



Enter & View Woodbridge Practice

Wednesday 6th May 2015

Joanne Shaw-Dunn

Details of visit

Service Address: Thornaby Health Centre, Trenchard Avenue, Thornaby, Stockton-on-Tees TS17 0EE

Service Provider: Woodbridge Practice

Date and Time: 6th May 2015, 930am

Authorised Representatives:

Carole Harrison, Beryl Magson and Joanne Shaw-Dunn.

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Acknowledgements

Healthwatch Stockton-on-Tees would like to thank the Woodbridge Practice, patients, visitors and staff for their contribution to the Enter and View visit.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of all patients and staff, only an account of what was observed and contributed at the time.

1. Introduction

1.1 What is Healthwatch?

Healthwatch Stockton-on-Tees is a patient and service user voice organisation. We listen to people's experiences and views of local health and social care services. We use this information to influence how services are planned and delivered in the future to make sure they meet the needs of those people using them.

We gather the views and experiences of people in a number of different ways, which can include conducting an Enter and View visit.

Healthwatch Stockton-on-Tees is an independent organisation steered by a Board of volunteers. Healthwatch is commissioned by the Local Authority and accountable to the public.

Healthwatch has statutory powers:

- A statutory seat on the Health and Wellbeing Board.
- The statutory right to be listened to. Providers and commissioners must respond to us within 20 days of submissions of requests for information or reports.
- The statutory power to Enter & View health and social care services

1.2 What is Enter and View?

Enter and View is seeing and hearing for ourselves how services are being run and allows Healthwatch to collect the views of service users at the point of service delivery.

- This might involve talking to staff, service users and visitors or observing service delivery.
- Enter and View visits are conducted by authorised HW Representatives who are trained volunteers.
- Visits can either be announced or unannounced, although unannounced visits will only be conducted in exceptional circumstances, i.e. where it is the only option.
- All Enter and View visits have a clear purpose, to ensure effective evidence gathering and reporting. The purpose might be to contribute to a local Healthwatch programme of work, or have a more direct purpose as a result of an issue that has been identified.
- Where there are concerns, Healthwatch Stockton-on-Tees will report these to the appropriate organisations, for example, the Care Quality Commission (CQC), the local Overview & Scrutiny Committee and/or Healthwatch England.

2. Purpose of the visit

2.1 Overall Aim

This visit was planned following on from intelligence received by Healthwatch regarding a number of issues including the organisation of appointments at the Woodbridge Practice. The visit aimed to listen to patients and staff about their experiences of being a patient at the practice with a view to making recommendations for improvements to the provider.

2.2 Objectives

- Observe activity in the waiting area in relation to making appointments.
- Listen to the views of patients in relation to their experiences of making an appointment through interviewing.
- Listen to patients' views and opinions through a short survey.
- Listen to the views and experiences of staff in relation to organising appointments.
- Utilise available policies and promotional documentation including the website to gain a strategic perspective of how the appointment system should operate.
- Highlight good practice.
- Make recommendations to the provider for possible improvements based on findings from the visit.

3. Methodology

This was a planned Enter and View visit. Healthwatch Stockton-on-Tees approached the Practice Manager of the Woodbridge Practice to inform her that the Enter and View team would be making a visit as well as providing details of the Enter and View process. The Woodbridge Practice were not, however, informed as to the specific purpose of the visit.

The Enter and View team met in advance of the visit in order to conduct a desk top exercise of documentation relating to the Practice. This included results of Patient Surveys, the practice website information and CQC reports. The team wished to gain an understanding of how advertised processes were delivered in order that this could be compared with what was observed during the visit.

Prior to the visit, we also met with the Practice Manager who provided details about processes followed.

A set of questions was devised to be used in interviews with patients and individual staff. These were: Receptionist, GP and Nurse Practitioner. In addition to this a

short survey was created to capture the views and experiences of those patients who did not wish to be interviewed or were not able to participate due to other time commitments.

On attendance at the practice, an Enter and View team member was located in the waiting area to offer patients the opportunity to be involved in interviews. Where patients did not wish to be interviewed, they were offered a questionnaire to complete. The Woodbridge Practice staff team organised a schedule of appointments for staff to be interviewed and provided 3 private rooms.

Who did we listen to?

In total, we listened to 5 patients, 4 staff and received 15 completed questionnaires.

4. Findings

4.1 General observations

The Enter and View team were welcomed by staff at the Woodbridge Practice who were keen to be involved in the process and support where necessary. There was a calm atmosphere in the waiting area with a steady flow of patients coming in and out.

The Healthwatch team were encouraged by patients' general comments about the overall service provided by the practice which were generally good. A commitment to delivering a high standard service was also indicated by staff comments that they 'want to deliver a quality service for patients'. Of the Patient Survey, 12 of 15 people commented that they were either 'satisfied' or 'very satisfied' with the time allocated with the Doctor or Nurse, how well they were listened to and how involved they felt with their own care.

4.2 Non- urgent appointments- Delays in obtaining an appointment

Patients told us that there was an 'unacceptable' waiting time to secure a routine appointment. The next appointment being offered on the day of the visit was in 16 working days (over 3 weeks). Of the 15 completed questionnaires, 13 contained negative comments about how long people had to wait for an appointment. Patients stated that they had waited 3 weeks, 23 days, 2 months and 1 month.

Mechanisms for securing an appointment were generally thought to be inefficient. The current system requires that patients telephone the surgery at 8.30am to secure a limited number of appointments which are reserved for people who feel they need to be seen on the day. Patients told us that that the telephone often 'rang out' and was left unanswered or they got a 'constantly engaged tone'. A

member of staff stated that there is not the volume of staff available to deal with the number of calls and that this is something patients often complain about. Another staff member stated that she feels 'bad that she can't give the patients what they want'.

2 patients stated that they are able to get an appointment more easily when they mention a long term condition, specifically asthma and diabetes.

When there are no suitable appointments to offer patients, staff told the team they are required to offer a telephone slot with the duty doctor. They are not permitted to suggest that the patient attends the Walk-in Centre. Staff stated that they often received angry responses from patients when they were unable to provide them with the appointment they required. This anger was usually directed at the receptionists.

4.3 Appointments- Receptionists' role

Some patients stated they felt uncomfortable being 'triaged' by the receptionist when making an appointment. This was supported by comments from patients in the survey who were unhappy at giving their personal medical issues to receptionists who 'don't understand' their conditions. Receptionists were seen as 'Gatekeepers' to the Doctors and patients expressed frustration with this. Staff told the team that they were required to ask patients who specifically wanted to see a GP that day about their condition in order that they could re-allocate an appointment with a Nurse Practitioner where possible. Staff were uncomfortable about asking these personal questions over the phone and stated that they felt it should be a clinical member of staff making these decisions.

4.4 Appointments- Patient Choice

Staff told the team that they were required to ensure that the GP saw only those patients who could not be seen by a Nurse Practitioner. However, it was highlighted by both patients and staff that often, patients would rather see a GP than a nurse. This was supported in 3 comments made in the Patient Survey: 'Rather see a Doctor, not a nurse' 'people should be able to see a Doctor when they make an appointment', 'the nurse doesn't know about my diagnosis.' Staff also commented that in many cases, the Nurse Practitioner is not appropriate and that a further appointment with a GP is often required which can incur a further wait of 2-3 weeks. Staff also highlighted a similar issue for home visits whereby a Nurse Practitioner is allocated to attend the patient's home and the patient is not given the choice to see a GP.

4.5 Appointments- Catering for patients' additional needs

Staff told the team that they were not required to prompt patients as to any specialist requirements they may need for the appointment such as an interpreter

or other situations where the client's needs would require more time e.g. learning disability, mental health issue etc. It was expected that the patient instigate the need for extra support at the time of making an appointment. Patients listened to during the Enter and View visit did not highlight this as a problem.

5 Recommendations

5.1 Appointment system

Healthwatch Stockton-on-Tees recognises that the issues which have come to light as part of the Enter and View visit are potentially evident on a wider scale in other GP practices, both locally and nationally.

It is important that all patients are able to see that their needs are dealt with fairly and given the right level of priority. It is suggested that Practices consider the following in dealing with priorities and triaging patients:

1. Develop extensive policy & procedures for dealing with appointments. These should be published as well as being transparent and seen to be fair in dealing with priorities and triaging patients.
2. The procedures should be linked in with local ones relating to access to NHS care generally so patients can see how best to receive care for their particular problem.
3. The telephone system and computer system should link into the overall procedures and be seen to work as simply and effectively as possible.
4. Each practice should liaise with patients in finalising the written procedures to ensure that they meet good standards of patient care and are fully understandable
5. The policy and procedures should take into account all available guidance and good practice.
6. Healthwatch is happy to be involved on a more general basis to feed in views from across the borough.

Healthwatch Stockton-on-Tees would also recommend that the Woodbridge Practice consider uptake of a telephone triage system as highlighted in the Review of Access to Urgent and Emergency Care Action Plan (below).

“All GP Practices in the Borough should consider using a telephone triage (for example ‘Doctor 1st’) appointment system, particularly as a method of reducing non-attendance at appointments.”

5.2 Patient Choice

Healthwatch would recommend that the Woodbridge Practice ensures that patients are able to see a GP if they feel it best suits their condition. The practice may wish to consider undertaking an audit and review of those patients who had been referred to a Nurse Practitioner and were subsequently referred to a GP. This would enable the surgery to evaluate how many patients had been inappropriately referred to a Nurse Practitioner and therefore the extent of the problem.

6 Provider Response

The Woodside Practice have offered the comments below in relation to this report:

Section 4.3

‘Staff told the team that they were required to ask patients who specifically wanted to see a GP that day about their condition in order that they could re-allocate an appointment with a Nurse Practitioner where possible.’

- Staff have not been instructed to question patients, however staff do ask patients for a brief description of the problem if they need to be seen the same day for an urgent problem and also in order to direct patient to correct healthcare professional.

Section 4.5

Staff told the team that they were not required to prompt patients as to any specialist requirements they may need for the appointment such as an interpreter or other situations where the client’s needs would require more time e.g. learning disability, mental health issue etc.

- This statement is completely inaccurate as when a patient record is opened a prompt/alert is visible on the patient records so staff are already aware of patients’ background. Staff are aware of the interpreting service available to all patients who require this service. This is also highlighted on patient’s records where necessary.

Recommendation 5.1.1

Develop extensive policy & procedures for dealing with appointments. These should be published as well as being transparent and seen to be fair in dealing with priorities and triaging patients.

- The above recommendation has already been addressed through an extensive e- learning training package

Recommendations 5.1.6

Healthwatch is happy to be involved on a more general basis to feed in views from across the Borough.

- The practice is more than happy for health watch to attend their patient participation group meeting should they wish to do so.

7 Thank You

Healthwatch Stockton-on-Tees would like to thank the Woodbridge Practice for their support during the visit. We would also like to thank all those patients, staff and relatives who have taken part in this work.