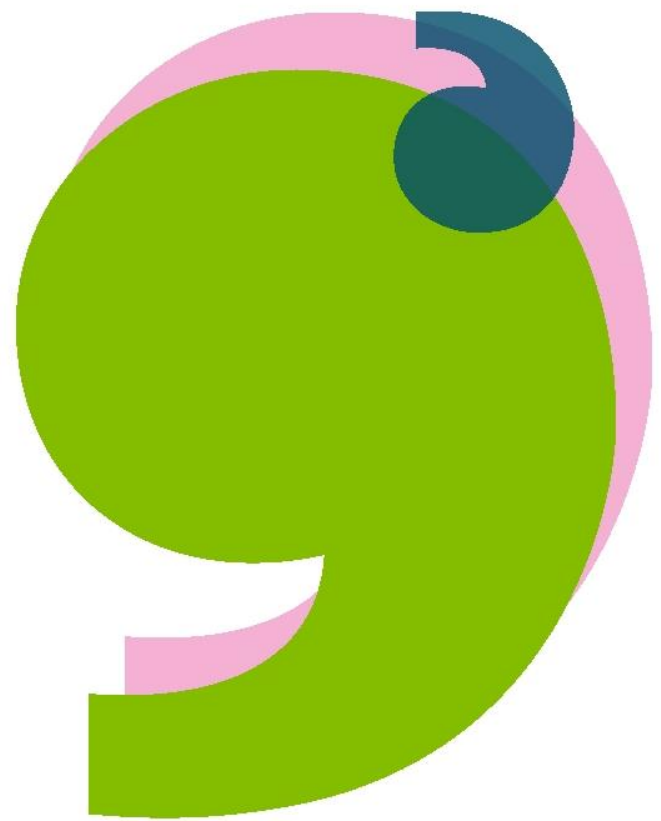




Enter and View report

Kington Medical Practice

Date: Tuesday 7th May 2016



Contents

| Section | Part | Page |
|---------|---------------------------------------------------------------|------|
| 1 | Introduction | 3 |
| | 1.1 Details of visit | 3 |
| | 1.2 Acknowledgements | 3 |
| | 1.3 Disclaimer | 3 |
| 2 | What is Enter and View? | 3 |
| | 2.1 Purpose of Visit | 4 |
| | 2.2 Strategic drivers | 4 |
| | 2.3 Methodology | 4 |
| 3 | Summary of Findings and recommendations | 5 |
| | 3.1 Summary of findings | 5 |
| | 3.2 Recommendations | 7 |
| | 3.3 Service Provider Response | 8 |
| 4 | Results of visit | 9 |
| | 4.1 Observations | 9 |
| | 4.2 Access | 12 |
| | 4.3 Staff | 14 |
| | 4.4 Communication and joint working | 16 |
| | 4.5 Patient engagement | 17 |
| | 4.6 Raising Issues | 18 |
| | 4.7 Information | 19 |
| | 4.8 Fabric | 19 |
| | 4.9 Additional findings | 20 |
| 5 | Appendices | 22 |
| | 5.1 Observations and Practice Manager background information. | 22 |
| | 5.2 Survey used as a basis for patient conversations | 23 |
| | 5.3 Background information supplied by Practice Manager | 25 |

1 Introduction

1.1 Details of visit

| Details of visit | |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Service address | The Surgery, Kington, Eardisley Road, Kington , Herefordshire, HR5 3EA |
| Service provider | Kington Medical Practice |
| Date and Time | Tuesday 7 th May. 9.00 -1.00 |
| Authorised Representatives | Alan Lloyd, Mary Simpson, Ian Stead |
| 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:

1. Many patients commented about not being able to book an appointment with their own doctor:
 - a. There was an understanding that there was a shortage of doctors.
 - b. Most patients did not mind seeing any doctor/ have become accustomed to not seeing their named GP especially for occasional sickness or for more minor ailments.
 - c. Some patients were critical of the lack of consistency arising from appointments with different locums/GP.
 - d. It was more important to patients with ongoing conditions and emerging undiagnosed illnesses or developing conditions to have continuity in the health professional they see.
 - e. Quite a few patients were not happy with waiting times to see their chosen doctor.
2. Most patients ring for appointments and in this sample nobody mentioned booking by Internet.

3. The walk-in service is popular. It is seen as a short-cut to gaining an appointment. Long waiting times are tolerated when patients know they'll be seen that day.
4. Most patients found staff approachable, knowledgeable and caring, with nurse practitioners coming in for particular praise.
5. There was one serious example of the potential risks of multiple doctors seeing a patient over one developing health issue and missed follow-up.
6. Of those experiencing referrals, a quarter felt that there were issues with communication between the surgery and the referral organisation. Poor communication related issues were raised about the hospital, pregnancy and postnatal care and eye care as well as delays around transfer of army medical forms.
7. Patients were unclear about whose responsibility it was to follow up results and how or who should trigger follow-on treatment i.e. patient/surgery/referral agency. Patients were unclear whether to be proactive or wait.
8. Patients were generally well informed about the surgery and the difficulties faced with regards to doctor recruitment.
9. Very few patients had issues regarding making complaints or getting involved. Most did not know of the PPG or what it did. Patients who said they would not be inclined to complain said they would, however, use a suggestion box.
10. Information on the digital loop were described as irrelevant.
11. Fabric of building and parking acknowledged as modern, spacious, clean and comfortable.
12. Some suggestions were made to improve facilities for parents of small children who felt the large space made it difficult to contain enthusiastic running toddlers!
13. Patient confidentiality at reception is an issue.
14. A patient felt the road access to the surgery was dangerous.
15. Patients expressed concern re underused building and fears for its viability/sustainability. Suggestions included:
 - a. Introducing other therapies.
 - b. Shop extension to dispensary.
 - c. Art displays.
 - d. Coffee machine/ water machine.
16. Although Kington is some distance from Hereford almost 50% had used the ASDA drop in centre and most had a positive experience.
17. Most patients had not heard of Healthwatch Herefordshire.



3.2 Recommendations

Access

1. Review appointment system to:
 - a. Ensure continuity of care for patient repeatedly presenting with recurring or related issues to assist early diagnosis and preventative or timely treatment.
 - b. Consider whether it is possible to prioritise patients with severe ongoing and terminal conditions to enable them to see named GP's.
 - c. Improve patient confidence in quality and continuity of care and consistent follow-on action.

Staff

2. As planned, appoint more doctors and reduce the need for locums.
3. Share findings of report with staff and let them know that patients are appreciative of their expertise and caring.

Communication and Joint working

4. 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.

Patient Engagement

5. Continue to offer a range of ways for patients to give feedback and make suggestions. A suggestion box was most popular. Supply Healthwatch Herefordshire information to offer an alternative way for patients to give confidential feedback.
6. 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.
7. Consider patient suggestions and explore other options to increase use of building to help to safeguard viability of service.

Information

8. Explore improving local relevance and interest of digital information screen. E.g. consider informing patients about how to book appointments online.

Fabric

9. Consider ways to offer patient confidentiality/privacy at reception.
10. Consider creating a safe enclosed space for toddlers to aid parents.

3.3 Service Provider Response

Page 6 Response to summary findings.

Point 6. Regarding referrals, seems to be a criticism of the 3rd parties rather than us?

Point 12. Infection control is a problem in play areas and it is not recommended to have toys or even books these days. It is quite acceptable for parents to bring a book or toy to keep their own child entertained.

Point 14. Road access is good but the council / highways are not cutting back grass/weeds regularly and this can block the view when exiting the surgery premises.

Point 13. We have now in place a barriers system to keep patients waiting back from the desk, to help with privacy. These were funded by donations and approved by PPG.

Point 15 a. We are in discussion with a consultant surgeon. We have also had interest from a dentist, but it is up to NHSE to agree a need for a dental service in Kington, so those are third party discussions, which we are happy to encourage. We have an audiologist visiting regularly, as well as a diabetes dietician.

15 b. I doubt that retail planning consent would be given as it would impact elsewhere on local shops.

15 c. Art projects are something that I am looking at, possibly as a therapy concept.

15 d. We encourage receptionists to offer water to any patient who needs it. Coffee and vending machines however are not generally viable and bring with them other issues including plumbing/wiring/cleaning and spillage risk, etc.

Page 7 Response to recommendations

Access 1 a. Continuity can only be provided if we have more regular GPs. I am pleased to say that we have had some success in recruiting Dr. Mohammed who started in June, and I hope to be able to make further announcements in the next few days.

1b. Priority access for one = discrimination for others. All urgent cases are seen quickly and any urgent referrals are made quickly. We will always see patients quickly if they have an obvious need to be seen as a priority. This is why our receptionists ask patients about their appointment need; so we can direct them to a HCA, nurse, Nurse Practitioner or GP as appropriate, to make best use of our clinicians, enabling GPs to see the cases that they need to.

4. We will discuss at staff meeting that communication with patients could be better to ensure that they know what will happen regarding follow-ups and results, etc.

6. We have a good PPG, active and supportive. They do not feel the group needs to increase in size, other than to include representation from the younger families group.

7. It is not as simple as that; the building ownership and reimbursements are complicated, there are restrictions on use for other purposes (retail etc.). It would help protect services here if local nursing homes, who's residents we see, could use our dispensary rather than on-line pharmacies.

Page 8

9. Confidentiality at the desk has improved with the barrier system now in place.

10. Play area / toys etc. Not possible for infection control, but parents welcome to bring their child's own toy or book.

Page 9

4.1. Privacy issue addressed as above

Our receptionist will advise patients if there is a known delay.

There is poor internet speeds and access levels locally so many patients do not have online access to appointments. We are reviewing our website and patient leaflets so will ensure it is promoted in these.

Page 2

I am pleased to announce that we are in the process of appointing, and have offered contracts to, two very experienced doctors to join our team. Additionally, we have also appointed another Advanced Nurse Practitioner, who will enable us to further expand our successful walk-in clinic and assist with home visits. These three new appointments will help take a lot of pressure off our current GPs, and should provide patients with more opportunity to see the GP of their choice and better continuity of care than we have been able to offer recently.

Additional comment September 2016

We will review all of the recommendations and aim to improve areas that we can. Having new doctors on board is already helping!

Malcolm Sampson

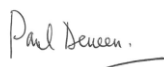
Practice manager

Sign off and comment from Healthwatch Herefordshire Chairman

As chair of Healthwatch Herefordshire, I'd like to thank Kington Medical Centre, the Practice Manager, Malcolm Sampson, staff and patients.

Thank you also to Healthwatch Herefordshire Volunteers Alan Lloyd, Ian Stead 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 41 patients.

| Gender | Under 25 | 26-65 | Over 65 | Total | People with a disability. | English not 1 st language |
|---------------|----------|-----------|-----------|-----------|---------------------------|--------------------------------------|
| Male | 1 | 8 | 8 | 17 | 4 | 0 |
| Female | 3 | 11 | 9 | 23 | 3 | 1 (Hungary) |
| Uncategorised | | | | 1 | | |
| TOTAL | 4 | 19 | 17 | 41 | 7 | 1 |

4.1 Observations and Practice Manager background information.



Observations in brief:

The surgery is spacious and modern.

The atmosphere was welcoming and the environment comfortable, with clear signage, good disabled access and plentiful car parking for all.

There is a dispensary onsite.

Staff were observed during the visit to be friendly and respectful.

From observation two aspects were seen as potentially problematic:

- The reception area/counter does not afford privacy or confidentiality to patients queuing to speak to receptionists.
- There appeared to be no way of knowing how long waiting times are.
- Online booking, translation services and availability of information in different formats did not appear to be advertised at the surgery.
- The electronic display did not seem to display locally relevant information.

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 large rural area and 7,700 patients. Home visits can take 45 minutes. The practice has a few patients as far afield as Dilwyn and Kingsland.

The practice is based in an out of town, large, tailor-made, modern building that was built with lots of users in mind. It is underused.

The practice has had great difficulty attracting GP's. They are striving to offer greater continuity for patients and less reliance upon locum GP's.

They consider that they give a good service to their patients given resources. They have good doctors who are very caring and conscientious, often working very late at night.

The Practice manager was concerned about the locum follow up work that falls to GP's. Whilst unavoidable, it means that the GP's are consequently less available for patients and there is a danger of burn out.

The Practice Manager felt that the introduction of walk-in clinics with excellent nurse practitioners has been popular. Another nurse practitioner is being appointed to expand the walk-in service.

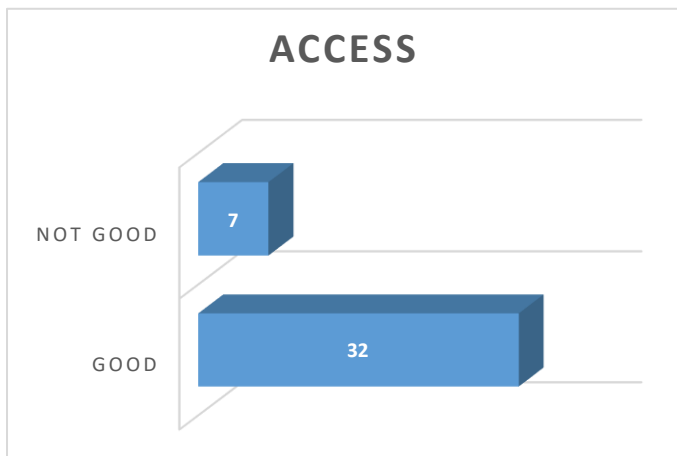
The practice has a PPG (Patient Participation Group) that meets every six weeks with four members.

The surgery is aware that patients are frustrated that they can't always see their own GP.

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

4.2 Access

Of those who discussed this area 82% said that their experience of making an appointment was 'good' (or ok) 18% said 'not good'.



Comments highlighting issues that concerned patients around access were:

“Nightmare to get a GP appointment”.

“There needs to be an easier way to get access to a doctor and a more private way to discuss it. I don’t want to say in public what the issue is. Ideally I want to see my own doctor.”

“Can’t see a partner - would have to wait forever. I ask for a telephone appointment. I

understand but it is more and more difficult.”

“Sometimes hard to get hold of them - when you do you get an appointment quick”.

“Waiting times could be improved”.

“Very poor. Very, very difficult to get an appointment. In the new building the service has gone way down. I’ve had to take grandchildren seven times to ASDA walk in. Since Dr King left - difficult to see a doctor. It doesn’t matter which doctor but you are lucky to see one...”

“Difficult to see a doctor - receptionists ask what’s the matter - get a different one (doctor) each time - not ideal. I was spoilt at New Radnor could go three times a week with no appointments”.

“Keep calling every day- have to wait for the doctor I want - Oct/Nov call to see in January”!

“Telephone rings and rings and rings. With poorly children it is very difficult when the phone is engaged for so long”.

“Horrendous long wait on phone at least 10 minutes - intend to get appointment by phone - so come in. Drop in works but still long waits - 45 minutes”.

“Problem if you want a particular doctor”.

“Sometimes difficult due to shortage of doctors”.

“Ok when desperate but if needed say in three weeks may have long wait - 2 weeks”.

“May have to wait sometime for named doctor - they are stretched”.

“Ok generally, sometimes delays”.

“Could do with a few more doctors -have not seen one for ages...”

“To see a particular doctor wait say 3-4 months”.

“Opening hours intermittent on bank holidays. Hours are ok but would prefer continuity”.

“Would like it same day but not often possible. Drop in clinic but may have to wait two

hours. Have used minor injuries clinic”.

“Prefer regular doctors to locums”.

“No such thing as a family doctor now”.

“You should be able to get an appointment more easily. Elderly seem to be able to get appointments. Children very difficult. I think you should be able to ring in the morning and get an appointment with a doctor that day”.

Comments highlighting positive experiences around access were:

“Has two appointments weekly which are automatically booked in a month in advance. Had received appointment within ten minutes”.

“Delays but all acceptable and reasons for any delay understood”.

“Mainly appointments with nurse - good”.

“Ok now have drop in”.

“Walk in good”. “No problems”.

“I like walk in. Doesn’t matter to me who my doctor is”.

“Can see nurse and Chrissie Johnson excellent. I use drop in - improved”.

“I have a lot of ongoing conditions - lots of appointments at start...Once settled have not had to wait. Tend to use walk in which is fine. I want an appointment straight away so walk in is good. X County, I came from, guaranteed to see you in 24hours! Doesn’t bother me not seeing the same doctor twice”.

“Have appointments two times a week -good”.

“Good, yes, need to keep ringing one day ahead”.

“No problems if don’t want a particular doctor - but if any doctor, ok. Not normally a long wait when come”.

“No problems - been ok. Generally ok”.

“Rings at 8 a.m. - usually ok. Drop in clinic good for kids”.

“Superb”! “No problem”. “Can see any doctor on the same day”.

“Rang today and got one - not my named one - but available”.

“Ok generally, sometimes delays”.

“Better since outside people came to run it”.

“All improved since last autumn - new Practice Manager”.

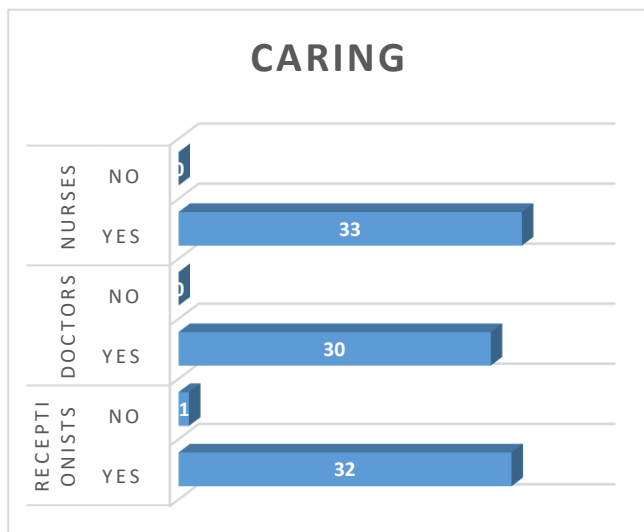
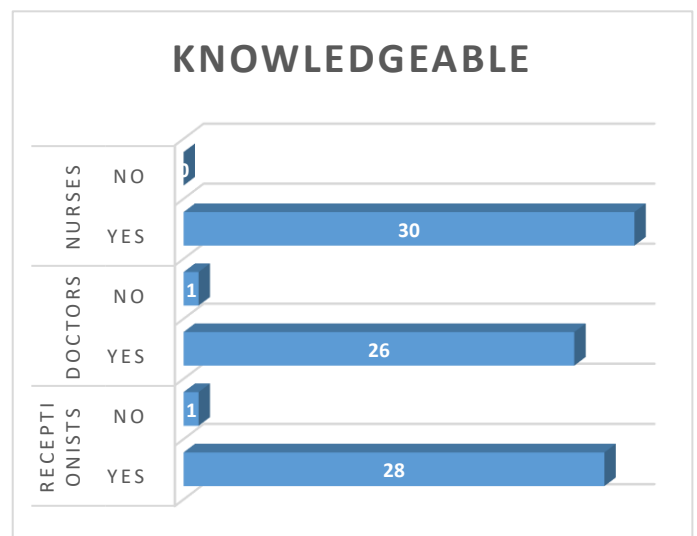
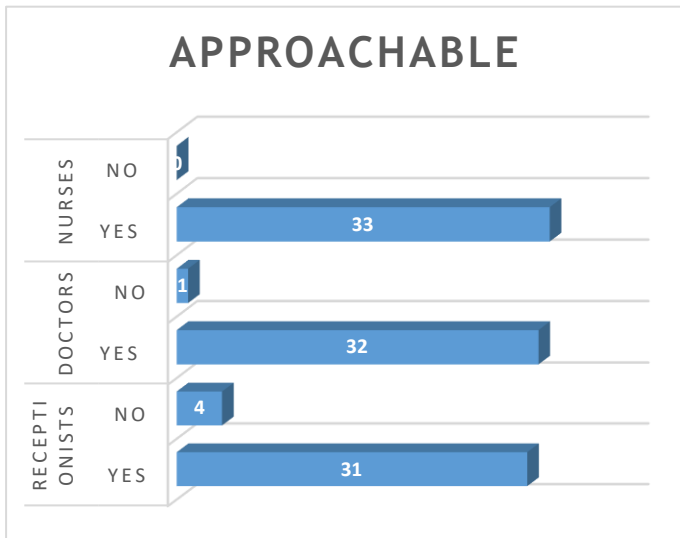
“Mentioned Walk-In surgery as being excellent although ‘clinical and hands-on’ possibly implying emphasis on throughput”.

“Would like continuity. Don’t know how you become a priority to see your own doctor. I have terminal cancer -if I can’t -who can”?

The Kington walk-in unit is a quick way to get a doctor’s appointment”.

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:

“Can be a bit short”. (Receptionists)

“Can give inconsistent advice”. (Doctors)

“Not approachable, knowledgeable or caring when ring”. (Receptionists)

“Most doctors are knowledgeable...”

“Consistency of doctors is important. I saw a locum and reacted to medication. Pity they can’t keep doctors”.

“Look at computer not your face....” (Doctors)

“Look at computer screen rather than you. Lack of local knowledge of locums. Don’t get continuity. Frustrating”. (Someone with terminal cancer.)

“I had really bad hip pain - kept mentioning to doctor. Saw three different locums. First said arthritis. Second - a scan offer was not followed up. It got worse. Third didn’t look at it. Patient was self-admitted to hospital. A deep seated abscess was discovered. Complications followed including acute kidney failure”. Patient felt it would have been picked up if they’d had the one

doctor. However, they had not made a complaint and did not wish to make one. They said, “All staff are ok and the nurses are great”.

“Improve consistency of doctor’s advice”.

“Mainly list so many locums. I always had my own doctor - that is what I miss”.

“The National Health Service is under stress - involves whole UK, junior doctors etc. I worry people want to be locums as it’s more pay”.

Comments that highlighted positive experiences of staff included:

“All positive - full of unreserved praise”.

“Caring and efficient”.

“Praised all staff - quite satisfied as a newcomer”.

“Very well run. Staff are always very pleasant and professional”.

“I like it here, receptionists are lovely and helpful”.

“Chrissie Johnson is excellent”. (Nurse Practitioner)

“All ok”.

“Staff always very nice”.

“Excellent”.

“All good”.

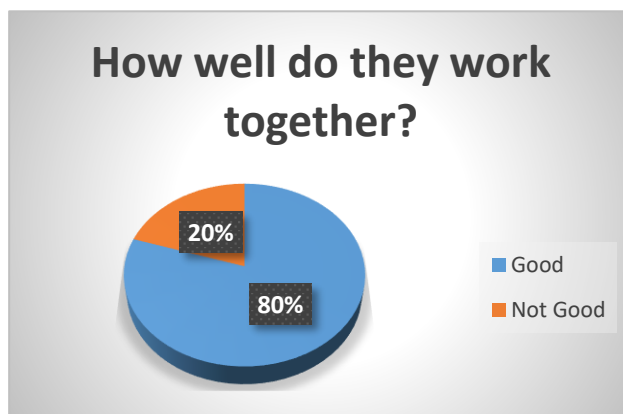
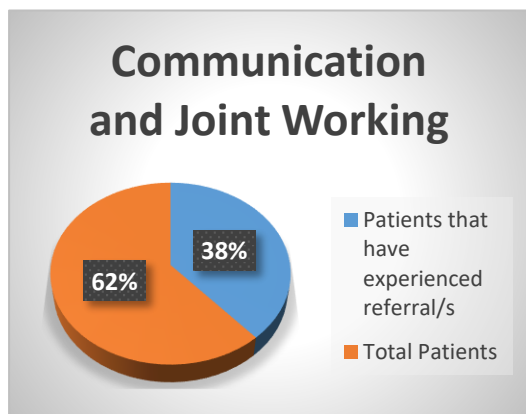
“Treatment as whole, pretty good”.

“Wife collapsed in surgery - staff reacted superbly. Staff excellent. Wrote to thank them”.



4.4 Communication and joint working

24 patients (38%) had experience of referral. Of the 15 that elaborated 80% of these (12) felt services worked well together, 20% (3) felt there were communication issues.



Issues raised were:

“Not happy with how long had to wait and not told why”.

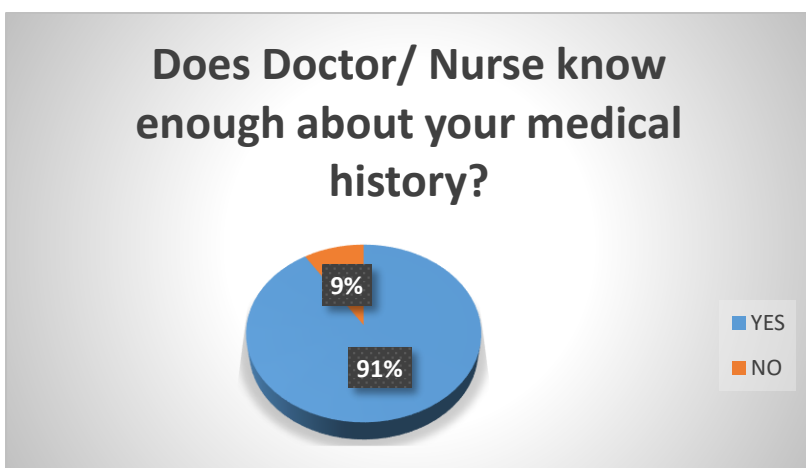
“Don’t work well together. (Pregnancy and Postnatal care). No one talks to each other! Very hard to get continuity. Also experience in eye care - no follow up after hospital treatment. Have to follow up yourself”.

“Breakdown in communication. Leave hospital - don’t have notes - it’s an irritation both ways”.

“Army and medical forms never got sent over. Admin very slow/ non-existent”.

Patients were asked if they felt their doctor/nurse knows enough about their medical history.

Ten patients answered yes, one answered no.



Three made comments:

“They look at the computer not your face”.

“Not always - new doctors don’t know you”.

“Just computer notes”.

“Do locums have the depth of patient medical history in their possession”?

One patient felt a patient passport would help.

4.5 Patient engagement

2 patients gave examples of how the practice has improved by their suggestions.

10 patients suggested their preferred way to give feedback was:



Other comments included:

“I’d be encouraged to give more feedback if the receptionists were a bit nicer”.

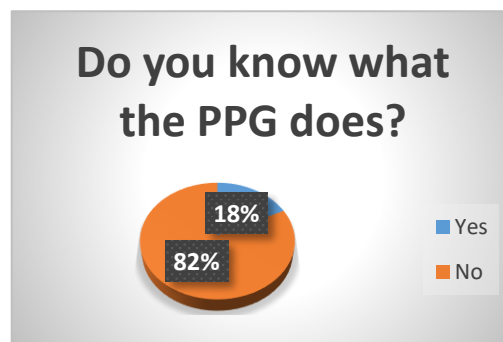
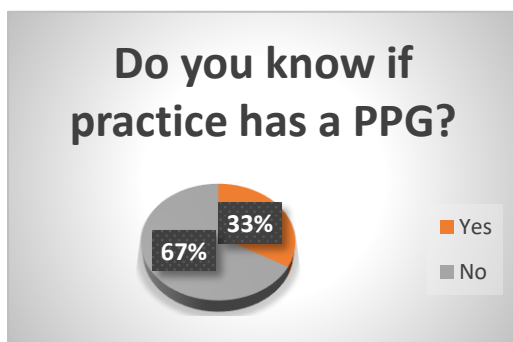
“Has made observations which have been attended to”.

“Most grateful for the attention received”.

33% of twenty one patients that answered this question knew that there was a PPG group.

18% of seventeen patients knew what a PPG does.

29% of seventeen patients said they’d like to hear or get involved in the PPG. Two said they’d like to get involved but left no contact details.

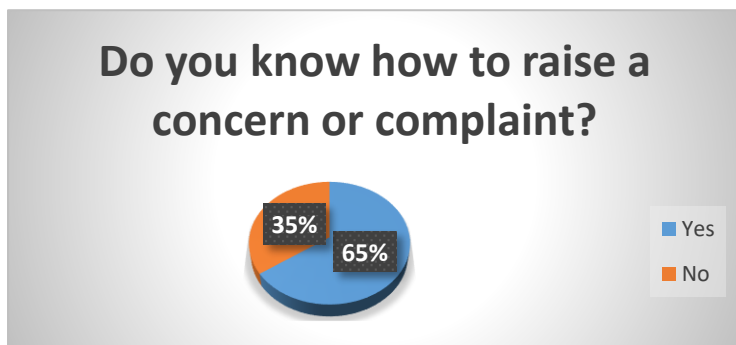


Patients were given slips to fill so that they could be contacted - no patients left contact details.

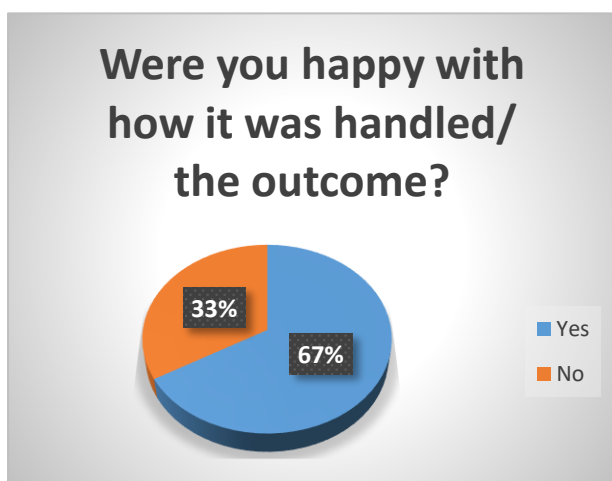
One patient said they were involved in the PPG and it was good.

4.6 Raising Issues

35% of twenty six patients answered that they knew how to make a complaint. 13% of 23 patients had made a complaint (3 patients).



Of the three patients 33% (1) was not happy with how it was handled.



They commented:

“There used to be a suggestion/complaints box. I complained to one of the doctors who was brought to reception. Nothing happened”.

Two were happy with how it was handled:

“Have made observations that have been listened to”.

“I just go and say”.

Other patients commented:

“Most grateful for the attention received.”

“Husband stated that he would never complain in this setting”.

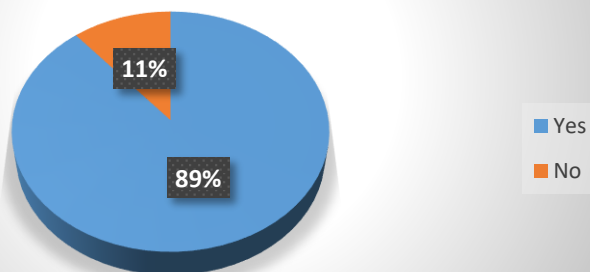
“I am not one to complain, they are all doing the best they can”.

“No complaint though I naturally opposed the closure of the practice branch at Eardisley where I live”.

4.7 Information

Of 27 patients 24 said they knew how to access information including out of hours services.

Do you know how to access information about the surgery.



Positive comments:

“Very impressed -they called an ambulance for me”.

Five people said “Good”.

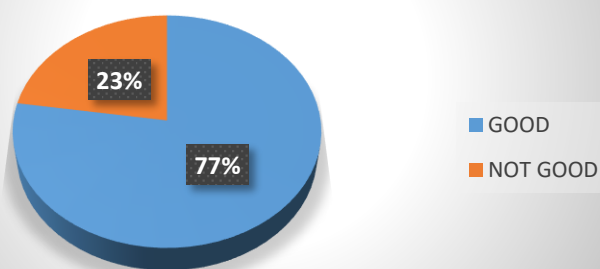
Issues expressed:

“Patient complained vociferously about the irrelevance of the material shown on the digital loop notice boards in waiting room 1”.

4.8 Fabric

Of 31 patients giving feedback about the building and its surrounds 24 said “good”, 7 said “not good”.

Feedback about building and surrounds



Positive Feedback:

“Five star”!

“Brilliant access and building”!

“State of the art”!

“Clean and tidy”.

“Yes, very nice and spacious”.

“One day there were flowers on the desk - brilliant”!

“Good we wanted more space”.

“Much better than old one in town”.

“A privilege to have such facilities especially car park”.

“Wheelchair access is good”.

“Yes, very nice and spacious”.

“Lots of parking -good”.

“I think it is brilliant”!

“Like carpark”.

“I walked to centre”.

Issues raised:

“Coffee machine would be good or even just water like hospital”.

“A bit late but it is far too large. Though there may be activities I don’t know about”.

“Reminds me of Tate Modern! Could show local artist’s paintings. Went from small and homely to vast. They seem to have some difficulty inhabiting it”.

“Not child friendly rooms. No toys. Space encourages children to run about -that bothers other patients. Need little attractive enclosure”.

“Shame is not more here e.g. alternative therapies, dentist more clinics”.

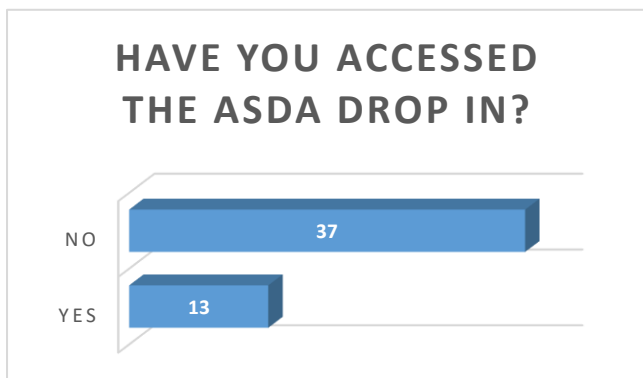
“Does not all seem to be used? Seems extravagant”.

“Pharmacy could be expended as a shop - stuck off road and bend is dangerous”.

“Don’t have enough staff and equipment. Don’t think should have spent so much on building. Still went into hospital for miscarriage. Having a very big building didn’t help. More spent on building not enough on staff”.

4.9 Additional findings

Asda drop in centre



Of 30 patients, 13 had used the drop in centre. Two patients knew about it but had not been.

12 had positive experiences:

“Excellent -you know you’ll wait but know you will be seen”.

“Very good”. (Two patients).

“Used bus to get there”.

“Excellent facility”.

“Ok -quick”.

“All out of hours is good -St. Owen’s too”.

1 raised issues:

“For son in an emergency - long wait”.

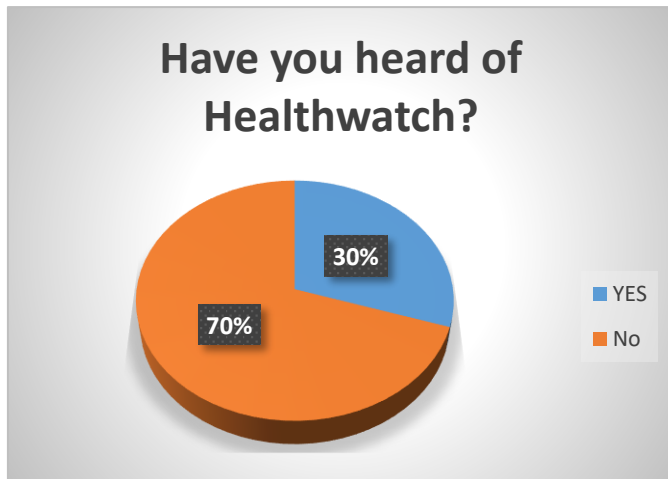
“Brilliant not talk as much. See people fast. Could have been a bit kinder”.

“Dentist emergency treatment - had to pay”.

“Only half an hour wait”.

Patients that have heard of Healthwatch Herefordshire

Of 20 patients that answered this question 6 had heard of Healthwatch and 14 had not



Comments included:

“Most knowledgeable”.

“Member of Herefordshire Cancer User Group”.

“I read the leaflet while waiting for my appointment today”!

Two patients said Healthwatch were “Good”.

Leominster Hospital

One patient commented “Leominster hospital is brilliant”.

5 Appendices

5.1 Observations and Practice Manager background information.

| Surgery Observation Criteria | Comments |
|------------------------------------------------------------------|---------------------------------------------------------------|
| External building condition | Extremely modern and spacious. |
| Internal decoration and furnishings | Excellent. |
| Parking arrangements, including provision for disabled visitors. | Excellent (although one patient commented that it gets full.) |

| 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? | | ✓ | |
| 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? | ✓ | | Play area provided. One patient said it was not child friendly. |
| Is a hearing loop installed? | ✓ | | |
| Are toilets available? | ✓ | | |
| Are hand sanitisers available? | ✓ | | |
| Are there clear notice boards with up to date information displayed? | | | Electronic display. Leaflets on reception desk. |
| Is the information provided available in other formats? | | | Not observed. |
| Are translation services available? Are they advertised? | | | Not observed. |
| Is signage clear and up to date? | ✓ | | |
| Is there a comments/ complaints box available? | ✓ | | |
| 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.) | | | | |
| Communication and Joint Working | Has the doctor referred you for treatment in another service elsewhere? (E.g. hospital, physio, occupational therapy, or other assessments)? | | | | |
| | 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:

GP practice: Kington Medical Practice

Date: 22.04.2016

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.kingtonmedicalpractice.co.uk

Vision, mission and values

We aim to provide high quality medical care to all of our patients while maintaining personal service.

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

Patients can book in person, online or by telephone. Our popular walk in clinic with Advanced Nurse Practitioners(ANP) has been expanded and we're hoping to introduce ANP home visits. Currently there's no capacity for extended hours e.g weekends. Currently it is difficult for patients to see their own GP. We have 2.5 partners. We offer 12 sessions of salaried GP's and 16 locum GP sessions a week, so it is a very difficult period. GP Partners have to pick up admin generated by the locums, which adds to their workload.

An NHS standard model offer per practice is 108 appointments /1,000 patients per week, we offer 124.

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

- Services, *Website*
- Out of hours GP services. *We try not to refer patients to the out of hours services.*
- And how to raise a concern or a complaint. *Staff will refer patients to the Practice Manager or Deputy, or can provide Leaflets (Where to go to take further).*

Do you know which is most used? *Telephone mostly. Poor internet connection locally. We operate a free dispensary service and collects prescriptions - this helps elderly patients. Collect prescriptions from various village locations and deliver medication to patients' homes.*

How are staff recruited and trained?

Very difficult. A new Training doctor will start soon. Hopefully, newly qualified, trainee, or even European doctors will then be able to practice here following mentoring to do their training here. Our HR team are actively looking to recruit from Spain, Portugal, Greece and Italy, where health systems are to a high standard if we cannot find them locally. We are seeking good doctors from wherever we can!

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Any issues with attracting staff with the right qualities and skills? <i>V difficult. We are participating in all local initiatives to attract new GPs to this area and continually advertising.</i></p> |
| <p>What do you look for when recruiting medical and care staff? <i>We are ideally looking for experienced clinicians who can join and bring new specialisations to our existing team and expand the range of services that we can offer patients, but our immediate priority is to find any suitable ones that we can get to reduce our reliance upon locum GPs and to provide better continuity for patients.</i></p> |
| <p>What is your process for dealing with complaints? <i>Reception can refer to the practice manager or deputy - if clinical complaint then to GP Partner - then reviewed as appropriate with learning outcomes. We meet our PPG regularly. Manager writes to acknowledge complaint, investigates, and gives a timely, written response. Reviewed at Service Delivery Team meeting.</i></p> |
| <p>How do you find out the views of your patients? <i>Family and Friends form. Questionnaire year before last.</i></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? <i>4 members. Meet every 6 weeks. Reviewed previous year's complaints. Discuss changes. Pick up phone to quash untrue rumours. Understand difficulties. Help to deal with misinformation.</i></p> |
| <p>Do you have any examples of how you have responded to patient suggestions or complaints to make improvements? <i>Was example last year. We extended walk in service hours to allow access for busy mums -so there's no closure at lunch time and same day appointments for those who prefer. Also, changed our appointment system structure so that less chance of over-running.</i></p> |
| <p>How big is this GP practice in terms of:</p> <ul style="list-style-type: none"> • Capacity for patients and area served - <i>7,700 patients across a vast rural area. A home visit averages 45 minutes travel. Some registrations historically outside our area but we are not allowed to even have a discussion with these patients to suggest they transfer to a practice nearer to them.</i> • Staff - <i>3 salaried doctors =2.5 full-time equivalent. If asked to offer 7 Days of salaried doctors week will gain 2 days, would need 2 more full-time doctors.</i> • Facilities, equipment and services? <i>The large premises, while offering potential for a wider range of services to be offered, are very expensive to run and to maintain, so we are actively seeking other permitted NHS service providers who could utilize our facilities, and current negotiations include a consultant surgeon and a dentist.</i> |
| <p>What does a usual day/week look like? Opening times - (most busy long waiting times) <i>M and T most busy. M busy queues at 8.30. Fri similarly has been busy. M-F 8.30 to 6.00. No Sat, Sun. Appointments stop 5/5.30.</i></p> |
| <p>Who refers patients to you? <i>Self-referral, Midwife, Physio, Scrivens audiology etc.</i></p> |
| <p>Who do you refer patients to? <i>Counselling, Don't refer to out of ours elsewhere, all sorts of consultant specialists.</i></p> |
| <p>Do you think patients receive a good service? <i>Yes. Good doctors -that work very hard and often long hours. Know some patients are frustrated that can't see their own GP every time. Our nursing team receives fantastic support and praise. Patients particularly praise the walk-in service, which we are aiming to expand again with the recruitment of additional clinicians.</i></p> |
| <p>How easy is it for disabled patients to access your services? <i>V. easy. Hearing loop, good access. New purpose-built building.</i></p> |
| <p>How easy is it for patients for whom English is not their first language to access your services? <i>There is a dial-in service at Hereford. Can have a translator come out.</i></p> |



Healthwatch Herefordshire

Telephone: 01432 364 481

Email: info@healthwatchherefordshire.co.uk

Facebook: www.facebook.com/hwherefordshire

Twitter: [@HWHerefordshire](https://twitter.com/HWHerefordshire)