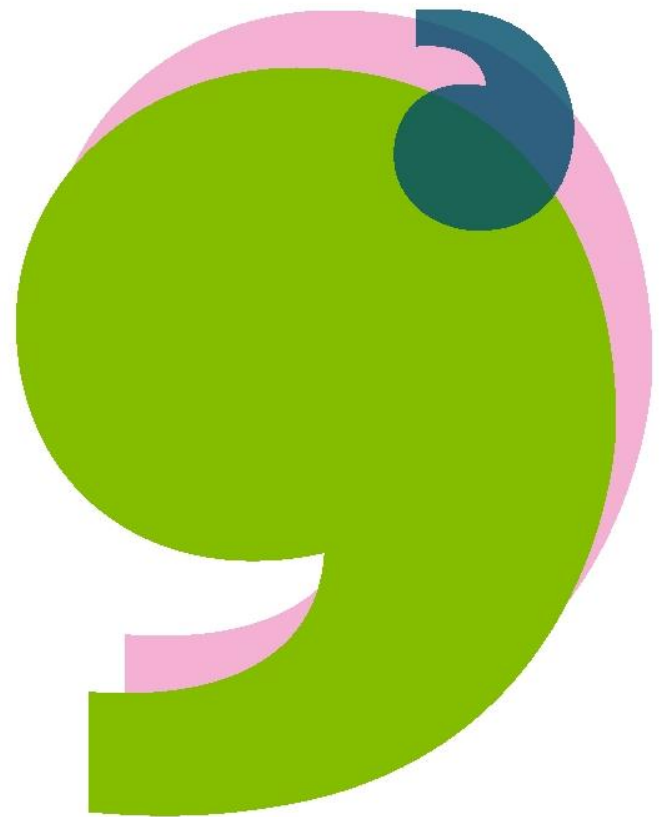




# Enter and View report

Fownhope Medical Practice

Date: Wednesday 6<sup>th</sup> July 2016



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# 1 Introduction

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## 1.1 Details of visit

Details of visit	
Service address	Fownhope Medical Centre, Common Hill Lane, Fownhope, Hereford. HR1 4PZ
Service provider	Fownhope Medical Centre
Date and Time	Wednesday 6 <sup>th</sup> July, 8.30 -12.00
Authorised Representatives	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.

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# 2 What is Enter and View?

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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.

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## 3 Summary findings and recommendations

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### 3.1 Summary of findings

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

#### Access

1. Most patients said they were very happy with the appointments system. Most were not concerned if they see their own doctor or not.
2. Issues raised by patients around appointments included:
  - a. Up to a fortnight to see their own doctor/can't see own doctor.
  - b. To see a female doctor takes a long time with one patient saying they therefore went to A&E instead.
3. One patient mentioned that it was convenient that the practice was able to arrange a 6 months' batch of medication to be deposited at Morrisons. Another was less happy, commenting that the practice could only prescribe a month's supply and they live 20 minutes away.

## **Staff**

4. In general, comments were very complimentary about staff indicating that staff were viewed as approachable, knowledgeable and caring.
5. Patients are happy to see trainee doctors, as long as they are confident that the doctor will seek support and additional expertise when needed.

## **Knowledge of medical history**

6. A few issues were raised by patients around practitioner's knowledge of their medical history:
  - a. Several patients queried the length of time for notes to be transferred to the practice. One said it had taken months and months, the other 9 months and were not here yet.
  - b. A patient said that they were no longer allowed to be prescribed a nebuliser and they thought this was wrong and sometimes meant they had to go to A&E when they felt that they could self-manage their asthma.

## **Communication and joint working.**

7. Patients felt that communication was good around referrals and two issues were raised:
  - a. A patient felt that they had to push to get the referral they needed.
  - b. One felt there had been insufficient information about waiting times which had led to them going private to have a hip operation.

## **Fabric**

8. Patients were very happy and there was only one suggested improvement that signage be improved from the main road.
9. One patient commented that it looks better now -it was, previously, rather old fashioned.
10. A patient welcomed the fact that music had stopped (don't like opera). One preferred it with music.

## **Information**

11. Most patients knew how to access information about the practice including out of hours services.
12. Many had been to ASDA drop in. Patients commented about long waits.
13. A patient raised an issue around the digital information screen which they felt goes too fast to read properly.

## **Raising Issues**

14. One complaint made concerning a nurse had been dealt with well.

## **Patient Engagement**

15. Most patients didn't know about the presence of a Patient Participation Group.

## 3.2 Recommendations

### Access

1. Consider highlighting to patients the availability of alternatives (if any), to booking their own doctor e.g. Nurse, Trainee doctor, other GP, so that they can understand how they might gain a quicker appointment.
2. Consider ways to accommodate patients who seek a consultation with a female doctor with a view to avoiding patients going to A&E.
3. Consider a review of the repeat prescription process for patients that travel a long distance. This may be purely by publicising the possibility of obtaining a larger batch to be deposited at the nearest dispensing chemist. This was really appreciated and valued by patients.

### Staff

4. Share findings of report with staff and let them know that patients are appreciative of their expertise and caring.
5. Consider ways to support patients to attract attention of receptionists if this is an issue and/or consider awareness/customer service training.
6. Consider ways to inform patients of waiting times upon arrival and aim to reduce them.

### Communication and Joint working

7. Review process for making referrals to specialists and MRI scans so that patients do not feel that they have to push for them. This is especially important to offer an equitable service for less confident or vulnerable patients, who are unlikely to be able to represent themselves forcefully.
8. Communicate clearly to patients what will happen and what patients need to do regarding:
  - a. Calling for results.
  - b. Making follow-up appointments at the surgery.
  - c. Referrals.

Where it is the patients' responsibility, provide the information they need, e.g.:

- a. Contact details for referral organisation.
- b. Expected time for return of results.
- c. Appointment or referral waiting times.
- d. To understand when or if they should book a follow-up appointment.

Support patients where necessary e.g. if delay is overly long/ if they have additional support needs.

### Knowledge of Medical History

9. Consider whether any support or information can be offered to help adopted patients to trace their medical history.
10. Consider ways to speed up transfer of medical notes as this concerns patients.
11. Review policy re nebulisers, with the aim of avoiding patient distress and unnecessary visits to A&E.
12. Feedback patient concerns to doctors and nurses (re wishing to have the same doctor) and consider ways to reassure and inform patients that:
  - a. Doctor has checked their notes.
  - b. Notes are sufficient for patient to be confident with all practice practitioners.

13. Consider when to recommend to patients that they use the same doctor for continuity and when to recommend alternatives.

### **Patient Engagement**

14. Continue to offer a range of ways for patients to give feedback and make suggestions.
15. Keep doing what you are doing to encourage patients to make suggestions, because it is working, with most patients happy to speak up face to face.
16. Supply Healthwatch Herefordshire information to offer an alternative way for patients to give confidential feedback.
17. Consider ways to inform patients about the PPG and its role and encourage them to get involved. Continue to share information and listen to patient suggestions to aid intercommunication and joint improvement.
18. Contact patients that left their contact details wishing to become involved or hear from the PPG.

### **Raising Issues**

19. Continue good practice regarding complaint resolution. Patients were very happy with the way that you do this.

### **Information**

20. Consider slowing down the slide changes in the digital information system as some patients are finding it too fast to read.

### **Fabric**

21. Consider how reception privacy and confidentiality might be improved.
22. Consider feasibility of improving signage from main road.
23. Consider patients views regarding music - bird song?!

## **3.3 Service Provider Response**

### **Access**

3.2.1 FMC regularly reviews their appointment availability, discussing significant changes with the Patient Participation Group, we have substantially increased the number of telephone consultations available and are currently considering how to increase the number of routine appointments available.

3.2.2 We recognize that the gender of GPs is important, currently 2/3 of our GP appointments are with female doctors, patients can always request to be seen by either male or female and wherever possible given the urgency of their request this will be respected.

3.2.3 Rural Practices rely on the income from dispensing drugs to maintain their infrastructure, without dispensing there would be fewer village based practices, this is one reason why we have developed our Prescription Delivery Service for which we do not make a charge. Patients simply have to sign up to the Delivery service. If it is more convenient for patients to collect from a city pharmacy we are happy to arrange this.

The policy of issuing 28 days at a time is to reduce the vast amounts of waste that occurs when medications are changed or ceased, we regularly receive 'bin bags of prescribed items back from patients which cannot be reissued to any other patient for obvious safety reasons.



## **Staff**

3.2.5 Our receptionists endeavor to inform patients if there is likely to be a delay in their appointment time, we do encourage all patients who have been waiting longer than 20 minutes after their booked make reception aware of the delay.

## **Communication and Joint Working**

3.2.7 Clinicians use clinical pathways for specific conditions that recommend investigations and treatments, the patient may not be aware that the clinician is following the recommended clinical pathway and feel that they need to 'push' for specific outcomes.

3.2.8 Nurses, Healthcare Assistants and Phlebotomists should detail to patients the options for receiving their test results, our secretarial staff are available to respond to queries about referrals and correspondence.

As Hospital Trusts are separate organisations Practices do not have access to their information systems or details of appointments offered or operations/procedures booked, patients should contact the provider directly.

## **Knowledge of Medical History**

3.2.9 Information on accessing patient records is available on our website and is also displayed in house on our slideshow

3.2.10. The transfer of medical records between practices is managed externally, this service has recently been privatized and as a result there are significant delays in the system which are beyond our control, wherever possible we do encourage the electronic transfer of data. If there is an urgent need for records we will contact the previous surgery directly to seek an interim report.

3.2.11 Patients with respiratory conditions are encouraged to have regular checkups with our nurse to ensure their asthma/COPD is well managed

3.2.13 We recognize that the continuity of the same doctor can be important, wherever possible our duty Doctor will ensure that a patient is safe and may book with the usual doctor

## **Information**

3.2.20 We receive many compliments about our rolling slide show, we have following feedback extended the amount of time that each slide is displayed for.

## **Fabric**

3.2.21 We are aware that we could improve privacy for patients at our front desk, this is under review.

3.2.22 Following the patient feedback we will approach the council re signage off the main road.

3.2.23 One of the most frequent comments we have about the surgery is about music, it would appear that we can never please everybody, as a result we alternate the type of music playing, we realise we will never please everyone!

**Liz Moore**  
**Practice Manager**

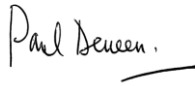
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**Sign off and comment from Healthwatch Herefordshire Chairman**

As chair of Healthwatch Herefordshire, I'd like to thank Fownhope Medical Centre, the Practice Manager, Liz Moore, staff and patients.

Thank you also to Healthwatch Herefordshire Volunteer 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 28 patients.

Gender	Under 25	26-65	Over 65	Total	People with a disability.	English not 1 <sup>st</sup> language
Male	0	6	4	10	0	0
Female	4	8	6	18	0	3
Uncategorised				0		
<b>TOTAL</b>	<b>4</b>	<b>14</b>	<b>10</b>	<b>28</b>	<b>0</b>	<b>3</b>

### 4.1 Observations and Practice Manager background information.



#### Observations in brief:

The surgery is based in an attractive building which looks well maintained with attractive surrounds, plenty of parking and clear signage. There are disabled access spaces near to the entrance.

Inside, the waiting room was clean and welcoming with a children's area that had books, play table and wall maze, a weighing machine and wheelchair in the foyer.

There was a good digital display with clear relevant information. Staff were observed during the visit to be very friendly and respectful.

From observation a few aspects were seen as potentially problematic:

- There is little privacy/confidentiality at reception although there is a notice to say let receptionist know and she will speak to you away from desk.
- Some difficulty was observed for patients to hear names called and rooms.
- Online booking, translation services and hearing loop were not observed to be advertised at the surgery.

Whilst giving feedback we were pleased to see immediate proactive conversations around solving issues that were raised that demonstrated a 'can do' approach.

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

### Summary of background information supplied by the Practice Manager:

The practice serves a rural area and 5,100 patients including patients from Ross on Wye, Hereford, Wormelow and Ledbury. About 100 patients are out of area and happy to agree to have no home visits.

The practice is a training site for physician's associate course at Worcester.

The practice building was built in 1994 and extended in 2009. There is a need for more space. There are 9 consulting rooms but have visiting services e.g. mental health, maternity, physios, acupuncturist, foot care, age concern, clinical masseurs. The practice can also dispense if patients live too far from a pharmacy. They prescribe but don't dispense to patients outside of the area e.g. patients in Hereford must go to Hereford chemist. (GP practices are permitted to dispense to patients "by exception" under the Pharmaceutical Regulations 2013 which allow rural practices to dispense medicines to their own patients only if the patient resides at an address over 1 mile from a community pharmacy and provided the area is also defined as "rural" under the Regulations).

The rural situation of the practice can affect recruitment. Staff must drive as there is no direct bus service from Hereford. The practice Manager feels that they are fortunate in having keen receptionists that work every day offering continuity as all GP's are part-time.

The last receptionist post advertised attracted 70 applicants, but before that a recruitment drive failed to get a reception manager. It was difficult to get the required level of expertise and experience.

The practice do in-house training where they can. For non-clinical staff there is not that much health focussed training available. Primary Care Trust, Family Health Service Authority, used to arrange training and had funding too - but that has gone. Receptionists training is available at Hereford College of Technology however, the course covers terminology but not governance. They teach coding themselves. It was felt that there is a lack of opportunity.

The Practice Manager felt that they were fortunate as GP's and nurses tend to stay. Two years ago they recruited for a GP and 12 applied. It was unusual to get that number. All but 1 were relocating or downsizing. They offered a p-t partnership.

Fownhope Medical Centre has a Patient Reference Group which became a Patient Participation Group (PPG). It is fairly strong. It is virtual and face to face and has 70 members. Face to face usually about a dozen come. When patients want to say something they are not slow to come forward or find people to advocate for them. The practice encourages patients to take up expert patient programme opportunities.

The practice aims to make sure public relations is dealt with appropriately. The Practice Manager commented: *"We quite often send any news to the PPG first. It is good practice and also helps to get the patients point of view. We do a lot, so are confident that we have a finger on the pulse"*.

The practice also has a charitable Trust (The Fownhope and District Medical Trust Fund). It raised funds for the delivery van. They are also looking at a project with HVOSS for social prescribing.

*“We have a fairly static population. Some patients have been registered for 40 years. They have long term experiences and expectations. It was very different in the past to how it operates now”.*

The Practice manager gave many examples of how they have responded to patient suggestions or complaints to make improvements e.g. Telephone appointments; Online services; Sending results by text; PPG asked if want computer access in waiting room to look things up re their medical conditions -resounding NO; Also aspects re too hot? Music in waiting room? -want/don't want; Took on board patient comments when temporarily moved flu clinic back from Tarrington village hall.

Asked if the patients receive a good service the Practice Manager responded:

*“Yes. Always gratified to hear comments. Patients are lucky in comparison to city practices as have longer term relationships and a stable community. Family connections are known. Never have a lack of feedback. Patients have high expectations but are very supportive on the whole”.*

The practice demonstrated good awareness of disability. With regard to disabled access, most consulting rooms are on the ground floor, the levels are quite good with door frame widths ok. On the down side, the manager acknowledged that they could lower the reception counter, there is no hearing loop, rooms are numbered not colour coded and two consulting rooms are upstairs.

The practice currently don't have autistic patients but receptionists will talk to patients about their specific needs. They have had patients who won't come into the waiting room so arranged for them to enter from the back of the building. The practice can offer appointment reminder. There are two other sitting areas as options for patients with anxiety or other special needs. The practice is prepared to individually tailor if necessary.

And re patients for whom English is not their first language the Practice Manager said:

*“Yes we have some patients for whom English is not their first language. Not in great numbers. Not all the same language. It is rare that they can't speak good English”.*

The practice has access to translation services in different languages.

We asked if the practice thinks that patients have a good service. The manager responded:

*“Yes. We are always gratified to hear positive comments”.*

It was felt that patients are lucky in comparison to city practices as they have longer term relationships and a stable community - family connections are known.

*“We never have a lack of feedback. Patients have high expectations but are very supportive on the whole”.*

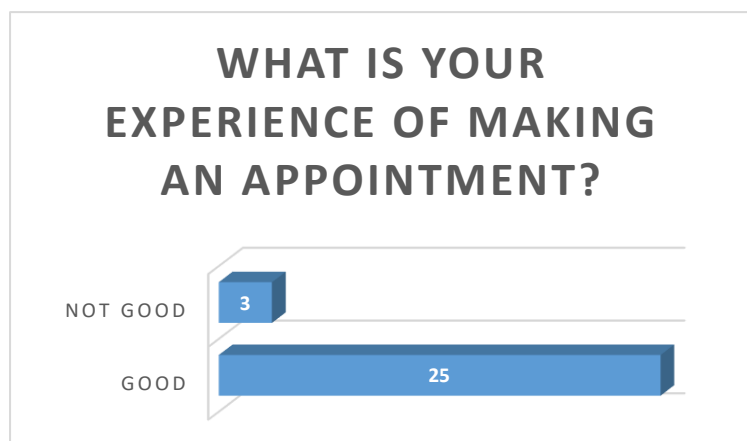
***Appendix 5.3 shows background information notes in full gathered by talking with the Practice Manager.***

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## 4.2 Access

89% said that their experience of making an appointment was 'good' (or ok) 11% said 'not good'.



**Comments highlighting issues that concerned patients around access were:**

*"Very easy but I can't always get to see who I want in the timescale I want. I like to see the same doctor as I have an ongoing condition. Yesterday I booked and it took 1 day unusually, but usually it takes 3 weeks to see my doctor"*

*"Takes a couple of weeks to see a specific doctor"*

*"Not good. Can't get appointment. I want a female doctor. So I go to A&E. I need one that day so end up at A&E"*

*"For some things I like to see my own doctor. Can be hard to book - 2 weeks"*

*"I don't like diagnosis over the phone"*

*"Can't always get to see my own doctor"*

**Comments highlighting positive experiences around access were:**

*"If you are really bad you can ask the doctor to call you. Two weeks wait is normal. Used to be worse it's got a lot better -improved."*

*"Excellent. Called today got an appointment today. I don't worry about having the same doctor but I can ask to see a more senior one and it is quite quick. Lovely, best have ever had. Moved but have stayed with this one. Can't use dispensing but I'm perfectly happy as they arrange for a 6 month batch of medication to be deposited at Morrisons"*

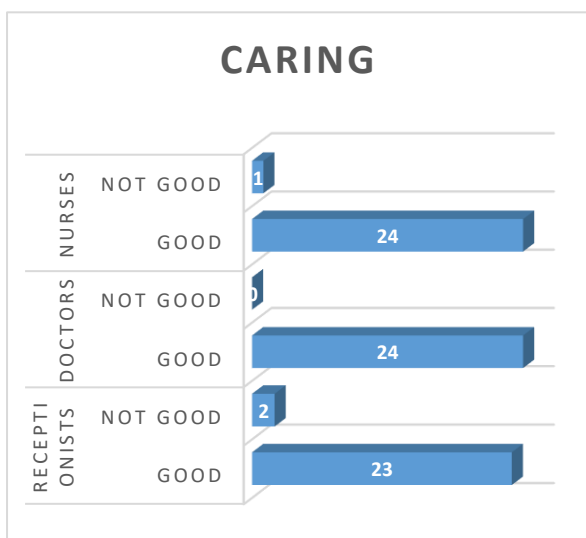
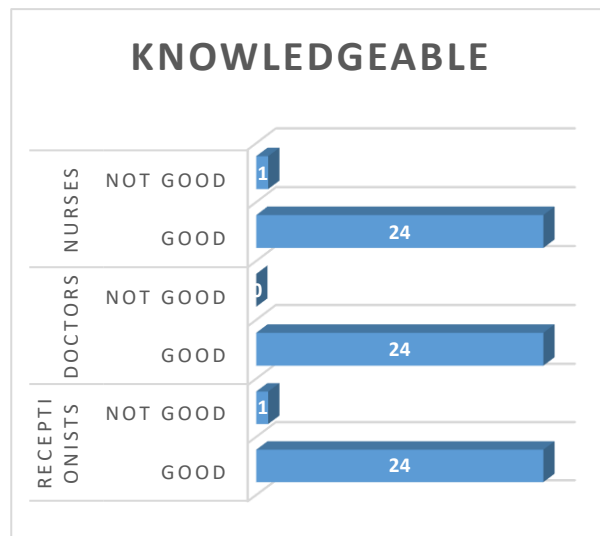
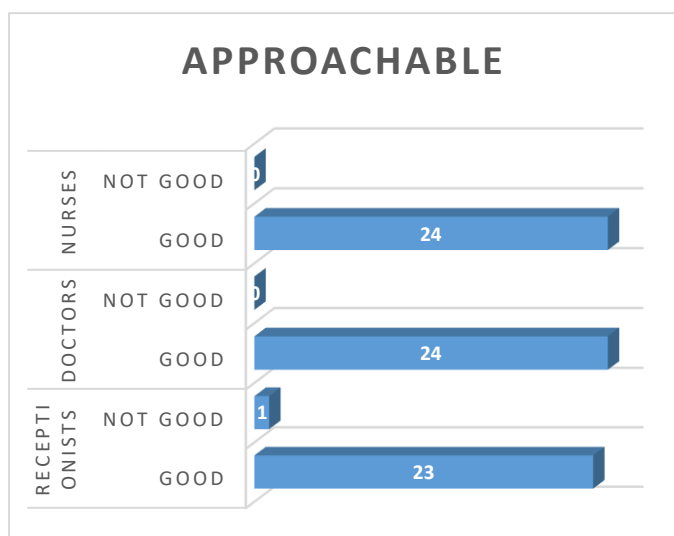
*"Ok. I see anybody. Takes another day to get specific doctor or if you want a second opinion"*

*"Always within a week". "Very good"*

*"Dr. calls back within an hour. If they feel you need one, you get an appointment. I always call at 8 and are ok. Can have telephone appointment". "Quite happy with service"*

## 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:

*“I only had one experience on one occasion when receptionist ignored an old chap and I left. Apart from that it is excellent”.*

*“Nurses and receptionists need training on patient care”.*

*“You have no idea how long you have to wait - that would be useful”.*

Comments that highlighted positive experiences of staff included:

*“Very good”. “Dr. called me”. “No problem”. “Very happy”. “Very pleasant and helpful”.*

*“Overall I’m happy yes. Trainees don’t know as much. Perfectly happy if I can ask to be referred to another doctor -no complaints at all - fine”.*

*“All very pleasant -treat you with respect”. “Very good”.*

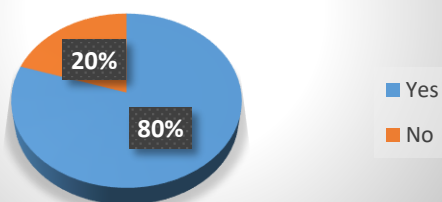
*“Doctors are wonderful”. “One of the best I’ve experienced -caring wise”.*

*“I come regularly for a warfarin test every 8 weeks. You can book in advance - 3 days ahead. Not as easy to see a particular doctor. Can usually get an urgent appointment on that day”.*

*“Not patronising, really understanding”. “Doctors are excellent”.*

## 4.4 Communication and joint working

### Proportion of patients that have experienced referrals



#### Positive experiences included:

*"Bloods -ring and say all good".*

*"Oh, gosh yes - good". "Excellent".*

*"Communication good". "Very happy with that".*

*"Yes they communicated with my GP". "Good communication". x2*

#### Issues raised were:

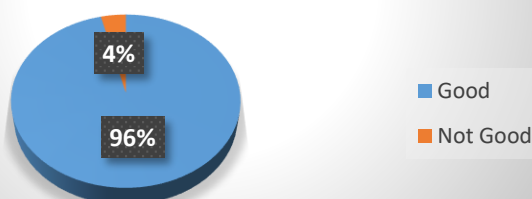
*"No idea of timescales to get an appointment. I didn't know how long I could wait for my hip replacement. I didn't have a life hobbling about. I paid to see a private specialist. I thought it could be 9 months so I paid privately".*

*"Bit of a nightmare. Took a while to get a referral for my knee -had to push to get a specialist. Happy to go further to get what I needed. It was a while to get an MRI scan".*

*"A bit hit and miss".*

**96% of 26 patients that answered this question said that their doctor/nurse explained everything in a way that they could understand.**

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



#### Three commented:

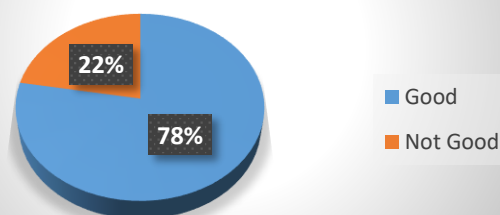
*"Mostly. Sometimes I ask them to explain and they will".*

*"Not always clear about when to return or action needed when referred or awaiting tests".*

*"Very good".*

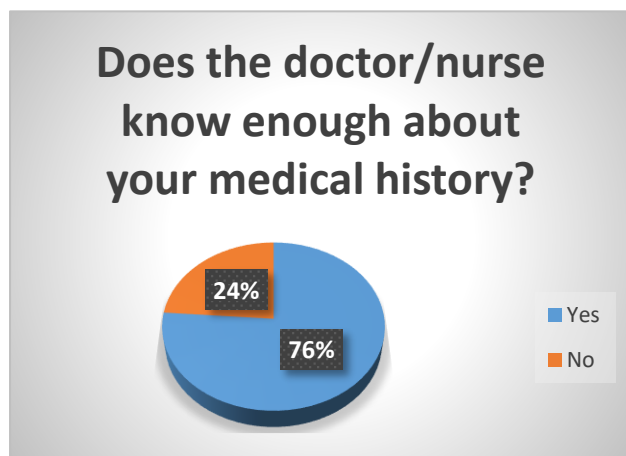
20 patients (80%) had experience of referral. Of the 18 that elaborated 78% of these (14) felt services worked well together, 22% (4) felt there were communication issues.

### How well did they work together?





21 patients were asked if they felt their doctor/nurse knows enough about their medical history. 76% (16) said yes, 24% (5) said no.



7 made comments:

“Locums look at computer -don’t know you. 20 years I’ve been coming here -like to see my own doctor”.

“I’m adopted - I feel there should be an accessible medical history somewhere”.

“No. I’ve just moved”.

“I moved to Aberystwyth and back 9 months ago. They still don’t have my notes. Called Lampeter still some confusion”.

“Possibly no as have moved around. Took ages for my notes to follow me. Months and months. Would like to have on screen as repeat myself a lot. If for example make reference to a past test”.

“I think so. I had an asthma nebuliser for 29 years. Now not allowed to use it because others don’t use it properly. So have to go to A&E”.

“Seems alright”.

## 4.5 Patient engagement

16 patients suggested their preferred way to give feedback. The majority preferred face to face.



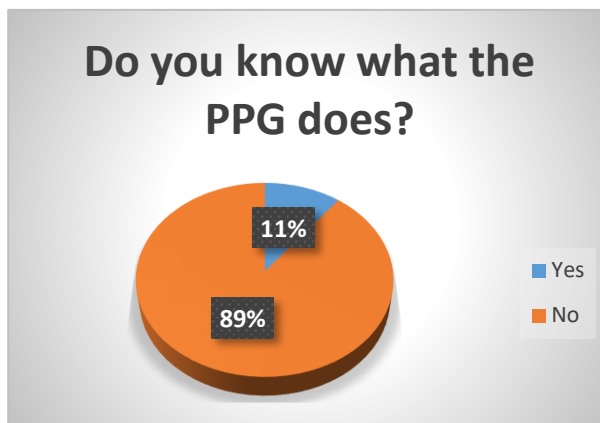
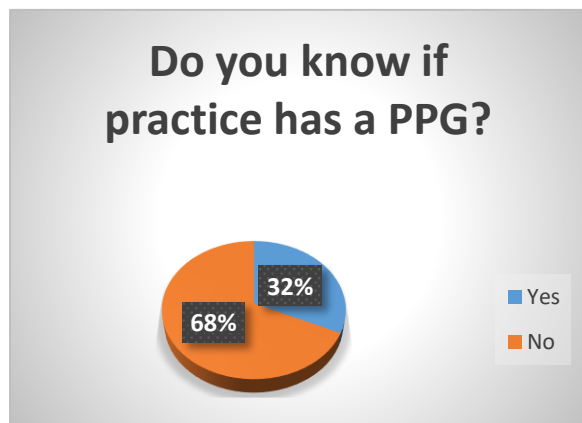
Comments included:

“I’d tell personally I know them well”.

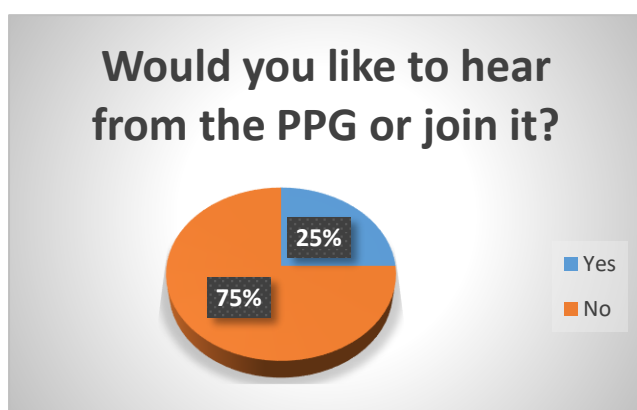
“They are quite approachable -I never feel I can’t say something”.

“I made a suggestion in the suggestion box re the screen times at check in -to fix them - it says 0 minutes waiting -I then wait 45 minutes”.

32% (7) of the 22 patients that answered this question knew that the practice has a PPG, 11% (2) of 19 patients knew what one was.



Patients commented: *“I’ve seen it mentioned on the screen” “They exchange views”.*



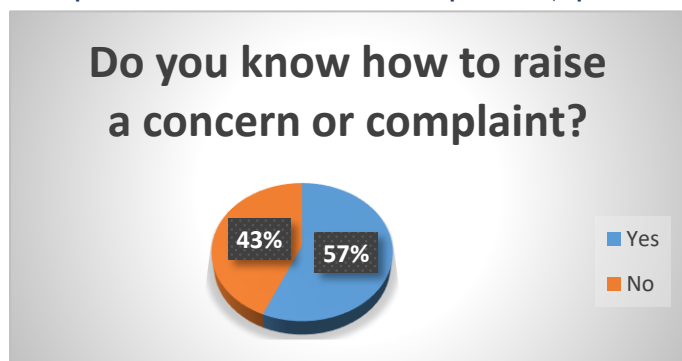
Patients were given slips to fill so that they could be contacted.

5 patients were interested and some of these left contact details.

*75% were not interested in getting involved although one commented: “Seeing the digital display is enough -I do get review letters -useful”.*

## 4.6 Raising Issues

57% of 23 patients answered that they knew how to make a complaint. 5% of 21 patients had made a complaint (1patient).



Patients commented: *“Start with Practice Manager”. “I would find out”. “Ask”. “Raise with doctor and Practice Manager”. “God no! Why would I complain?”*

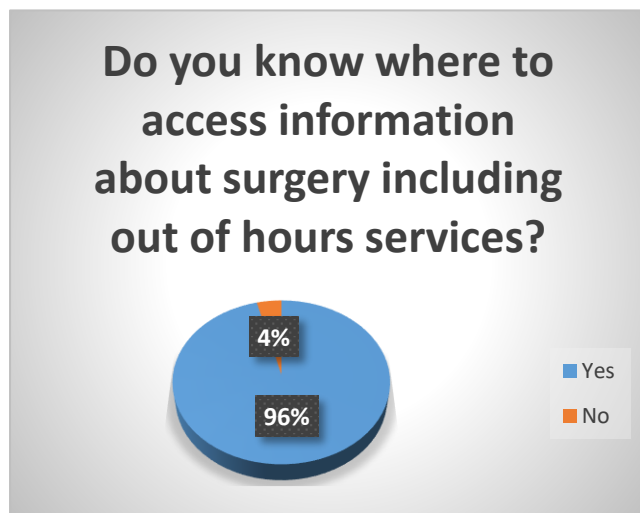
1 patient that had made a complaint was happy with how it was handled and the outcome.

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## 4.7 Information

Of 25 patients 24 said they knew how to access information including out of hours services.



### Positive comments:

*"I ring the number".*  
*"If you phone they do tell you".*  
*"It's on the phone message".*  
*"NHS Direct".*

### Issues expressed:

*"The screen is helpful -but too much information -too much on it to absorb".*  
*"Information on screen excellent".*

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## 4.8 Fabric

All 22 patients giving feedback about the building and its surrounds chose "Good".



### Positive Feedback:

*"It's lovely".*  
*"Music an improvement".*  
*"Don't like music playing - very old fashioned - and opera".*  
*"Car park good".*  
*"Compared to London great".*  
*"I live a few doors away".*  
*"Baby seat good".*  
*"Lot better now old fashioned before".*

*"Parking great. Can't fault it".* *"Very nice clean and pleasant".*

**Issues raised:**

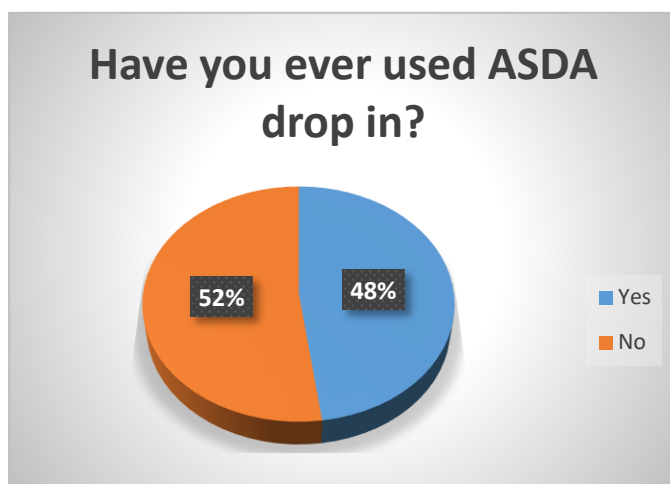
*“Awful access from main road - no signs”.*

*“Lovely. Only downside - they can only prescribe for a month’s drugs. I live 20 minutes away”.*

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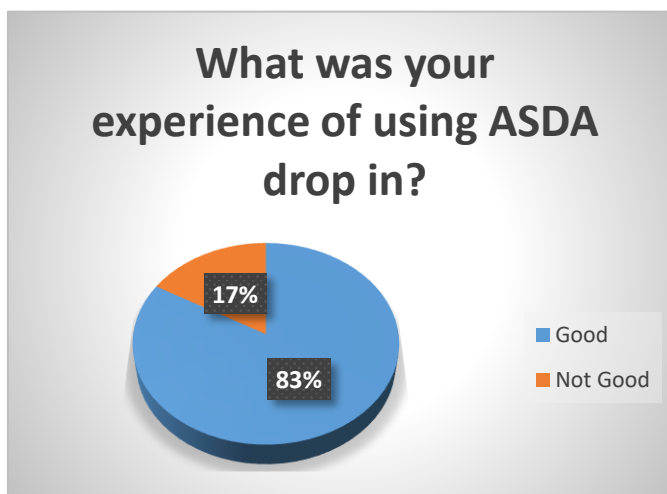
## 4.9 Additional findings

### Asda drop in centre



Of 23 patients, 48% (11) had used the drop in centre.

83% of those patients that answered this question had a good experience: *“Rang -brilliant”.* *“Satisfied”.* *“I went once -very hectic. Were very good”.*



*“Ok -usual drop in centre. Long wait. Good”.*

*“I went with Grandchildren, superb”.*

*“Once. Very hectic. Were very good”.*

**Issues raised were:**

*“Ok rush a bit, long waiting times. Sometimes I give up”.*

*“Waiting times...”.*

*“Very busy and patient was ill. No direct passage. They didn’t seem interested. Long waits, not very happy waited too long. I left because there appeared to be no triage in the waiting room and airways of patient were closing - we went off to the A&E”.*

**A patient who had not used it commented:**

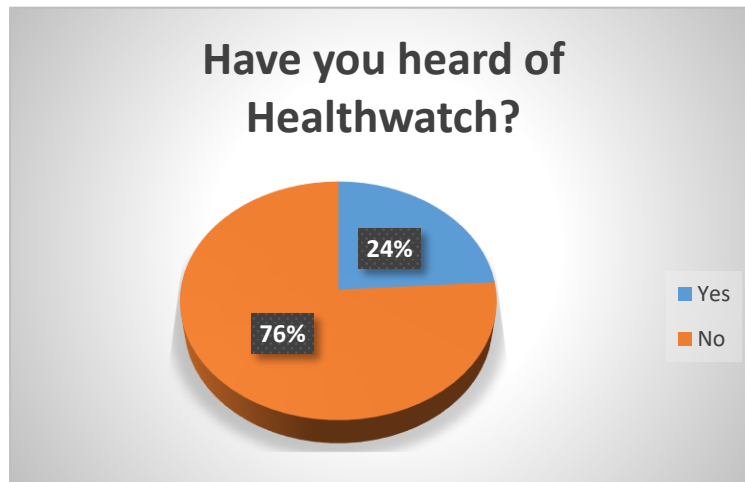
*“I have not used it but I would if it was not an ongoing issue. I rang re urinary retention that worked brilliant”.*

## Hospital

*“At the hospital I did get told they were an hour behind so do you wish to get a coffee which was helpful”.*

## Patients that have heard of Healthwatch Herefordshire

Of 25 patients that answered this question 6 (24%) had heard of Healthwatch.



One patient noted:

*“I have heard of Healthwatch but I don’t know what it is”.*

# 5 Appendices

## 5.1 Observations and Practice Manager background information.

Surgery Observation Criteria	Comments
External building condition	Very good with pleasant surroundings.
Internal decoration and furnishings	Clean and welcoming. Children's area -books, play table, maze on wall. Weighing machine in foyer. Wonky toilet lid.
Parking arrangements, including provision for disabled visitors.	Very good. Disabled spaces near entrance. Wheelchair at entrance. Clear signage and ramp for disabled access to reception.

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?	✓		
Is there confidentiality/ privacy at reception?		✓	But notice to say let receptionist know and she will speak to you away from desk.
Are reception staff approachable and friendly?	✓		Very
Is there a call system for appointments?	✓		Some difficulty observed -hearing rooms and names.
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?	✓		Digital display: Information re extended hours and hubs on slides. Relevant up to date information. And a slide with Healthwatch on.
Is the information provided available in other formats?	✓		Leaflets and digital.
Are translation services available? Are they advertised?		✓	Not observed.
Is signage clear and up to date?	✓		
Is there a comments/ complaints box available?	✓		Suggestion box.
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?				
	<b>Approachable</b>				
	Receptionists				
	Doctors				
	Nurses				
	<b>Knowledgeable</b>				
	Receptionists				
	Doctors				
	Nurses				
	<b>Caring</b>				
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?	



## 5.3 Background information supplied by practice manager

### Enter and View Initial Meeting

GP Practice Manager: Liz Moore

GP practice: Fownhope Medical Centre

Date: Monday 13<sup>th</sup> June

### 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.fownhopesurgery.nhs.uk](http://www.fownhopesurgery.nhs.uk)*

Vision, mission and values

**We try to provide for a diverse spread out rural population. We like to think we have a “can do” ethos in a learning environment. If something needs to be improved we will find a way.**

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

Are you happy with your appointments systems?

**Online. Telephone. Come to reception hatch. It is never a static system as manpower is constantly changing. No GP works f-t we have a buddy system in place. Are launching a major review because of a period of change. Online is increasing all the time but still represents a small proportion of total. Routine appointments are all online. Nurse appointments are not online. Majority still telephone.**

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

- Services.
- Out of hours GP services

**Leaflets, slide show, information notices, website. Significant changes are put in Parish magazine. In 2014 held patient open evening – “Getting best out of services and appointment system”. We use telephone message system to give information. There is a quarterly newsletter that goes in repeat medication bags, on website and in the waiting room.**

**Have own delivery service for house bound patients e.g. Wish books. P notice.**

- And how to raise a concern or a complaint.

**In house Leaflet and letter. Most are resolved 1:1. Patient is encouraged to talk to Practice manager.**

How are staff recruited and trained?

**Staff have to drive to surgery which can be costly in fuel. Public transport would be Hereford to Ledbury to Fownhope! This affects recruitment. Are fortunate in having keen receptionists here every day which gives continuity as GP’s are p-t. Works well.**

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

**Last receptionist post attracted 70 applicants but, before that a recruitment drive failed to get a reception manager. It was difficult to get that level of expertise. Are not that many people that have that experience.**

<p>Do in-house training where can. For non-clinical staff there is not that much health focussed training available. Primary Care Trust, FHSA, used to arrange training and had funding too - but that has gone. Receptionists training - Hereford College of Technology course covers terminology but not governance. We teach coding ourselves. There is a lack of opportunity.</p> <p>GP's and nurses tend to stay. We've been very lucky. Two years ago we recruited for a GP. 12 applied. Unusual to get that number. All bar 1 were relocating or downsizing. We offered a p-t partnership.</p>
<p>What is your process for dealing with complaints? In house Leaflet and letter. Most are resolved 1:1. Patient is encouraged to talk to Practice manager.</p>
<p>How do you find out the views of your patients? NHS choices is used - get 13 or 14 comments. Suggestion box. Friends and Family.</p>
<p>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? Have a Patient Reference Group which became a PPG. Fairly strong. It is virtual and face to face. 70 members. Face to face usually about a dozen come. When patients want to say something they are not slow to come forward. Also often have people advocating for them. Aim to make sure PR is well sorted. Quite often send it to PPG first. It is good practice and also helps to get the patients point of view. Do a lot so are confident that we have a finger on the pulse. Also have a charitable Trust (The Fownhope and District Medical Trust Fund). It raised funds for the delivery van. Looking at project with HVOSS for social prescribing. Have a fairly static population. Some patients have been registered for 40 years. They have long term experiences and it was very different in the past to how it operates now. Encourage patients to take up expert patient programme opportunities.</p>
<p>Do you have any examples of how you have responded to patient suggestions or complaints to make improvements? When introduced PPG it greatly improved information/communication. Used feedback from PPG to make changes around:</p> <ul style="list-style-type: none"> <li>• Telephone appointments</li> <li>• Online services</li> <li>• Sending results by text</li> <li>• PPG asked if want computer access in waiting room to look things up re their medical conditions -resounding NO!</li> <li>• Also aspects re too hot? Music in waiting room? -want/don't want.</li> </ul> <p>Took on board patient comments when temporarily moved flu clinic back from Tarrington village hall. Surgery thought there would be an uproar as it had the atmosphere of a social event but patients were fine about it. So may have it in the surgery in future which is easier for clinicians and could open the dispensary too.</p>
<p>How big is this GP practice in terms of:</p> <ul style="list-style-type: none"> <li>• Capacity for patients and area served. 5,100 cover from Ross on Wye to Hereford, Wormelow and Ledbury. About 100 are out of area and are happy to agree to no home visits to stay in practice.</li> <li>• Staff: 4 GP's -all do 6 sessions a week. 1 is a medical director of Taurus. Will drop sessions and need to replace with GP's, Physicians Associates, or ex trainee or nurse practitioners. Have 2 Nurses each 24hr, Health care assistant 24 hours and a phlebotomist. Are a training site for physician's associate course at Worcester University.</li> <li>• Facilities, equipment and services? Built 1994 and extended in 2009. Need more space. 9 consulting rooms but could use more as have visiting services e.g. mental health, maternity, physios, acupuncturist, foot care, age concern, clinical masseurs. Also can dispense if patient too far away from pharmacy.</li> </ul>

Issue of dispensing surgery: Essentially they prescribe but not dispense to patients outside area. E.G. If patient comes from Hereford they have to go to a chemist in Hereford. Bromyard practice can dispense to rural patients but not those in Bromyard. Got special dispensation for a cancer patient once. It protects chemists. The income of dispensary can help the practice. Seems mad to have a rule that lessens possible income in these times.

What does a usual day/week look like? Opening times - (most busy long waiting times)  
MTTHF 8.30-11.30/12.00, 3.30 -5.30/6.00. W early appointments from 7.00. Did try late evening but it was not popular.

Have an unbooked duty doctor each day to deal with calls. Expect Mondays to be busy but it is not always predictable. On Wednesday all GP's and nurses do ward rounds in residential nursing homes -puts pressure on the dispensary.

Do you think patients receive a good service?

Yes. Always gratified to hear comments. Patients are lucky in comparison to city practices as have longer term relationships and a stable community. Family connections are known. Never have a lack of feedback. Patients have high expectations but are very supportive on the whole.

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

Most consulting rooms are on the ground floor. Levels quite good. Door frame widths ok. Could lower reception counter. No hearing loop. Rooms are numbered. Not colour coded. Two consulting rooms are upstairs. Don't have autistic patients but receptionists will talk to patients about their specific needs. Have had patients who won't come into waiting room so arranged to enter from the back of the building. Can do appointment reminder. There are two other sitting areas. Prepared to individually tailor if necessary.

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

Yes have some patients for whom English is not their first language. Not in great numbers. Not all same language. Rare that can't speak good English. Have access to translation services and can access services in different languages.



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