

Gathering views

GP services for Islington residents in residential care



Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

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Introduction

Islington Clinical Commissioning Group (CCG) asked Healthwatch Islington to find out about resident experiences of GP services within specific local homes and supported housing. These are the services within which nursing or continuing care placements are commissioned by the CCG. We were asked to speak to residents, next of kin, staff with knowledge of residents' experiences of the GP service, and managers.

This report relates to findings observed during our specific visits. Our report is not a representative portrayal of the experiences of all residents, next of kin and staff, but an account of what was observed and contributed at the time. We offer a snapshot of experience. As a qualitative report it is not based on a statistical sample, but aims to give some perspectives from people affected by the service. Healthwatch Islington would like to thank the service providers, residents, next of kin and staff for their contribution to this work.

Homes are anonymised in this report as we assured respondents that feedback was confidential and that comments would not be attributable to individuals. A list of homes visited is available in the appendix..

Background and context

Islington Clinical Commissioning Group (CCG) requested this report as part of its commitment to closer partnership working with patients to improve commissioning, and to ensure that services meet the needs of Islington's population.

GPs practices provide the service as a Locally Commissioned Service. A Locally Commissioned Service is something that the CCG commissions in addition to services commissioned by NHS England to ensure services are more able to meet the needs of their local population. Under current arrangements different practices employ different approaches when seeing their patients based in care homes. The duration of visits also varies between practices.

As part of the monitoring and evaluation of the service the CCG wanted to assess:

- ▶ How easy it is for these residents to access the GP when they need
- ▶ Whether they are confident that their GP listens to their needs
- ▶ Residents general experience of the service

Method

Healthwatch Islington and Islington CCG developed questionnaires. Healthwatch Islington visited homes and supported accommodation facilities at least twice to speak to residents, next of kin and staff including managers.

Gathering the views of residents

We interviewed residents who had capacity, had experience of the GP service, were available during the visit(s) and were willing to take part.

Many residents living in the services visited have dementia.

We sought advice from staff at each site regarding who would:

- ▶ Have capacity to speak to us
- ▶ Had used the doctor and been resident for at least 6 months*

If patients were sleeping, on a trip/ in an activity, unwell on the day of the visit or did not want to speak to us we moved on to the next resident. Even where residents had capacity, it became clear during interviews that many could not recall their experience of the GP service. It was difficult to find residents who fit the criteria, had capacity and could recall their experiences, hence the low response rates.

*for the Intermediate Care beds we did not require service users to have been in the service for six months.

Gathering the views of next of kin

Where next of kin were present in the home, and had been involved in GP visits, we invited them to be interviewed in the home. We put posters up in the services we visited to advertise this, and offered phone interviews, an online survey, and hard copy surveys with pre-paid return envelopes. In one home we attended a Relatives and Residents meeting. It was difficult to reach next of kin who had experience of the GP service.

Gathering the views of staff

We spoke to staff who were available and worked closely enough with residents that they would know about their experience of the GP service. If we were unable to speak to the manager during our visit we arranged interviews by phone. It had been suggested that we host staff focus groups but homes explained that this was not practical.

Summary of key themes

Below we have set out a summary of some of the key themes raised through the various discussions.

1. Access to the GP

- Most respondents reported that they felt it is easy to see the GP when they need to, this was supported by respondents across all categories.
- The time it takes GPs to respond differs from one practice to another and on the needs of the resident.

2. Satisfaction with the service

- Generally respondents felt that the service was good and felt listened to and respected,
- Staff and managers felt the service was meeting the needs of residents in general.

3. Communication

Issues mainly related to communication between the home and the practice.

- Some homes experience waits getting through to the practice on the phone
- Some practices require information be faxed which can slow down communications
- Some homes had a direct line to the GP
- Some information sharing in residents notes was unclear - more detail was needed from GPs on how to follow up the resident's care
- In one home limited access to IT for patient notes to be updated
- Limited awareness of GP service amongst next of kin

4. Linking with other services

- Staff suggested that the Out of Hours and 111 response services were not as responsive as the in hour service from the GP
- Managers felt that hand over between in hours and out of hour care could be more effective
- Managers and staff spoke about the benefits of working with other teams including the Integrated Care Ageing Team, social workers, and pharmacists
- Residents spoke about the benefit of the palliative care nurse, physiotherapists and dentist
- Staff highlighted some frustration with the system for prescribing particularly for new residents or those returning from a stay in hospital

Themes by group

Residents

We spoke to 43 residents across the 11 care homes. We struggled to speak to a larger number of residents as many did not have capacity, were asleep, out on trips or unable to remember seeing the GP.

- ▶ Accessing the GP was fairly easy

The feedback we received from residents about the GP provision in the home was generally very positive. On the whole, residents told us that they did not find it hard to access the GP when they needed to, saying 'it's easy', 'I can see them when I want to', 'they come to see me'.

Residents from a few homes explained that nursing staff take care of arranging appointments for them with the GP. A couple of residents we spoke to mentioned that they had either been on the GP list or at least hoped to see the GP the week of our visit, but hadn't. They seemed to understand that this was because other residents had a higher need this week. Staff we spoke to during the same visits were dealing with this by organising further visits or putting the resident on the list for the following week.

One resident mentioned that 'we don't get to see the GP on a regular basis.' Another resident felt that they didn't get to see the GP as often as they'd like and suggested that it might 'make it easier if they [GP] were in the home.' A resident from another home commented that they were glad the GP comes and visits them as they have mobility issues.

- ▶ Mainly respondents felt looked after and respected

Many residents felt that they were 'treated very well' by their GP, saying they were 'nice' and 'helpful'. One resident mentioned that the service was very 'efficient', another commented that their GP is 'very gentle' and that they explain everything

well. Residents from another home agreed that 'they're very polite and they listen to what you say.' Almost all of the residents we spoke to felt that their GP treats them with respect.

Many residents said they felt listened to by their GP, some felt that their GP gave them plenty of time to talk through everything they wanted to say, whereas others felt they had been rushed. One resident explained that the GP has said to them 'I've only got two minutes' as they walked into their room and the resident felt rushed and forgot what they'd wanted to say. However, they did mention that the GP ended up staying longer than 2 minutes. One resident commented that they weren't always sure that the GP always understood how they were feeling because the GP was a bit rushed on their visits. One resident mentioned that they felt the GP should assess them more carefully, stating that 'sometimes they don't even touch me, they just go.' Another resident commented that 'I get enough time with them considering the number of people they need to see.'

- ▶ Seeing a good GP more important than seeing the same GP

When we asked residents whether they always saw the same GP we received mixed responses. Residents seemed to be unsure about whether they see the same GP or not, in some cases residents within the same care home gave us conflicting responses.

12 residents we spoke to felt it wasn't important, or it didn't matter to them whether they saw the same GP. One resident felt that, 'nothing's wrong', so they don't need to see the GP often. Another resident commented that 'they [GPs] have meetings, so they know about me.' Residents also commented 'GPs all listen' and 'any GP knows what you're being treated for'. One resident mentioned that sometimes they see a male GP, sometimes a female, but they know they can see a female GP if they want to.

12 residents felt it was important for them to see the same GP because 'the GP knows you', 'they're nice', 'they're good', 'it's better someone knows me'. One resident commented that the GP 'knows you, your problems and your quirks, your prescriptions and various medicines'. Another suggested that 'it's important that I see the same GP so I don't have to go over things.' One resident mentioned that they felt neutral about seeing the same GP and two said they didn't know whether it was important to them.

What did seem important to all the residents, whether they wanted to see the same GP or not, was that the GP(s) listen and are good. Residents priorities seemed to be around a familiar face and a competent practitioner. One resident stated 'how important it is to see the same person depends who the Dr is.'

Residents did feel that there were areas of the service that could do with improvement. At one care home a resident mentioned that they weren't sure that their GP 'had all my records from my previous Doctor' as it took 'three weeks to get a prescription for antibiotics.' They also felt that the pharmacy should be changed. Residents from some homes felt that there are not enough GPs and that this means they are over worked and do not have the time to give each patient that they should.

Next of kin

We spoke to 13 next of kin over five of the eleven care homes we visited. We spoke to six of these at a Relatives and Residents meeting at one care home. We received two responses via the surveys we had left in homes with prepaid envelopes. We received 2 responses from our online survey. We spoke to five whilst visiting care homes as we had sent posters to notify the next of kin we would be visiting if they would like to speak to us.

- ▶ Next of kin less involved in the GP service and their relative's care

None of the next of kin we spoke to seemed very confident talking about the GP service their relative or friend receives. However, on the whole next of kin reported that they think the service is generally good and that it seems easy for their relatives/ friends to see a GP when they need to. One next of kin noted that their relative hadn't really had a wait to see the GP. Not everyone was sure how often the GP's visit, but most felt that the GP visits were regular. One relative mentioned that 'apart from the GP's weekly visit, if there's a concern the home will call the GP out.'

Some next of kin felt that the GP's were respectful, knew their relative/ friend and are generally pleasant. However, one next of kin felt that the GP is 'just a bit cold, not very interested,' and when the next of kin last visited 'the GP didn't come to see the patient, didn't really talk to her'.

Most of the relatives/ friends we spoke to at the Relatives and Residents meeting felt that they had not necessarily been involved in consultations about their relatives' care. However, one next of kin who had been involved in a consultation with the GP, mentioned that the GP had been helpful. A next of kin from a different home stated that the 'Multidisciplinary Team hasn't met my mother so it is harder to liaise'.

A number of the next of kin we heard from mentioned other professionals that work with the GP and their relative/ resident referring to the MDT, Physio Therapists, Occupational Therapists and the dentist. However, one next of kin explained that since being in the home, their relative has not had as much access to physiotherapy treatment which 'has reduced their mobility and they have generally got worse.'

Some of the next of kin we heard from spoke about there not being any 'issues' with the GP service or they had not received any negative feedback or complaints from their friend/ relative. One respondent stated 'If it's not broken, don't fix it.'

Staff

We spoke to 48 members of staff over the 11 care homes. We spoke to Nursing Staff and Team Leads, as they have most contact with the GP service.

▶ GP service is accessible

On the whole staff found the GP's helpful and friendly, stating 'they are patient with residents', '[they] have affection and empathy, 'they are understanding'. One staff member said 'the GP usually has enough time to see everyone that needs to be seen and spend 5 to 10 minutes with each resident who needs attention.' Staff from another home explained how their GP had come into the home on a day off to treat an end of life patient.

Staff spoke about their GP being reliable and responsive to the needs of residents in the homes. Staff mentioned that GP's come regularly and if they are unable to come at their usual visit time they are good at contacting the homes in advance to let them know. In some homes the relationship between home staff and GP's is such that nursing staff feel they can ring the GP directly and ask for advice.

It was mentioned by staff in three homes, that the GP hadn't managed to see all the patients on the list for the week of our visit. Although in at least two cases it appeared that staff had contacted the GP and arranged for them to make another visit during the week to see the patients.

▶ Homes contact GPs outside of their regular visits, response times vary

Staff from most homes explained that they have regular contact with the GP and most care homes also contact the GP outside of their scheduled visiting hours. This was often for urgent cases and if the GP was busy they would either offer advice, or more commonly suggest the Home calls an ambulance. If the situation is not an emergency, the GP might be able to do a call out within a few hours, visit after surgery finishes, or in the cases of some practices, send another GP.

Staff spoke about having to wait for differing lengths of time to access the GP from home to home. Some staff mentioned that they have ended up having to call 111 on a few occasions when they couldn't get a timely response from their GP practice.

▶ Some practices are easier to contact than others

Staff raised issues around communication between staff in the home and the practice. Although some homes commented on the helpfulness of the reception staff, others we spoke to also commented that it can sometimes take half an hour to get through to someone at the practice. Staff spoke about many ways in which they communicate with the GP practice; email, fax, telephone (practice), telephone (direct to GP), text GP. There was some dissatisfaction amongst the staff we spoke to, that the methods for communication were not more up to date. Staff from two homes spoke about having to fax practices information and then ringing to check that it had gone through. Staff felt that this was not efficient. One staff member commented that they had no idea why they didn't all use email or the EMIS system (a system many GPs use for recording patient data) instead.

- ▶ Registering the designated practice makes things easier

In some homes staff mentioned that residents can stay with their previous GP if they would prefer rather than sign up with the GP who serves the home. However, this can cause issues around post-discharge medication. It can also mean that the resident might see the GP a lot less as it is less likely they will offer such regular visits.

- ▶ Residents seemed satisfied with the GP service

Staff echoed the sentiments of the next of kin by saying, they are pretty sure that the service meets residents needs judging that they haven't received any complaints or had any issues. One staff member stated '100% I am happy' with another stating 'they are very good and approachable, when they need them, they are there. The GP is reachable'. A couple of homes mentioned that there have been problems in the past but it seems that these are now rectified, and things are improving.

- ▶ Administration of prescriptions could be more efficient

Issues with the prescription systems were highlighted. This seems to sometimes be an issue with the pharmacy (in at least one example) as well as, or rather than the GP practice. The problem seems to lie in the communication between the GP practice, home and pharmacy. Staff at one home felt that the process was simple and working, stating that they can contact the GP who will fax the pharmacy quickly and resolve any problems. However, staff from 6 other homes commented that this is the area that could do with the most improvement. Staff mentioned that communication between the GP practice and pharmacy needs to improve as currently staff feel that chasing prescriptions is like 'ping pong' between the home, GP and pharmacy.

Staff from one home raised the issue that often repeat prescriptions don't seem to have been updated, with residents receiving medication that should have changed, or been stopped. At another home staff mentioned that prescriptions never seem to be ready on time because either the GP hasn't signed them or the practice hasn't sent them to the home. Staff felt that this was unnecessary and prescriptions should go straight from the practice to the pharmacy, rather than via the care home. Staff communicated that this inefficiency often means that they are wasting time chasing the pharmacy or surgery rather than getting on with their job. Staff at another home felt that too often the GP did not leave clear enough instructions for how to give/ apply medication.

Managers

We spoke to Managers at 10 of the 11 care homes, during our visit to one home we spoke to both the service and centre managers.

Managers feedback was generally very positive about the GP provision to their care home. It was felt that the service was meeting resident's needs, but managers commented that their responses were based on the fact that they had received 'no complaints or issues'. Managers emphasised that many residents can't always remember if they've seen the GP and therefore would find it difficult to comment on the quality of the service.

- ▶ Homes need regular contact with GPs outside of their regular visit

Of the 10 Homes we visited, 9 have at least one regular visit from the GP per week, some of these are arranged for specific times, whereas others seemed to be scheduled for a specific day. Two of those homes have visits from the GP twice a week. One doesn't receive scheduled visits from the GP.

Many of the managers spoke about being in regular contact with the GP practice outside of the scheduled weekly visits. Only one manager said that their home often didn't have much (if any) contact with the GP between the scheduled weekly visits. In some cases, contacting the GP was primarily for call outs and advice, whereas sometimes managers were referring to chasing prescriptions or nursing staff asking for advice.

- ▶ Contacting practices is not always easy

Whilst most managers felt that the GP practice was responsive, it seemed a common issue was making contact with the practice in the first place. Managers referred to long waiting times on the phone of up to 30 minutes. Two managers spoke about having a direct line to their allocated GP and how this had improved the GP's responsiveness. In one home the direct line had been taken away and this had had a negative effect on the service. Managers explained that the responsiveness of the OOH's service is a bit more 'hit and miss' than the regular GP service. Quite often it seems that staff are having to contact NHS 111 or calling an ambulance instead.

- ▶ Administration of prescriptions could be more efficient

Many managers commented on the prescription process being an area that needs improvement. Three managers spoke about having to send faxes to practices and then call the practice to check that the faxes had been received which was seen to be time consuming and unnecessary.

- ▶ Recording information about residents could be improved

Four managers mentioned issues around having to use a paper based system. This was either because GP's don't have access to EMIS or the internet whilst at the care home, or because the hand over between OOH and the GP practice can take some time, so it's safer to have a paper copy. Managers also spoke about the appointment book which staff write in and the GP uses to see patients. These were points of frustration for the managers concerned as it was seen to be unnecessarily 'in the dark ages' and an electronic system was viewed as being potentially more efficient..

Managers also spoke about the GP care being part of a larger network of Care provision in the home, including Multi-Disciplinary Teams, the Integrated Care Ageing Team, consultants, the care home nurse and palliative care team/ end of life team.

Themes by care home

Care Home A

| Numbers of people we spoke to | | | |
|-------------------------------|-------------|--|---------|
| Residents | Next of kin | Staff | Manager |
| 1 | 0 | 10 | 1 |
| GP visiting times | | Monday pm (Tuesday if it's a bank holiday) and Thursday pm | |

We were unable to speak to any next of kin at this home. All those we spoke to seemed to feel that the service was meeting the needs of patients. There was a general agreement that the GP is kind and that the home is happy with the care from the doctor. The manager highlighted that 'most residents have dementia and many have communication difficulties,' and are therefore less able to comment on the service.

All those we spoke to explained that the GP comes weekly and one resident mentioned they felt able to see the GP when they needed. However, staff pointed out that on the day of HWI's visit the GP had not made it to all the floors in the home. Staff clarified that the GP would come at another time during that week to ensure that all patients who needed to be seen had been.

Staff mentioned that residents access the GP through the nursing staff so the care staff felt less able to comment on the service.

It was highlighted that communication between staff at the home and staff at the GP practice could be challenging and that it could be beneficial if the GP was scheduled to visit more than once weekly.

Staff noted that after the visits from the GP patients care plans are updated, but there seemed to be a level of uncertainty around how the Out of Hours (OOH) GP and the routine GP hand over/ share notes and whether this happens at all.

| | |
|------------------------------|---|
| Good practice | Good care from the GP/ able to see the GP when you need to. |
| Suggestions for improvements | Out of Hours (OOH) handover is uncertain/ communication between care home staff & GP staff could be improved/ GP not making it to all floors. |

Care Home B

| Numbers of people we spoke to | | | |
|-------------------------------|-------------|---------------------------------|---------|
| Residents | Next of kin | Staff | Manager |
| 5 | 0 | 2 | 1 |
| GP visiting times | | Alternating Thursdays am and pm | |

Feedback from staff, residents and the manager was on the whole complementary of the GP service and there was confidence that the service was meeting the needs of patients, with the manager commenting 'customers love it!'

Although this home is served by one practice, some residents have chosen to stay with their own GP, although none of the residents we spoke to commented on this or on any difference in service received. Staff mentioned that it's easier when residents sign up with the same GP as they have a better relationship and are more able to chase up prescriptions/ request visits from the GP.

Feedback from the manager and staff stated that the home was served by one GP, however, this hasn't always been the case. Residents feedback suggested that they see the 'same set' of GPs

and there are two that regularly visit. Residents spoke about the GP visiting on Mondays, but the manager clarified that they usually came on Wednesdays and sometimes Thursdays. Most residents didn't mind that they don't always see the same GP but one resident felt that it was important to see the same GP because 'they know what I'm taking, my reactions, what I like'.

Staff found that the GP practice is 'very responsive' especially if they contact the surgery in the morning. There also seemed to be some frustration among staff in regards to the OOH service. One staff member commented 'the OOH service can be confusing' and another complained that 'you can't get through to the OOH service through the GP practice, you have to call 111'. Staff were also unsure about the hand over between the GP and OOH service.

| | |
|------------------------------|--|
| Good practice | Confident that the service is meeting the needs of residents/ very responsive GP. |
| Suggestions for improvements | OOH service is confusing and they are not able to contact them through the GP they have to call 111. |

Care Home C

| Numbers of people we spoke to | | | |
|-------------------------------|-------------|--------------------------|---------|
| Residents | Next of kin | Staff | Manager |
| 0 | 0 | 2 | 2 |
| GP visiting times | | Friday morning 8 to 10am | |

We were unable to speak to any residents within this service. The service was helpful but when we visited residents were either sleeping or did not have capacity.

The managers commented that the GP is fairly responsive will come to the home if needed, although this might not be until after surgery hours at 5pm. If the need is urgent the home will call an ambulance. The managers spoke about usually calling the GP out every day. Staff spoke about weekly visits from the GP service to receive resident's medication and go through discharge summaries of new residents. Staff mentioned that they know they can use the OOH service after 6pm. Not all residents across this home have access to the GP service through the Locally Commissioned Service.

Both staff and management spoke about being confident that the service was meeting the needs of the patients and that there is a 'good rapport' between the GP and the staff.

It was mentioned that the prescription service can be frustrating and complex and a 'more streamlined service' would be appreciated. However, staff mentioned that this has been improving.

The Integrated Care Ageing Team (ICAT) were also mentioned as being 'really helpful'.

| | |
|------------------------------|---|
| Good practice | Confident the service is meeting the needs of residents/ good rapport between GP & care home staff. |
| Suggestions for improvements | Prescription service is frustrating and complex. |

Care Home D

| Numbers of people we spoke to | | | |
|-------------------------------|-------------|------------|---------|
| Residents | Next of kin | Staff | Manager |
| 5 | 0 | 2 | 1 |
| GP visiting times | | On the day | |

Residents felt that that it was easy to access the GP when they needed to, with management and staff commenting that the GP comes weekly and outside their regular visits is 'very responsive'. The GP can visit the home 2 to 3 times a week, one staff member commented 'it's a quick, quick [sic] treatment for the residents if they are very unwell'. The manager remarked that 'we will only have to wait about 5 minutes for the doctor'. It was also clarified by staff that residents usually see the same GP, although residents were not so sure about this. Half the residents felt that it was important to see the same GP 'as the Doctor knows you'.

The manager commented that the OOH service is much more hit and miss than the regular GP service, with it often resulting in the home calling an ambulance.

Staff and management at this home commented that communication between GP, care home and pharmacy seems to be working well, stating 'they quickly fax... wasting no time so the resident can get what they need.'

On the whole respondents commented that the service is meeting the needs of residents and staff and management felt confident of this. Staff mentioned that the GP is sympathetic of the needs of residents, and listens to them. Residents felt happy with the service and spoke about liking and knowing the GP, who treated them with respect.

| | |
|-------------------------------------|--|
| Good practice | GP is very responsive and easy to access when residents need to be seen/ communication between care home and pharmacy is good. |
| Suggestions for improvements | The OOH service is much more hit and miss and often staff end up calling an ambulance but they don't feel they should. |

Care Home E

| Numbers of people we spoke to | | | |
|-------------------------------|-------------|---------------------------|---------|
| Residents | Next of kin | Staff | Manager |
| 6 | 2 | 6 | 1 |
| GP visiting times | | Friday morning 8am to 1pm | |

Feedback about the GP service was generally positive. Everyone we spoke to mentioned the GPs weekly visit on a Friday, and it was explained that it was easy to access the GP at other times during the week if the resident needed to be seen. Staff's responses conflicted as to how responsive the GP service is, with one staff member suggesting 'the GP responds within 5-10 minutes' and another stating 'if you call in a morning, they normally call back after lunch... If you call in the afternoon, normally they call back after 5pm.' Residents felt that they are able to see the GP whenever they need to and one resident commented 'I can see the GP every week if I want to.'

Staff mentioned that although the in hours GP practice is responsive, calling 111 can lead to a 2 hour wait and often staff feel they should call an ambulance, but they are not sure about doing this. Although residents found the service very responsive, they weren't confident they always see the same GP; 'GP's are all different'. It wasn't made clear by the staff or manager as to

whether there were one or more GP's serving the home. However, only one resident said it was important for them to see the GP, because 'it's better if someone knows me'. Another resident commented they can be seen 'sometimes [by] a man, sometimes [by] a woman. I do know I can see a female GP if I want to.'

Residents did feel that when they see the GP, they are listened to and treated with respect, 'the way [the GP] talks to me is very good, I feel they listen.' The only improvement residents mentioned was that the pharmacy service should be changed, although this wasn't heard from the staff and manager.

The general feeling from respondents was that the service is meeting the needs of residents. Staff, the manager and the Next of kin commented that they hadn't heard any complaints. One staff member commented 'Yes 100% I am happy' and one Next of kin stated 'if it's not broken, don't fix it.'

| | |
|-------------------------------------|--|
| Good practice | When residents see the GP they feel listened to & respected/ feel confident that the service is meeting the needs of residents |
| Suggestions for improvements | Calling NHS 111 can result in a 2 hour wait and often staff feel they should call an ambulance/ residents felt the pharmacy service should be changed. |

Care Home F

| Numbers of people we spoke to | | | |
|-------------------------------|-------------|--------------|---------|
| Residents | Next of kin | Staff | Manager |
| 5 | 3 | 9 | 1 |
| GP visiting times | | Not recorded | |

Feedback showed that residents, relatives and staff alike thought that the GP service is good. The manager and staff spoke about the weekly visits from the GP on a Monday that last for 2-3 hours, but the doctor comes at other times when needed. Staff spoke about how the GP visits each section of the home visiting patients on their list. It was mentioned by staff and residents that the week of our visit, the GP had not been able to visit everyone who wanted to see them, but staff had followed this up and the GP had been able to come the next day. (It was mentioned by the manager and Next of kin that many residents have dementia and therefore it was harder to chat to them.

Residents commented that it was 'generally easy to be seen by the doctor' when needed and went on to mention that nursing staff take care of setting visits up. Staff commented that the GP service is responsive. It was mentioned that 'waiting times depend on the need of the resident and where the need is greater the doctor will try and respond more quickly.' Another staff member stated, 'it can take minutes to hours depending on urgency'. One staff member clarified that if the circumstances are urgent, the GP will triage on the phone.

The manager spoke about the GP provision as being a 'good service'. Next of kin found the GPs helpful saying 'can't ask for better', whilst residents found them 'very nice and reassuring'. Staff found

the service good, adding that the 'reception are helpful', and they were confident the service is meeting the needs of residents.

Not all residents were sure that they were seen by the same GP, but Residents and staff spoke about the importance of being seen by the same GP because they 'know you, your problems and your quirks, your prescriptions and various medications.' Staff felt that it was important 'for the continuity of their care', if residents 'know the GP... this is less disorientating.'

Staff and management raised some issues with the service, which mainly focused around issues of communication, more specifically, the home having to fax the practice. The manager explained that 'it's about the administration', 'why are we faxing?'. Staff spoke about how 'with a fax you don't know if it has been received so you have to call to check.' Staff explained that email would be easier for them. Other staff members spoke about the poor communication between the GP and the pharmacy for new cycles of medicine, they spoke about needing a smoother system of communication between home, practice and chemist.

Some staff members spoke about how it could be helpful if the GP had more time on their visit to the home, referring to the fact that the GP hadn't been able to see all the patients who wanted to be seen during their visit this week.

The manager highlighted that they didn't feel there was an effective system of hand over between the GP and the OOH service.

One of the next of kin was concerned that since entering the home, their relative's mobility had reduced due to less physiotherapy and was

worried about their general deterioration. Home staff agreed to look in to this.

However, staff, next of kin and the manager felt in general that the service was meeting the needs of residents, with staff members saying, 'I like it the way it is'.

| | |
|-------------------------------------|--|
| Good practice | 'nice' & 'reassuring' GP service/ GP reception is helpful/ feel confident that the service is meeting the needs of residents. |
| Suggestions for improvements | GP needs more time during their visits/ poor communication between GP practice and pharmacy (faxing)/ not effective handover to OOH. |

Care Home G

| Numbers of people we spoke to | | | |
|-------------------------------|-------------|---------------------------|---------|
| Residents | Next of kin | Staff | Manager |
| 4 | 0 | 3 | 1 |
| GP visiting times | | Monday 1pm and Friday 3pm | |

We did not hear from any Next of kin in this care home despite leaving surveys in stamped addressed envelopes at the home and sending posters announcing our visit.

A large majority of staff, managers, and residents we spoke to commented on there being a good GP service in the home. Staff and the manager made it clear that they receive regular twice weekly visits from the GP, but also contact the GP outside of these visits to visit some patients. The manager explained that 'if we call the Doctor and it's not an emergency, their responsiveness depends on their availability... unless it's an emergency.' Staff mentioned that they have a direct phone line to the GP which has hugely improved their responsiveness.

Three out of the four residents we spoke to commented that it was easy to see the GP when they needed to. One resident said 'the GP usually arrives within an hour of calling', whereas another told us that they were on the list to be seen by the GP that week, but they hadn't been seen (however, staff were dealing with this). The same three residents commented that they almost always see the same GP. The fourth resident said they didn't always get to see the same GP and that was a concern for them. Only one other resident said it was important for them to see the same GP and that was put down to this GP being 'good, friendly, considerate and easy to talk to.' However, all residents agreed that the GP listened to their

needs and they felt respected by them.

Staff felt that the service is meeting the needs of residents and has improved. The manager also felt that the service was much improved. A resident mentioned that they think the service is excellent, with another commenting 'I don't think there's anything that could make it better.'

Although there was a general consensus that the service has improved, both staff and the manager mentioned existing frustrations with the service that could benefit from changes. These changes were focused around the prescription system and the IT systems. Staff mentioned both issues with prescriptions not being signed or ready on time, and issues with the pharmacy. One staff member suggested 'if prescriptions went straight from the surgery to the pharmacy that could save a lot of time.' Another staff member commented that prescription requests can take 48 hours 'but can take longer - we have to keep calling the surgery'. It was proposed that the service should be made more efficient, so that staff don't waste time having to chase prescriptions. The manager also mentioned that the IT system could do with improving between the pharmacy and GP. They mentioned issues around lack of access to the patient records (electronic) along with notes made by the out of hours GP. It was felt that the sharing of these notes can take too long and the manager mentioned that they often ask the out of hours doctor to write paper notes, which the home

keeps on file in case they haven't transferred properly.

| | |
|-------------------------------------|--|
| Good practice | Care home has a direct line to the GP which has hugely improved their responsiveness/ easy to see the GP/ the service is much improved. |
| Suggestions for improvements | Prescriptions are not ready on time & there are issues with the pharmacy/ the GP cannot access the patient record system from in the care home & sharing notes takes too long. |

Care Home H

| Numbers of people we spoke to | | | |
|-------------------------------|-------------|-----------------|---------|
| Residents | Next of kin | Staff | Manager |
| 5 | 0 | 3 | 0 |
| GP visiting times | | Monday am or pm | |

Residents we spoke to seemed unsure about whether it was easy to see the GP when they needed, or whether they saw the same GP. Several residents in the home have dementia and were unable to recall recent visits from the GP. However, all residents spoke about being happy with the service, saying, 'they are good doctors', 'they are nice'. Generally, residents didn't seem to mind that they might not see the same GP, but one resident commented '[it's] important to me to see the same one because they're nice.'

Staff stated that all residents are almost always seen by the same GP, who comes to the home weekly. One staff member spoke about how when the GP is going on leave, they will bring the locum into the home and introduce them to the residents. It was also mentioned that although residents are seen by one doctor regularly, there are three other doctors available from the practice for emergency calls.

Staff felt that the GP was very responsive, saying

'[the GP's] there when they need them', 'anytime they are not well [the GP's] there for them', [the GP] will contact you quickly'. Another staff member spoke about communication between staff at the home and the practice being good, saying 'I even have the doctors mobile'.

All three staff felt that the service was meeting the needs of residents. One staff member commented '[the GP] is empathetic and understanding... [the GP] is doing a fantastic job.' Another commented, '[the GP] explains things to [residents] and their family.' The third staff member added, 'they understand dementia, they talk to the residents and build a relationship.'

All residents spoke about the GP treating them with respect and listening to them. Many felt that the GP listened to them and a few mentioned they felt the GP was also kind.

We were unable to speak to the manager or next of kin at this home.

| | |
|------------------------------|--|
| Good practice | Confident that the service is meeting the needs of residents/ GP is very responsive, have a direct contact line. |
| Suggestions for improvements | insufficient data |

Care Home I

| Numbers of people we spoke to | | | |
|-------------------------------|-------------|--------------------|---------|
| Residents | Next of kin | Staff | Manager |
| 5 | 1 | 5 | 1 |
| GP visiting times | | Monday 2 to 3.30pm | |

Residents we spoke to felt that it was generally easy to see the GP when they needed to, the next of kin added 'I don't think there had been a wait' for her relative to see the GP. Staff mentioned that the GP attends the home every week, but also responds to call outs as and when patients need to be seen.

Staff, next of kin and the manager all spoke about being happy with the service and mentioned that there is one GP who serves the home. Two residents spoke about being seen by the same GP, one wasn't sure and two spoke about seeing different GP's. It was important to three of the residents that they are seen by the same GP. One staff member clarified that although the same GP attends most of the time, in an emergency another GP might come to the home.

The Staff and the manager agreed that the GP is usually responsive. However, the manager highlighted that it can sometimes take a long time for the GP practice to answer their phone and sometimes they have to access the GP through the OOH service. They went on to mention that now they have been given a direct line to the GP. Once they have made contact with the GP, they can arrive at the home within 15 minutes. A staff member mentioned that during the week it can take an hour for the GP to come to the home, another member of staff commented that the response rate depends on how urgent the situation is.

Staff agreed that the service was meeting the needs of Residents. One staff member explained '[the GP] seems to care and is always checking [with residents]'. Another said, the GP 'spends time talking to the residents face to face and checks her notes.' The next of kin felt that the GP knows her mother and is aware of her ongoing needs. The staff and the manager commented that there had been no issues with the care received from the service and that they had received no complaints.

Those we spoke to raised a range of issues with the service that could be improved. The manager and a member of staff suggested that two GP visits per week, rather than one, could be beneficial to the residents. The staff spoke about problems with prescriptions and the fax-based system, mentioning 'having to wait for a whole day' for prescriptions because once they have been faxed over to the practice staff have to ring to confirm receipt. One staff member mentioned that on a couple of occasions the GP had left without seeing all the patients on their list, and although staff had organised for the GP to come back in another time, the staff member felt that maybe the GP needed more time.

One resident mentioned that 'they would be happier if they could see the GP and talk to them whenever they felt they needed to.' Another resident felt that the referrals were too slow and a final resident commented that they would like their GP to speak the same language as them.

The next of kin felt that communication could be better at the home.

| | |
|-------------------------------------|---|
| Good practice | Confident that the service meets the needs of residents/ A next of kin felt GP knows their relative & is aware of ongoing needs. |
| Suggestions for improvements | It can take a long time for the GP to answer the phone/ would be an improvement for the GP to come twice a week or have enough time during the visit/ prescriptions are sent via a faxed based system and it can take all day/ one resident wanted a GP who spoke their language. |

Care Home J

| Numbers of people we spoke to | | | |
|-------------------------------|-------------|---|---------|
| Residents | Next of kin | Staff | Manager |
| 2 | 1 | 2 | 1 |
| GP visiting times | | Wednesday, Thursday morning or Friday afternoon (1.5 hours) | |

Residents felt that it would be or had been easy to access the GP when they need to. The staff and manager commented that the GP comes once a week for clinic and 9 out of 10 times patients see the same GP. One resident felt this was important while the other didn't mind. The manager explained that outside of these regular visits, the home doesn't usually need to contact the GP very much. Staff mentioned that if they have any concern they can call the GP at any time, although, it can take a while (up to 30 minutes) to get through to the practice. The staff member went on to say that in the past they had a mobile number linked straight to the receptionist because it was so hard, but this is no longer available.

Both the manager and staff felt that the service was meeting the needs of the residents, with the manager saying '[I've] had no issues whatsoever'.

Staff commented that they are happy with the service and that the 'GP seems open and willing to help.' Residents were also generally happy with the service and felt that the GP treats them with respect. The next of kin however, didn't feel the GP was very helpful saying the GP was 'just a bit cold, not very interested, didn't come in to see the patient, didn't really talk to [the resident].'

The manager, residents and the next of kin all spoke about relationships with other services in the borough which seemed to be positive.

| | |
|------------------------------|---|
| Good practice | Confident that the service is meeting the needs of the residents/ GP is respectful.. |
| Suggestions for improvements | It can take a while to get through to the GP service (used to have a direct line which was better). |

Care Home K

| Numbers of people we spoke to | | | |
|-------------------------------|-------------|---|---------|
| Residents | Next of kin | Staff | Manager |
| 6 | 6 | 4 | 2 |
| GP visiting times | | Monday 1.30 to 5.30pm and Thursday 9.30am to 1.30pm | |

We found that few residents in the home had capacity to take part in this survey. Residents generally seemed happy with the service and found it easy to access on the whole. Two were not sure whether they always see the same GP, although four residents liked the continuity that seeing the same GP offers. They felt it was 'good the GP gets to know you'. Staff clarified that there are two GPs that regularly attend the home, one of which received mixed reviews from residents.

The staff, manager and clinical lead spoke about the regular twice weekly visits from the GP. They also spoke about contacting the GP outside of their regular visits and that the GP 'usually comes out and visits at the end of their clinics.' However, it was explained by the manager and clinical lead that the practice reception is not always helpful, and sometimes home staff are asked to call back later, rather than leaving a message. However, staff mentioned that they found the practice responsive when a GP has been required on a non-visiting day.

Care home staff and management spoke about how the service had improved over the past 6 months (prior to December 2015). Communication between GP's and care home staff seems to have benefited, with more time being made for GPs to liaise with staff. The manager mentioned that the GP now does the rounds with the shift manager and the clinical lead is often updated after visits.

Residents felt listened to by the GPs but there was mixed feedback about how respected they felt by one of the GPs. One resident commented that the GP could assess them more thoroughly, 'sometimes they don't even touch me, they just go.' One resident also mentioned that the GP does not always see them when they want, but we could not clarify whether the resident needed to be seen on such occasions.

Staff felt that the recording of resident's needs and follow up could be improved, as currently there can be confusion around directions for the application of prescriptions. The Next of kin we spoke to felt that they were not always involved in consultations about their relative's care and that this could be improved. The manager commented that it is challenging that the GPs can't access the EMIS system when at the home, and went on to say that the repeat prescription process can also be tricky.

Care home K (continued)

| | |
|-------------------------------------|---|
| Good practice | Easy to get an appointment when needed. |
| Suggestions for improvements | Reception at GP practice - not that helpful/ GP does not have access to EMIS at the home and the recording of notes could be improved/ communication between care home, GP and next of kin could be improved. |

Conclusion

Summary of all themes

| Theme | Number of homes where this is a top theme | Which homes? |
|--|---|---------------|
| 1. Communication | | |
| 1-1. Takes too long to get through to a GP practice | 1 | J |
| 1-2. Direct lines to GP (home has this) | 2 | G,H |
| 1-2. Direct lines to GP (home would like this) | 4 | F,I,J,K |
| 1-3. Notes sharing between GP and care homes is challenging | 2 | A,G |
| 1-3. Notes sharing between GP and care homes is good | 1 | D |
| 1-4. Information sharing around prescriptions between GP's and nursing needs improvement | 1 | G |
| 1-5. Communication between next of kin, the care homes and the GP is good | 3 | C,D,I |
| 1-5. Communication between next of kin, the care homes and the GP needs improvement | 1 | K |
| 2. Responsiveness | | |
| 2-1. GP is responsive to call outs | 3 | B,G,H |
| 2-2. Residents find it easy to see the GP when they need to | 3 | D,G,K |
| 3. Meeting needs/ satisfaction with the service | | |
| 3-1. Staff and managers feel the service was meeting the needs of residents | 7 | B,C,E,F,H,I,J |
| 3-2. Residents feel the GP service is good and the GP is respectful | 4 | A,E,F,J |

| Theme | Number of homes where this is a top theme | Which homes? |
|--|---|-----------------------|
| 4. Equipment/ Tools | | |
| 4-1. Prescriptions sent via fax cause long waiting times | 2 | C,I |
| 4-2. Limited access to internet (EMIS)/ emails in the care homes for GPs means they rely on paper system | 2 | G,K |
| 5. Out of Hours (OOH) and NHS 111 | | |
| 5-1. Not as responsive as in hours GP services (resulting in calling an ambulance) | 3 | B,D,E |
| 5-2. Not sure whether handover between in and out of hours services is efficient | 1 | K |
| 6. Wider network of services | | |
| 6-1. Staff and managers spoke about working with other healthcare professionals such as multidisciplinary teams, Integrated Care Ageing Team, social workers, end of life care | | care homes in general |
| 6-2. Residents spoke about the palliative care nurse, physiotherapists, occupational therapists and dentists | | care homes in general |
| 6-3. Prescription system and pharmacy provision is complex and frustrating | 4 | C,E,I,G |

Next steps

Healthwatch Islington has shared this report with Islington CCG in order to inform their commissioning. We would also suggest that the CCG considers ways of collecting feedback from residents, next of kin and care home staff on the GP service on an ongoing basis.

Appendices

List of care homes visited

| Care home | Other health services offered (over and above GP visits) |
|-------------------|--|
| Highgate | Palliative care nurse |
| 73 Mildmay | Integrated Care Ageing Team |
| 20 to 26 Mildmay | Integrated Care Ageing Team |
| St Annes | Multidisciplinary Team, Integrated Care Ageing Team |
| Bridgeside Lodge | Geriatric consultant and cardiologist |
| Cheverton Lodge | Consultant and Integrated Care Ageing Team |
| Muriel Street | no data |
| Lennox House | Integrated Care Ageing Team, end of life team |
| Stacey Street | Multidisciplinary Team, end of life team |
| Ash Court | Integrated Care Ageing Team, end of life team |
| Highbury New Park | no data |

healthwatch
Islington

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