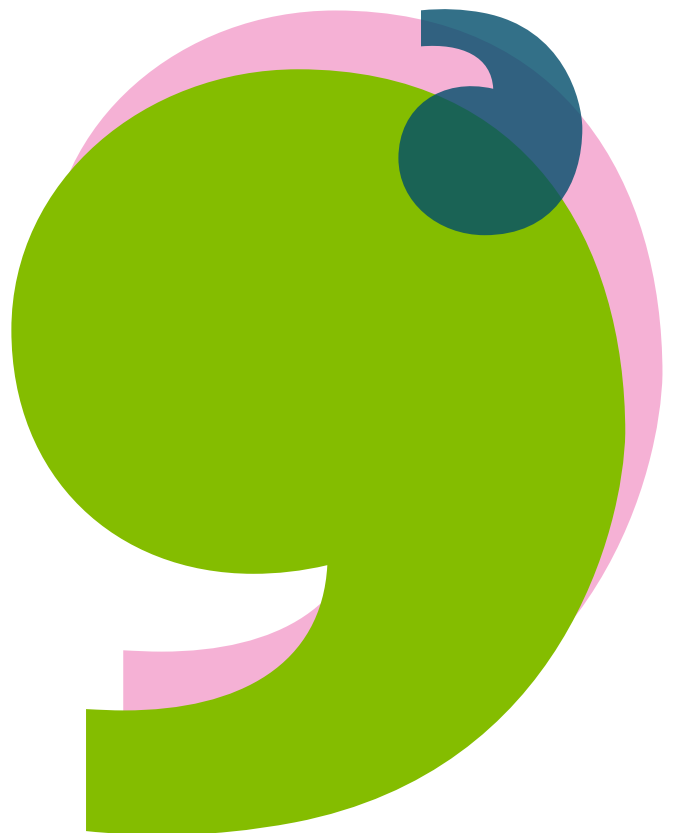




# Healthwatch Gateshead Enter and View Report

Teams Medical Practice

31 March 2016



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# Contents

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1	Introduction .....	3
1.1	Details of visit .....	3
1.2	Acknowledgements .....	3
1.3	Disclaimer .....	3
2	What is Enter and View? .....	4
2.1	Purpose of Visit .....	4
2.2	Strategic drivers .....	4
2.3	Methodology .....	5
2.4	Summary of findings .....	6
2.5	Results of visit .....	6
2.6	Additional findings .....	11
2.7	Recommendations .....	11
2.8	Service provider response .....	12



# 1 Introduction

## 1.1 Details of visit

Details of visit:	
<b>Service Address</b>	Teams Medical Practice, Watson Street, Gateshead, Tyne and Wear, NE8 2PQ
<b>Service Provider</b>	NHS
<b>Date and Time</b>	31 March 2016 at 10.00am
<b>Authorised Representatives</b>	Christina Massey, Ann Atkinson, Kay Parker, Victoria Clark, Karen Bunston
<b>Contact details</b>	Karen Bunston, Healthwatch Gateshead, 0191 4770033

## 1.2 Acknowledgements

Healthwatch Gateshead would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

## 1.3 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 service users and staff, only an account of what was observed and contributed at the time.

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

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

### 2.1 Purpose of Visit

The purpose of the visit was to talk to patients and carers, Health Champions, clinical and non clinical staff to identify, and where appropriate, share good practice examples of meaningful patient engagement and how this contributes to improvement of services.

### 2.2 Strategic drivers

The Enter and View was announced and responded to:

- The Healthwatch Gateshead GP Access and Out of Hours Provision Survey 2015. This reported that there was a general lack of awareness about patients' forums across the Borough. 103 patients out of 123 asked did not know about their GP patients forum.
- Teams Medical Practice was rated as Outstanding in the latest CQC inspection report (published 31 March 2015). The report indicates that the Practice was very effective at engaging with their patients and responding to their needs.



- Healthwatch Gateshead has received positive feedback about the practice, from patients they talked to at outreach events in February 2016.
- Teams Medical Practice wanted to work collaboratively with Healthwatch Gateshead, and use the findings of the Enter and View visit to improve the Practice's services.

## 2.3 Methodology

The Enter and View visit was carried out by a team of Authorised Representatives comprising three trained volunteers who were supported by two members of staff.

Authorised Representatives spoke to a range of people associated with the Practice:

- Six Patients in the surgery waiting room
- Six Patients who were members of the walking group - Authorised Representatives accompanied them on their walk.
- Three Health Champions
- Three trainee Health Champions
- The Practice Manager
- One Nurse and two Health Care Assistants
- The Reception manager
- One GP
- A drugs and alcohol worker from a third party organisation, who runs weekly services at the Practice
- A focus group of twelve people comprising patients and Health Champions from the walking group

Prior to the visit the Authorised Representatives held a planning session to agree key themes for discussion tailored to each identified stakeholder. These were directly linked to the purpose of the visit, and were used to provide a framework for discussion with each party. Information was recorded using "capture sheets" when talking to individuals, and a flip chart was used to record information from the focus group. Observation themes were also agreed, and observation sheets used to note key points relevant to the purpose.

Authorised Representatives carried out the visit from a lay person's perspective which means they were not considered to have the expertise to know whether a patient has the capacity to give informed consent to having their views represented. To address this, pre visit discussions with the Practice Manager took



place and it was agreed that Practice staff would identify and advise Authorised Representatives about any individuals who should not be approached or were unable to give informed consent. During the course of this Enter and View visit there was no-one identified.

The visit was carried out in a transparent and open manner. All Authorised Representatives had pre-prepared explanatory notes to ensure consistent information about the purpose of the visit was given to participants. These were used to give a verbal explanation to participants, and hard copies were also available. It was stressed that people were always could opt out at any point and that information gathered was anonymous. A brief post visit discussion about the findings was held with the Practice Manager immediately after the visit.

## 2.4 Summary of findings

- The findings of the visit illustrated that meaningful patient engagement was embedded deeply within the Practice's culture and that this had been developed over a period of thirty years.
- There was clear commitment at all levels of the organisation and a genuine desire to use patient engagement to improve services was apparent.
- The Practice offered a range of opportunities for patients to engage.
- The Practice had been innovative in its approach by supporting and resourcing the development of patient representatives to enable them to form a constituted group and bid for funds to extend patient engagement further.
- The examples of meaningful patient engagement reported shows the significant role this can play in early intervention and prevention.

## 2.5 Results of visit

Based in the heart of the Teams, the Practice serves the postcode areas NE8 and part of NE11. The population of the area has changed over recent years, largely due to demolition of social housing, building of new homes and riverside regeneration. As a result, the Practice now has patients from new housing developments such as The Staiths, which has changed the demographic profile.

Teams Medical Practice has seven practicing GPs and offers a range of clinics and services. Drug and alcohol support is provided through the Gateshead Drug and Alcohol Service, in response to the Practice being the largest prescriber of substitute opiate medication in the Borough.



The Enter and View visit was undertaken to find out how the Practice provided opportunities for meaningful engagement with its patients and how this helped to improve services. The visit was focused on "meaningful engagement", rather than information sharing with patients. For the purpose of the visit this meant exploring how the Practice provided and promoted a range of opportunities for patients to be involved as much or as little as they wished, how the Practice listened to what patients had to say and how the Practice used it to develop new activities and improve existing provision.

### **Organisational commitment to meaningful patient engagement:**

Authorised Representatives spoke to both clinical and non-clinical staff. It was apparent that there was a commitment throughout the organisation to engaging patients in a meaningful way. From the feedback received, this culture has been developed over a period of thirty years of working closely with the community. A long serving and now retired GP had been particularly instrumental in driving this approach initially, and this work had been further developed by the existing team. Staff at all levels confirmed that patient engagement is integral to the work of the Practice.

The members of staff who participated expressed their commitment to meaningful engagement and were aware of a range of ways that patients could get involved. They receive minutes and updates from any patient meetings and are also given information about different patient engagement opportunities. It was apparent that staff looked at the individual's needs holistically, and suggested non-clinical activities and supported patients to get involved in activities such as the Walking Group and Befriending Service.

A whole team approach to addressing patient suggestions and complaints was described by the staff team. Suggestions, comments and complaints are included as agenda items at each staff meeting. Staff reported being encouraged by Partners to feed back both positive and negative information received from patients in order to improve services, and felt empowered to deal with concerns and complaints themselves to prevent escalation.

Health Champions are integrated with the other team members and they attend joint training, meetings and social events. This enables the Health Champions to feed back any local intelligence gathered in a timely manner and ensure that the patient's voice is heard.

### **Range of opportunities for meaningful patient engagement:**

There was clear evidence of a range of opportunities for patients to be engaged. Staff and patients spoken to were aware of the opportunities which existed. It was accepted that not all patients wanted to be involved on an ongoing basis or formally and the Practice ensures that if this is the case, they still receive relevant

information and continue to be made aware of opportunities to take a more active role. Authorised Representatives heard about a range of approaches including:

### Health Champions:

These were developed, with funding from NHS England, from the existing Patients Forum in 2015 as a proactive way to engage a broader range of patients. Health Champions are volunteers and are members of the Health and Wellbeing Group which fulfils the function of the Patients Forum, and also has a wider patient engagement, health and wellbeing remit.

The Health Champions had become involved in a variety of ways; via the Patients Forum, direct approach from staff, word of mouth, leaflets in the surgery and through involvement in the walking group.

With support from the Practice the Health and Wellbeing Group is now a constituted group with their own bank account. As a result, they have been able to secure grants to further develop their work. They hold "Fruity Friday" engagement sessions in the waiting room, attend drop-ins and outreach events and get feedback from patients in the waiting room about the Practice. They also see an essential part of their role as providing peer support.

All staff said they were aware of the remit of the Health Champions, and encouraged patients to get involved where appropriate.

### Walking Group:

This group is facilitated by the Health Champions, and meet weekly on a Thursday morning. The group was developed in order to promote physical and mental wellbeing and social engagement. All patients are invited to get involved and encouraged to come along by staff and volunteers. Three participants we spoke to were training to be Health Champions as a result of their involvement in the walking group.

### Involvement of Patients in recruitment and selection:

This was identified as another positive example of meaningful engagement. Patient representatives have been supported by staff to take an active part in the recruitment and selection of new staff. Staff found this a positive experience at interview and had never experienced this where they had worked previously.

### Use of Social Media:

This was developed further following the CQC inspection which recommended the use of Twitter as well as Facebook. The Practice is continuing to develop the proactive use of social media as an engagement tool. It regularly posts in local residents groups and has 178 likes. It is a two way communication tool as individuals can message the Practice and get responses from the Practice Manager who maintains the page.





### Practice Newsletter:

Produced monthly, it is made available electronically and also as a hard copy in the waiting room and upon request. The Practice Manager produces the newsletter with articles and there have been recent features from the Health Champions regarding nutrition.

### Website:

Maintained by the Practice Manager the surgery has a comprehensive website where patients can obtain information. The Practice also has an Our Gateshead web page.

### Waiting Areas:

The waiting area was bright and welcoming and had a range of patient information displayed. Leaflets were current and covered a range of topics. It was open plan and there was a notice saying that patients could request a private area to talk to staff if they wished. Staff were observed taking time to talk to the patients at the desk without rushing them and staff-patient interactions observed were positive and respectful.

There were two notice boards with relevant information, one with Practice information and one that had more of a patient engagement focus. The Newsletter and Practice Information Leaflet were both available along with other more unusual information such as "Poems in the Waiting Room". Data screens had a variety of up to date and useful information. A suggestions box was available for comments and suggestions, however it was unclear what you needed to do if you had a complaint. Opening times were displayed on a notice in the entrance lobby.

### Engaging with people who have additional support needs:

Staff described ways of engaging people who had additional support needs. After an assessment, the Practice decided against installation of a loop system and instead has a "ticker tape" appointment display for people who have a hearing impairment and with notice can arrange sign language interpreter. Similarly they will arrange translation support where appropriate. The building is accessible. The Practice supports carers through referrals and signposting to other support agencies. Where patients are identified as socially isolated through appointments with their GP, Nurse or Health Care Assistant they are referred into the local Befriending service and/or the Health Champions.

Authorised Representatives spoke to a Drug and Alcohol Recovery Co-ordinator who uses the Practice to deliver services. They were aware of the different ways in which people could get involved and indicated that they felt the culture within the Practice supported meaningful engagement.

## How meaningful patient engagement has contributed to service improvement:

Overall, participants indicated that there was a genuine desire to use both positive and negative feedback in order to improve things for patients. One of the reasons, the Practice developed the role of the Health Champions was so that constructive criticism could be obtained more widely. For example, Health Champions have undertaken feedback and engagement sessions in the waiting room to find out people's views and identify any potential new areas for service development and improvement.

The Health Champions described their purpose as being linked "social prescribing" with a key task to provide peer support with a focus on wider health and wellbeing issues. They have recently introduced their own Facebook page which they hope will encourage wider engagement with other patients. The "Fruity Friday" monthly session was developed as a result of an unsuccessful attempt to engage with patients at a coffee morning, and has proven to be a more effective way of engaging patients.

The introduction of a walking group came from the Health Champions work. The purpose was to engage people who could benefit from social interaction. Some people self referred after seeing a leaflet in the surgery, while another was encouraged to do so by the Practice Nurse. Members described how they have built friendships with other local people and how this has had a positive impact on their wellbeing. Some have built the confidence to become a Health Champion themselves and take a more active role in the Practice.

The Health Champions told us that as a result of becoming a constituted group they have secured two grants. They have purchased six "tablet computers" and, once the wifi internet connection is established, will be engaging with patients in the waiting room to show and support them how to use the online services the Practice offers.

There was evidence that the Practice had made changes to its services directly as a result of feedback from Patients. For example, the Baby Clinic had been offered on a first come first served basis, however patients had given negative feedback about the resulting waiting times. As a result this was changed to an appointment only basis, which has been positively received. Another example given was that Patients had said that the automated message on the prescription ordering line was confusing and that they were unsure when and where their prescription would be ready for collection. The message has been changed based on this and no further negative feedback has been received.



## 2.6 Additional findings

The Practice looks to signpost and refer patients to wider community activities as well as Practice based opportunities for engagement, in order to relieve social isolation and improve quality of life.

The website had some information that could have benefited from a refresh and update.

There did not appear to be audio announcements within the waiting room which may make it difficult for visually impaired people to know their appointment was due.

## 2.7 Recommendations

The feedback from all stakeholders engaged throughout the process was positive. It was apparent that there were a number of ways in which patients were given the opportunity to engage, on a range of levels, should they wish to do so. Authorised Representatives heard about good practice examples and also about a number of positive developments over the last year or so that have contributed to increasing meaningful engagement of patients.

The Authorised Representatives have identified some ways in which this could be further enhanced and supported:

1. Giving explicit information about each of the different mechanisms used to engage patients may be very useful, and would prevent any confusion about the role of Health Champions, Health and Wellbeing Group, Patients Forum and Patient Participation Group.

The Practice could use a "How we engage our patients" diagram as an easy way to provide detail about each strand of patient engagement and how it influences service improvement.

2. It may be useful to consistently use the heading "Patient Engagement" in order to identify it as a key function of the Practice. This could be used as a notice board heading, in literature publications, on the website, on social media and on data screens in reception.

3. The Practice may wish to consider reporting outcomes arising from patient engagement. This could be easily achieved through a "You Said, We Did" style of reporting.

4. The Practice may consider how Health Champions could have a presence in the waiting room at times outside of the "Fruity Fridays", to further develop the peer support function of the role.

5. The Practice may wish to consider using the production of the Newsletter as another way of involving patients. One approach could be supporting the Health



Champions to take the lead on production, encouraging them to ask patients what they would find useful to be included.

6. It may be useful to proactively promote the use of Social Media more widely, so that it becomes a key engagement tool which encourages two way communications. It may be possible to do this through further development of the Health Champion's facebook page.

## 2.8 Service provider response

We want to thank Health Watch Gateshead for the very positive experience that we had during the Enter and View process at our Practice, Teams Medical Practice.

There were no immediate recommendations from the Health Watch team. However, from the inspection report we have implemented a couple of changes at the practice as follows:

We are now going to specifically look at patient feedback at our TMP Health and Wellbeing Action Group meetings every 3 months and we are in the process of putting a book case in our waiting area which one of our volunteers will manage and will ask for donations from a chosen charity.

