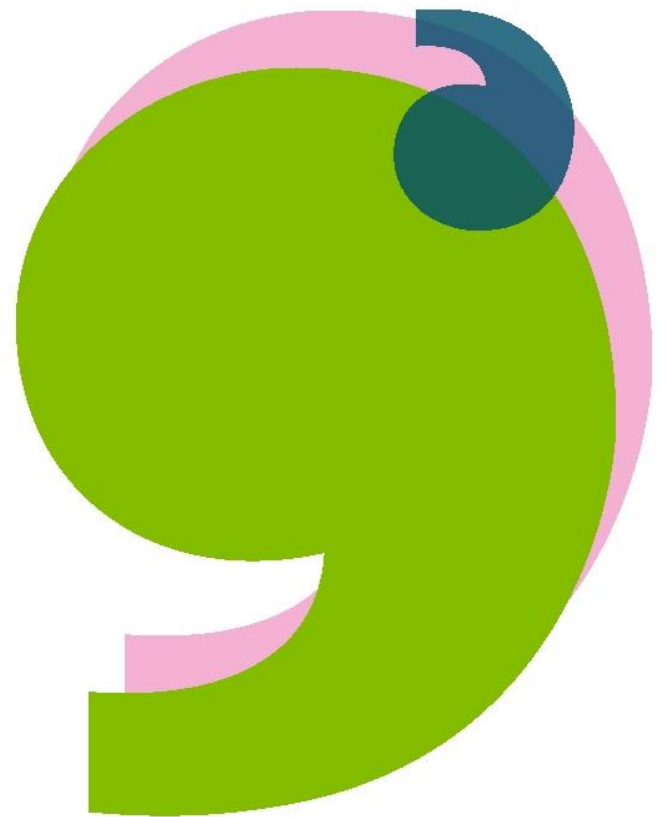




Enter and View report

Golden Valley Medical
Practice

Date: Tuesday 24th May 2016



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1 Introduction

1.1 Details of visit

Details of visit	
Service address	Golden Valley Medical Centre, Ewyas Harold, Herefordshire, HR2 0EU
Service provider	Ewyas Harold surgery, Golden Valley Medical Practice
Date and Time	Tuesday 24 th May, 8.30 -11.30
Authorised Representatives	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. Most patients were happy with the appointments system.
2. Many patients commented that if you are prepared to see any doctor, you can get an appointment any day but for the same doctor it will take longer, two said three weeks, one said five weeks.
3. Many are happy and said they'd had the same doctor for years.
4. For complex issues, patients felt that it was important to have the same doctor for continuity.
5. Most patients don't mind seeing locums, although one locum had been complained about. The patient was happy with the outcome.
6. Patients were all very positive about staff -receptionists, nurses and doctors.
7. A concern was raised regarding receptionist and doctor's understanding of mental health issues.
8. Many patients mentioned using the Internet to access information and that it was up to date.

9. Most patients commented that they had never had a need to complain. Three patients had made complaints and were happy with how they were dealt with and the outcome.
10. Patients expressed their preference for method of giving feedback to the surgery as Suggestion box, Internet, or talk directly to staff.
11. Most patients didn't know if there was a PPG or what it was. Only one said they knew. Two patients were interested in being contacted by the PPG or getting involved.
12. In terms of the fabric of the building and site, the greatest concern was the lack of parking at busy times. One patient said the door was difficult when walking with a stick.
13. Patients that had experienced referrals elsewhere were very pleased with the way the surgery handled communication and joint working. A few said the surgery was supportive in chasing slow results from elsewhere and were good at follow up. One mentioned positive feedback, with referral to Nevill Hall Hospital which was more convenient for the patient.
14. Comments were generally very complimentary.

3.2 Recommendations

Access

1. Consider prioritising patients with complex issues and emerging conditions to be given a named doctor for continuity of care.
2. Consider ways to inform patients of waiting times and aim to reduce them.

Staff

3. Explore staff understanding and awareness of mental health, identify and address any training needs.
4. Share findings of report with staff and let them know that patients are appreciative of their expertise and caring.

Communication and Joint working

5. Continue to support patients that experience issues around referral e.g. appointment or result delays. The patients value this approach greatly.

Patient Engagement

6. Continue to offer a range of ways for patients to give feedback and make suggestions. A suggestion box (which you have) was most popular. Supply Healthwatch Herefordshire information to offer an alternative way for patients to give confidential feedback.
7. 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.

Raising Issues

8. Continue good practice regarding complaint resolution. Patients were very happy with the way that you do this. Consider how to make the process feel less intimidating for patients experiencing mental health issues.

Information

9. A lot of patients in this rural practice (in this sample) appear to use the Internet to access information about the practice. Continue to ensure its content is up to date.

Fabric

10. Consider ways to improve access for patients with mobility issues e.g. fitting an electric power assist door opener.
11. Consider how reception privacy and confidentiality might be improved further.
12. Consider options for overflow car parking to ease the main area of patient concern at peak times.
13. Consider ways to refresh and update waiting room which is looking tired.

3.3 Service Provider Response

1. Consider prioritising patients with complex issues and emerging conditions to be given a named doctor for continuity of care.

Every patient has a named Doctor but can see which ever Doctor they choose. We have got specific Doctors that look after certain conditions e.g. Diabetes and patients are sent letters to book in with them. If Doctors wish to continue to see a patient with a specific condition they usually ask the patient to book their follow-up with them.

2. Consider ways to inform patients of waiting times and aim to reduce them.

Our Receptionists do let the patients know if the doctor is running late due to emergencies etc. We have reduced waiting times recently and hope to continue to do so.

Staff

3. Explore staff understanding and awareness of mental health, identify and address any training needs.

We have undertaken some training in this area as part of our staff training programme but will be revisiting this topic as part of our ongoing training.

4. Share findings of report with staff and let them know that patients are appreciative of their expertise and caring.

We will share findings of the final report at our next staff meeting which is being held in November.

Communication and Joint working

5. Continue to support patients that experience issues around referral e.g. appointment or result delays. The patients value this approach greatly.

We will continue to support our patients.

Patient Engagement

6. 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.

We have got a suggestion box and have a poster and leaflets about Healthwatch in the waiting room.

7. 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.

We have a poster in the waiting room with information about the PPG and asking for volunteers to be involved. We will continue to listen to our patients to help us improve our service.

Raising Issues

8. Continue good practice regarding complaint resolution. Patients were very happy with the way that you do this. Consider how to make the process feel less intimidating for patients experiencing mental health issues.

We will continue with our processes for complaint resolutions. As part of our ongoing training we will look at how we can to make it an easier for patients who are experiencing mental health issues.

Information

9. A lot of patients in this rural practice (in this sample) appear to use the Internet to access information about the practice. Continue to ensure its content is up to date.

We will continue to keep our website up to date.

Fabric

10. Consider ways to improve access for patients with mobility issues e.g. fitting an electric power assist door opener.

We will look into fitting an electric power assist door opener to improve access.

11. Consider how reception privacy and confidentiality might be improved further.

This is an area that we have struggled with for a long time and unfortunately we are tied with the layout of the building. We have had an expert opinion from the Medical Protection Society on how we could improve the situation but they could not come up with any suggestions. We have notices up asking patients to respect others and step back to allow some privacy and the Receptionists are very aware of the problem and do offer a private room if required.

12. Consider options for overflow car parking to ease the main area of patient concern at peak times.

Plans have already been made to improve parking by using the the old Roman Catholic Church site next door.

13. Consider ways to refresh and update waiting room which is looking tired.

We have had new chairs, blinds and the waiting room redecorated.

Alex Price

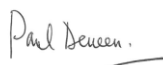
Practice Manager

Sign off and comment from Healthwatch Herefordshire Chairman

As chair of Healthwatch Herefordshire, I'd like to thank Golden Valley Medical Practice, the Practice Manager, Alex Price, staff and patients.

Thank you also to Healthwatch Herefordshire Volunteer 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 23 patients.

Gender	Under 25	26-65	Over 65	Total	People with a disability.	English not 1 st language
Male	2	5	4	11	0	0
Female	0	7	5	12	2	0
Uncategorised				0		
TOTAL	2	12	9	23	2	0

4.1 Observations and Practice Manager background information.



Observations in brief:

The surgery is fairly old but adequate. The atmosphere was welcoming and the environment a little tired, but comfortable and clean. There was clear signage and a ramp for disabled access leading to the door into reception.

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

There is a dispensary onsite.

From observation two aspects were seen as potentially problematic:

- The side hatch affords some privacy if there is no queue or patients walking past. At peak surgery times this is likely to occur.
- There is a small car park which is full at peak times.
- There appeared to be no way of knowing how long waiting times are.
- The following were not observed to be present:
 - Translation services and availability of information in different formats did not appear to be advertised at the surgery.
 - PPG 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 5,800 patients from 10 villages and surrounds.

The practice lost a doctor and are trying to recruit to replace. An advert gave rise to only two not appropriately qualified doctors from abroad. The practice have a doctor that they share with Kingstone.

Although the building is a little old, the Practice Manager felt there were no major problems with the exception of the N3* connection which is very slow but secure.

The practice manager considered that the patients receive a good service:

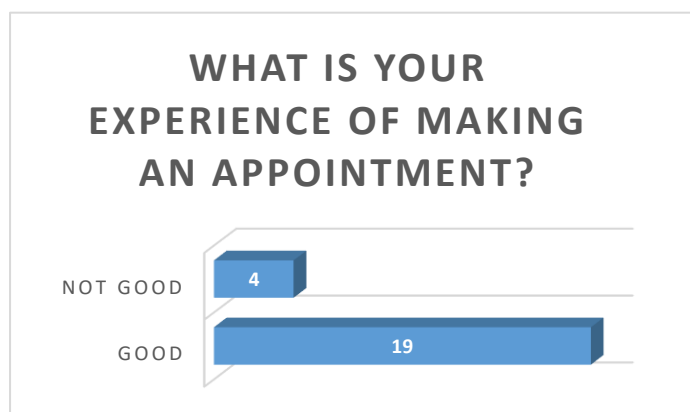
“It is generally a caring practice. We did have five GPs and now have 4. We are building up again and that has been hard. Patients expectations are high having experienced a very stable history of long serving GPs, managing those expectations is hard”.

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

**N3 is a computer network, connecting many different sites across the NHS within England & Scotland. It also connects to other networks via the Internet.*

4.2 Access

Of those who discussed this area, 83% said that their experience of making an appointment was ‘good’ (or ok) 17% said ‘not good’.



Comments highlighting issues that concerned patients around access were:

“Calling early is hard for young people!”

“Not easy. I book online. Sometimes no time slot. Wait a week”.

“Peterchurch is hard - here is good”.

“Quite easy but not same doctors. No continuity of care. May be three weeks if named doctor requested. The wait in the waiting room can be half an hour to an hour. Twenty minutes average”.

“Sometimes a long wait. 5 minutes today”.

“Ok if need emergency appointment, otherwise not good. I often go to Peterchurch.

It would be nice to have a specific doctor if you have complex issues”.

“Good but have waited five weeks to see a specific doctor. The wait in the waiting room can be long. An hour”.

“Not keen on locums. At one time it was difficult to get the doctor you wanted. But improved. They have knocked some of the corners off”.

Comments highlighting positive experiences around access were:

“Perfect surgery. Good doctors, sound receptionists. My doctor is very caring. Extremely happy with it. But I’ve been with them a long time”.

“Good. Really good”.

“Easy”.

“Straightforward”.

“Ok, 1-2 weeks if see particular doctor, quicker if not”.

“Good to get prescription here”.

“Usually less than a week”.

“Don’t have to wait long once here”.

“No delays”.

“Can be a few days but usually ok”.

“Generally very good. Takes one day only. One week for a named GP”.

“All practice staff OK”.

“Generally very happy. Very lucky compared with others. Very happy”.

“No delays”.

“Not bad, usually same day or within twenty four hours”.

“No problems. Can get an appointment that day, in emergency, for my wife”.

“No problems”.

“Can see same doctor when I want to”.

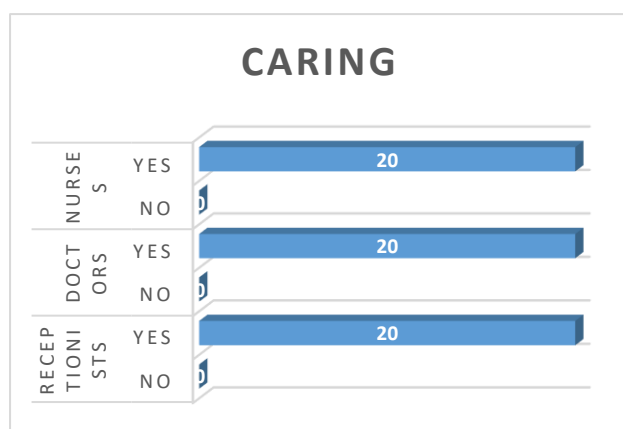
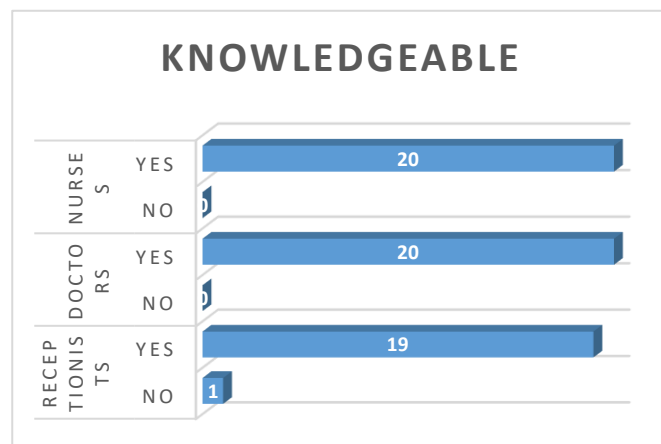
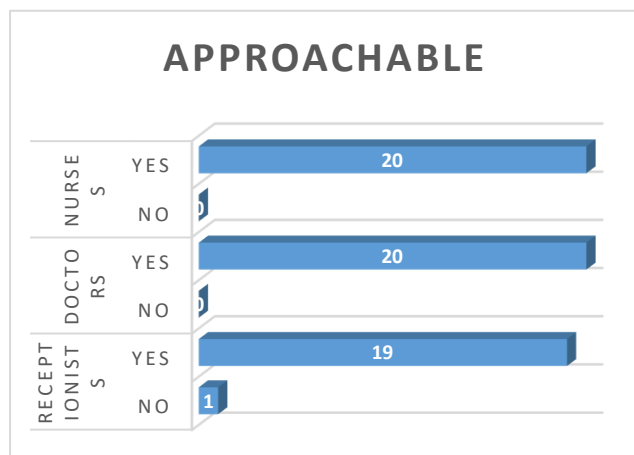
“Fine”.

“Pretty good”.



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:
“Very nice. Ok normally. Helpful but can be rushed”.
“On the phone the receptionists were not very understanding. About a mental health assessment. Not very understanding. Don’t

understand. Not approachable or knowledgeable. I’ve a feeling there are border issues - Welsh/English - and issues around awareness and knowledge of mental health”.

Comments that highlighted positive experiences of staff included:

“Extremely good. I had an unusual condition that the doctor hadn’t seen for thirty years - he was on to it straight away. Very good”.

“All good. All ok no complaints”.

“Staff generally good”.

“I feel safe with my normal doctor”.

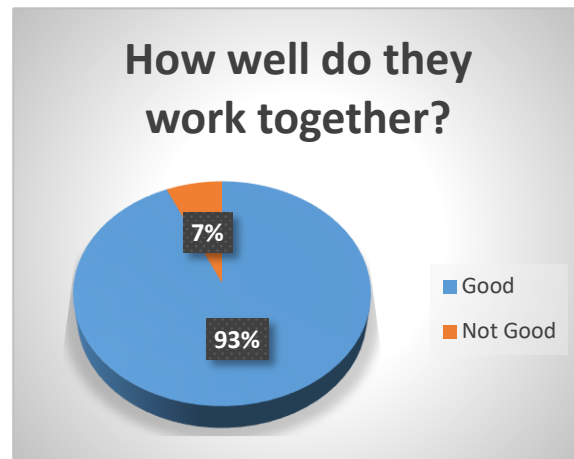
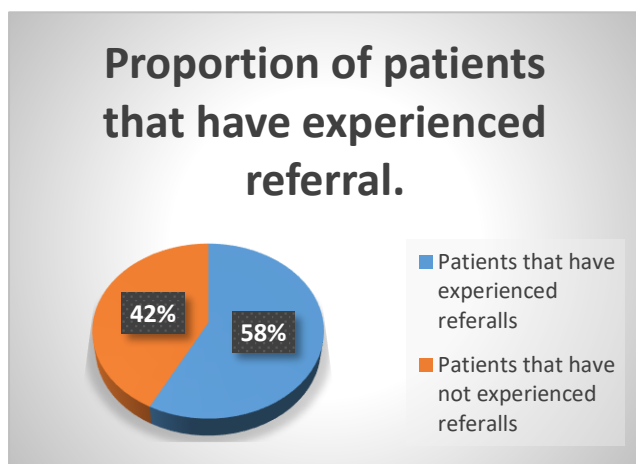
“A good doctor left but it is still ok. All very good”.

“Helpful. Refer to right person”.

“I’m lucky I go to the same doctor. I am quite happy. I like continuity”.

4.4 Communication and joint working

14 patients (56%) had experience of referral. Of the 14 that elaborated 93% of these (13) felt services worked well together, 7% (1) felt there were communication issues.



Positive experiences included:

“Recently it has been better. (Gynaecology). Here they tell you about a referral. They are very helpful and chase up appointments/results well”.

“Delays are not the fault of this surgery. Admin here is good”.

“They work together very well”.

“From here good. Have had to chase up hospital who are slow. They are excellent at chasing up appointments”.

“Live on border with Wales. Can be referred to Nevill Hall Hospital”. (Good)

Issues raised were:

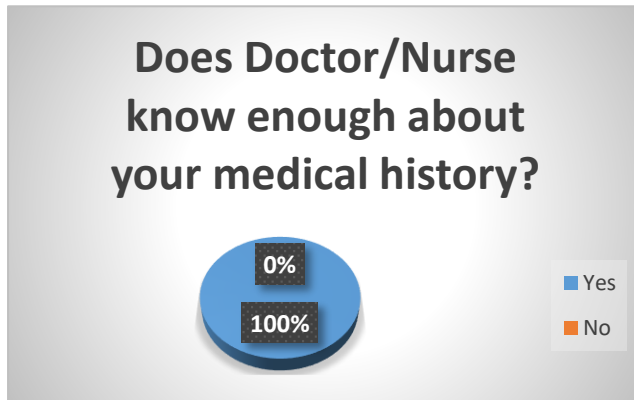
“Don’t get all information back here. Not all. Just so much of it. Could be an England Wales problem”.



All ten patients that answered this question said that their doctor/nurse explained everything in a way that they could understand.

One said: *“Very well”*. Another said: *“If they didn’t I’d ask”*.

Eight patients were asked if they felt their doctor/nurse knows enough about their medical history. 100% said yes.



Three commented:

“I have lengthy notes! In spite of turnover - Yes - it is reassuring”.

“I go to the same doctor - he knows me”.

“With some you feel you have to repeat yourself”.

4.5 Patient engagement

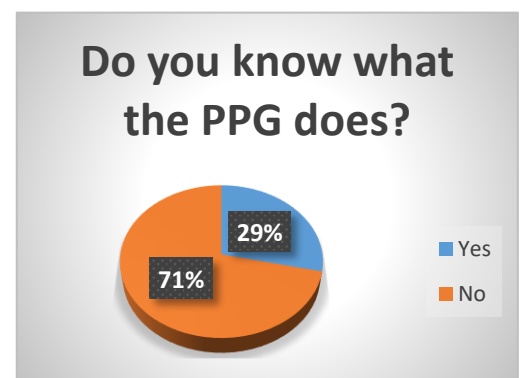
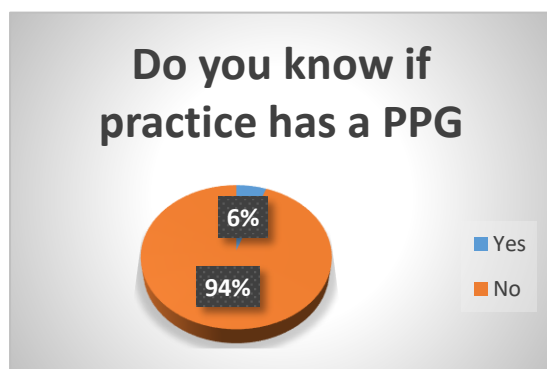
Two patients gave examples of how the practice has improved by their suggestions. Ten patients suggested their preferred way to give feedback. 50% preferred a suggestion box.



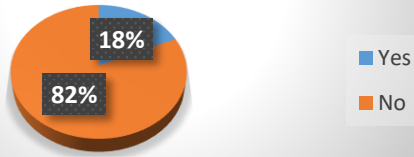
Other comments included:

“I would do Online to make coherent”.

6% of patients that answered this question knew that the practice has a PPG, 29% knew what one was.



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



Patients were given slips to fill so that they could be contacted - 2 patients left contact details.

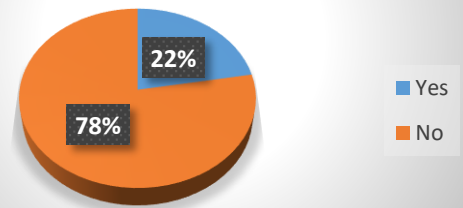
4.6 Raising Issues

48% of 21 patients answered that they knew how to make a complaint. 22% of 18 patients had made a complaint (4 patients).

Do you know how to raise a concern or complaint



Have you ever made a complaint?

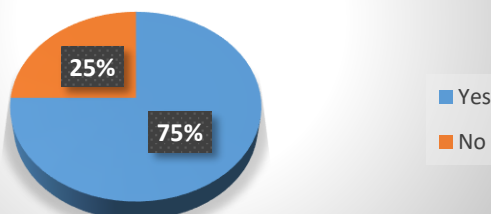


Of the four patients 25% (1) was not happy with how it was handled.

They commented:

"Long time ago. Not good". (Didn't expand.)

Were you happy with how it was handled /the outcome?



Three were happy with how it was handled:

"Well resolved".

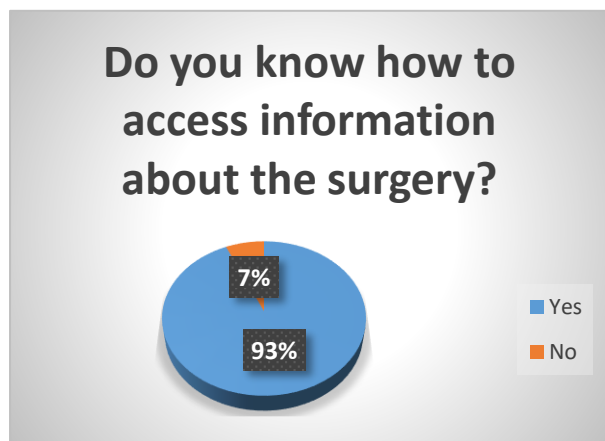
"Very happy".

Another patient commented that they had not made a complaint and wouldn't know how:

"I would feel quite intimidated".

4.7 Information

Of 15 patients 14 said they knew how to access information including out of hours services.



Positive comments:

"I access online".

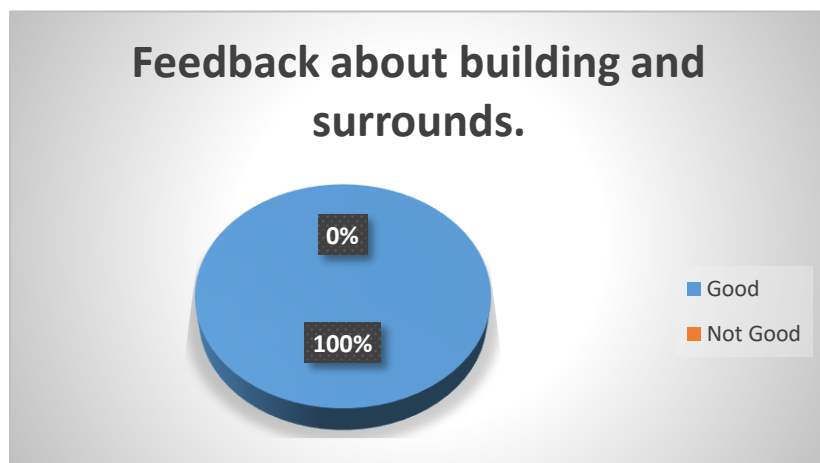
"I use the Internet and look at notices".

"Internet is good".

Issues expressed:

4.8 Fabric

Of 16 patients giving feedback about the building and its surrounds all said "good".



Positive Feedback:

"All ok and comfortable".

"People happy with it -all ok".

"Great as far as I'm concerned".

"Very lucky. Clean and pleasant".

"Lovely, pleasant".

Issues raised:

"Door is a little difficult walking with a stick".

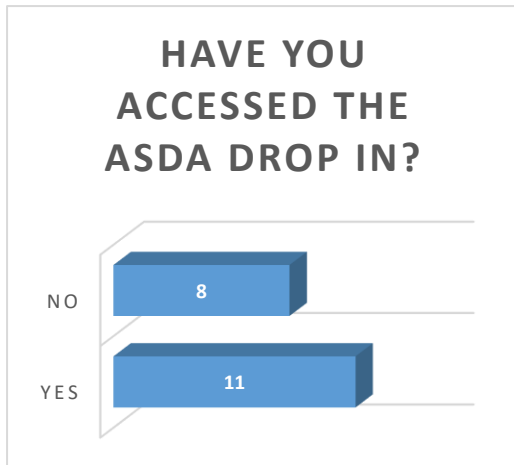
"Car park sometimes full".

"Car parking sometimes difficult".

"It's a job to park here".

4.9 Additional findings

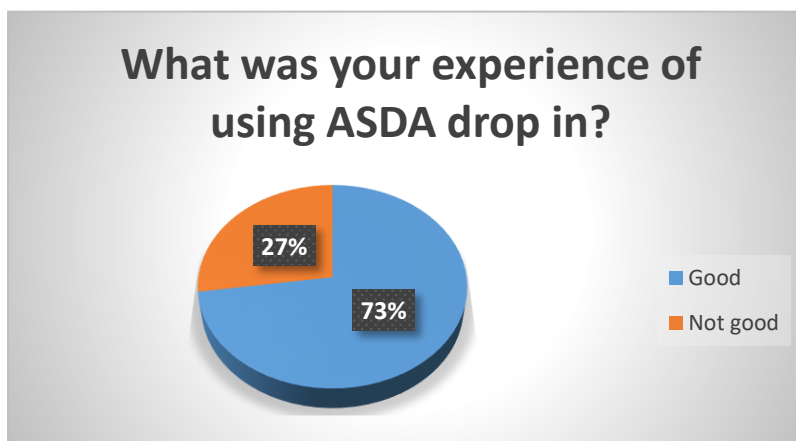
Asda drop in centre



Of Nineteen patients, eleven had used the drop in centre.

One that hadn't said:

"No but I know about it and I would".



Three raised issues:

"Boring waiting. Not very nice there late evening. Teenagers hanging about after dark".

"Went with my son - a long wait".

"Misdiagnosed. One GP is not good".

Eight commenting on their experience had positive experiences:

"My wife was delayed but when I went it was ok and with my daughter it was quick".

"Very helpful. Not a long wait, less than an hour".

"Long wait, alright once seen - then quick".

"Long wait and limited resources".

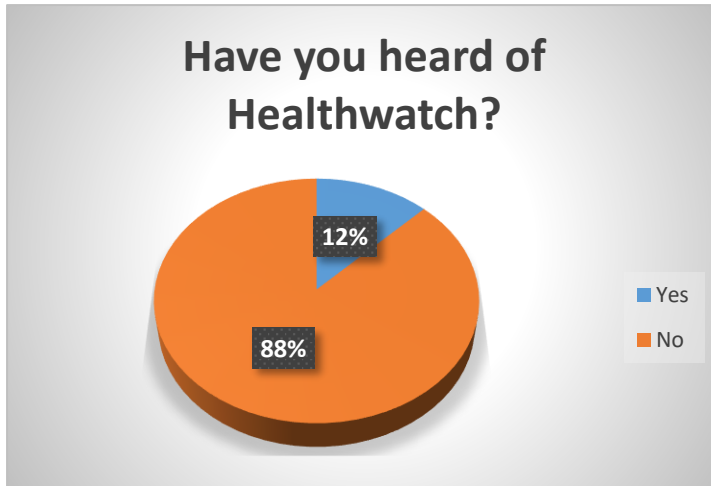
"It's a very good out of hours service especially when you have ill children".

"It's ok. If you can't get in here it is very reassuring to know it is there".

"Excellent - I went with my grandson".

Patients that have heard of Healthwatch Herefordshire

Of 8 patients that answered this question 1 had heard of Healthwatch.



5 Appendices

5.1 Observations and Practice Manager background information.

Surgery Observation Criteria	Comments
External building condition	Fairly old but adequate.
Internal decoration and furnishings	Welcoming atmosphere. Environment a little tired but comfortable and clean.
Parking arrangements, including provision for disabled visitors.	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?	✓	✓	The side hatch affords some privacy If there is no queue or patients entering surgery or walking past.
Are reception staff approachable and friendly?	✓		
Is there a call system for appointments?	✓		
Are waiting times displayed/patients informed?		✓	
Is online booking advertised?	✓		
Is the waiting room child friendly?	✓		
Is a hearing loop installed?	✓		Available.
Are toilets available?	✓		
Are hand sanitisers available?	✓		
Are there clear notice boards with up to date information displayed?	✓		
Is the information provided available in other formats?			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?			Not observed
Are the names/ photographs of GP's and staff at the surgery displayed?	✓		

5.2 Survey used as a basis for patient conversations

GP Surgery Enter & View Conversation based questionnaire

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

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

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

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

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

5.3 Background information supplied by practice manager

Enter and View Initial Meeting

GP Practice Manager: Alex Price

GP practice: Golden Valley 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.goldenvalleypractice.co.uk

Vision, mission and values

Our primary focus and our reason for being General Practitioners is providing the highest quality general & family medicine.

Delivering a full range of general and value added medical services in the local community that we serve in a safe, nurturing, welcoming environment expeditiously with sensitivity to demographic variation.

To provide more preventative medicine and intermediate care for our increasing older population ensuring they avoid preventable health and social crises thereby optimising their wellbeing and quality of life.

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

Are you happy with your appointments systems?

Online and telephone. We have a mixture of routine, urgent and telephone consultation appointments which works well. We do try and see our patients as soon as is possible in an appropriate, timely manner.

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

Services. **Website, NHS choices, posters**

Out of hours GP services. **Posters**

And how to raise a concern or a complaint. **Poster + complaints procedure leaflet**

Do you know which is most used? **Telephone**

How are staff recruited and trained?

We usually advertise through local newspapers and train our dispensers through Buttercups for NVQ level 2 in Pharmaceutical services. We complete mandatory and other training through in-house, face to face, and online training.

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

We've not encountered any issues recruiting staff but have found that applicants for Dispensary posts do not usually have dispensing qualifications but we do offer this training.

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

Appropriate qualifications, competent, good references, and a caring attitude and will fit in well with team.

<p>What is your process for dealing with complaints?</p> <p><i>Book appointment if needed but will try to see then and there. Ask for a written complaint if severe. Practice Manager discussion and will ask to be joined by an external neutral independent GP if required. Depends on complexity. Can go further.</i></p>
<p>How do you find out the views of your patients?</p> <p><i>Used a paid company year before last. We did a satisfaction survey in November 2015 which found % satisfaction had gone down; after discussion with the PPG it was thought that this could have been due to the time of year and also due to low response numbers so it was suggested repeating it again in May 2016. Receptionists give out the survey questionnaires to our patients but unfortunately they don't always like to fill them in. We also take note of NHS choices. PPG also give us feedback and we have a suggestion box in the waiting room. We are also taking part in the Friends and Family survey.</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?</p> <p><i>We meet once every quarter. We invited lots of patients from all areas of the locality, ages, sex and ethnicity when initially setting up the group - there is approximately 18 members that regularly attend the PPG meetings.</i></p>
<p>Do you have any examples of how you have responded to patient suggestions or complaints to make improvements?</p> <p><i>Chair put in hallway as response to suggestion box request. Increased communication in local publications in response to request.</i></p>
<p>How big is this GP practice in terms of:</p> <p>Capacity for patients and area served. <i>Very large rural area. 5,800 patients. 10 villages.</i> Staff. <i>We lost a doctor recently and are trying to recruit to replace but do have a salaried doctor that we share with Kingstone. Advertised twice and only received 2 applicants but they were not appropriately qualified from abroad. Find networking works best.</i> Staff hierarchy. <i>3 Partner GP's, a salaried GP, 3 Practice Nurses, 3 Health Care Assistants, a Practice Manager, an Office Manager, a Dispensary Manager, 11 Dispensers/Receptionists, 2 Telephonists, 2 Secretaries and 3 cleaners.</i> Facilities, equipment and services? <i>No problems. N3 connection is very slow but secure.</i></p>
<p>What does a usual day/week look like? Opening times - (most busy long waiting times)</p> <p><i>8 a.m. - 6 p.m. Monday to Friday Surgery times are usually 8.30a.m.-11.30a.m. and 2.30p.m.- 5.00p.m.or 3p.m. to 5.30p.m.</i></p>
<p>Who refers patients to you? <i>Self-referred.</i></p> <p>Who do you refer patients to? <i>2ary care e.g. hospitals, specialists.</i></p>
<p>Do you think patients receive a good service?</p> <p><i>Yes, we are a caring practice and try to do our best for patients. We did have 5 GP's now have 4. Finding and recruiting a suitable replacement has been hard. Patients have high expectations having experienced a very stable history of long serving GPS.</i></p>
<p>How easy is it for disabled patients to access your services?</p> <p><i>We do have a ramp to enter the building and the Surgery is on one level but unfortunately not automatic doors at the moment.</i></p>
<p>How easy is it for patients for whom English is not their first language to access your services?</p> <p><i>We have simple to use translation books but have not had any patients as yet that have required them. We also have a telephone number for a translation service we can ring if we need to.</i></p>



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