

# Hove Medical Centre

<b>Service address:</b>	<b>Hove Medical Centre, West Way, Hove, East Sussex, BN3 8LD</b>
<b>Service Provider:</b>	<b>Contracted to Brighton and Hove Clinical Commissioning Group</b>
<b>Date and Time:</b>	<b>Wednesday 5<sup>th</sup> August, 09:00 - 12:00</b>
<b>Authorised Representatives:</b>	<b>Sue Seymour and Tim Sayers</b>
<b>Healthwatch Address:</b>	<b>Healthwatch Brighton and Hove Community Base, 113 Queens Road, 3XG</b>

## Acknowledgements

Healthwatch Brighton and Hove would like to thank the service provider, patients, visitors and staff for their contribution to the Enter and View programme.

## Who are Healthwatch?

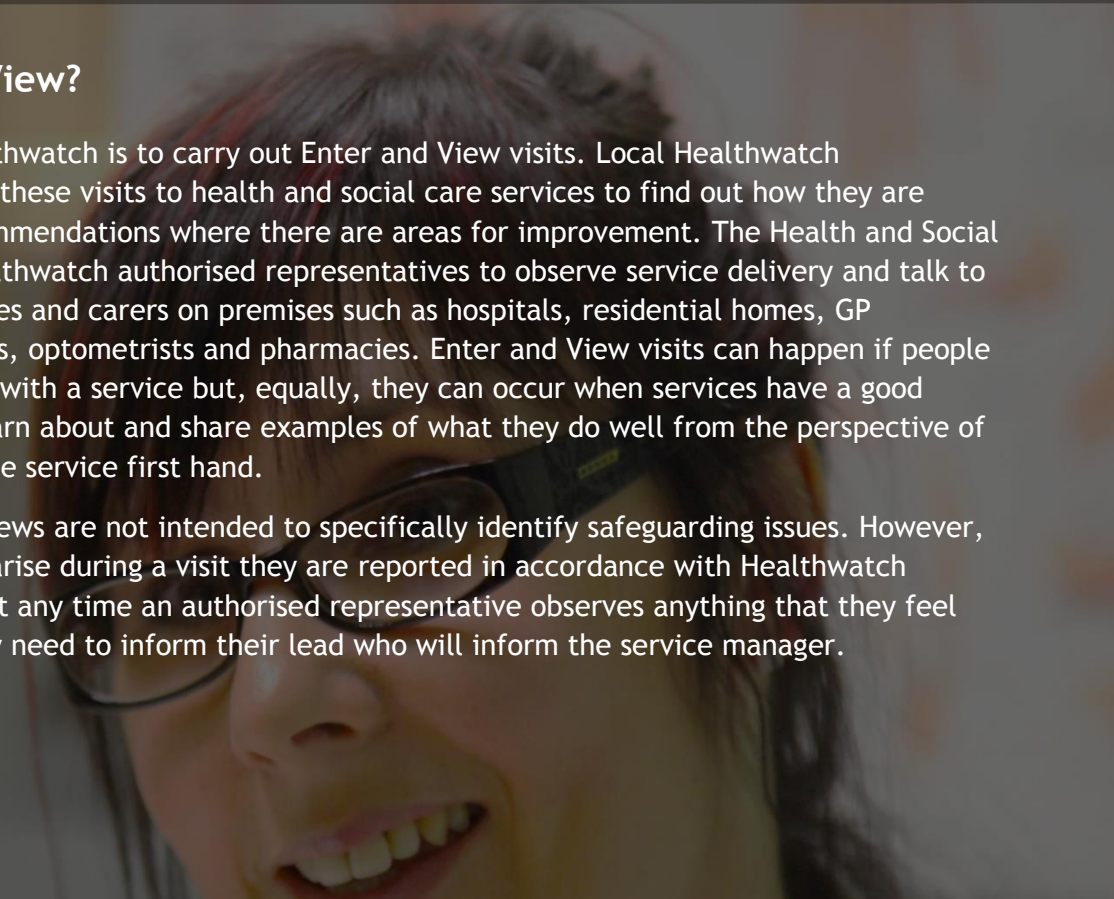
Healthwatch Brighton and Hove supports local children, young people, adults and their communities to influence the design, delivery and improvement of their local health and social care services, now and for the future. We enable people to make informed choices about their health and wellbeing by assisting them when they have concerns or complaints about these services.

Healthwatch Brighton and Hove is a part of the Healthwatch national network, established by the Government under the Health and Social Care Act 2012 to ensure local patients and users have a greater input to shaping and designing local services. There are 148 local Healthwatch organisations across England.

## What is Enter and View?

A part of the role of Healthwatch is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager.





## Why is Healthwatch Visiting GP Practices?

Healthwatch Brighton and Hove (HWBH) is undertaking a programme of visits to GP Practices across the city during 2015. In total we will visit 15 GP practices, including three pilot visits in March 2015. As part of this HWBH is undertaking an online survey asking the same questions, to ensure that as many people as possible are able to give feedback on their local practice.

During our time in each service, authorised volunteer representatives will be talking to patients about their experiences of care and accessing services, and recording what they see in the waiting rooms. At a time when GP practices are going through significant change both locally and nationally<sup>1</sup>, Healthwatch wants to understand how patients feel services in Brighton and Hove are performing, and make recommendations to ensure high quality health and wellbeing services.

We want to highlight what good care looks like to patients, and to look at how patients can be empowered to have more of a say in how their practices are run. The Clinical Commissioning Group<sup>2</sup> and Brighton and Hove City Council are currently working with GPs in the city to transform primary care and there are many new initiatives in place. These include 'EPIC'<sup>3</sup>, which is run by BICS<sup>4</sup> and aims to bring multi-disciplinary teams into surgeries together with extra services such as 'Community Navigators'<sup>5</sup>. Healthwatch does not act as an inspectorate for Health and Social Care; this is the job of the Care Quality Commission.

Healthwatch chose the visits based on a range of criteria:

- Those practices about which we had received calls via our helpline.
- Those not recently visited by the Care Quality Commission.
- A cross city representation of the 6 GP clusters<sup>6</sup> in the city.
- Feedback from NHS choices
- Patient populations
- Soft intelligence from partners and community engagement

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<sup>1</sup> [Important Changes to Healthcare in the Community](#), Department of Health

<sup>2</sup> [Clinical Commissioning Group](#) NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

<sup>3</sup> [EPIC](#) Stands for Extended Primary Integrated Care

<sup>4</sup> [BICS](#) stands for Brighton Integrated Care Service

<sup>5</sup> [Community Navigators](#) provide community service signposting to individuals

<sup>6</sup> [Developing Enhanced Health and Wellbeing Activities](#), Health and Wellbeing Board, March 2015



## Methodology

Two Authorised Volunteer Representatives for Healthwatch Brighton and Hove visited Hove Medical Centre on 5th August, 09:00 - 12:00. It was one of a programme of 15 visits to GP Practices which Healthwatch Brighton and Hove chose to undertake in 2015-2016. Both representatives were fully trained and supported by the Healthwatch office. They also completed a full Disclosure and Barring Service check prior to the visit.

We received 36 completed questionnaires in total, 33 of which were through the visit itself, and 3 online versions. The details of the week of visit were shared with the practice manager in advance of the session, however staff were not informed about what time or day the representatives would arrive. Healthwatch B&H stresses that the E&V method is intended to be a snapshot of patient opinion, and therefore may not capture the wider concerns of the patient population.

Patients completed a set of questions with the representatives (see appendix 1), who were located in the waiting room of the practice. If any surveys were not completed at the end of the session, they were left on reception with freepost envelopes to return separately.

Alongside talking to patients, the volunteers also conducted an observation (see appendix 2) in the waiting room. The representatives had a checklist to encourage them to note down observations for a variety of key information. Equalities information was also collected for those willing to take part, to help us to understand issues facing particular groups in the community.

### About the Centre

Hove Medical Centre currently has around 8700 patients, and is serviced by 5 GPs. There is no service specific patient participation group, but the centre is part of the successful health forum locally which brings together patients, practice staff, the CCG and community and voluntary groups. Hove Medical Centre is part of the EPIC project.

### What does n= mean?

In the results section of this report, you may notice that we use the term 'n='. This is a way to show how many patients responded to each individual question in a particular way. It is a way for us to be more honest and transparent about our findings. If we say that 100%



of patients agree with a statement, but next to this is an (n=2), you will know that whilst 100% sounds impressive, only two people agreed with the statement.

## Results of Visit

### Appointments & Referrals

As with the majority of GP practices, at Hove Medical Centre it is possible to book appointments with nurses and doctors over the phone, in person and via the internet. Of these options, patients found it easiest to book an appointment in person, with 64% (n=23) of patients finding this easy or very easy, although HWB&H would consider this to be a relatively low percentage.

Roughly equal amounts of patients said they found it easy or very easy to book appointments over the phone (49%, n=17) as found it difficult or very difficult (51%, n=18). This indicates a mixed picture of experience. However, the majority of patients reported that booking an appointment in person was easy or very easy to do.

How has it been for you to	Very easy to do	Easy to do	Difficult	Very difficult to do	I have not used this service
Book an appointment in person	8	15	6	1	6
Book an appointment by telephone	3	14	10	8	0
Book an appointment online	1	3	0	0	32
Order repeat prescriptions online	1	4	1	0	30
Get your test results back via telephone	2	14	3	4	12

Five patients who used the online prescription service found the process very easy or easy to do, with one person finding it difficult. Most notably, 30 patients reported having not used the service at all.

Patients who had received test results over the telephone generally had a good experience, finding the process easy (65%, n=15) or very easy to navigate.



## Can't book an appointment far ahead and then when it gets close, still can't book one!

Just 24% (n=8) of patients we spoke to said they were able to get the non-emergency appointment they needed within 3 days, with 33%, (n=11) telling us they typically wait up to a week, and 39% (n=13) telling us they wait over a week. Healthwatch would consider this to be longer than appropriate waiting times.

Sometimes if face to face appointments are not available, GP practices will offer telephone appointments with doctors as an alternative. 58% (n=19) of those asked thought that a telephone appointment was not as good as attending a face to face appointment. Of the patients we have spoken to, 79% (n=26) said they had received this service.

Of those patients who had experienced referrals to hospital care, 59% (n=19) felt that the process went smoothly. Of those who experienced delays, three patients felt that the centre kept them up to date with what was happening, and five felt that they were not kept up to date.

### Quality of service

Most patients said that nurses (94%, n=30), reception staff (91%, n=21) and, to a lesser extent, doctors (78%, n=25) gave them enough time to talk in appointments. They also generally felt that doctors (84%, n=27) nurses (87%, n=28) and reception staff (83%, n=19) listened to them. Amongst clinical staff the doctors (84%, n=27) appeared to do slightly better than nurses (78%, n=25) at making sure patients understood the treatment they were providing, and nurses (66%, n=21) were slightly better than doctors (59%, n=19) at giving patients choices in their treatment.

73% (n=24) of patients felt that when they attended an appointment, the doctor had all relevant medical information available during the appointment. One patient commented that the GP looked at the screen during their appointment and not at them.

## Improve the training of some Reception Staff so that they can be more aware and sensitive of patient's needs.



Although there was room for multiple reception staff members, only one was on duty on the day of the visit, indicating potential queue problems. The authorised representatives observed a receptionist shouting across the waiting room to the parent of a noisy child rather than speaking with them discretely. This receptionist was also verbally identified by a number of patients as being 'rude' and 'insensitive', however, as name badges were not on display they were unable to identify them.

We asked patients about the important aspects of a GP practice. Of the patients who responded, two key themes emerged; getting appointments in a timely manner and having a doctor who made them feel listened to. This was closely followed by patients valuing helpful and polite reception staff.

## Environment

Our authorised representatives observed a number of good practice approaches in the waiting room. When a patient is called a buzzer sounds, followed by their name on a screen, along with the doctor's details. It was felt that this could improve the process for patients with hearing impairments. Light music and a screen were observed at reception to reduce the likelihood of overhearing private conversations although patients have reported this is still a concern. The expected time of the wait was given on a screen, and the space was considered clean, tidy and welcoming.

Hand gel was available at the centre; however the authorised representatives observed no information about infection control or signs encouraging its usage. The toilets were considered clean, with hand wash and signs encouraging hand washing. An accessible bathroom was available in another area of the centre.

## Providing information

The centre had leaflets available on reducing cancer risk and Macmillan Cancer Support information. Despite no information being available on specific cancer screening programmes available through the centre, 68% (n=21) of patients felt they were aware of these. Promotional materials relating to health checks were observed on the day, however just 35% (n=11) of patients who responded said they were aware of this service. Slightly more patients said they were aware of annual health checks for patients with long term conditions (48%, N=15). Several smoking cessation leaflets were observed on the day of the visit, and



61% (n=19) of the patients we asked said they were aware of these services.

The centre is a part of the 'EPIC' project, however information about this was not observed at the centre. No specific materials were visible for patients with protected characteristics. Our authorised representatives observed that notice boards were tidy and up to date, and that there were noticeboards available on topics such as 'mother and baby'.

## Feeding back to the service

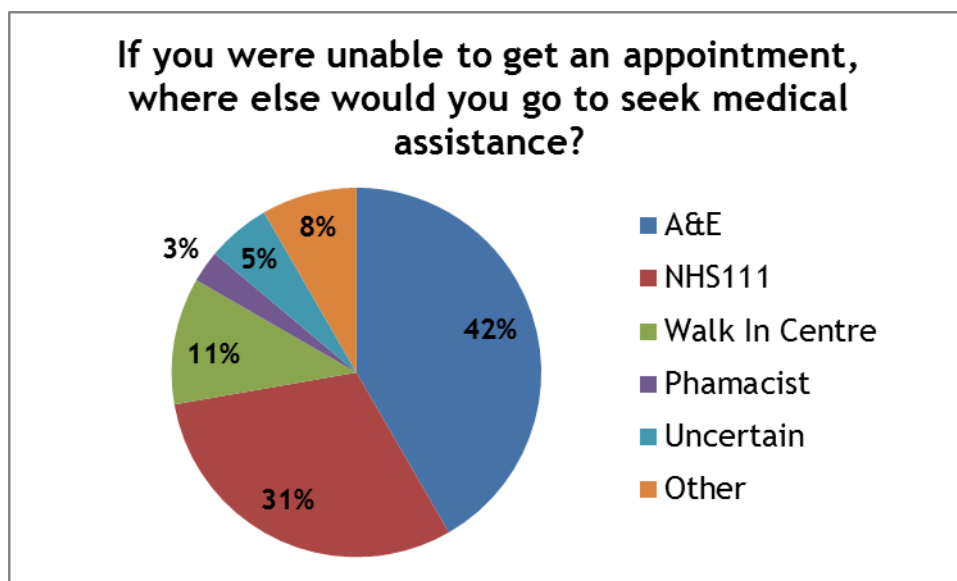
A notice on how to make a complaint about the centre was visible on the day of the visit. Despite this, just 41% (n=34) said that they knew what to do if they ever needed to make a complaint. Just 9% (n=33) were aware of what the national 'GP Patient Survey' is, and 29% (n=34) felt they knew what the practice manager's role was.

Despite Hove Medical Centre being a part of a large health forum in the area, none of the 33 patients who responded were aware of patient participation groups, or how to join one. Other feedback systems available on the day of the visit included a box for Family and Friends Test information, however the authorised representatives felt that this was partially concealed and had no accompanying information to explain its use.

## Out of Hours

We asked patients where they would go if the centre was closed and they needed medical assistance. Most patients replied with a range of options, and said that their actions would depend on the severity of the issue. In those cases we chose the first answer given as the decisive choice. The average number of options provided by patients was 0.9. The detail in the chart below shows that whilst 45% (n=16) would chose a pharmacist, NHS111 or the walk in centre as a primary choice, 55% (n=20) would go to A&E, were uncertain of what they would do, or fitted in to the 'other' category. A number of patients referred to NHS111 as 'NHS Direct' or calling '101'. Some said they would call their relatives or spouses who were doctors, and one person was unsure of where the walk in centre was.





## Other Information

Healthwatch Brighton and Hove also attends the local health forum. Three patients shared additional information for this report at a recent meeting. This included improved practice administration, better arrangements for signing up new patients to prevent queues and improvements to support the needs of those for whom English is a second language. Healthwatch understands that there is a high percentage of ESOL patients at the centre. Further comment was made regarding privacy issues at the desk with a request that the centre does not ask personal questions there, and make separate arrangements to do so.

## Summing up and looking forward

Patients told us that they would like to see easier and faster appointment booking in the future and improvements in the communication skills of reception staff. In general patients felt they were listened to by Doctors, and it was observed that the reception space and waiting room was clean and tidy, with some best practice ideas to maintain confidentiality and aid hearing impaired people. There is a need for more information about patient feedback and complaints however.

The last CQC inspection of the centre was in October 2014<sup>7</sup>, at which time it was rated 'good' on all 5 criteria. National 'GP Patient Survey' data<sup>8</sup> confirms concerns highlighted here with regard to appointments and also that nurses are particularly good at involving patients about decisions regarding their care.

<sup>7</sup> [Care Quality Commission](#) summary report, Hove Medical Centre

<sup>8</sup> [National Patient Survey](#) summary results, Hove Medical Centre, extracted 24<sup>th</sup> August 2015





We asked patients to rank the centre from 1-10 (with 1 being the very worst, and 10 being the very best). Of the 33 patients that ranked the centre, the average score was a 7.2. The lowest score we received was 2, and the highest 10.

### Additional findings

Alongside telling us about their experiences of Hove Medical Centre, patients also told us about issues outside of the surgery. Patients at this centre shared concerns they had about local pain specialists being more effective out of area, about delayed call backs from the NHS111 service, and misdiagnosis at the local eye hospital.

## Our Recommendations & Responses

**1. Access to appointments, particularly via telephone access is something that the patients value highly. Our findings indicate however that it is currently one of the more difficult ways to obtain an appointment. It would therefore be beneficial to reassess the current telephone booking system to see if further staffing and development is possible.**

**Practice Response:** Staff pointed out that there should be more staff to answer the phones but the last few months had been difficult due to holidays and long term sickness leave. It was also raised that more available appointments would be of benefit to help but the problem lies with the availability of room space.

**2. A number of patients feel that some reception staff communicate poorly on a regular basis. It is therefore recommended that the centre consider additional communication training for frontline staff to support them to improve the service, and monitor this situation in the short term.**

**Practice Response:** There was a dedicated training session at the end of this meeting using receptionist audio recording of telephone encounters with patients and this will periodically be reviewed at meetings.

**3. Patient awareness of feedback mechanisms was minimal. HWB&H recommends creating an action plan which looks at how to increase awareness of how to make a complaint, how to get involved with the patient forum and how to use the Friends and Family test.**



This could be done by working with the well-established Health Forum in the area.

**Practice Response:** We do currently have a notice in reception explaining how to make a complaint. Notices are usually displayed prior to the Health forum meetings and patients are sent text messages to remind them of this meeting. We will however improve this by adding this to our website, TV monitor.

- 4. Patients appeared to have minimal knowledge of their entitlements around free NHS health checks. It is recommended that promotional materials are available in the centre, and that GPs are reminded of the importance of this preventative work.**

**Practice Response:** It was agreed that our practice nurse would ensure that patients have access to promotional materials.

- 5. Patients appear to be less well informed than other practices around where to go for healthcare if the centre is closed. It is therefore recommended that the practice provides materials on the 'we could be heroes' campaign being led by the local Clinical Commissioning Group.**

**Practice Response:** More information will be put on the notice board.

- 6. There is no particular or specialist information for patients from protected characteristic groups, for example, LGBT or young people. Healthwatch is aware that these groups value specialist services and information and it is therefore recommended this is addressed, especially as this information is readily available from community and voluntary organisations in the city. Given the feedback about ESOL patients this is an area we recommend the centre prioritises.**

**Practice Response:** Agreed to put more posters on the patient notice board.

- 7. The use of online services by this cohort of patients is very low. If this is considered a priority service offer further work is required. This could also help resolve the bookings problems highlighted earlier.**

**Practice Response:** Online services is promoted by staff especially for requesting prescriptions, it is advertised on our website and also on our calling board.



**8.** On a positive note Healthwatch found very good practice around the waiting area with regard to support for people with hearing impairments. It is therefore recommended this is shared with other practices in the city.

Practice Response: No comment received.

## Next Steps

Once the provider has responded to each of the recommendations, we will include these responses in the final report, which is published on our website<sup>9</sup> for the general public to see. The report will also be shared with key organisations in the city including the Care Quality Commission, Brighton and Hove Clinical Commissioning Group and others. After the report's release, Healthwatch Brighton and Hove will conduct some planned follow up activity to ascertain whether changes have been made following the visit. The online survey will be available until 30<sup>th</sup> September 2015. Any surveys collected after this report is completed will be included as an appendix to the report at a later stage.

Once we have visited all 15 practices, we will also compile a larger strategic report which will pull together key themes across this snapshot of primary care provision in the city. This report will also be made available to all practices visited as well as partner agencies. An easy read version will be made available to the public.

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<sup>9</sup> [Healthwatch Brighton and Hove](#), 'What We've Done'

# Appendices

## Appendix one: The questions we asked

- 1. How has it been for you to:** Book an appointment in person; book an appointment by phone; book an appointment online; order a repeat prescription; get your test results back via telephone
- 2. How long do you usually wait between booking a non-emergency appointment and attending it?** The same day; up to 3 days; up to a week; longer than a week; I have not booked an appointment
- 3. Have you ever been offered a same day telephone consultation instead of a face-to-face appointment?** Yes, it's as good as a face-to-face appointment; yes, it's not as good as a face-to-face appointment; no, but it wouldn't be as good as a face-to-face appointment; no, but it would be as good as a face-to-face appointment
- 4. If you were unable to get an appointment here, where would you go to get medical help?**
- 5. Please tick or cross below (grid)** Do the Doctors/Nurses/reception staff give you enough time/listen to you/make sure you know about your treatment/give you choices about your treatment
- 6. Are you aware of the following services which are available through the practice? (please tick if you are aware of them)** Free health checks for people between the ages of 40 - 74; cancer screening services; annual health checks; services to help you to quit smoking (smoking cessation); I have not heard of any of these programmes.
- 7. What makes a fantastic GP practice, including the things that are most important to you as a patient?**
- 8. How much do you feel you know about the following services at your practice:** How to make a complaint about your GP practice; what a PPG is; how to get involved in your PPG; what the patient survey is; what the practice manager does
- 9. What is your experience of being referred to a specialist?** My referral went smoothly; my referral was delayed but I was kept up to date; my referral was delayed and I was not kept up to date; I haven't needed a referral.
- 10. Do you think the doctor has all the relevant medical information about you available during your appointments?** Yes; No; Unsure; I haven't had an appointment
- 11. Overall, how would you rate your GP practice out of 10? (10 being excellent, 1 being**

very poor) 1,2,3,4,5,6,7,8,9,10

12. What changes would you like to see to make your GP practice better?
13. Is there anything you would like to tell Healthwatch about other NHS or social care services in Brighton and Hove?

## Appendix two: The Observation Checklist

1. **Noticeboard:** Is it cluttered, does it have up to date information, is the information easy to read?
2. **Hygiene:** Is hand gel available in the practice waiting room, and information about stopping bugs from spreading? Is there a bathroom available and is it accessible for people in wheelchairs?
3. **Information through leaflets, posters and TV screens:** Healthwatch Materials, ICAS Materials, We Could be Heroes Campaign, Free NHS Health Checks, Cancer Screening Programmes, Smoking Cessation, The EPIC Project
4. **Communication:** How are receptionists and other staff interacting with patients? What is their tone of voice, and how helpful are they being? Are conversations easily overheard by other patients? Are patients clearly informed/ called in for their appointment?
5. **Waiting area:** Is there any information about the practice's patient group, feedback boxes, complaints info and forms, or any other type of feedback information available? How is it presented? Is there any information on the Friends and Family Test?
6. **Feedback:** Is there any information about the practice's patient group, feedback boxes, complaints info and forms, or any other type of feedback information available? How is it presented? Is there any information on the Friends and Family Test?
7. **Additional observations**

