



## Details of visit

<b>Service address:</b>	<b>Flitwick Surgery, Highlands, Flitwick, MK45 1DZ</b>
<b>Service Provider:</b>	<b>Dr Morris &amp; Partners</b>
<b>Date and Time:</b>	<b>7th October 2015 10:00 – 12:30</b>
<b>Authorised Representatives:</b>	<b>Diana Blackmun, Den Fensome, Linda Harrison</b>
<b>Contact details:</b>	<b>Healthwatch Central Bedfordshire Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR Tel: 0300 303 8554</b>

## Acknowledgements

Healthwatch Central Bedfordshire would like to thank the service provider, patients and staff (clinical and non-clinical), for their contribution to the Enter and View Programme.

## 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 the experiences of all patients and staff (clinical and non-clinical), only an account of what was observed and contributed at the time.



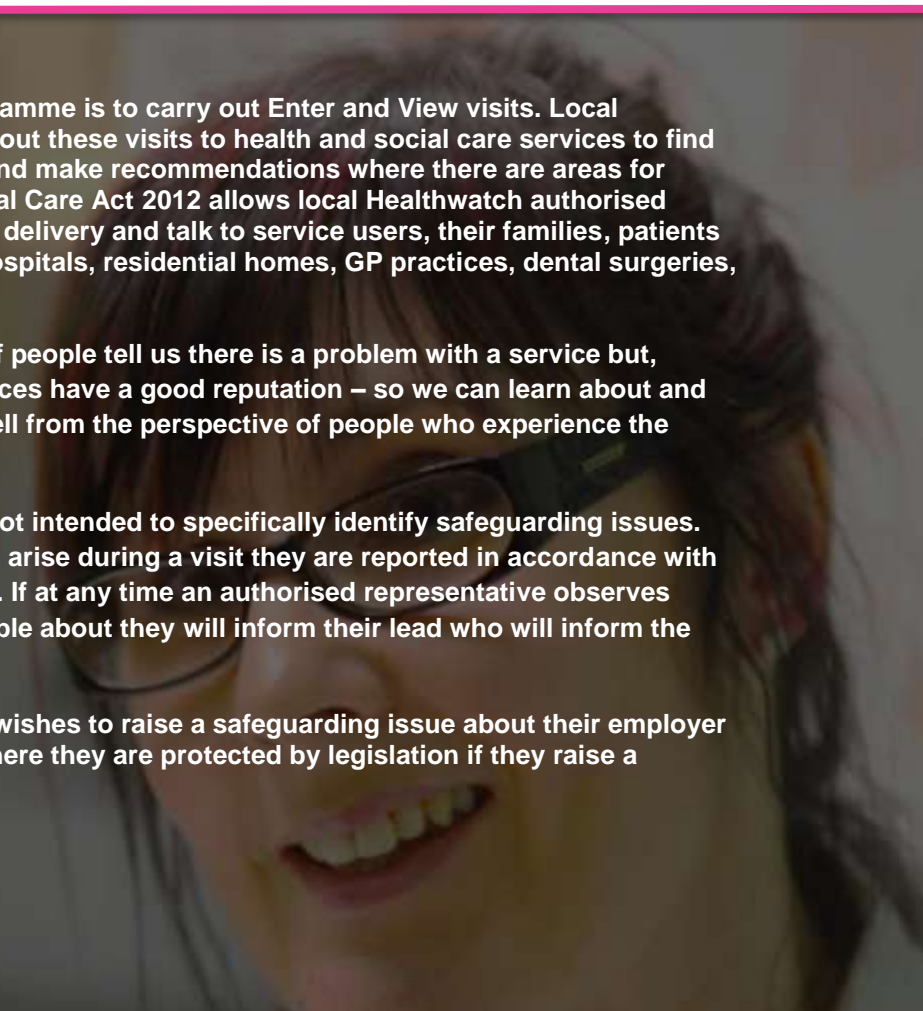
## What is Enter and View?

Part of the local Healthwatch programme 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 managed and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families, patients 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 will inform their lead who will inform the service Manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



## Purpose of the visit

- To engage with patients of GP Practices and understand how dignity is being respected;
- Identify examples of good working practice;
- Observe patients engaging with staff (clinical and non-clinical), and their surroundings.



## Strategic drivers

- Care Quality Commission dignity and wellbeing strategy.
- GP Surgeries are a Local Healthwatch priority.

## Methodology

This was an announced Enter and View visit to the Highlands Surgery in Flitwick.

A letter and posters announcing Healthwatch Central Bedfordshire's (HWCB) visit were previously sent to the practice. A questionnaire was also sent to the Practice Manager to complete prior to the visit.

Healthwatch Central Bedfordshire also delivered copies of a questionnaire for patients to fill in, together with a 'response box', to post their completed questionnaires, prior to HWCB's visit. The purpose was to minimise disruption and inconvenience to patients during the visit.

On the day of the visit, the Practice Manager had arranged 'booked slots' for HWCB representatives to talk to several GPs and members of their administration and clinical staff. This was in addition to speaking to patients in the waiting area. Representatives also undertook a tour of the premises to observe accessibility, including disabled access, the availability of patient information and condition of the building.



## Summary of findings

The Practice operates from a purpose built (1982) premises, which is owned by the Partners. The Practice is situated next to Flitwick Clinic, which houses Allied Health Professionals and Community Services. There is also an independent Pharmacy located within the building. All areas accessed by patients are on ground level with wheelchair access and assistance if necessary.

## Results of visit

### Staff

The Practice has the following members of staff:

- Seven GPs – four GP Partners;
- Two male GPs and five female GPs;
- Four Practice Nurses;
- One Nurse Prescriber;
- Three Locum Nurses, 2 x ST3 1 x ST4;
- One Phlebotomist;
- Three Healthcare Assistants (HCAs);
- Eight Reception Staff;
- Nine other staff (Administration etc.);

### Specialist Services provided

- MSK (Musculoskeletal) – (Horizon Healthcare), Rheumatology, Physiotherapy;
- Minor Illness;
- Travel Clinic;
- Cryotherapy;
- Phlebotomy;
- Asthma;
- Sexual Health;
- Cervical Smear Testing;
- Counselling;
- COPD;
- Diabetes;
- Spirometry;
- INR (Warfarin Monitoring);
- Doppler;
- Compression Bandaging;
- Dietician;
- Midwife;
- CALS (Community Alcohol Liaison Service);
- Alzheimer's Society



## **Surgery Hours**

- Monday 8:00 am to 8:00 pm }
- Tuesday 8:00 am to 8:00 pm } 6:00 pm – 8:00 pm by appointment only
- Wednesday 8:00 am to 8:00 pm }
- Thursday 8:00 am to 6:00 pm
- Friday 8:00 am to 6:00 pm
- Saturday 8:30 am to 10:30 am Two Sat's of each month, by appointment only.
- Sunday Closed

---

## **Results of visit**

### **Environment**

On entry to the practice, Healthwatch Central Bedfordshire representatives found the area to be clean, light and airy, although the rear of the waiting area did appear gloomy. Ample space was available in front of the reception desk to afford some level of confidentiality for patients. There is plenty of seating, a large fish tank, a Blood Pressure self-monitoring machine and child friendly activities. The whole area is also wheelchair accessible, with a call system outside the main entrance for the use of disabled patients.

Other observations included:

- A comprehensive display of information leaflets and posters;
- Names of GPs displayed, without photographs;
- Complaints information and form displayed;
- Accessible toilet facilities for patients;
- Hearing Loop installed;
- All consulting and treatment rooms well signposted;
- HWCB and Friends & Family response boxes available;
- SystmOne electronic booking-in terminal installed by the entrance door\* (see recommendation below);
- Hand sanitisers available;
- The waiting area has a comfortable ambient temperature;
- Collection point for surplus spectacles to be sent to Africa.

### **Car Parking**

The car park area, which is shared with the Flitwick Clinic, is owned by NHS Propco, and has three spaces for disabled drivers, however the design of the car park is such that entrance and egress can be challenging as spaces are small and limited in number. At busy times this can cause 'difficulties'.

There is also one disabled parking bay immediately adjacent to the entrance to the surgery.

### **Patient Information**

An abundance of Patient Information is displayed around the waiting area. Messages are also displayed on the electronic Scrolling Ticker Display which is also the call system for patient appointments.

### **Registration at the Practice(s)**

The Practice Manager informed representatives that new patients register at the Practice in person; any new patients who telephone will be asked to attend the Practice with evidence of identity and address. If these patients need an appointment on the day, they will be given an emergency appointment.

### **Patient Participation Group (PPG)**

The Practice has a virtual PPG as well as a 'live' group. The virtual PPG is contacted via the website and email, the active PPG meets quarterly on a Monday evening, scheduled to be held a week or two prior to the Locality PPG meetings. The Senior Partner attends the PPG along with the Practice Manager.

The group has an active core of 8-12 members, with ages ranging from 40+ to the 70s, which historically has helped in the design of survey questionnaires and the collection and collation of data.

A working party from the PPG is currently working with the Practice Manager on a project to better inform patients about their rights and responsibilities with a view to improving the overstretched appointments system.

### **Patient Consultation**

Patients are consulted in several ways as outlined by the Practice Manager including questionnaires completed in the waiting room and posted into response boxes, plus the Friends & Families survey. The Practice Manager advised that she will sometimes sit in the waiting room and chat to patients.

Actions and results from these methods are fed back to the PPG at meetings and published on the Practice website.

### **Appointments System**

The Practice manager informed representatives that appointments are bookable in three ways; online using SystmOne, in person or by telephone. The 'in person' system is such that when the surgery doors open at 8:00 am patients enter the waiting area and take a numbered ticket, then sit and wait until the receptionist calls their number, whereupon they see the receptionist and will be given an appropriate appointment.

Appointments are currently made available to be booked: 4-6 weeks in advance (50%), 48 hours in advance (30%) and on the day (10%). The remaining 10% of appointments are given as emergency appointments.

Each GP on duty, each day, holds two emergency appointment sessions, and the duty Emergency GP sees, on average, 30 emergency appointments per day. This may appear to be an inordinately high number of 'emergencies' and highlights the need for an overhaul of the appointments system and also the need for 'patient education' into what constitutes an emergency.

Representatives understand that the current system is not sustainable and HWCB has agreed to work with the Practice to identify patient expectations and to support the development of a sustainable appointments system. A particular issue highlighted by the Practice Manager is the percentage of DNAs (Did Not Attend) where patients have appointments booked and fail to attend. Representatives were advised by the Practice Manager that this happens with emergency appointments as well as regular appointments.

The Practice offers extended surgery hours to accommodate patients who are commuters; evening & weekend surgeries (pre-booked appointments only) Monday - Wednesday 6.30pm - 8.00pm and Saturday 8.30am - 10.15am (appointments offered twice monthly). The take-up for these appointments is generally quite good which would indicate a need for 'outside of normal hours' appointments.

### **Out of Hours Care**

Out of hours care for the practice is provided by Care UK. The out of hours number is provided on the surgery answerphone and is shown on the Practice website as is the NHS 111 service.

## Medication & Prescriptions

The Practice Manager advised HWCB representatives that Repeat Prescriptions may be requested in person, by fax or post, online via SystmOne or by placing the slip in the Prescriptions Letterbox at the surgery. Prescriptions are normally ready in four working days. The Surgery, under current NHS rules, may only dispense directly to patients who live at least 1.6 km away from a Pharmacy or who would have difficulty accessing one; this is mitigated by the presence of an independent Pharmacy in the building.

Medication reviews are carried out with the patient at least annually, but are monitored more frequently depending on the medications prescribed for each patient.

## Patient Questionnaire Results

The Practice currently has 16,000 patients registered. A total of 20 survey questionnaires were completed during the preceding two weeks.

Results of the questionnaires completed at the Practice were as follows:

1. 20% of respondents said they had received a Practice Handbook when registering, 15% had not and 65% couldn't remember.
2. 65% said they had found it easy to register, 35% could not remember.
3. 30% knew there was a PPG, 70% did not.
4. None of the respondents was a member of the PPG.
5. 43% of respondents used the telephone to book appointments, 34% used online booking and 23% booked in person.
6. Asked if appointments were available in 'unsocial hours', 20% said 'Yes', 40% said 'No' and 40% did not know.
7. 20% said they could get an appointment when they wanted one, 45% said they could not, and 35% gave other responses (see below).
8. 70% received text reminders of their appointments, 5% did not and 25% did not have a mobile telephone.
9. 'Are you given a choice of Health Professional when booking an appointment?' 30% said 'Yes' and 70% said 'No'.
10. 'What choice of Health Professional are you offered?' 42% GP, 29% Minor Illness Nurse, 16% Healthcare Assistant, 13% did not answer.
11. 75% of respondents knew the surgery opening hours, 25% did not.
12. On the question of what to do to access out of hours care, the majority of respondents would ring 111 or 999, or go to A&E, closely followed by ringing the surgery for the Out of Hours number, with one third of respondents being unsure of what to do.
13. Asked if they felt they had enough time with their GP, Nurse or HCA to discuss their issues, 55% replied 'Yes', 25% 'No' and 20% were unsure.
14. 65% felt that their GP, Nurse or HCA listened to them and considered their opinions, 10% did not and 25% were unsure.
15. 50% of respondents said that Reception Staff and the Practice Manager were helpful and understanding, 15% said they were not and 35% were unsure.
16. 50% of those who answered said that they would recommend the surgery to others, 20% said they would not and 30% were unsure.
17. 30% said they would know how to make a complaint about the surgery 70% would not.

Additional responses to Q7; 'Can you get an appointment when you need one?'

- *'Wait 3-4 weeks to see your own doctor';*
- *'Very difficult to get through on phone';*
- *'Sometimes, but not often enough';*
- *'Not always, especially with a preferred doctor';*
- *'Urgent OK – others, long wait;'*
- *'Not always, but rarely urgent so I can wait';*
- *'Normally';*

- *'If doctor says to make one after appointment is very quick, if trying for a first appointment can be weeks, especially if you can't get in for all hours';*
- *'Have to book emergency appointment to be seen';*
- *'Very difficult to book appointments in advance, either online or on phone. Not convenient for routine follow-up appointments for a commuter'.*
- *'Appointments are all taken online – discriminating if you haven't got that facility'.*
- *'Told all appointments are taken, ring at 8:30 in the morning!! Can't get through until 9:00 am!'*

### **Interaction between Patients and Staff**

HWCB representatives observed interactions between patients and staff, both administrative and clinical. HWCB noted that all interactions were carried out in a courteous, professional and friendly manner. However, on one occasion a HWCB representative was kept waiting at the reception desk window for a length of time as two receptionists were having a conversation without acknowledging the representative's presence. We understand the importance of such conversations however, a very quick acknowledgement of the representative's presence would have been appropriate, as we feel that if a similar situation arose with a patient, this may antagonise a patient unnecessarily.

### **Clinical and non-clinical staff**

All members of staff seen and spoken to during the visit were friendly and helpful to the representatives and to the patients they were observed interacting with. This included both clinical and non-clinical staff. Staff spoken to during the visit explained that they liked working at the Practice and felt the service provided at the surgery was good.

Receptionists rotate their duties between the front reception desk and the back office telephones. A panic button on each computer is used by nurses and care assistants; the Practice also has an emergency plan for such eventualities.

All staff undertakes annual mandatory training in several disciplines including Moving & Handling; Fire Safety; Adult Safeguarding; Child Safeguarding and others.

Representatives were advised by the Practice Manager that the Practice has agreed to become a Nurse Training Practice, training Community Nurses to become Practice Nurses, which takes at least a year to achieve. The hope and intention is that the newly skilled Practice Nurse(s) will join the Practice which will reduce the need to use very expensive agency Practice Nurses.

All staff spoken to during the visit was very well aware of the shortcomings of the appointments system and recognised the need for change, to improve the patient experience. Issues with the appointments system can be attributed to the increasing local population and the difficulties experienced by the practice in recruiting replacement and/or additional clinical staff, which is a reflection of the national situation.

HWCB representatives also felt there was a consensus amongst staff with regard to the need for a programme of education and management of patient expectations and responsibilities.

### **Community Nurses**

SEPT (South Essex Partnership Trust) Community Nurses work daily from the Practice. A monthly meeting takes place between the Community Matron, Macmillan Nurses and the Adult Social Care Team. However, HWCB representatives were advised that there is a lack of management representation from SEPT at these meetings, which has given rise to feelings of a lack of support from SEPT.

HWCB Representatives were advised that *'Our patch changes on a regular basis and we are overworked and under pressure, made to work to contract, not towards patient care'; and 'There is a lack of training and we sometimes miss things due to the pressure.'*

### **Concerns/Complaints Procedure**

The Practice Manager informed representatives that the Practice has a complaints procedure. A Patient Complaint Form will be given to a patient who has a concern about the service received. The patient would need to either complete the form or write directly to the Practice Manager.

The Practice scored four out of five on HWCB's Mystery Shopper report **'Investigating the Complaints Process – General Practice'** in 2015, and representatives are pleased to report that remedial action was taken and that the Practice now scores five out of five. The remedial action taken related to the retraining of the reception staff in the Complaints Procedure.

However, HWCB representatives felt that the website link to the Complaints Procedure was almost buried in the section entitled 'Practice'. HWCB would recommend that a more prominent link to the Policy ought to be placed on the front page of the website.

### **Additional Findings**

Since the visit to the Practice, HWCB Representatives have met with the Practice Manager and agreed to work with the Practice to address issues in relation to the current appointment system and support the education of patients.

HWCB is also aware that the PPG has a working group which is currently engaged in patient education activities.

### **General comments received from patients at Flitwick surgery included:**

- *'Made to feel that you are wasting doctors time when you need to see doctor (by reception staff)';*
- *'It's impossible to get an appointment unless it's an emergency or you wait weeks, nothing in between';*
- *'I think this surgery does its best under the circumstances – cutbacks by government'.*
- *'I feel that there are not enough doctors nowadays at this practice with the increase in population and inevitably the service is stretched';*
- *'I have always been very pleased with the care and treatment I have received at Flitwick Surgery, and find the onsite Pharmacy very useful and helpful.'*
- *'Everything is great with Flitwick Surgery. Thank you as usual';*
- *'Poor communication skills exist in all areas of the Practice. The car parking is horrendous, not only are there not enough spaces, the roads are only big enough for one car to drive down, causing traffic all the way back to the High Street. I've heard other local Practices (e.g. Ampthill) have availability much sooner than here. If I wasn't receiving treatment at this Practice I might consider switching to Ampthill, but I understand all staff, reception and medical professionals are doing all they can, there's just a very high demand currently';*
- *'Good doctors seem to work only part-time; therefore it seems impossible to properly book appointments in advance. Some doctors seem to just want to: a) Get to the next patient. B) Dish out medication without proper evaluation. Phoning at 08:30 for an appointment can take up to ½ an hour to get through'.*
- *'This surgery does a good job but I think it's under a lot of pressure'.*





## Recommendations

In its present location, the SystmOne booking-in terminal is not visible to the patient entering the surgery. Regular users of the surgery will be well aware of its location, but occasional users will not, and on entering the surgery the first thing in view is the reception desk window (or indeed the queue at the window) which will naturally draw the patient towards it.

HWCB recommends that consideration be given to re-siting the terminal to a more prominent, visible position with clear, bold signage. This may help to ease pressure on staff time at the reception window.

HWCB recommends that in light of the answers to Q 12 of the survey (as detailed above), a programme of educating the patients on what to do to access out of hours care is instigated as soon as possible.

As stated in the main body of the report, HWCB representatives felt that the website link to the Complaints Procedure was almost buried in the section entitled 'Practice'. HWCB would recommend that a more prominent link to the Policy ought to be placed on the front page of the website.

Finally, Healthwatch Central Bedfordshire recommends that this report is shared with the patients and staff (clinical and non-clinical) of the Practice and to advise that if they should wish to contribute any additional comments about the report, to contact Healthwatch Central Bedfordshire direct



## Service Provider response

The Doctors, Nurses and staff of the practice were disappointed to see some of the comments from patients particularly those that seemed to criticise individual doctors. All of our doctors work long hours and do their best for the patients they see, the nature of general practice within England is such, that we are lucky to recruit new doctors and part time work is normal within the profession. It is unfortunate that it was deemed necessary to publish those comments which can only increase the disillusionment of hard working clinicians.

The practice has acknowledged both to Healthwatch and to its patient participation group, which is advertised on the call in board in reception, that we needed to do more to ensure patients were able to get through to the practice on the phone. As such we have invested in a complete new telephone system including new handsets and an increased number of lines into the practice. This went live on the 8th February 2016 and has allowed us to answer callers wishing to make an appointment within a few rings.

Since the beginning of 2016 we have gradually moved to a new appointment system which means that the majority of our appointments are now available 48 hours in advance to all patients whether they go on line, call on the phone or book at the desk. Approximately 75% of these appointments are taken by telephone callers proving that the online system does not disadvantage those without a computer.

Our new Emergency Assessment Team (EAT) has proved popular allowing patients who need to be seen on the same day to be triaged, assessed and treated at a time suitable for them along the same lines as A&E departments. If necessary, a patient can be referred to a GP for further treatment (less than 5% of all patients seen by EAT).

We acknowledge the comments regarding the website and this will be addressed during the redesign planned for the Spring.

Catherine Pearson  
Practice Manager  
Flitwick Surgery

