

Warmdene Surgery

Service address: County Oak Medical Centre, Carden Hill, Brighton BN1 8DD

Service Provider: Contracted to Brighton and Hove Clinical Commissioning Group

Date and Time: Tuesday 15th September 2015. 09:00 - 12:00

Authorised

Representatives: Tim Sayers and Maureen Smalldridge

Healthwatch Address: Healthwatch Brighton and Hove Community Base, 113 Queens Road,

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 3 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 thee 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 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 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 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'. 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 clusters⁶ in the city.
- Feedback from NHS choices
- Patient populations
- Soft intelligence from partners and community engagement



Methodology

¹ Important Changes to Healthcare in the Community, Department of Health

² <u>Clinical Commissioning Group</u> 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

Two Authorised Volunteer Representatives for Healthwatch Brighton and Hove visited Warmdene Surgery on Tuesday 15th September 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 have also both completed a full Disclosure and Barring Service check prior to the visit.

We received 38 of completed questionnaires in total, 35 through the visit itself, and 3 through an online version of the survey. 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.

Patients completed a set of questions with the representatives (see appendix 1), who were located in the waiting room of the practice. 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 practice

Warmdene Surgery serves around 9200 people, through 5 GPs and 3 Nurses. The practice had a virtual PPG, and is a part of the EPIC project. The Surgery currently provides free heath checks. The practice manager had recently left at the time of the visit, and a replacement was being sought.

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 Warmdene Surgery 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 appointments in person, with 74% (n=23) saying they found the experience easy or very easy. Slightly fewer patients found it easy or very easy to book appointments via the telephone (64%, n=23). In general, low numbers of patients had used the online appointment booking system, but of those using it, six reported a positive experience. Similarly, the majority of people receiving test results over the telephone found the experience easy or very easy (86%, n=19), and patients who ordered repeat prescriptions online had unanimously positive experiences (100%, n=8).

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	10	13	6	2	5
Book an appointment by telephone	12	11	10	3	1
Book an appointment online	4	1	1	0	29
Order repeat prescriptions online	4	4	0	0	27
Get your test results back via telephone	6	13	3	0	13

35% (n=13) of patients we spoke to said they were able to get the non-emergency appointment they needed within 3 days. 27% (n=10) said they could wait up to a week, and 30% (n=11) said they could wait beyond a week to get an appointment. Patients commented that the appointments system had improved despite some people noting that it can take much longer to book an appointment to see their own GP.

Sometimes if face to face appointments are not available, GP practices will offer telephone appointments with doctors as an alternative. 45% (n=17) of those asked thought that a telephone appointment was as good as attending a face to face appointment. Of the patients we spoke to, 84% (n=32) said they had received this service. A number of patients had s feelings regarding the telephone call back system, including some citing long waits to react a call back when juggling work and family commitments, only to be told they needed to come in for an appointment.

Normally we can phone in the morning to get an appointment but now it seems the doctor phones you back first which is a bit



Of those patients who had experienced referrals to hospital care, 76% (n=29) felt that the process went smoothly. Of those who experienced delays, two patients felt that the practice kept them up to date with what was happening with five reporting the opposite. Some patients commented that they had waited for long periods of time to get an appointment after their referral but it should be noted that this may be due to secondary services rather than the practice itself.

Quality of service

Of the patients we asked, a large majority said that doctors 80% (n=24), nurses 93% (n=26) and reception staff 93% (n=28) gave them enough time to explain what they needed to. Most felt listened to by doctors (77%, n=23), nurses (68%, n=19) and Reception staff (70%, n=21). Of the clinical staff, both doctors (70%, n=21) and nurses (57%, n=16) were better at making sure people understood the treatment they were providing; than they were with regard to giving patients choice about their treatment (doctors, 53%, n=16, nurses, 46%, n=13).

I have always been looked after very well

83% (n=30) of patients felt that when they attended an appointment with the doctor, he/she had relevant medical information available during the appointment. Four patients felt this was not the case, and two were unsure.

On the day of the visit our representatives observed staff talking to patients respectfully and helpfully. On one occasion the receptionist was observed leaving the desk to support someone with additional needs. Receptionists were generally quietly spoken and could not be overheard easily and a glass screen provided additional confidentiality. Patients we called via tannoy or in person with those with hearing difficulties being called in person

We asked people what is important to them as patients visiting their GP practice. Of the patients who responded, the majority said that having staff that listen to their concerns was most important, with issues around appointments coming second. These included short telephone waiting times, long opening hours and appointments that run on time.

Environment

On the day of the visit we found the waiting room to be clean and tidy. There was a small children's play area and a magazine box, although some magazines were out of date. Music was playing in the waiting room. A TV screen was available which displayed a range of useful information about the surgery. In general the atmosphere of the practice was found to be warm and welcoming.

Two hand sanitizers were available in the waiting room alongside visible information with regard to infection control. Two accessible toilets were available, one with baby changing facilities and both were clean and serviceable.

Providing information

Information on prostate, bowel, and breast cancer was available on the day of the visit and 65% (n=20) of the people we talked to were aware of cancer screening services through the centre.

Information was displayed on the TV screen regarding free NHS health checks. 39% (n=12) of patients said they were aware of the checks. One patient commented that they had to ask for a check, and received no follow up information upon completion. Another patient was told the checks were not available at the surgery. A lower 23% (n=7) were aware of annual health checks for people with long term conditions.

The TV screen displayed information on smoking cessation and 42% (n=13) of patients asked were aware of these services. Of all the people we talked to, a total of 36% (n=11) were unaware of all programmes asked about.

Noticeboards were clear, up to date, and arranged by theme. Current health issues such as Flu and Whooping Cough were featured, and staff commented that they regularly changed information and kept it up to date. No specific information about services was observed for groups with protected characteristics and despite the surgery being part of EPIC, there was no obvious notice of participation.

Feeding back to the service

On the day of the visit, information on how to make a complaint about the centre was not visible. When asked if they knew how to complain if they needed to, just 27% (n=9) of patients felt they knew what to do. Five patients were aware of the national 'GP Patient Survey', and

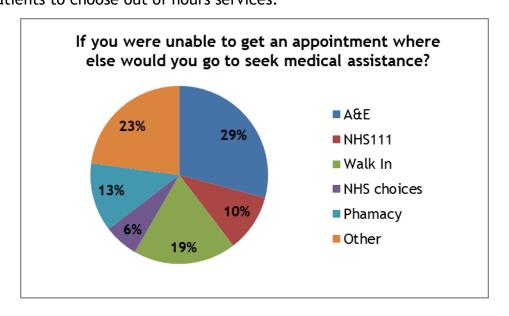
seven patients felt they understood a practice manager's role.

Warmdene Surgery has a virtual patient participation group, and information about the PPG was available on the TV screen in the waiting room. Six of the patients we asked knew what a PPG was, with three saying they knew how to find out more about it. However, of the patients who responded just six knew what a patient participation group was, and five felt they knew how to join their PPG.

Other feedback systems available on the day of the visit included Friends and Family Test (FFT) leaflets, feedback box and poster, as well as a general feedback box. There was also a comments, complaints and suggestions rack next to this. It was not clear however how patients would be able to feedback anonymously.

Out of Hours

We asked patients where they would go if the practice was closed and they needed medical assistance. The detail in the chart below shows that the majority of patients would go to A&E. Of those described as being in the 'other' category, the majority said they didn't know what would do, or that they would wait for an appointment. Leaflets were observed on the redesk helping patients to choose out of hours services.



Summing up and looking forward

We asked patients to rank the practice from 0-10 (with 0 being the very worst, and 10 being the very best). Of the 37 patients that ranked the practice, the average score was 8.1. The lowest

score we received was 1, and the highest 10.

In general patients felt positive about the surgery, and were clear about the areas they would like to see improved. The most recent CQC report for the practice was generally positive and in line with many of our findings⁷. The GP Patient Survey is also in line with this report, highlighting patient concerns around appointments⁸. This report also reveals a number of additional issues around telephone call backs, promotion of health checks as well as those highlighted in the recommendations.

Our representatives asked patients what improvements they would like to see at the practice. A central theme was appointments, with patients wanting easier to book appointments that were running on time on time. Related to this, the patients we spoke to seemed to favour an end to the Doctor First system of appointments, as they found they spent too much time waiting for call backs.

Additional findings

Alongside telling us about their experiences of Warmdene Surgery, patients also told us about issues outside of the surgery. Patients shared praise for the Royal Alexandra Children's Hospital and the Hove Polyclinic. There were concerns about poor communication between different areas of the local health service, and accessibility and parking at Royal Sussex County Hospital.

⁷ <u>CQC Report</u>, Warmdene Surgery, Nov 2014

⁸ GP Patient Survey, Warmdene Surgery, Extracted 30.09.15



Our Recommendations & Responses

1. Brief staff, provide materials and promote the use of online appointment booking. This could alleviate patient concerns regarding telephone appointment booking, and help to fulfil this function as stated on NHS choices.

Provider response: There is a new Operational Services Manager in post who will ensure staff are promoting this option - it is on our website and TV screen

- 2. Patients felt that GP call backs when booking appointments could create extra waiting time and difficulty seeing a GP. This should be shared with the EPIC project team so that it can be included with the project evaluation.
 - **Provider response:** We operate a system of telephone triage for same day appointments and these are dealt with exclusively by the Duty Doctor so they can get through the list and reception flag urgent requirements. This system has been in place for several years and is not part of EPIC.
- 3. Patients had relatively low awareness of Health Checks for 40-74 year olds, and several patients suggested that eligibility for these may not be routinely followed up by staff. It

would be helpful to further test this finding and then consider appropriate actions to improve systems as appropriate.

Provider response: We have a campaign to call in patients who are eligible for the health checks and have to manage this with capacity within the nursing team. We do have information available but will ensure this is more available on the website and within practice

4. It would appear that Doctors and nurses could do more to enable patients to feel more empowered regarding treatment choices. We would therefore recommend that this is explored further given the importance of choice and need for patients to take responsibility for their own health and wellbeing.

Provider response: We will discuss this at the PLS in January

5. Examine the patient population profile and consider what groups of people may benefit from additional materials specific to their requirements (for example, LGBT, English as an additional language, young people).

Provider response: This will be part of our physical PPG which we are starting to gather members for

6. There were relatively low levels of awareness at the practice regarding the existence and ways to join the virtual PPG. It would therefore be beneficial to consider developing and promoting the PPG and work with it as way of discussing and approaching the above recommendations.

Provider response: Currently these is only a virtual group but with the new Operational Manager they have as one of the objectives to set up a face to face group and this will start in the New Year



Next Steps

Once the provider has responded to each of the recommendations, we include these responses in the final report, which is published on our website⁹ 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.

⁹ <u>Healthwatch Brighton and Hove</u>, 'What We've Done'

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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

