of staff and good communication between on-call GPs and the patient. The practice's PPG kindly conducted an audit on patient opinion regarding the introduction of the triage system and whilst more details can be found on our website, 93% of patients asked by the PPG were 'satisfied' or 'very satisfied' with the new system.
13.4	Advise of actions being taken to improve the repeat/on-line prescription system (10.8)	The feedback regarding the functionality of our prescriptions system is very useful and highlights the need for the practice to communicate changes more effectively to our patient population. We currently use the TV screens in the waiting rooms, the prescription counterfoil, and SMS messaging to those who have consented to inform our community of changes. We understand that it can be frustrating to service users when the prescription systems are continuously developing. As a practice we are keen to find the balance between convenience, good functionality, and avoiding 'wastage' as mentioned in the report. As such, the practice has joined the NHS Medicines Order Line (a centralised order system designed cut waste), we also accept paper prescription requests for the benefit of some of the practice's 'tech-phobic' members, and there is the online system for many of our patients who have limited time during the working day and must order their prescriptions later in the day from their own homes.

No	Recommendation	Service Response
13.4 cont...		<p>Many of the problems with the prescription system have come about due to the introduction of 'Repeat Dispensing' or having items on a 'batch'. Often when prescriptions need to be reviewed or reauthorised this can cause some confusion with the patient. Furthermore, Repeat Dispensing can lead to waste. To combat these issues as highlighted in the report the practice must find a way of communicating more effectively with the patient group when any changes occur with their prescription. The practice is aware of how different issues impact different groups in the patient population when it comes down to prescriptions because of this the practice are continually open to developing ways to make prescriptions easier, more efficient, and less wasteful.</p>
13.5	<p>Ensure that information is clearly available to advise patients in how to raise concerns/complaints (10.9).</p>	<p>Based on this recommendation the practice has taken steps to provide visible information on how to raise concerns/complaints to patients within the waiting room via the use of the TV screens, and display signs. Furthermore, this information will soon be available online. The practice is also in the process of sourcing a secure box to be placed in an appropriate place within the waiting room for patient suggestions and feedback.</p>