



Enter and View Report

GP Access at Culcheth Medical Centre

Visit: 24th January 2017

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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 surgeries' staff, in particular Lyndsey Weeder (Deputy 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 Culcheth Medical Centre, Thompson Avenue, Culcheth, Warrington, WA3 4DZ.

Date/Time

The visit took place on Tuesday 24th January 2016, from 9:00am - 12:30pm.

Authorised Representatives (Visiting Team)

Esstta Hayes - Healthwatch Warrington, Authorised Representative

Pat Wall - Healthwatch Warrington, Authorised Representative

GP Practice Staff

Lyndsey Weeder (Deputy Practice Manager)

Description of the Surgery

Culcheth Medical Centre belongs to the North GP cluster. At present, this surgery has approximately 7,000 registered patients. As well as general consultations, the surgery provides a range of additional clinics and services, such as; family planning clinics (including coil and implant fitting), child health, simple minor surgeries, ECG and 24 hour blood pressure monitoring, antenatal clinics, new patient medicals, diabetic clinics, child health clinics, joint injection clinics, heart check clinics, diabetic clinics, antenatal clinics, post-natal clinics, asthma review checks, chronic disease reviews, well person check-ups, vaccinations and flu / pneumonia vaccination clinics (usually during October and November).

In July 2015, 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 a member of the Healthwatch Warrington team 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 outside approach to the surgery was tidy and clear, with a dropped kerb and ramp approaching the main door (with a level grassed area surrounding the edges). Signage upon approach to the building was also clear and noticeable. A prescription box is accessible between the surgery's external doors and the inner area/door to reception. Parking is also available opposite the surgery, in a free car park. Staff parking is sited next to the surgery.

Reception Area

The external door was automatic, aiding access for those with mobility issues; although the door to the surgery's central corridor where the clinic rooms are based had to be opened manually (improvement works are planned). Furthermore, the inclusion of a "Who's Who Board" in reception could be beneficial for patients/visitors. Given the small size of the surgery, there was limited privacy for patients while at reception. However, the surgery did have a radio to play low level, ambient music from reception. The front desk is fitted with a lower-level section for wheelchair users to approach the reception area. The surgery also provides an electronic sign in system for patients, as well as a wall mounted electronic display to call patients and display information.

Waiting Room / Seating Area

The waiting area is very small, and caters for around 15 people. The chairs provided were upholstered, at the same height, and had arms. There is a small kids' play table in the surgery seating area, with books and an activity table. However, it was placed directly in front of the dropped down desk for wheelchair users (making it difficult to access). Information displayed on the walls was clear, and carers' information was clearly provided.

Additional Facilities

The surgery offers a number of facilities to accommodate patients with additional access needs, such as a hearing loop, disabled toilet facilities and a wheelchair ramp. Disabled parking is also available in the car park opposite the surgery and a disabled toilet is available in the waiting area.

The disabled toilet would benefit from some improvement, as the toilet door opened inwards and the bins provided (e.g. urine sample bin) impeded access to the toilet and limited the available space. The support arm for the toilet was tricky to use and the light switch was difficult to find, as it is embedded in the door frame, and is the same colour as the door surround (white). The visiting team could not see an emergency cord, which could pose a safety risk to users. The facility may benefit from a Disability Access Audit. Furthermore, a patient using a wheelchair did attend the surgery during our visit and due to limited space she had to place her wheelchair opposite reception, which then blocked the walk way for other patients who then had to walk around and over her; which was not very dignified for the patient. Perhaps a dedicated space could be kept clear for wheelchair users to avoid this issue reoccurring (though this could be difficult to due limited space in reception). Translation services are also available and provided by Language Line.

Some future adaptations are already proposed for the surgery, such as electric doors to access the centre's corridor and an outward opening door for the disabled toilet. The surgery is also working on providing accessible information standards; at present, the surgery has some draft formatting in place.

Dementia Friendly Approach

The surgeries' doors, walls and their surrounds were clean. However, they were all painted the same colour, which could prove difficult to navigate for those with Dementia or sight impairments.

Navigation around building

Names were signposted on doors in the surgery, but some text was in black on a blue background (which could be difficult for those with sight impairments). Signs did not necessarily always state staff job titles either, which would be useful for patients (especially those new to the surgery).

Cleanliness and Maintenance of Communal Areas

A hand sanitiser was available in the communal waiting area. The public areas observed by the visiting team were clean, well maintained and well looked after.

Patient Voice and Feedback

The surgery has an active Patient Participation Group (PPG), which meets every 6 weeks. The next meeting is due in February 2017. The PPG is supported by the surgeries' Office Manager, Sandra. PPG information is provided in the waiting room. However, this information could be presented more clearly and in a more eye-catching manner on the notice board. The surgery's Care Quality Commission inspection report was also on display for visitors to read.

Safety

The surgery's fire procedure was on display to visitors, with clear information about fire exits in the waiting area. A central cupboard for oxygen and resuscitation equipment has been built in the central communal corridor, so staff throughout the surgery have shared access.

Staffing, Leadership and Promoting Positive & Respectful Attitudes

At present, the surgery has 5 GPs, 1 Healthcare Assistant (for bloods), 2 Practice Nurses, 12 admin staff, as well as a Pharmacist Technician, a Practice Manager and Deputy Practice Manager (with an apprentice due to start soon). Care needs at the surgery are back filled with Locums. Two of the Practice staff are now Medicines Co-ordinators (to support medicines management).

Nursing staff and GPs have a joint clinical meeting every week and the team join area-wide 'Protected Learning Time' sessions every month for development purposes. Team members told the team that admin, GPs and clinical staff are well supported and work together at the surgery; they are on first name terms when away from patients. The Deputy Manager fed back that the surgery's Manager is part of the Practice Manager Forum that meets every 6 weeks to share support, information and best practice.

Appointments

The surgery's opening times are as follows; Monday (8:00am - 6:00pm), Tuesday (8:30am - 7:30pm), Wednesday (8:30am - 6:00pm), Thursday (8:30am - 6:00pm), Friday (8:30am - 6:00pm), with evening extended hours access available on Tuesdays (open until 7:30pm). Telephones are manned from 8:00am until 6:30pm Monday to Friday.

Patients are able to book appointments via phone, online (including email) and in-person by visiting the surgery. These times and booking procedures are advertised both within the surgery and on its website.

Urgent appointments are available at the surgery and when the surgery conducted an analysis, most patients wanted to be seen on the same day or at short notice. Appointments are available on the same day (within 24hrs), or can be booked approximately 3 weeks in advance.

Although patient calls are triaged, the surgery do not use the Dr First model. Furthermore, patients are always able to request appointments with a named GP (but they are not always necessarily available). The Deputy Manager confirmed that the surgery actively refers patients to other GP surgeries that offer specialist services (within Warrington), which was confirmed by one of the patients that the visiting team spoke with.

The surgery also provides Nursing Home care; where GPs visit care homes in the area (e.g. High Peak and Holcroft Grange) to support residents with 'ward rounds' conducted within the homes.

Appointment reminders are sent to patients via SMS text messages, with the intention of limiting non-attendance; the Deputy Manager told the team that in late 2016, the surgery recorded a surge in patient 'Did Not Attends' (DNAs), when the SMS system was down (unknown to the surgery). Once this technical issue was rectified, DNA levels returned to normal.

The Deputy Practice Manager told the visiting team that the surgery refers patients to the Out of Hours service; advertising this service on-site with clearly visible information on signs, notices, leaflets and displaying this information on its website. Reception staff also inform patients about this service. However, surgery staff explained that Culcheth patients tend not to access Bath Street for extra services or appointments (due to their relative distance outside of the town centre), which was also mentioned by one of the patients that the visiting team spoke with. As such, they would rather use the surgery for convenience.

Patient Survey Responses

The visiting team received a total of 12 survey responses from patients at the surgery, with the survey questions focusing on their access experiences. All 12 respondents were aware that they could book appointments by phone, with 4 also mentioning the ability to book in-person. However, none of these patients were aware of online booking options; suggesting that further promotion of this option amongst patients could be useful.

Encouragingly, 67% of respondents told the team that (on average) they spent less than 5 minutes waiting to get through to reception when booking appointments by phone. The remaining respondents told the team that they wait between 5-10 minutes to get through.

However, 2 respondents mentioned that they found it difficult to get through by phone in the mornings (at peak times) and have to redial up to 10 times to reach the reception desk.

83% of respondents told the team that they were 'always' or 'often' able to book an appointment for the time or date that they wanted, whilst the remaining 17% of respondents were able to get these 'sometimes'. None of these patients told the team that they could never get an appointment date or time of their choice. Similarly, 64% of respondents told the team that they either 'always' or 'often' secure an appointment with a named GP of their choice (with the remainder telling us that they could 'sometimes', or were unsure about this issue).

Further to the above, 75% of respondents told the team that they were either 'very satisfied' or 'satisfied' overall with the surgery's booking system, with 2 'neutral' responses and one patient being 'very unsatisfied' with the system.

In terms of general feedback, a number of patients shared very positive comments, such as: "Happy with service. Very happy with the system"; "Very pleased. Very happy with the appointments system"; and "Doctors are very busy, but are trying their best. I've been a patient here for 46 years and have never had a problem. On the whole, I've been very happy with the care".

Some patient suggestions for making access improvements at the surgery included expanding the size of the waiting room, providing more evening hours and allowing patients to book an appointments a week in advance.

Summary

The surgery staff and Deputy Manager were friendly, polite and approachable. During the visit, staff seemed busy but not frantic and worked well together. The patients that the visiting team spoke with were, in general, very happy with the surgery, the staff, the care they receive and the appointment system. Where limitations were mentioned, patients also told the team that they understood that the staff were very busy, but still tried their best to deliver a great service.

The Deputy Manager explained that the surgery has been changed over years in positive ways - with a large nurses room has been split into two rooms for clinics, while part of the waiting area was changed into a clinic room (and is now used for bloods). Walls are now clad (instead of open brick), and part of the staff admin area is being freed up by digitising patient records to make more room for clinic space.

The Deputy Manager also fed back that the surgery does what it can with its limited space, for example, changing room sizes and amalgamating space as and when possible. The surgery also recently applied for planning permission to extend the surgery and make more use of space, but this request was denied.

When the Deputy Manager was asked for comments about what changes could be made to improve access at the surgery, she advised that ideally, ideally, the surgery would benefit from another doctor, as the doctors work under a lot of pressure, especially around administration and given the services that the GPs offer.

Overall, the visiting team formed a positive impression of the surgery's approach to access issues, which was proactive despite limited means and resources. Based on this visit, the visiting team would offer a number of recommendations for further improving access, as outlined below.

Recommendations

- 1. *Improve the Disabled Toilet:*** in line with the team's findings, the disabled toilet could benefit from a Disability Access Audit. The installation of a safety chord (if not in place) would be a priority here.
- 2. *Implement Planned Access Improvements:*** the surgery should follow through with its plans to improve access for visitors (as outlined in the report) and work on publishing a final version of the Accessible Information Standards information.
- 3. *Display PPG Information More Clearly:*** as stated in the report, the PPG information available on the notice board could be displayed more clearly and in an eye-catching manner.

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

Overall we are happy with the Enter and View report from Healthwatch Warrington. As a Practice we work extremely well as a team and try to offer our patients the best possible care. We listen to feedback from our patients and make changes as necessary.

Since the visit the Practice has carried out some renovation work to include adapting the patient's toilet and adding an additional clinical room. The patient's toilet has now been adapted to make it more accessible for our disabled patients with the door turning outwards to give ease of access for wheelchairs. The light now comes on as soon as anyone enters the toilet and we have installed a safety chord. We are currently having the door which provides access to the clinical room automated to give easier access.

Kindest regards

Lyndsey Weeder (Deputy Practice Manager)

