

The Health Centre at the University of Sussex

Service address:	Health Centre Building, Refectory Road, Falmer BN1 9RR
Service Provider:	Contracted to Brighton and Hove Clinical Commissioning Group
Date and Time:	Tuesday 18 th August 2015, 09:00 - 12:00
Authorised Representatives:	Tony Benton and Paul Wilson
Healthwatch Address:	Healthwatch Brighton and Hove Community Base, 113 Queens Road, 3XG

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?

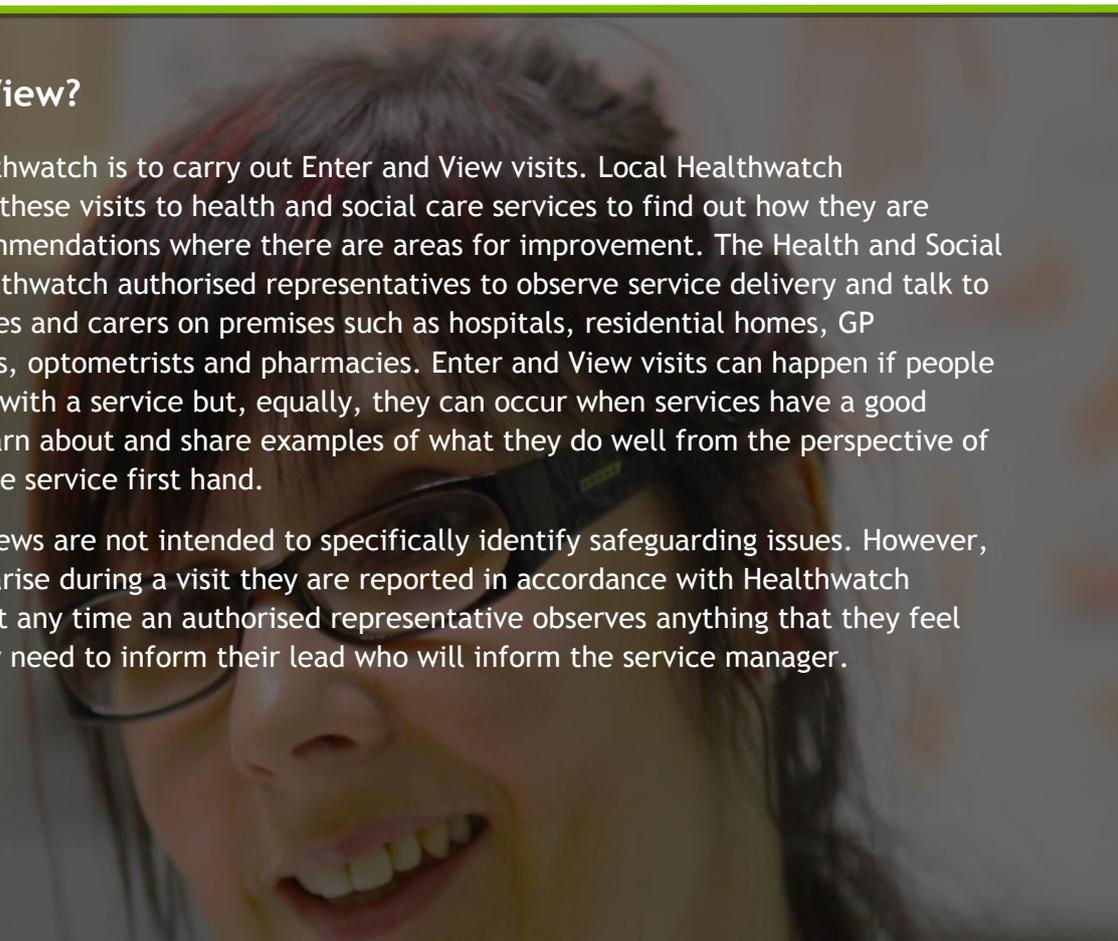
Healthwatch Brighton and Hove supports local children, young people, adults and their communities to influence the design, delivery and improvement of their local health and social care services, now and for the future. We enable people to make informed choices about their health and wellbeing by assisting 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 (HWB&H) is undertaking a programme of visits to GP Practices across the city during 2015. In total we will visit 15 GP practices, including 3 pilot visits in March 2015. As part of this HWB&H 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 nationally¹, 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 understand what a good practice looks like from a patient perspective, and to examine how patients can be empowered to have more of a say in how they are run. The Clinical Commissioning Group² 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 'EPIC³', which is run by BICS⁴ and aims to bring multi-disciplinary teams into surgeries, together with extra services such as 'Community Navigators⁵'. It should be noted however that Healthwatch does not act as an inspectorate or regulator for Health and Social Care; that 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 clusters⁶ in the city.
- Feedback from NHS choices.
- Patient populations.
- Soft intelligence from partners and community engagement.

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

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

³ [EPIC](#) Stands for Extended Primary Integrated Care

⁴ [BICS](#) stands for Brighton Integrated Care Service

⁵ [Community Navigators](#) provide community service signposting to individuals

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



Methodology

Two Authorised Volunteer Representatives for Healthwatch Brighton and Hove visited The Health Centre (Sussex University) on Tuesday 18th August 2015, 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 had also both completed a full Disclosure and Barring Service check prior to the visit.

We received 22 completed questionnaires in total, all of which were obtained through the visit itself. The details of the 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, only the week of the visit was disclosed. 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 for patients to complete and 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 who took part, to help us to understand the issues that might face particular groups in the community.

About the Centre

The University of Sussex Health Centre currently has around 16,900 patients, and is serviced by 5 GPs and 7 nurses. They have a virtual patient participation group, and are not a 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 The University of Sussex Health Centre it is possible to book appointments with nurses and doctors over the phone, in person, via a drop in service, and via the internet. Of these options, patient found it easiest to book appointments through the drop in, with 90% (n=19) saying they found the experience easy or very easy. 84% (n=16) found it easy or very easy to book appointments via telephone. Five patients told us they booked their appointments online, and three found it very easy to do. Similarly, the majority of patients who used the service found it very easy to order prescriptions online. However, from our surveying there appeared to be mixed experiences of receiving test results over the telephone.

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
Attend drop in	9	10	2	0	0
Book an appointment by telephone	10	6	3	0	3
Book an appointment online	3	0	1	1	16
Order repeat prescriptions online	3	1	1	0	16
Get your test results back via telephone	2	2	2	1	13

Eight patients we spoke to said they were able to get the non-emergency appointment they needed within three days. Seven people said they could wait up to a week, and five said they would wait one week or longer. Patients told us that booking an appointment means waiting a lot longer than if you visit via the drop in sessions, so patients choose the drop in sessions as a faster way to access care.

When I don't attend the drop in, appointments take over a week usually

- A patient at The University of Sussex Health Centre



Sometimes if face to face appointments are not available, GP practices will offer telephone appointments with doctors as an alternative. 71% (n=15) of those asked thought that a telephone appointment was not as good as attending a face to face appointment. Of the patients we spoke to, just 33% (n=7) said they had received this service.

Of the patients who had experienced referrals to hospital care, 62% (n=9) felt that the process went smoothly. Four patients felt that the centre kept them up to date when their referral was delayed, with one person saying that they felt they were not kept up to date. Some patients shared stories about how their referral was delayed at the hospital end, and others said that the referral process went very smoothly with the centre. One patient told us that they were lost in the system for over a year, although there was not sufficient detail to understand the centre's role in this.

Quality of service

Most patients we asked said that doctors (89%, n=17), nurses (89%, n=17) and reception staff (100%, n=18) enabled them to feel listened to as patients. It was also generally felt that patients were given enough time by doctors (79%, n=15), nurses (84%, n=16) and reception staff (89%, n=16). Doctors (89%, n=17) and nurses (74%, n=14) were generally considered to enable patients to understand their treatment but they were less likely to provide choices (doctors 68%, n=13, nurses 53% n=10).

**“ I am a student living alone - they offered a taxi service for me
when I was severely ill ”**
- A patient at The University of Sussex Health Centre

59% (n=13) of patients felt that when they attended an appointment with the doctor, the doctor had all the relevant medical information for them available during the appointment which seems fairly low. Two patients felt that this was not the case, and six were unsure. Some patients commented that they go over the information in their appointment just to be sure, and others say that they believe doctors do have their medical information to hand, but that nurses may not.

On the day of the visit our representatives observed reception staff being polite and kind to patients. A screened area was available for patients to speak with receptionists



confidentially. Three receptionists were available to take patient's queries, alongside a screen to check in with if required. GPs came into the waiting room to call in patients.

We asked patients 'What makes a fantastic GP Practice, including the things that are most important to you as a patient?' Of the patients who responded, themes included getting appointments quickly, having medical staff that listen to patient concerns, and being up to date on equalities issues. The examples that patients gave of equalities issues that were important to them included physical disability, mental illness and trans issues.

Environment

The representatives observed the waiting room to be clean, tidy and bright on the day of the visit. A magazine rack was available for patients, and a TV screen was available which had basic health promotion information and adverts. A blood pressure machine was available for patients to use whilst they waited, and gentle music was playing in the background. Hand gel was available at reception, and toilets with disabled access were available in the building.

Providing information

Comprehensive leaflets on cancer and cancer screening were available in the waiting room, including information about breast, bowel, cervical and prostate cancer screening. Despite this, three of the patients we talked to were aware of access to cancer screening services through the centre. Information was also present on free NHS health checks for those between the ages of 40 and 74, which four of patients were aware of. Just four were also aware of annual health checks for people with long term conditions. Posters and leaflets were available on smoking cessation services, and had a higher awareness rate of 48% (n=10). Of the patients we talked to, 38% (n=8) were unaware of all of the programmes we asked about.

Additional information was available regarding LGBT issues and support for patients who have English as an additional language. No information was observed that was tailored for younger people. The three noticeboards available were observed to be a bit cluttered, due to the volume of information they held. Permanent posters were laminated.



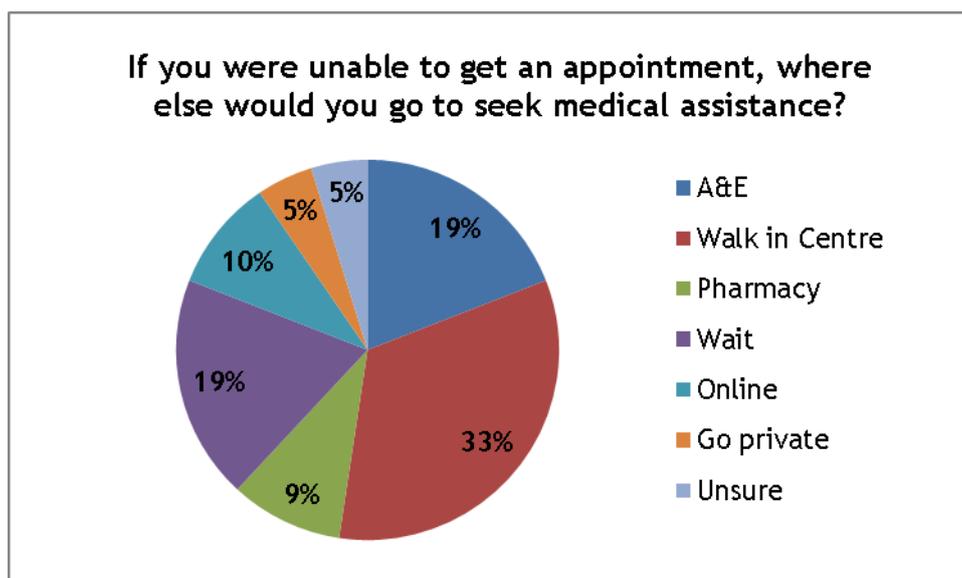
Feeding back to the service

On the day of the visit, feedback posters were visible that directed patients to the reception desk to pick up a complaints form if they wished. When asked if they knew how to complain if they needed to, five patients said that they knew what to do. Just four were aware of the national ‘GP Patient Survey’, and the same number told us that they understood what a practice manager’s role was.

Sussex University Health Centre has a virtual patient participation group. Of the patients we talked just two patients knew what a patient participation group was, and just one person felt they knew how to join their centre’s group. Other feedback systems available on the day of the visit included a suggestion box, however no friends and family test information was observed on the day of the visit.

Out of Hours

The centre had information available on what to do if you are ill out of hours, including information on NHS 111. We asked patients where they would go if the centre was closed and they needed medical assistance. The average number of options provided by patients was 0.9, as many patients were unsure of where to go. The detail in the chart below shows that a majority of patients would go to places like the walk in centre. Some patients told us they were unsure of what they would do, and a significant amount said they would wait until an appointment became available to seek medical assistance.





Summing up and looking forward

The University of Sussex Medical Centre's patient population is somewhat unique in Brighton and Hove. The majority of patients we spoke to from the centre were in their early 20s, and this means that many are too young to receive invitations to NHS health checks and cancer screening programmes. This could contribute to the lower awareness of these programmes. The more transient population could also lead to difficulties in raising awareness of the centre's feedback options. Given the lower average age of the patient population, we would have expected to find a variety of age appropriate information such as substance misuse literature. The Care Quality Commission has yet to visit this centre, so no comparison can be drawn to their findings. The national 'GP Patient Survey'⁷ only received 17 completed surveys from patients, which is less than the total amount for this report. However, the findings substantiate our results on the ease of appointment booking. We asked patients to rank the centre from 1-10 (with 1 being the very worst, and 10 being the very best). Of the 21 patients that ranked the centre, the average score was a 7.6. The lowest score we received was 4, and the highest 10.

Our representatives asked patients what improvements they would like to see at the centre. Two key themes came through in the answers that were given. The most prominent theme was around improving the waiting times for drop in appointments, however many acknowledged why this could be difficult to achieve in centre. Some commented on the triage system- specifically that they found it frustrating that emergency appointments were booked with nurses who couldn't prescribe and were less aware of the patients' background. It was suggested by patients that more information about why the triage system was necessary might help increase understanding.

Additional findings

Alongside telling us about their experiences of the University of Sussex Medical Centre, patients also told us about issues outside of the surgery. Patients at this centre shared concerns they had about waiting times at local hospitals, and negative experiences of staff attitude and waiting times at the Brighton and Hove Sexual Health and Contraception service. One person spoke highly of the ultrasound department at the Royal Sussex County Hospital.

⁷ [The National GP Patient Survey](#), University of Sussex Medical Centre



Our Recommendations & Responses

1. Explore in more detail why patients reported mixed experiences of getting their test results back via telephone.

Practice Response: The number of patients involved in the Healthwatch feedback is a small percentage and may not provide a clear picture of how our Health Centre works with regards to accessing test results via telephone. We have a protocol in place for giving out results and we will increase our efforts to make sure patients are clear about the process of obtaining test results.

2. From our survey it appears that Doctors and nurses could do more to ensure patients are supported to make choices about their treatment. It is recommended that this issue is explored further.

Practice Response: This matter was discussed at our Management meeting and we will be actively increasing efforts to engage patients in making choices about their treatment.

3. Patients told us that they felt unsure medical staff had access to medical notes that may be needed. It is recommended that patients are reassured around this in order to improve their experience and/or that this is checked to ensure appropriate systems are in place.

Practice Response: All of our clinicians have equal access to medical records but due to our transient patient population we have a large turnover of patients and it can therefore be true (particularly around University registration periods) that we have not always received a Patient's Lloyd George Wallet in time for their first appointment. In these circumstances a patient's record will be requested urgently via Kent Primary Care Agency if required.

4. Patients told us that they would like more information on how the triage system at the centre operates; specifically how and why it operates in the way that it does. Please provide this in a method you feel is suitable.

Practice Response: We are currently in the process of updating our practice leaflet and



will address the details we provide regarding our triage system and why we use it. We will also add this information to our website and include a link to the site in any of our responses to the 'I Want Great Care' comments we receive (Friends and Family Test).

5. Consider revisiting promotional information and signposting to improve awareness of health programmes most relevant to the student patient population, such as smoking cessation, substance misuse and sexual health.

Practice Response: We currently have promotional material in our foyer for substance misuse/sexual health and smoking cessation but these seem to have been overlooked. This may be due to the amount of information we have on display regarding various topics. We will look at re-organising the displays to make them clearer.

6. Review methods used to promote feedback to the practice, as awareness was very low. It is recommended that an action plan is put in place with reference to PPG promotion, the Friends and Family Test, and complaints information.

Practice Response: With regards to the Friends and Family Test (I Want Great Care), we started promoting this with posters but only had one response and as a result we involved the whole team in the promoting of this; the Nurses and GPs hand out I Want Great Care cards opportunistically to patients during their appointment and the IT team also send out text messages after a patient has attended a pre-booked appointment. There is also information on our website and there are still cards and posters in the foyer/reception area. If patients are still unaware then we will make every effort to do better. We currently have posters promoting our PPG group and one of our receptionists has been appointed as our main representative and is actively seeking members. We also have a separate notice board with leaflets and advice on how to make a complaint and also have a suggestions box which is easily accessible.

7. 100% of the patients we asked felt that the receptionists at the practice made them feel listened to. This is a positive achievement that should be shared with the staff in question.

Practice Response: This information has been shared across the whole team.



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 website⁸ 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 30th 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.

⁸ [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 appointments; 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 make 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**

