

<b>Details of visit</b>	<b>General Practice Enter &amp; View</b>
<b>Service Provider:</b>	<b>Highgate Surgery (Clover Group)</b>
<b>Service address:</b>	<b>Highgate, Tinsley, Sheffield S9 1WN</b>
<b>Date and Time:</b>	<b>20 June 2016, 9.30 am – 11.30 am</b>
<b>Authorised Representatives:</b>	<b>Chris Sterry, Linda Gregory</b>
<b>Contact details:</b>	<b>Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW</b>

## Acknowledgements

Healthwatch Sheffield would like to thank the service provider, service users, visitors and staff 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 service users and staff, 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 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. o the CQC where they are protected by legislation if they raise a concern.



## Purpose of the visit

- To gather information to inform us about how the practice addresses access issues in general and with reference to those with particular needs.
- To identify examples of good working practice.
- To observe the environment and processes in the public areas during opening hours.
- To identify any areas for improvement and make suggestions if appropriate.

## Strategic drivers

- Citywide reporting of difficulty accessing GP's in a timely manner
- Healthwatch Sheffield focus on access for excluded groups

## Methodology

Highgate Surgery is part of the Clover Group and is particularly linked to their Darnall surgery. The other surgeries in the group are Jordanthorpe Health Centre, Mulberry and City Practice. Highgate Surgery has 3,800 registered patients; it has increased over the last couple of years. Over 85% of the practice population is from a BME background with the largest percentage (51%) being from a Pakistani or British Pakistani background and a significant percentage (16%) from a Slovak background. The patient population tends to be a younger one than many practices within the city.



The visit was arranged via the Practice Management team, giving access to the reception and waiting areas, we were also given a tour of the surgery. The visit was advertised via a leaflet being placed on the notice board outside the surgery and on a notice board inside. The time agreed coincided with a normal drop-in clinic, patients were attending consultations with GPs, nurse practitioners and the healthcare assistant.

We interviewed clinical and non-clinical staff. There is no Practice Patient Participation Group based at the surgery but there is a joint one with the Darnall surgery although no one attended for interview. Other information was gathered on an ad hoc basis from patients in the waiting area, we were able to interview 3 patients. All responses were in reply to questions posed by the authorised representatives. No patients attended the surgery to speak to us specifically as a result of the pre-publicity. Finally, processes and interactions between staff and patients were observed as the clinic progressed.

## Summary of findings

This is a practice with a high level of patients whose first language is not English which may impact upon the length of consultations, the number available and consequent waiting times for patients.

The registration health check clinic is a positive service that ensures both the practice and new patients are aware of their health needs and services available.

## Results of visit

This is a practice with a large proportion of patients from the BME communities; where English is not their first language, with 21% of the total practice population speaking Urdu and 16% speak Slovak. Alongside this, many patients may have different health beliefs and culturally based expectations.

The surgery is jointly managed by Sheffield Health and Social Care Trust and Primary Care Sheffield and they have recently won a joint tender bid to continue to provide GP services at Highgate. They are currently negotiating with staff over a major reorganisation which will see the surgery operating in close quarters with the Darnall surgery, for example, rotating staff between the practices.

## Access and the Physical Environment

The practice is an extended house at the end of a no through road. There is no dedicated parking, patients can park on the road outside although this can be busy at school “drop off” and “pick up” times, and there are no disabled parking spaces. However there is a driveway where patients can be dropped off nearer the surgery entrance. The approach is flat and there is one entrance in to the surgery with a wide doorway but this does narrow inside. We thought this might be difficult for wheelchair users but staff informed us that the door width externally and internally is wide enough. There is an intercom buzzer outside the practice adjacent to the surgery main entrance. This is attached to the reception area, so that patients using wheelchairs can press the buzzer and a number of staff can then open the main door as necessary. Patients can also request a home visit. There are bus services on the main trunk road and there is a pharmacy in a nearby block of shops.

There is a waiting room which is quite small, with a reception area at one end which is not very private and patients are informed that they should tell the receptionist if they wish to speak to them privately. There is an electronic booking in system although it was not working at the time of our visit, staff informed us that they have had problems with the system and also that many patients do not “trust” it and like to book in with reception. There is a hearing loop which can be used anywhere in the surgery. There is an accessible toilet within the waiting area. A room can be made available for breast feeding mothers, a notice advertised this. There was signage on the doors.

Consulting rooms are on the same level as the waiting room, GPs and other health professionals come in to the waiting room and call people for their appointment. There is an additional room upstairs which is only used occasionally by specific staff and they ensure that the patient is able to go upstairs.

The surgery was clean, well decorated and maintained. There was a calm atmosphere, and comfortable temperature. There was no designated waiting area for children and the waiting area is relatively small. On the notice boards there was a variety of informative materials including a standard Healthwatch poster and one advertising the Enter and View visit.

## Opening Hours

The surgery is open 5 days a week, Monday, Tuesday, Wednesday and Friday from 8.00 am – 6.00 pm, and Thursdays from 8.00 am – 12.00 pm. The Surgery is closed on Thursday afternoons.

The surgery does not close at lunch time, and take all their calls during opening hours, apart from when they are closed on Thursday afternoons. The service has invested in a telephone system that now tells people where they are in the queue. When the surgery is closed calls go through to the GP Collaborative Service.

## Appointments

A Drop-In runs from 8.30 am – 10.30 am every weekday morning. Patients can put their names down from 8.00 am in the morning for the Drop-In, however, once all the slots are filled then patients are advised to visit the Walk-In Centre. However, any patient requesting an urgent appointment will be seen that day. Pre booked appointments are available on Monday, Tuesday and Wednesday afternoons. On Friday afternoons appointments are currently clinical triage appointments, so patients call the surgery and the GP decides having spoken to the patient whether they need an appointment that afternoon.

In the past, Saturday appointments and early morning appointments have been made available but did not prove popular. However, the Clover Group are aiming to hold Saturday morning clinics at their City Centre Mulberry Street site in October 2016. These clinics will be for all patients of the Clover Group and will be advertised to patients in the near future. Access systems are currently being reviewed by the practice.

The practice does have interpreters, Urdu and Slovak interpreters are available in the mornings, and extended appointments can be offered to patients if English is not their first language. Interpreters also attend certain clinics.

## Registration

The practice continues to attract new patients; the registration process is a fairly informal one. A registration form needs to be completed for each patient and there are no ID requirements. Registration is effective on the same day that the form has been completed. The surgery offers all new patients a health check with the health care assistant. At these checks a patient's medical history is obtained and required vaccinations can be administered, such as Hepatitis B. New Slovak patients are offered an afternoon appointment for a health check with a Slovak Interpreter present.

Offering health checks appears to work well and allows the practice to gain information about previous health conditions and interventions. The practice also has a pack of information that can be given to new patients.

## Attendance

The practice operates a "drop in" system in a morning, patients commented that this worked well if you were there early, otherwise it was a problem. There can be a 4-6 weeks wait for pre bookable afternoon appointments; these can be made in person at the surgery, by telephone or on-line. The on-line system is for those pre-registered on the surgery system and one patient told me they had just found out about this from another patient, they felt it would have been useful to have been informed of this. Patients said queuing was an issue, one explained they had to wait quite a while when attending the "drop in" session, whilst they may have been asked to return later in the morning, and then waited for another 45 minutes. Booked appointments can be cancelled in person, by phone or text.

The practice was unable to provide their current Did Not Attend (DNA) figures but staff informed us that they are quite high, averaging around 4 per day. They used to put the DNA statistics up in the surgery but felt it made no difference. Whilst they have a policy for dealing with patients who consistently do not attend; they do not usually invoke it. Cancellation of appointments can be made in person, by phone or text.

## **Staff and Training**

Patients were positive about their interactions with medical staff. Currently there are 2 male GPs but they don't both work full time. There are also 2 nurse practitioners, a practice nurse, a health care assistant, and reception and support staff. The practice has had funding reduced and the Clover Group are currently negotiating on a reorganisation, looking at how staff can be rotated with the Darnall surgery. This should improve access to a female GP, an issue raised by one patient. Staff told us that there is an issue of reduced appointment capacity due to increased consultation times for people who have difficulties speaking and understanding English. To improve the service more appointments are required, however this would require more GPs to be available.

Both practice staff and a patient stated that there is an issue about stability of the provision of medical staff, particularly GPs. Nationally there is a shortage of GPs and they can find it 'challenging' working with such a diverse population.

There are usually 2 receptionists available at Reception. While prescriptions can be ordered online, by telephone and in person at the surgery for these to be collected there is 48 hours waiting period. This does cause some problems for the receptionists as some patients expect them to be available immediately.

## **Services**

The practice offers a wide range of service and clinics from a variety of health professionals. There were no photographs of staff on the web page or on display in the practice. The practice is looking at providing photo boards at all sites and also on the new Clover website.

At the time of our visit the practice website could be accessed via the Sheffield Health and Social Care Trust website and whilst there was clear information on there, it was difficult to find and some patients were not aware of it.

There is no electronic information system but there are several notice boards with information both about the practice and community services (in English and Slovak), such as an ESOL classes (English lessons for speakers of other languages).

On the day of our visit there were 2 representatives from Darnall Wellbeing promoting the service and checking with patients about their required needs.

With effect from 14 September it is envisaged that an Electronic Prescription service will be available.

## **Feedback on Services**

There is no Patient Participation Group (PPG) based at Highgate Surgery but there is a joint one with Darnall surgery, which is advertised on the notice board. The practice will also advertise the PPG on the new website and in the waiting room. We were not able to access the minutes from PPG meetings via the website. The surgery does promote the use of the Family and Friends test in the

surgery and on line. The results from this are positive and are somewhat different from the more negative comments reported on the NHS Choices website.

Discussion with 3 patients in the waiting area highlighted issues already documented about the wait for appointments and some dissatisfaction with the “drop- in” system. Patients felt they had to spend a long time waiting and this could be difficult for some patients with mobility issues. One patient disliked the system as they thought you could only discuss one issue whereas staff informed us this was no longer the case. Another felt you were not guaranteed an appointment even if your situation was urgent.

Patients were unaware of the website available at the time and the ability to book appointments on line or order repeat prescriptions, both services they felt would be useful to them. They also reported that whilst reception staff were helpful in the surgery they felt they could be more difficult and intimidating on the telephone. There was concern that there is no female GP and a lack of perceived stability in GP provision. They did not appear to be aware of the Patient Participation Group.

Patients did report that once they accessed medical staff they found them to be professional and were positive about their clinical care. The problem of the surgery phones being engaged or long waiting times to be answered was mentioned, but this should now be diminishing to the new telephone queuing system. One patient welcomed the introduction of a telephone system that informs you where you are in the queuing process.

One patient mentioned the problem of Hospital letters being sent to the Jordanthorpe practice, hence delaying receipt at Highgate Surgery. On our report back to the management this was explained to be due to the system of registering doctors’ practices, that when there is more than one practice in a group of surgeries only one address can be registered. Somehow the registering system had taken the Jordanthorpe address, but this has now been addressed and these letters should no longer be sent to Jordanthorpe.

## **Additional findings**

None

## **Immediate Service Improvements**

None noted

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## **Recommendations**

1. To continue to review appointment systems and assess the impact of the “drop in” service on patients.
2. To continue the good work in providing health registration clinics.
3. To actively promote services available on the new website such as, booking appointments on line and the ordering of repeat prescriptions and ensure that this is available in languages relevant to the patient population.
4. Actively promote the Patient Participation Group (PPG) and highlight any changes implemented in the surgery as a result of their input eg “*You said, We did*”. Also, making the minutes of the PPG meetings available on the website.

5. Ensure the display board in the waiting room has information on the number of Did Not Attends (DNA), (include the impact this has on the availability of appointments for other patients) alongside information on how to cancel appointments.
  6. Explore opportunities for staff to undertake training on how to deal with patients over the phone that will benefit both staff and patients.
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## **Service Provider Response**

We always welcome external perspectives on our practice and the way our services are being run. We feel it gives patients an opportunity to be honest with people who aren't their healthcare provider.

We have had a previous Healthwatch visit to our Darnall site recently and we were well aware of how the visit would go.

The new website ([www.CloverSheffield.nhs.uk](http://www.CloverSheffield.nhs.uk)) is now up and running and a leaflet has been produced which is being given to patients announcing the website and how they can use it to access services. This alongside the new telephone queuing system is expected to improve access and alleviate congestion in the booking system.

## **Additional information from the provider**

A recent update on Thursday afternoons. We now answer calls for Highgate Surgery at one of the practices sister sites and no longer put the calls through the Out of Hours service on that particular afternoon – however Highgate site itself is still closed on Thursday afternoon.