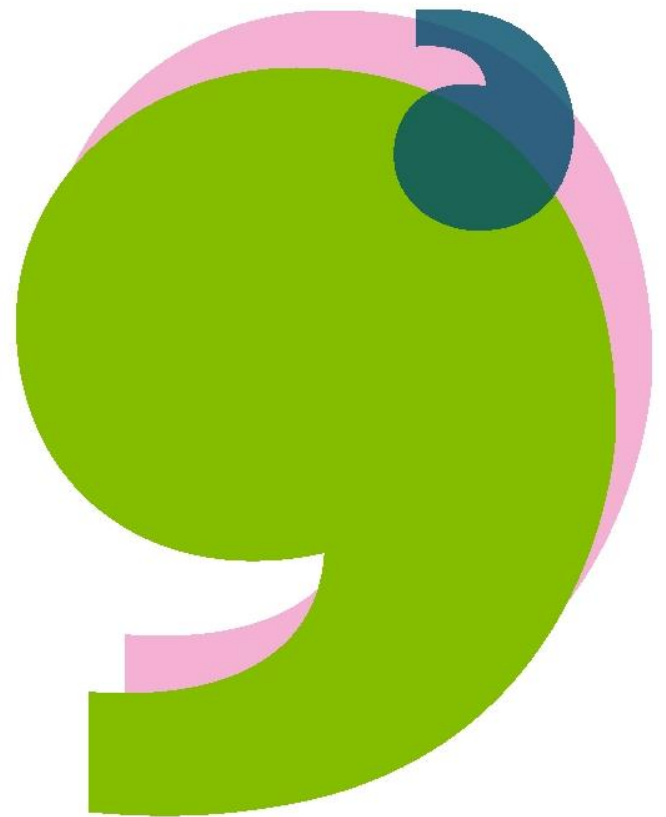




Enter and View report

Alton Street Surgery

Date: Friday 1st^t July 2016



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1 Introduction

1.1 Details of visit

Details of visit	
Service address	Alton Street Surgery, Alton Street, Ross-on -we, Herefordshire, HR9 5AB
Service provider	Alton Street Surgery
Date and Time	Friday 1st July, 9.00 -1.00
Authorised Representatives	June Emberton, Mary Simpson, Joyce Thomas
Contact Details	Healthwatch Herefordshire, Berrows Business Centre, Bath Street, Hereford. HR1 2HE. 0132 364 481 info@healthwatchherefordshire.co.uk.

1.2 Acknowledgements

Healthwatch Herefordshire 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?

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.

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.

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 is done from the perspective of people who experience the service first hand.

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

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

2.1 Purpose of Visit

- To engage with service users of GP surgeries and understand how dignity is being respected in a medical practice.
- Identify examples of good working practice.
- Observe patients and relatives engaging with the staff and their surroundings.
- Capture the experience of patients and relatives and any ideas they may have for change.

2.2 Strategic drivers

- Primary Care is a Local Healthwatch priority.

2.3 Methodology

This was an announced Enter and View visit. The Public Engagement and Volunteer Coordinator conducted a short interview with the Practice Manager at the surgery prior to the visit.

Topics such as quality of access, information, services, staff recruitment, dealing with complaints, patient involvement, Patient Participation Group (PPG) policy and practice, practice capacity, support for disabled patients and for patients for whom English is not their first language, were discussed and we asked their views on whether they think they give a good service. A summary is recorded in Appendix 5.3

On the day of the Enter & View, we received a briefing before we spoke to anyone in the waiting room/s and took the practice's advice on safety and whether any patients should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Authorised representatives spent up to three hours in the waiting room/s having conversations with patients using a survey as an aid to ask them about their experiences at the surgery.

The survey used as a basis for conversation can be seen in Appendix 5.1. Due to the nature of surgery waiting rooms some conversations were longer than others depending when patients were called to their appointments. Some patients chose to return to complete their conversation following their appointment, most did not.

Posters alerting patients to the visit were erected on the day and a liberal distribution of Healthwatch and Enter and View Easy read leaflets were placed on seats at the start of the surgery session. Authorised representatives asked patients if they wished to participate explaining the reason for the visit.

During the visit Authorised Representatives observed the surroundings to gain an understanding of how the surgery actually works and how the patients engaged with staff members and the facilities.

Following the Enter & View a brief summary of findings was related to the Practice Manager in order to offer immediate feedback.

3 Summary findings and recommendations

3.1 Summary of findings

At the time of our visit, patient voice and observation evidence indicated the following:

Access

1. There was a roughly even split between patients who thought the appointments system - triage - was good (56%) and not good (44%). Those who disliked the system were mainly discontented because they do not like:
 - a. Hanging around waiting for calls back - inconvenience.
 - b. Talking to receptionist first.
2. A further analysis was carried out (as requested by the Practice manager), and did NOT appear to support the theory that it was mostly working people that did not like the triage system. (The sample is small and findings unlikely to be statistically significant).

3. A patient whose wife made a mistake with their appointment time was aggrieved to have been turned away and no attempt was made to fit them in.

Staff

4. Observations and comments indicated that most patients feel that staff are caring approachable and knowledgeable. Two issues were noted:
 - a. There was some apparent sullenness observed at reception and there appeared to be a delay in getting the attention of receptionists. The queue usually built up before the patients were noticed. One patient said "I felt like going home". There was no bell to alert receptionists to the presence of patients.
 - b. A patient questioned the knowledge or communication skills of a doctor. They felt that the doctor did not know what was wrong with them and would have preferred the doctor to say that they didn't know so that they could seek another opinion.

Knowledge of medical history

5. Patients felt practitioners knew enough about their medical history.

Communication and joint working

6. Patients were generally happy with the way that the practice communicates with them around referrals. The biggest issues were of length of waiting times.

Raising a concern and complaints

7. Most patients do not know how to make a complaint, but are confident they could easily find out how and are comfortable raising concerns. One patient that had made a complaint was happy with the outcome.

Patient Engagement

8. Most patients are not aware that there is a Patient Participation Group (PPG) some know what it is, some don't. A few were involved in the PPG.

Information

9. Most patients that were asked, knew how to access out of hours services. A fair proportion (considering the distance) 38%, had used ASDA Drop-in.

Fabric

10. Most patients felt the waiting room was pleasant. The self-help screen looks good and easy to use, but nobody was observed accessing it in the short period of our visit.
11. Most issues that patients have regarding fabric relate to difficulties parking at busy times.
12. In the disabled access toilet you can clearly hear the conversation in the consulting room to the left hand side.

13. Placement of chlamydia notices in the same toilet is curious. The print is small and in order to read it you would have to squeeze in beside the toilet - if you spot it at all.
14. Confidentiality at reception is not possible especially if a queue forms. A young woman was observed explaining the nature of her appointment need at reception, to gain a call back, in front of a queue.

3.2 Recommendations

Access

1. Consider carrying out a further study to assess the reasons why a high percentage of patients dislike the telephone triage system and which groups are particularly concerned.
2. Acknowledge patients' frustration with the triage appointment system and consider ways to improve the system or explain it and its benefits/advantages more clearly. If the system is a great convenience and is efficient for practitioners but frustrates and is an inconvenience to sick patients it is concerning in terms of poor patient experience.
3. Consider ways to minimise the need for a patient to discuss medical conditions with receptionists prior to triage.
4. Explore alternatives to turning patients away who mistakenly turn up at the wrong appointment time.
5. Continue to make special provision for patients with special needs e.g. anxiety, as this is appreciated and valued by your patients.

Staff

6. Share findings of report with staff and let them know that patients are appreciative of their expertise and caring.
7. Consider ways to improve speed of response to patients at reception. While this is not the practice's preferred way to access services, not all patients will know this and, it clearly causes great frustration.
8. Reflect upon other feedback around staff attitude (receptionists) and knowledge (doctor), to consider whether any awareness raising, training or other actions are needed.

Communication and Joint working

9. Consider whether communication regarding referral and waiting times can be improved.

Patient Engagement

10. Continue to explore ways to keep patients informed and offer ways to get involved if they wish e.g. PPG. Trust that well informed patients can understand the issues faced by the practice and can contribute to solutions. Continue to share information and listen to patient suggestions to aid intercommunication and joint improvement.

Raising Issues

11. Continue to offer a number of ways to give feedback. Supply Healthwatch Herefordshire information to offer an alternative way for patients to give confidential feedback.
12. Patient responses indicate that they feel confident and comfortable raising issues - keep doing what you are doing to encourage feedback.

Information

13. Consider ways to ensure that less frequent users know how to access services and out of hours services.

Fabric

14. Consider whether there are any realistic ways to ease parking difficulties at peak times.
15. Explore ways to soundproof disabled access toilet so that patients are unable to hear consultations (and vice versa).
16. Consider ways to improve privacy and confidentiality at reception and to avoid queues forming.

3.3 Service Provider Response

Access

3.2.1. Alton Street Surgery has a three year history of patient surveys which have all addressed the appointment system directly. The results are used to review the appointment system and it has proved extremely valuable. The results of these surveys have been discussed at team meetings, at Patient Participation Group (PPG) meetings and shared on the Practice website and in the waiting room. We have received both constructive and positive feedback and implemented changes where appropriate.

3.2.2. Our aim is to see all of our patients that need seeing on the same day and are proud of our waiting times compared with the national average. We understand that there are a few patients who would prefer to return to a more traditional appointment system; however this number has dropped over time with more patients preferring our current way of working. Patients who come to Ross from elsewhere find our access amazing, as most are used to 3-4 week waits to see a particular doctor. Our patients have been used to much better access than this historically, and may not realise how poor GP access is elsewhere. We frequently have patients from nearby practices seeking appointments with us as they can't get an appointment with their own practice in a suitable timescale. Our patients are low users of the walk in centre and A&E for this reason.

3.2.3. The reception team do not ask patients why they want to speak to a doctor; however, some patients do wish to share that information. We feel that if the reception team stop the patient from sharing information, it could be perceived that the reception team are rushing them and not listening to their needs. We want our reception team to listen and care for our patients, and adapt their response to the needs of individual.

3.2.4. The reception team do try to accommodate patients if they turn up on the wrong day for their appointment. On investigating the situation you referenced, our receptionist explained how the patient had been booked in with the Diabetes Specialist Nurse (DSN). The DSN is normally based at The County Hospital and visits the Practice once a month to prevent patients needing to travel to Hereford. Unfortunately the DSN was not in the Practice on that day. The receptionist team always try and accommodate patients should they turn up on the wrong day or at the wrong time, however in this case it was not possible.

3.2.5. We are pleased you have acknowledged that we have made special provisions for certain patients. We endeavour to continue to provide provisions where necessary. Our staff have recently had training around autism and we plan to work on becoming a dementia-friendly practice.

Staff

3.2.6. The report has been shared with our staff.

3.2.7. The reception team are multi-skilled and undertake a number of administrative roles including answering incoming calls and greeting patients at reception. The reception team are all trained to provide eye contact and signal that they will be with the patient shortly if they are occupied with another patient.

3.2.8. We were disappointed that Healthwatch used the words ‘sullenness’ and ‘staff attitude’ when describing the reception team. There are many situations that the reception team have to adapt when dealing with patients on daily basis. Our staff have good knowledge of our patients and need to use a variety of techniques to deal with the wide array of issues presented to us. As one of the only statutory organisations in town with direct access, we regularly deal with many situations which are unrelated to medical care. Without knowing the background to a situation, it is easy to misperceive the appropriateness of a style of response, and the authors may wish to reflect on whether they are aware of the full picture before using terminology which is undoubtedly damaging to morale in a busy practice trying to meet a variety of demands, some of which are inappropriate or outside our control.

3.2.9. We are aware that waiting times for patients to be seen at The County Hospital are higher than they ever have been. Our secretarial team receives information periodically informing them of out-patient waiting times. This means we can inform our patients should they enquire. Further to this more of our doctors are now using the e-referral service; this informs the patient immediately of the time frame.

Patient Engagement

3.2.10. The practice will continue to explore new ways to recruit new members to the Virtual Patient Participation Group (VPPG) and the Patient Participation Group (PPG). We are keen to have some younger representation on the PPG and have recently visited the local high school with a view to inform and recruit new members to the group. We are now posting updates on Facebook and Twitter to engage with patients in alternative ways, targeting what is likely to be a predominantly younger audience.

Raising Issues

3.2.11. We currently supply suggestion forms, VPPG registration forms and Friends and Family feedback forms in reception. The Practice leaflet also informs patients who to contact if they have any suggestions or feedback.

3.2.12. We are pleased to hear that our patients feel confident and comfortable raising issues and we will strive to continue this.

Information

3.2.13. The out of hours services telephone number is available on the Practice website, on information leaflets in reception, and also on the telephone should patients ring out of hours.

Fabric

3.2.14. The parking difficulties have proved challenging to manage. With both the Practice and Community Hospital providing additional clinics locally, thus preventing patients from travelling to Hereford; the car park will inevitably be busier. However an additional positive outcome of implementing our triage appointment system has reduced the problem significantly, as well as making a significant positive effect on the carbon footprint of the practice, an increasing concern within the NHS. On average, two out of three phone calls can be managed safely and efficiently without the patients attending the surgery.

3.2.15. In relation to the conversation heard in the disabled access toilet, when this was investigated, we were unable to repeat this.

3.2.16. The recommendation for considering ways to improve privacy and confidentiality at reception is valid. Unfortunately, this would involve structural changes and without financial commitment or suitable funding from the CCG this proves difficult. The practice has a poster informing patients to ask if they wish to speak to a receptionist in private.

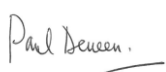
The Practice would like to thank Healthwatch for carrying out the Enter and View visit. Our ultimate aim is always to provide the best service we can to our patients, and feedback such as this is appreciated and is of immense value when we are reviewing our service provision.

Sign off and comment from Healthwatch Herefordshire Chairman

As chair of Healthwatch Herefordshire, I'd like to thank Alton Street Surgery, the Practice Manager, Dave Rossiter, staff and patients.

Thank you also to Healthwatch Herefordshire Volunteers June Emberton and Joyce Thomas and the Public Engagement and Volunteer Co-ordinator Mary Simpson for their help and support in relation to this Enter & View.

Signed



Paul Deneen OBE JP DL
Chair Healthwatch Herefordshire

4 Results of visit

Feedback was gathered from 16 patients.

Gender	Under 25	26-65	Over 65	Total	People with a disability.	English not 1 st language
Male	0	6	4	10	1	0
Female	0	5	1	6	1	0
Uncategorised				0		
TOTAL	0	11	5	16	2	0

4.1 Observations and Practice Manager background information.

Observations in brief:

The surgery is well maintained and situated next door to the hospital. The atmosphere is welcoming, light airy and clean.

Parking spaces are situated in the hospital car park close by. Access for wheelchair users appeared to be good with some reserved parking spaces adjacent to the surgery.

The self-help screen looks good and easy to use, but nobody was observed accessing it in the short period of our visit.

In the disabled access toilet you can clearly hear the conversation in the consulting room to the left hand side.

Placement of chlamydia notices in the same toilet is curious. The print is small and in order to read it you would have to squeeze in beside the toilet - if you spot it at all.

Confidentiality at reception is not possible especially if a queue forms. We observed a young woman explaining the nature of her appointment need at reception, to gain a call back, in front of a queue of people.

Volunteers spoke to a male patient who was clearly frustrated by waiting and unable to attract attention of receptionists and who commented that he felt like going home.

Appendix 5.1 shows an observation grid completed on the day of the E&V.

Summary of background information supplied by Practice Manager:

Being next to the hospital is helpful in terms of access to a pharmacy and other services but can be a double edged sword with shared parking as an example.

It is a training practice and it is often difficult to find rooms for consultants. The practice needs more space and was disappointed that its bid for Primary Care Transformation fund funding was unsuccessful.

The Practice Manager showed awareness of a broad spectrum of disabled patient needs from visually impaired to autism and dementia. A number of adaptations could be made if resources were available.

Most people for whom English is not their first language have sufficient language knowledge. The surgery has access to translation services to avoid over or inappropriate use of accompanying family members and friends. The practice have not found the translation service to be the best.

The practice serves 10,500 patients mostly in Ross and operate a 99% telephone triage system i.e. patients calling for an appointment are called back by a doctor or nurse (within an hour), before an appointment is made. The practice manager said that the system resulted in most patients calling and seeing the doctor the same day. A GP said that often a brief conversation on the phone meant patients did not need to come in e.g. a simple medication query.

The practice acknowledges that some patients don't like the system - "it is like marmite".

Appointments for patients with asthma and other longer term conditions can be booked online and the practice is trying to increase the number of online bookings.

The practice flagged up that they face a big issue with carrying out home visits for changing dressings. It is believed that patients are happy and would prefer to come to the surgery rather than waiting at home for hours for the nurse to come out.

It was felt that attending surgery would offer a better quality service, more efficient in time and resources and would lead to a reduction in carbon footprint.

The surgery has, and would have, issues recruiting GP's but are looking at ways to release a nurse's time to train as a nurse practitioner. With 7 day working initiatives across county it was wondered if this wouldn't also lead to a shortage in nurse practitioners as well as GP's?

In the short time that the Practice Manager has been in post, he has observed that there are funding issues regarding training and availability of continuing professional development (CPD). It didn't appear to be good locally and was not very well coordinated - can be very short notice for example.

The practice has an annual patient survey which achieved a very positive 52% response when sent through the PPG. Friends and Family feedback achieves around 40 per month.

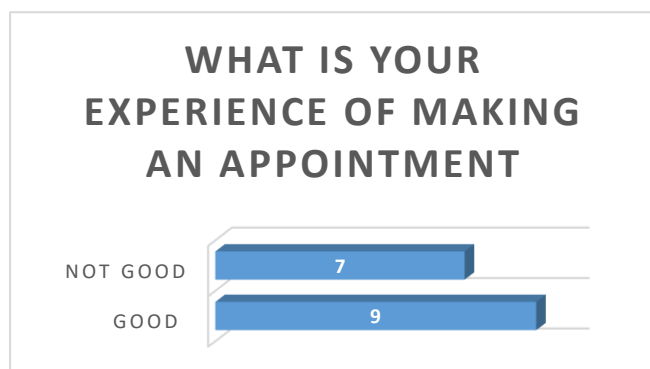
The PPG has 8 members who meet regularly and a virtual PPG of 112 using an email list, 45 postal and 12 phone list. The Practice Manager is keen to develop the PPG having experienced the benefits in his previous practice of a very active PPG related to general health and wellbeing as well as doing funding bids. The PPG hold the surgery to account against an action plan with themes that originated from the patient survey.

Appendix 5.3 shows background information supplied by the Practice Manager in full.

4.2 Access

Of those who discussed this area, 56% said that their experience of making an appointment was 'good' (or ok) 44% said 'not good'.

Comments highlighting issues that concerned patients around access were:



"Difficult to wait for call".

"Ring doctor, he calls you in an hour - would be nice just to book an appointment. Do each time unless have a follow on appointment".

"Can't always see the doctor you want to see but all ok".

"Not good -don't agree with it". "Find appointment making difficult -inconvenient".

"Difficulty getting appointment". "Don't like discussing problems with receptionist".

"Not too keen on telephone appointment system".

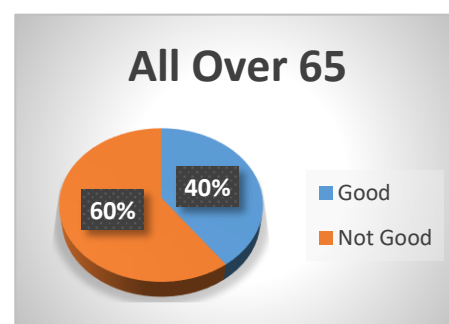
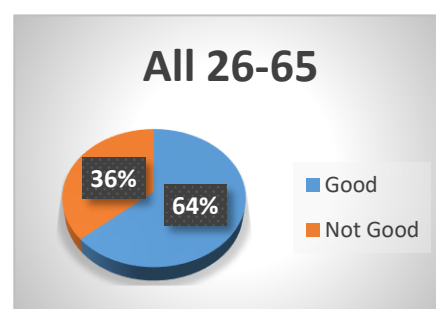
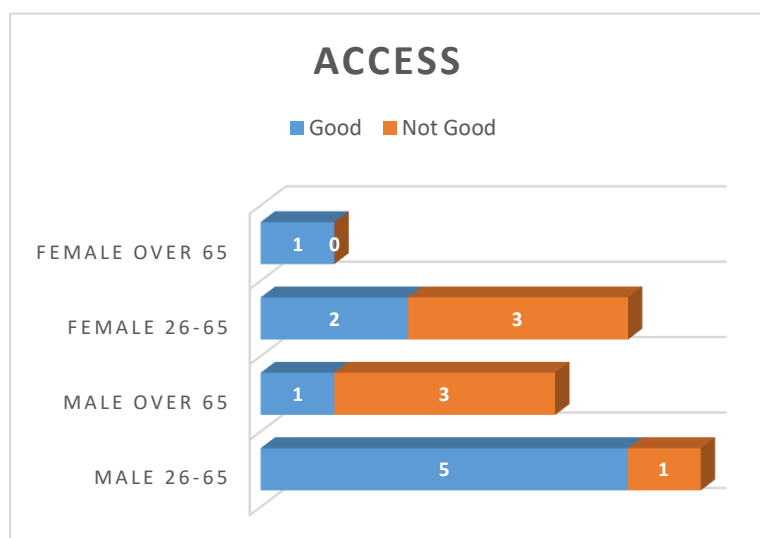
"My wife made a mistake with my appointment time. I arrived and couldn't be seen".

Comments highlighting positive experiences around access were:

"Surgery waived necessity for telephone call due to my anxiety". "Fine". X2

"They ring back in 5 minutes - I spoke to nurse. I can get an appointment today and whenever I need it".

A further analysis, (requested by the Practice Manager), did NOT appear to support the theory that mostly working people did not like the triage system.

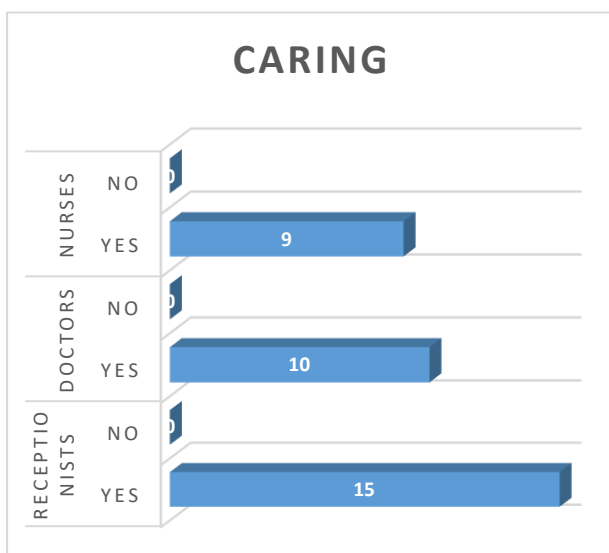
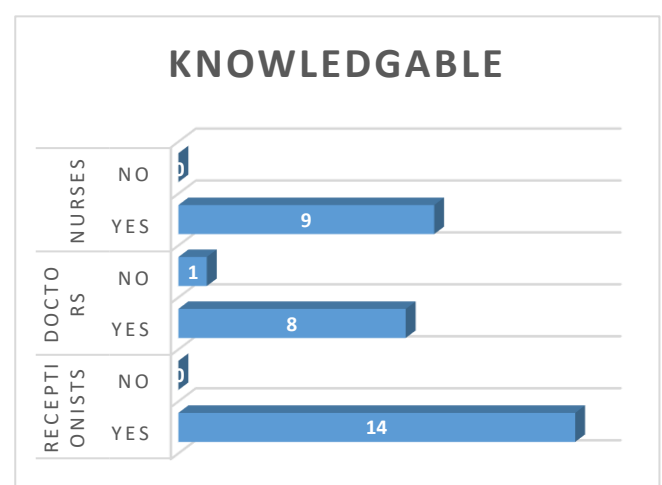
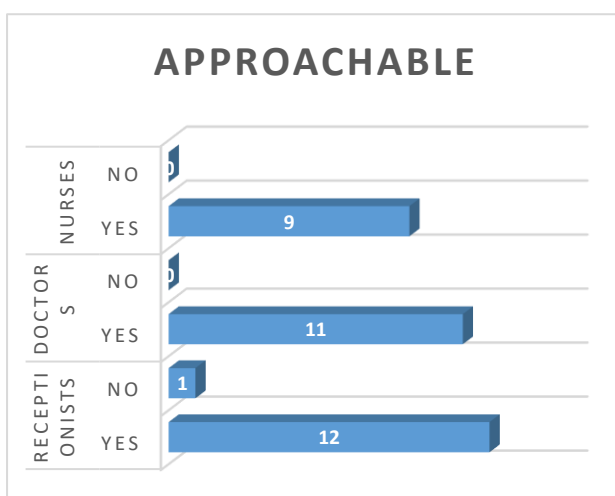


Of course we can't assume that over 65's do not work or have other pressing commitments.

Working women and males over 65 appear to dislike the system more than working men and women over 65 but the sample is very small. Further investigation would be needed to substantiate these findings.

4.3 Staff

The vast majority of patients said that the Receptionists, Doctors and Nurses were “approachable”, “knowledgeable” and “caring”.



Comments highlighting issues that concerned patients about staff included:

“Dr did not understand condition”

“Not all doctors are approachable”.

“Could there be a bell? Had to wait a long time to see reception on entering”.

“I stood and waited - I felt like going home”

“Receptionist was a bit short with me. Had a feeling they couldn't be bothered”.

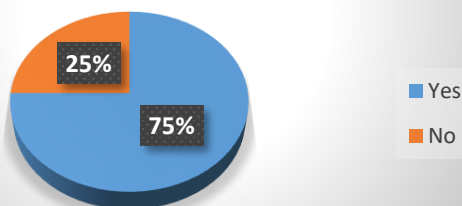
Comments that highlighted positive experiences of staff included:

“Can't think of anything to improve it”.

“All nice, lovely”.

4.4 Communication and joint working

Proportion of patients that have experienced referral



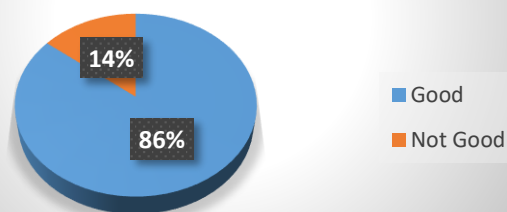
9 patients (75%) had experience of referral. Of the 7 that elaborated 86% of these (6) felt services worked well together, 14% (1) felt there were communication issues.

Positive experiences included:
“Quick to be honest”.
“Dealt with my emerging condition well”.

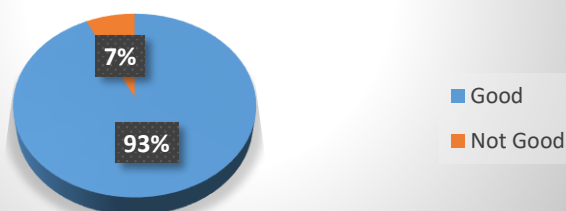
Issues raised were:

“Lack of communication generally”. “Difficult registering as new patient”.
“Sometimes referrals delayed”.

How well do they work together?



In your appointment does your doctor/nurse explain everything in a way that you can understand?

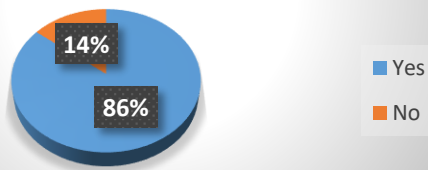


93% of 14 patients that answered this question said that their doctor/nurse explained everything in a way that they could understand. 7% (1) had concerns.

“Couldn’t explain as couldn’t understand problem”.

One said:
“Nurses do”.

Does the doctor/nurse know enough about your medical history?



Seven patients were asked if they felt their doctor/nurse knows enough about their medical history. 86% (6) said “yes”, 7% (1) said “no”.

Two commented:
“Hard to say”.

“I like to think so. I worked out of the UK and my notes were forwarded and returned when I came back”.

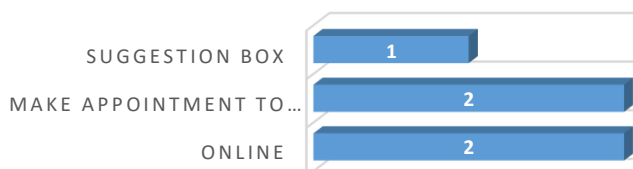
1 person thought that a patient passport would be useful.

4.5 Patient engagement

One patient said they could give an example of how the practice has improved by their suggestions.

Five patients suggested their preferred way to give feedback.

THE BEST WAY TO GIVE FEEDBACK/MAKE SUGGESTIONS



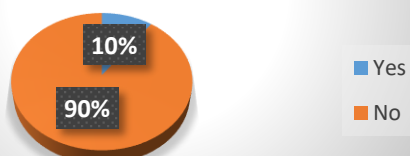
Comments included:

“If I had to -highly unlikely”.

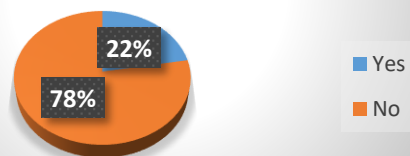
“Would if I feel justified”.

10% of patients that answered this question knew that the practice has a PPG, 22% knew what one was.

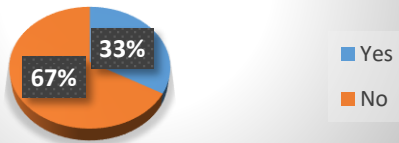
Do you know if practice has a PPG?



Do you know what the PPG does?



Would you like to hear from the PPG or join it?



Patients were given slips to fill so that they could be contacted - three patients said they'd like to hear from the PPG and some of these left contact details.

4.6 Raising Issues

69% of 13 patients answered that they knew how to make a complaint. 8% of 13 patients had made a complaint (1 patient). They were happy with how the complaint was handled.

Do you know how to raise a concern or complaint?



Have you ever made a complaint?



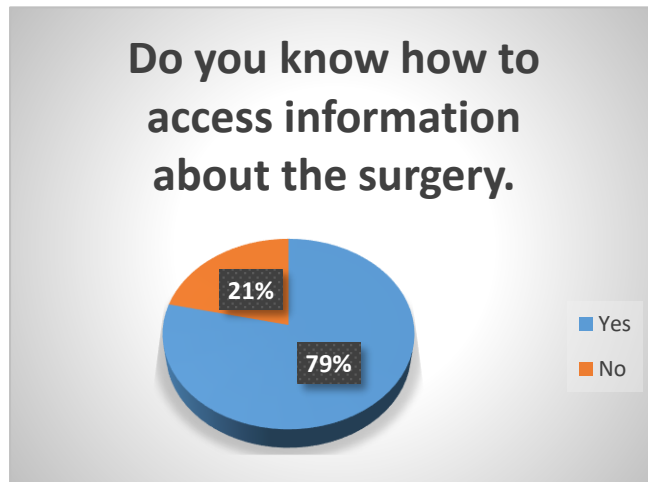
Comments included:

"They'd know about it if I were not happy". "I'd write a letter".

"I'd be there like a rocket". "Not exactly but would find out".

4.7 Information

Of 14 patients 79% (11) said they knew how to access information including out of hours services.



Comments included:

“By internet”.

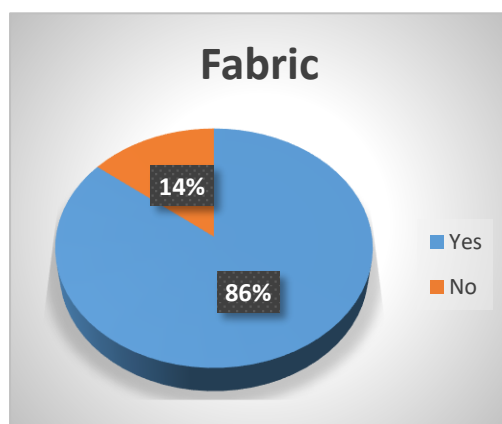
“Use phone number”.

“Could find out -Internet”.

“We have called them back twice”.

4.8 Fabric

Of 9 patients giving feedback about the building and its surrounds 86% (8) said “good”, 14% (1) said “not good”.



Positive Feedback:

“Fine I don’t drive”.

Issues raised:

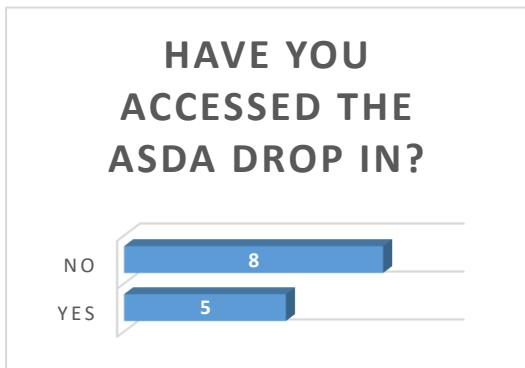
“Car park inadequate”. X2 “Car park difficult”.

“People need to learn to park. When it’s busy some use two parking spaces”.

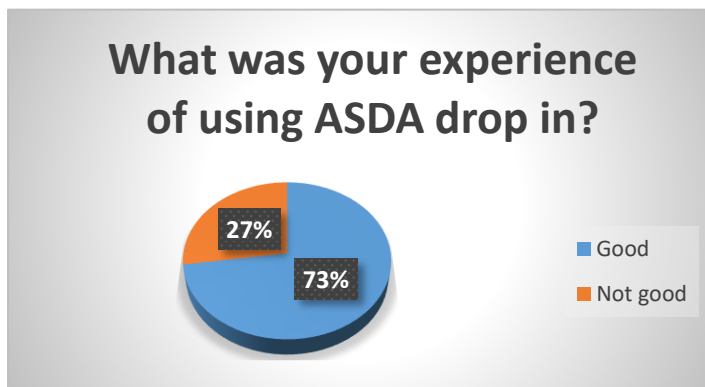
“Top car park is busy -only 2 spaces”

4.9 Additional findings

Asda drop in centre



Of 13 patients, 5 had used the drop in centre.



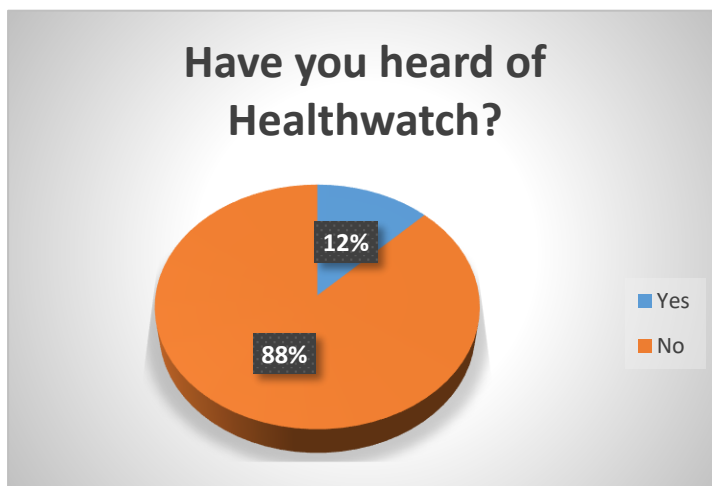
Three raised issues:

“Long way to go”.

“Difficulty getting through to centre”.

“Not brilliant - very crowded”.

Patients that have heard of Healthwatch Herefordshire



Of 15 patients that answered this question 2 had heard of Healthwatch.

5 Appendices

5.1 Observations and Practice Manager background information.

Surgery Observation Criteria	Comments
External building condition	Well maintained building. Access good.
Internal decoration and furnishings	Light airy and clean.
Parking arrangements, including provision for disabled visitors.	Parking in hospital grounds - near disabled access parking. Clear signage.

Observation criteria	Yes	No	Comments
Wheelchair/ Pushchair accessible?	✓		
Clear guidance on how to inform the surgery of your arrival?	✓		
Electronic check-in in waiting room?	✓		Not very visible can easily walk past if rarely visit.
Is there confidentiality/ privacy at reception?		✓	There is definitely a problem here to get the attention of reception. No bell to alert reception but patients are waiting.
Are reception staff approachable and friendly?	✓		
Is there a call system for appointments?	✓		
Are waiting times displayed/patients informed?	✓		
Is online booking advertised?		✓	Not observed.
Is the waiting room child friendly?	✓		
Is a hearing loop installed?		✓	Not observed.
Are toilets available?	✓		
Are hand sanitisers available?	✓		
Are there clear notice boards with up to date information displayed?	✓		
Is the information provided available in other formats?	✓		Practice leaflets.
Are translation services available? Are they advertised?		✓	Not advertised.
Is signage clear and up to date?	✓		
Is there a comments/ complaints box available?		✓	Not observed.
Is there a Patient Participation Group? Is it advertised?	✓		
Are the names/ photographs of GP's and staff at the surgery displayed?	✓		

5.2 Survey used as a basis for patient conversations

GP Surgery Enter & View Conversation based questionnaire

Aspect	Question	Yes	No	Good	Not good
Access	What is your experience of making an appointment? How could this be improved? Is there a difference between routine and urgent appointments?				
Staff	Are staff approachable, knowledgeable and caring?				
	Approachable				
	Receptionists				
	Doctors				
	Nurses				
	Knowledgeable				
	Receptionists				
	Doctors				
	Nurses				
	Caring				
Receptionists					
Doctors					
Nurses					
	How can their support and care of you be improved? Are there any changes to the way that they behave that would improve their service to you?				

Aspect	Question	Yes	No	Good	Not good
Staff contd	In your appointments does the doctor/nurse explain everything,* in a way that you understand? *e.g. Medication, follow up treatment, whether you need to take action for a referral.				
	When you use this surgery do you feel you are: Safe, Respected, Listened to, Treated as an individual, Given opportunities to feedback and express your point of view, Given privacy, and your family carers are recognised in your care.				
Information	Do you know where to access information about the GP practice: Services, Out of hours GP services?				
	Have you ever used the ASDA drop in centre? What did you think of it?				
	Do you know about Healthwatch Herefordshire and its role?				

Aspect	Question	Yes	No	Good	Not good
Raising Issues	Do you know how to raise a concern or complaint regarding the practice?				
	Have you ever raised a complaint?				
	If Yes. Were you happy with how it was handled? Were you happy with the outcome/ did it meet your expectations? How could this be improved?				
Patient Engagement	Do you have any examples of how the practice has improved by your suggestions?				
	What would be the best way for you to give feedback/ your opinion? What would encourage you to give feedback?				
	Do you know if this practice has a Patient participation group?				
	Do you know what this is set up to do?				
	Would you like to hear from them? Would you like to get involved?				

Aspect	Question	Yes	No	Good	Not good
Fabric	Is there any feedback you would like to give about the building and its surrounds? Seating, signage, toilets, car parking, disabled access.				
	Has the doctor referred you for treatment in another service elsewhere? E.g. hospital, physio, occupational therapy, or other assessments?				
Communication and Joint Working	How well do they work together? How could this be improved?				
	Do you feel that the doctor/nurse knows enough about you and your medical history?				
	Would a patient passport help?				

Aspect	Question	Yes
About You Filling this section would help us to see if some issues are of particular importance to certain groups of people.	Male	
	Female	
	Age Under 25	
	Between 26 and 65	
	Over 65	
	Do you have a disability?	
	Is English your first language?	

Enter and View Initial Meeting

GP Practice Manager: Dave Rossiter

GP practice: Alton Street Medical Practice

Date: 8.6.2016

Explain the objectives of Enter and View

- Overview of Healthwatch
 - Confirm date
 - Speak to as many people as possible in twos
 - Gather their views about the GP practice
 - Seek the guidance of Practice Manager/ staff
- How it differs from an inspection.
 - How we hope to work together to gain insight into Primary care - what the patient wants. The drivers for quality primary care to feed into primary care decision making.
 - What will happen with the report? They can respond within 20 days of receiving their report. (Published -HWH website HW England, CQC).

About the service. For further information about the Practice please view the website: www.altonstreet.nhs.uk

Vision, mission and values

Have a copy on the wall. Are going to work on patient values in next few months with staff.

What ways do you have for patients to access your services? (Routine and Urgent appointments.)
Are you happy with your appointments systems?

Operate a 99% telephone triage system. Call reception and are transferred to telephone triage spot. Some like some don't - "marmite". Most patients call and see doctor same day. Internet bookings available too. Was only 5% so have tried to increase. Patients with asthma and long-term conditions book online. Can accommodate walk-in. Aim for the most appropriate medical appointment treatment.

Where Can patients find information about the GP practice and how to access services:

- Services. **Range of leaflets. Website.**
- Out of hours GP services **Range of leaflets. Website.**
- And how to raise a concern or a complaint. **Separate leaflet.**

How are staff recruited and trained?

Any issues with attracting staff with the right qualities and skills?

Do and would have issues when salaried GP's leave. Difficult. Trying to do in partnership with Hereford and Shropshire colleges. Trying to use Apprentice Health care assistant and HCA support nurse to release nurse time to become advanced nurse practitioner (train in Wales) which in turn will release GP time. May move more towards advanced nurse practitioners but will that be any easier? Many are being used in the 7 day working of the Challenge Fund so there aren't that many around to recruit.

What do you look for when recruiting medical and care staff?

There are funding issues regarding training, and availability of CPD. Not good locally and not very well coordinated in my short experience. Not aware of dates - can be very short notice.

What is your process for dealing with complaints?

Some email, letter, phone. Try to avoid the complaint reaching an official or written complaint by resolving internally if can. All written up and reviewed. Leaflets set out process. Some go elsewhere.

How do you find out the views of your patients?

Annual patient survey. Don't ask about specific areas e.g. Telephone triage (where doctor rings back patient within an hour) which some don't like. They know how patients feel about this because they say. 52% response when sent to PPG. Very positive. Friend and Family feedback approximately 40 per month.

Do you have a PPG? How is it set up? How often does it meet? How do they work? What is your view of their remit?

8 members. Meet regularly. A virtual PPG 112 email list, 45 postal, 12 phone list. In my last practice I had a PPG that were very active re general health and wellbeing. And could do funding bids. Want to develop PPG.

Do you have any examples of how you have responded to patient suggestions or complaints to make improvements?

Survey was used - themes taken that gave rise to action plan. The PPG will hold practice to account against actions.

How big is this GP practice in terms of:

- Capacity for patients and area served. **10,500 patients. Mostly Ross.**
- Staff. **4 partners p-t, 1 salaried GP f-t, 4 salaried GP's p-t. 4 practice nurses p-t (1 advanced practice nurse), 2 Health Care Assistants p-t, 3rd once recruited. Practice Manager f-t, 10 reception staff mostly p-t (1f-t) 4 admin/secretarial.**
- Facilities, equipment and services?
Lucky to have what we've got. At times burst at seams. Are a training practice so difficult for consultants to find a room on occasions. Bid for primary care transformation fund failed which was disappointing. Need more space. Being next door to hospital is a double edged sword access to pharmacy and nurses, physio but can be difficult e.g. shared parking.

What does a usual day/week look like? Opening times - (most busy long waiting times)

Mondays most busy. 2nd busiest generally Fridays. Can be seasonal peaks as well. M-f 8-6. Extended M and T till 7. Alternate Saturdays 10-12. Are reviewing it. Appear not to need evenings AND Saturdays. There is the Taurus hub in Pendeen.

Do you think patients receive a good service?

I like to think so.

How easy is it for disabled patients to access your services?

Some good access. Definitely ways it could be improved. We put elements in patient survey to get feedback and independent reviews of physical aspects. However there are a massive variety of changes you could make e.g. to suit visually impaired. We are aware of it but it is a big challenge to suit everyone. Easy read -could simplify language. I want to get others involved. In Bracknell we had a hearing loop and got Healthwatch involved. I am willing to make links. Reception staff are aware of aspects to an extent. Aware of floor coverings and effect on people with dementia -can appear as a hole.

How easy is it for patients for whom English is not their first language to access your services?

Minority Eastern European. Farm workers. Most have sufficient English. There is a translation service. Aim not to use family for translation. Have not found translation service to be the best. Central one not so good.



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