



Enter and View Report

GP Access at Stockton Heath Medical Centre

Visit: 7th October 2016

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Background

What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services.

What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Warrington has safeguarding policies in place which identify the correct procedure to be taken.

Disclaimer

Please note that this report relates to the findings observed on the specific dates set out below. This 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.

Acknowledgements

Healthwatch Warrington would like to thank the staff, in particular Karen Chriscoli (Practice Manager), for taking the time to show the visiting team round and for answering their questions. We would also like to thank our trained volunteers for their contributions.

Background and Purpose of the visits

Healthwatch Warrington made the decision to visit GP practices within the borough; with a focus on access and the general environment of surgeries. This is because access to primary care services (mainly GPs) has been identified as a recurrent theme within the public feedback data collected by Healthwatch Warrington.

GP access is often highlighted as a problematic aspect of patient experience, with common issues including; difficulties encountered when booking appointments, a lack of appointment availability and communication problems. However, public service reviews also hint at areas of good practice that could be highlighted and shared. Therefore, our authorised representatives visit GP practices in different clusters to gather feedback directly from patients and conduct specialist Enter & View visits.

Healthwatch Warrington engages with local Patient Participation Groups, GP practices and partner organisations to share our findings and help make improvements through recommendations.

Details of the Visit

Location

The visit took place at Stockton Heath Medical Centre, The Forge, London Road, Stockton Heath, Warrington, WA4 6HJ.

Date/Time

The visit took place on Friday 7th October 2016, from 10:30am - 12:30pm.

Authorised Representatives (Visiting Team)

Esstta Hayes - Healthwatch Warrington, Authorised Representative

Jim Sinnott - Healthwatch Warrington, Authorised Representative

Paul Mendeika - Healthwatch Warrington, Authorised Representative

GP Practice Staff

Karen Chriscoli, Practice Manager

Description of the Surgery

Stockton Heath Medical Centre belongs to the South GP cluster and is situated nearby Stockton Heath Village and St Thomas Church.

At present, the surgery has approximately 16,000 registered patients. As well as general consultations, the surgery provides a range of additional clinics and services, including; ear syringing, women's health services (contraception advice, vaginal pessaries, implants and coil fitting), minor operation surgeries, abdominal scans once per week, bloods, leg ulcer and complex wound management, dressings clinics, diabetic and asthma appointments and spirometry clinics.

In April 2016, the Care Quality Commission (CQC) rated the surgery as overall 'good' in its inspection report.

Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington E&V Consultant and some text has been formatted to allow for easy reading; however the essential facts of the visiting team's reports have not been altered.

Observations from the Visit

External Access and Appearance

The surgery building is approximately 200 yards away from car parking and main bus stops that head to and from Warrington town centre.

The surgery building can be reached from London Road via a footpath, which is indicated by a small blue fingerpost sign on the street. However, there is no similar signage in place for visitors accessing the surgery via the nearby car park. The visiting team felt that it would be a good idea to introduce directional signage here as well.

The car park is free for up to one hour, with disabled parking bays and family friendly parking spaces close to the surgery's passageway. Additional accessible parking spaces would be beneficial.

However, the passageway leading up to the surgery building was poorly lit, uneven and narrow in some areas. The visiting team also noticed that fallen foliage had covered some of the pathway, which could present a slipping hazard when wet, which some older patients also highlighted during the visit. It would be a good idea to increase lighting here and clean away fallen leaves on a regular basis. The visiting team also noted that there is good walk through access to a nearby pharmacy.

On the approach to the surgery's front door, there are both ramps and steps in place to provide better disabled access (or visitors using buggies). The ceiling lights on the porch were not lit during the visit and visibility was poor here.

The visiting team also noticed an 'A' frame outside the door (announcing flu jab clinics) and considered that this could cause an obstruction to wheelchair users, or those with larger buggies. As an alternative arrangement, this sign could be moved away from the front door, or simply attached to the brick wall surface (immediately where the 'A' sign was positioned).

The front door is not automated and opens outwards. This could make door access very difficult for wheelchair users, or parents with pushchairs. The brick area outside the surgery could benefit from some plants to help surrounding appear more cheerful for visitors. There are large letters on the surgery building itself, which state its name. However, some of these letters are now missing and should be replaced, to improve appearance and identification of the building.

Reception Area

The reception area is an open space, in which sound carries; patient confidentiality is limited as a result. However, an advisory sign requests that queuing patients maintain a certain distance from the reception desk for privacy purposes. There is a user-friendly electronic booking in system in place near the front entrance. However, this could be difficult for wheelchair users to use due to its positioned height. The visiting team were asked to sign in/out upon arrival and exit. This indicates an effective monitoring of visitor flow by reception staff.

During the visit, three polite and informative members of staff were operating the reception desk. However, patients that the visiting team spoke with commented that it was unusual to have more than one receptionist at the desk at once. The visiting team noted that this apparent increase in reception staff could have been due to the busy flu vaccination clinic running during the visit.

As for the visiting team's suggestions, the reception desk could better cater for the needs of wheelchair users if it were at a lower/dropped height, even in one section (such as on its left side).

Also, the introduction of low level music from a radio and better lighting could help to improve the overall ambience of the reception area. Furthermore, notice boards in this area could be better organised and require updating (for example, one notice was positioned close to the floor and would be very difficult for patients to read).

Waiting Room / Seating Area

The waiting room appeared to offer sufficient seating for patients and visitors. The chairs provided were of a similar height and material - only one chair had arm rests. As such, the surgery could help to improve access for patients with mobility issues by providing more chairs equipped with arm rests and adjustable / lower heights.

In terms of entertainment, there is a children's area in the waiting room. However, the amount of toys and books was relatively limited. There is also a lack of reading material available for patients that are waiting to be seen. The visiting team noticed a TV screen. However, this was not switched on until later in the visit.

Accessible information is provided within the surgery; including lots of campaign posters and signage on display. The pharmacy could also be accessed via this area.

Additional Facilities

The Practice Manager told the visiting team that the following additional access facilities are available to the surgery's patients; a wheelchair ramp, a hearing loop, disabled parking space, disabled toilet facilities, along with British Sign Language support and a translation service.

Dementia Friendly Approach

The visiting team noticed that the surgery's flooring displayed a mixture of different patterns, which is not suitable for some patients with dementia. In addition, the visiting team could not locate a visible calendar or clock and did not observe a call out system being used.

Navigation around building

The visiting team noted that there did not appear to be consistent signage throughout the surgery to help patients navigate their way around the building.

Cleanliness and Maintenance of Communal Areas

The visiting team noted that the surgery was clean; there were no odours within the building and general maintenance levels were acceptable. The surgery's carpets were kept in good condition and no evident trip hazards were observed (no internal ramps were needed).

The visiting team had the opportunity to visit one of the surgery's toilets (non-disabled) and noted that it was clean and had a full soap dispenser, toilet roll was plentiful and hand towels were well stocked.

Patient Voice and Feedback

The Practice Manager advised that there is an active Patient Participation Group (PPG) at the surgery, which meets every two months and has between twelve and fifteen members.

At present, mental health is a focus for the PPG and Home-Start UK are due to visit soon and talk to the PPG about their services. Information relating to the surgery's Patient Participation Group is displayed on a noticeboard.

The surgery's recent CQC report is also on prominent display in the waiting area. In addition, the surgery's Friends and Family Test (FFT) results are mounted on the wall adjacent to the main entrance. However, the results from August 2016 (on display at the time) were only based on feedback provided by six patients - a relatively low figure in comparison with the number of registered patients. This is despite FFT cards and pens being placed on a table next to the front door, along with a post box to deposit completed cards. The Practice Manager also explained that clinicians give out FFT cards during appointments.

As such, the surgery could perhaps be more proactive in encouraging patients to share their feedback in order to boost these numbers; thereby achieving more representative data sets.

Furthermore, there is a lack of information about external advocacy and Healthwatch literature. Therefore, Healthwatch Warrington will provide the surgery with promotional material to help raise awareness amongst patients of such services.

Safety

The visiting team noted that visitors reading notice boards placed in the corridors could block access for other patients using the corridor. The visiting team could not locate any additional fire exits (with the main entrance appearing to be the only way in/out of the building).

Staffing, Leadership and Promoting Positive & Respectful Attitudes

Currently, the surgery employs ten GPs, one GP Retainer, two Reception Supervisors, nine Administration/Secretarial staff, a Practice Manager, one Executive Lead/Nurse Practitioner, four Practice Nurses, an Assistant Practitioner, a Trainee Assistant Practitioner, Healthcare Assistant, seventeen members of the Reception Team (including five temporary staff) and one Apprentice.

The surgery also has a Public Health Champion who has undertaken ‘Making Every Contact Count’ and Connect 5 training, to help broaden mental health awareness.

During an interview, the Practice Manager explained that recruiting GPs was difficult and an increase in GP numbers would help to improve access at the surgery.

During the visit, there seemed to be enough staff on reception. Staff were observed to be well-organised, welcoming and calm. For instance, when the visiting team were interviewing a visitor with a child, a receptionist came across and handed them a prescription in a courteous manner, with a smile and a clear explanation.

Appointments

The surgery’s opening times are as follows; Monday 8:30am - 6:00pm (reception doors open) and 8:00am - 6:00pm (general phone lines); Tuesday 8:30am - 6:00pm (reception doors open) and 8:00am - 6:00pm (general phone lines); Wednesday 8:30am - 5:00pm (reception doors open) and 8:00am - 6:00pm (phone lines); Thursday 8:30am - 5:00pm (reception doors open) and 8:00am - 6:00pm (phone and lines); Friday 8:30am - 6:00pm (reception doors open) and 8:00am - 6:00pm (general phone lines). The surgery can also be contacted from 6:00pm - 6:30pm via the practice’s mobile.

The surgery does offer early visits once per week, but does not offer any evening sessions. The surgery is also closed at weekends. The visiting team felt that this could be an access barrier for patients working during the daytime.

The surgery advertises its opening hours and admissions procedures both online and within its building. The visiting team noticed a relatively small sign showing the surgery’s opening hours on display; this could be made larger to make it easier for patients with sight impairments to read this information. The surgery also makes patients aware of the Out of Hours service. This is achieved by providing notices (online and in the surgery) to patients, giving them leaflets and reception staff informing patients directly about the service.

The Practice Manager explained that there are between 90 and 150 appointments available each day. Patients can book appointments by phone (a hybrid system), online and in-person by visiting reception.

However, patient feedback received by Healthwatch Warrington (both historically and on the day of the visit) about the surgery has focused on phone access as a problematic issue at Stockton Heath Medical Centre. For instance, one patient that spoke to the visiting team remarked that they had been on hold for more than twenty minutes when calling to book an appointment. This is discussed in more detail in the next section of this report.

Patient Survey Responses

Healthwatch Warrington collected a total of 13 patient survey responses during the visit. The survey questions focused on patient's access experiences at the surgery.

The results revealed a relative dissatisfaction with the surgery's booking system; with 69% of these patients stating they were either 'not satisfied' or 'very unsatisfied' with these arrangements over the past twelve month period.

An area of concern was the length of time that it took patients to reach the surgery to book an appointment by phone; with 62% of respondents waiting more than ten minutes on average to get through.

Furthermore, around 45% of respondents answered that they were never able to get an appointment for the date and time they wanted and 42% said that they could never get to see a named GP of their choice.

When asked to provide more details about these issues, a number respondents explained that they found it extremely difficult to book appointments by phone. This was particularly frustrating for those patients that lacked online access to book via the surgery's website.

One respondent stated: “dread having to ring for an appointment - it’s a real pain”. Another respondent had to call six times and waited a total of 120 minutes to get through, with another respondent mentioning that they gave up trying on some days (especially Mondays). Patients linked this to a routine lack of reception staff (with only one staff member being seen at reception on most days). These responses point to a potential staff and phone line capacity issue.

Respondents were also asked to suggest ways that access could be improved at the surgery, from a patient’s perspective. Respondents drew attention to the slippery leaves and poor lighting on the way up to the surgery. They also mentioned the need for improved ambience at reception; requesting better lighting and some low level background music (such as from a radio) to improve the overall atmosphere. Other respondents wanted the option of being able to pre-book appointments in advance by visiting reception (in-person); a facility they stated is not currently available to them. Some respondents also wanted more home visits to be offered by the surgery (helping patients with limited transport).

Other suggestions included holding staff training days at the weekends (so the surgery does not have to close one Thursday each month for this purpose) and providing more extended hours access (particularly at weekends). On a more positive note, some respondents mentioned that the surgery’s booking system had improved over the past few months. This could be due to the introduction of new call system arrangements (see appendix 2). Respondents were also very happy with the care they received from surgery staff.

Summary

Overall, the surgery was clean and staff were clearly dedicated to providing patients with compassionate care, despite an obviously busy workload. The Practice Manager was very supportive of staff and appeared to be passionate about improving patient experience and delivering good quality care at the surgery. The surgery’s PPG is also very active, which is commendable. Having considered this, the surgery building appears to be somewhat outdated and some minor adjustments to its décor and signage could help to improve the general atmosphere for patients.

In addition, the E&V team identified a number of access issues that should be addressed by the surgery; namely, phone access arrangements, disability access and signage. Some patients have commented that improvements are being made in this regard. Further to the above, the surgery could also benefit from a Disability Access Audit.

Recommendations

- 1. Signage (External & Internal):** the surgery should consider improving external signage (particularly in the car park and replace missing letters near the front entrance) and internal signage, to help patient's better access the surgery.
- 2. General Appearance and Maintenance:** the surgery could benefit from some general refurbishment, such as better lighting and a radio in reception area. Leaves should also be removed from around the front entrance.
- 3. Waiting room:** this area could be made better by improving / enlarging the children's area and providing more reading material for patients. Signs and notices could also be re-arranged and updated in this area.
- 4. Disabled Access:** the surgery should review its disabled access and consider a Disability Access Audit. The visiting team also suggest that an automatic front door (inward opening) could be installed, that the reception desk and electronic booking-in point could be adjusted to meet wheelchair users needs and that more accessible chairs be installed in the waiting area.
- 5. Encouraging Patient Feedback:** surgery staff should consider methods for improving the amount of patient feedback that they receive, such as staff being more proactive in making patients aware of how to do this.
- 6. Phone Access and Admissions Procedures:** the surgery should consider the ongoing issues relating to phone access and other suggestions for improving admissions procedure's at the surgery, as highlighted in the patient survey responses in this report. This mainly relates to staff capacity issues and will require an ongoing review of how the phone booking system is currently operating at the surgery.

Distribution List

This report has been distributed to the following:

- *Warrington Borough Council*
- *Warrington CCG*
- *Care Quality Commission*
- *Healthwatch England*

Appendices

Appendix A

Response from Provider

Response to Healthwatch Warrington

We were disappointed that much of the report places an emphasis on the building rather than the clinical services offered. Unless they are a purpose built new build not many Practices will have the advantage of purpose newly built premises. The Practice has been inspected this year by CQC and they did not raise any concerns about the premises.

Is there any understanding about reduction of funding in Primary care?

The Practice has had their budget reduced by £40,000 this year alone but it continues to provide high quality, evidence based clinical care to patients

These are our comments about areas of the report:

P6:

- Additional disabled car parking is available on the surgery private car park with access via the back door.
- Passage way between surgery and St Thomas' church is owned by Warrington Borough Council

P7:

- New signage at front of surgery requires extensive work on the trees surrounding the area before erection of new signage can be done. Estimates of cost have been sought. To renew the lettering on the building requires a cherry picker and Health & Safety measures for the public whilst in use.
- Planting at front of surgery.....we have tried numerous times and they die due to lack of sunlight. Not high on our priority. We also have to juggle budgets and if there is a clinical need this is where valuable funds will be spent.
- On day of visit, the number of receptionists was increased due to flu vaccination clinics being run. (Appointments are every 2 minutes in a surgery which runs for 3 hours thus leads to a high increase in the usual footfall). The Practice has also had long term sickness of a receptionist which has been covered by temporary staff/overtime. We have also struggled to recruit a suitable candidate for 3 vacancies. However, we have recently employed 2 new members of staff to reception team.

P8:

- Our Practice has not received any funding from NHS England for surgery improvements, however the next time funding is available we can place a request
- Notice boards; new employee has responsibility to maintain and update notice boards and website. We have limited space to display lots of additional information. Some surgeries are not allowed/don't have space to do so. We use the additional floor displays to give more information - these tend to be posters with large font.
- Lighting - We have a suspended ceiling and this limits some lighting options, the lighting has been updated in last 3 years to uplighters. Patients positively commented to staff after the changes.
- Chairs - we have used patient donations to purchase a chair for each waiting area which are slightly higher with arms. Again funding is an issue in providing more.
- Toys/magazines in waiting area - risk of infection so we keep to a minimum (as advised by NHS England). There are plenty of patient information leaflets on hand if patients have forgotten their book or newspaper.

P9:

- There is a clock on the wall at front reception desk and on the wall in waiting area 2. If anybody requires to see a calendar, the receptionist has one to hand at the desk.
- Reception team call out to patients to let them know when they can go to see clinician. We have investigated having a display screen to do this but the layout of the surgery is not suitable and the suspended ceiling would require additional work to ensure that the screens were safe/fit for purpose. There is not additional funding for this.
- Fire Exits - there are additional fire exit points in waiting area 2/back door and near clinical room 18 at rear of pharmacy. Fire evacuation signage is displayed throughout the building. The signage has also been reviewed during fire risk assessments and no concerns have been raised.
- Navigation around the building, rooms and areas are numbered and colour coded (Lilac or Green) depending on the area.

P10:

- FFT are clearly on display as you enter the building, clinicians and admin team members will hand the forms out if they are not too busy. The FFT is also on the practice website. There is also contact via the practice website for patient feedback (praise/concern/problem).

P12:

- The surgery is not offering “Dr First” appointment system and has not for last 18 months. We are offering a variety of consultations; telephone and face to face. The system being provided is a hybrid after working with the Dr First system and seeing what worked and what didn’t. We are managing daily demand for acute and non-urgent appointments alongside pre-bookable and book on the day appointments.
- Extended hours - the practice found there was little demand for evening appointments and actually had a high number of “did not attends”. By offering an early morning session plus access to nursing clinical team most mornings of the week we are managing demand for workers and school aged people prior to starting their day.

- The surgery has 1 receptionist on the front desk and an additional 4/5 members of the team answering calls each day.
- Protected learning time is arranged by Warrington CCG to enable clinical/admin team updates.

P14: Recommendations

1: New signage at front of surgery requires extensive work on the trees surrounding the area before erection of new signage can be done.

Planting at front of surgery.....we have tried numerous times and they die due to lack of sunlight. Not high on our priority. We also have to juggle budgets and if there is a clinical need this is where valuable funds will be spent. Someone will also have to be responsible to water and care for the planting. We only have a handyman 2 days in the week.

Navigation around the building, rooms and areas are numbered and colour coded (Lilac or Green) depending on the area.

2: Warrington Borough Council owns the passageway and is responsible for the lighting and clearing of leaves/putting grit down in winter. We contact them if we are aware of any problems.

3: There is no physical room to extend the children's corner. We are also mindful of frail patients' worries of being bumped into etc.

4: We would require additional funding to make the suggested changes.

5: The staff do try to encourage patient feedback but having viewed the workload this can often be difficult and clinicians' don't always feel comfortable asking patients to "rate" them. FFT cards are now in each room and on the front desk. (See earlier comments re feedback).

6: Phone access - The Practice upgraded the telephone system in June 2015 from an analogue system to a digital system. This enables calls to be dealt with more efficiently and reduces the number of lost calls. Our staff report that although mornings are very busy, that afternoons can be very quiet on the phones. We would recommend that people phoning with queries/results leave this until later in the day. We are also looking at the number of appointments available to book on-line. However, appointment capacity is not finite and if we put more on-line this will reduce the number available over the telephone. We will also review the system of only pre-booking appointments on-line so that people without access to a computer can access pre-bookable too. We do ask for awareness of capacity; if we release more appointments to be pre-booked this will reduce the amount of appointments available to book on the day for routine and urgent care. We are currently recruiting for 2 new GP posts and 2-3 new medical receptionist posts.

Kind regards

Karen Chriscoli
Practice Manager

Appendix B

New Appointment System

To help us to manage the demand for routine/ongoing care alongside requests for urgent care, we now have 2 teams of clinicians working throughout the day.

Team 1: Acute Access Duty Team (for new problems that are urgent)

Team 2: Routine Team (for routine/on-going care)

When requesting an appointment, our receptionist will ask you whether it is a routine/on-going problem, or a new acute (urgent) medical problem. This will help them to assist you, ensuring you are booked in the correct team.

Acute Access (new problem/urgent) "Duty Team"

comprising GP, GP Registrar, Nurse Practitioner and Assistant Practitioner

Our Receptionist will ask you for a brief description of the problem.



Our Receptionist is trained to signpost you to appropriate care for minor self-limiting illness.



If your request is for a new problem/urgent you will be added to the telephone list for the Duty team



The duty team will triage the telephone list and allocate a consultation with the most appropriate clinician.



You may have some diagnostic tests done prior to seeing the clinician.



Consultation with clinician

Our Receptionists have been trained to identify certain conditions which will require a face to face appointment with the clinician; people who will definitely need to be examined ie those with lumps/rashes/short of breath/acute asthma/unexplained weight loss.

Routine Access for on-going problems/non-urgent

You can book in advance on-line. For each GP; we have 2 slots in our early morning surgery, 2 slots in a morning session and 1 slot in an afternoon session

Medication Reviews – we have 2 slots in a morning and 2 slots in the afternoon for each clinician. Please speak to our prescription team and they will book it for you.

GP Review - If your Dr needs to see you again to review, they have 3 slots each morning and 3 slots in an afternoon which they can pre-book for you, to save you from having to phone in to book.

Complex/Frail–The GP has 1 double slot each day to pre-book patients who may need a longer consultation due to the nature of their illness.

The GP then has 8 appointments in morning and 8 appointments in an afternoon available for routine/on-going care to book on a daily basis

You can book appointments with our Nursing Team and Women's Health Clinic in advance.

When all these slots have been booked, we will have reached capacity for routine care and will not be able to offer anything more that day.

