

# Patient feedback report: visit to Priory Avenue Surgery on May 24, 2017





## About this report

This is a report of a visit carried out by Healthwatch Reading to Priory Avenue Surgery, Caversham, Reading, RG4 7SF, to collect patient feedback. This visit was carried out using statutory Enter and View powers available to local Healthwatch. This report can be read together with a report of a visit to Circuit Lane Surgery on 25 May 2017, as both are run by OneMedicalGroup.

### Why did we carry out this visit?

We wanted to find out if patients at both surgeries thought services had improved since January 2017, when both practices were rated 'inadequate' and placed into 'special measures' by the Care Quality Commission (CQC). The CQC is the national independent body that checks the quality of NHS-funded services.

Our visit focused on getting feedback on main areas of previous concern, including access to appointments, and the turnaround time for repeat prescriptions.

#### How did we carry out this visit?

On May 22, we notified the surgery of the dates and times of our planned visits. Two Healthwatch Reading staff arrived at Priory Avenue Surgery at 8.15 on May 24, and left around 10.15am. We asked people in waiting areas to voluntarily complete an anonymous short survey, offering any help to complete it, and the opportunity to talk in more depth if desired. We also observed staff and the waiting areas.

#### Main findings

- 24 people answered the survey; (22, the patient and 2, a relative/friend)
- 6 people (30%) said they had waited up to two weeks for their appointment that day; 5 people (25%) said the wait was two-six days
- 10 people (42%) found the appointments process 'satisfactory'; 7 people (29%) said it was 'difficult'
- Most people (15, or 62.5%) were due to see a nurse/nurse practitioner for their appointment, rather than a GP they knew (4 people, or 17%) or an unfamiliar GP (4 people, or 17%)
- 16 people (67%) felt they were seeing a health professional best suited to meet their health care needs; five people (21%) wanted more information about the health professional's skills and role
- 14 people (58%) had needed a repeat prescription in the past three months and of these, 8 people (57%) said it took between two-five days to be ready
- 14 out of 22 people who answered (64%) a question about communication, did not feel the surgery was keeping them informed
- 16 people (67%) would prefer to receive a regular emailed surgery newsletter
- 12 people (50%) felt the surgery had made some improvements but more needed to change, while 4 people (17%) felt their experience had got worse.



## Our observations

- Staff working that morning were: two doctors (one already started, with another who arrived at 9.20am) plus one duty doctor; and two practice nurses and one nurse practitioner
- We observed incorrect patients being called into a consulting room on three occasions
- One patient said it had taken one professional three attempts, to perform a blood test
- One patient told us that the surgery had still not received their medical records despite joining the surgery in September 2016
- Two notices in the surgery gave different times for repeat prescription turnaround: one said within 48 hours, the other said in 72 hours
- One patient with learning disabilities said their key worker had had to 'push hard' to get the patient their annual health assessment
- The 'staff on duty today' noticeboard was blank
- The 'you said, we did' noticeboard was blank
- A self-service blood pressure machine was almost out of sight to patients, being to the immediate right of the entrance, rather than within the main waiting area
- One of the main noticeboards has out-of-date or incomplete information, such as the name of a practice manager who had left, and opening hours which direct patients to the surgery website for details of Saturday appointments - but on the website the extended hours page states Saturday 'dates to be confirmed', with that webpage last updated 3 June 2016
- Both the noticeboard and website inform patients that they cannot contact the surgery between 12-230pm to book appointments despite Healthwatch Reading previously raising concerns with the CCG that this appeared to be contrary to contractual requirements.



### Patients' comments:

Concerns:

"Repeat prescriptions always have something missing and surgery haven't sent item over and don't take any notice of online note."

"I never see the same doctor!"

"Could not get an appointment with doctor before 7th June for sick child so had to see nurse instead. It would be nice to have a family doctor who can offer continuity in care rather than a different doctor each time."

"Still difficult to see a specific doctor. Maybe it can take two to three weeks."

"During my pregnancy my experience has been poor. For my first midwife appointment I was left waiting over an hour whilst I was told she was stuck in traffic. After an hour I was then told the midwife was unwell and only appointment offered was two weeks later. As a result I had to go the hospital to see someone that day."

"I have not noticed any improvements. I understand that it is difficult to get doctors but the appointments delays generally, seeing a different doctor everytime, do not help."

"There are too many different doctors who do not have knowledge of your history and you do not get a family doctor anymore."

"My main concern is the length of time it takes to get an appointment."

"I feel that the reception team are probably under pressure which may explain the manner on phone. doctors are not consistently in practice/not known to patients. I think you should feel confident they know something about you when seeing you."

"As a former healthcare professional I feel this surgery is now failing in its duty of care. It needs to increase staff levels."



#### **Positive feedback**

"Very happy with surgery. Staff friendly and helpful."

"In the 11.5 years I've been a patient I have never had a problem getting an appointment either same day (doctor call back) or, for non-urgent appointments, within the next few days to suit my schedule."

"The only improvements I saw is that it takes less time to have a repeat prescription."

"The receptionists are good and helpful but are often powerless to help."

"Making an appointment has improved."

"Receptionist very good and colleagues."

Suggestions for change/improvement:

#### "We need more permanent GPs and not locums."

#### Discussion

People who read Enter and View reports should note that the findings are only a 'snap-shot' of a service on a particular date and time, and not an inspection or comprehensive judgement on the quality of the service. It is the role of the CQC to rate the quality of care of NHS services and Healthwatch Reading understands the CQC re-visited both surgeries at the beginning of June 2017.

Healthwatch Reading's visit indicates that patients do believe some improvements have been made but there are still problems with being able to book timely appointments with doctors they know. Many people volunteered comments that they missed the continuity of care of seeing a professional who knew them.

The other main concern was around communication: nearly two-thirds of patients felt the surgery was not keeping them informed about changes or improvements. Information on noticeboards and the website was out-of-date and/or conflicting - despite Healthwatch Reading and others previously, and repeatedly, raising the need to address this.

Repeat prescribing turnaround appears to have improved but still falls short of what is contractually required.



## Healthwatch Reading Recommendations

- The surgery should immediately update its website and noticeboards to ensure all information is consistent and up to date, and include details of specific extended hours available (if any) at the weekends, and correct details of who the practice manager
- North and West Clinical Commissioning Group (CCG) should clarify whether the surgery is expected to take calls from patients between 12-2.30pm to book appointments, and if so, the noticeboards and website should be amended to make this clear
- The CCG should comment on how it is quality assuring the nurse-led consultations, given that our visit seemed to suggest they were making up more than 60% of patient appointments
- The surgery should improve communication with patients by introducing a monthly emailed newsletter, also available in the waiting room
- The surgery and CCGs should clarify what the long-term strategy is on recruiting or retaining permanent doctors, locums or other primary care professionals, to give patients confidence about continuity of care.

These recommendations are being sent to OneMedicalGroup and the CCG's chair, and director of primary care, for a formal response, which will be included in the final published version of this report. Findings were also shared with the CQC ahead of their follow-up inspection visit of the surgery in early June 2017.

#### Written response from One Medical Group

'The feedback below has been formulated through working together with our team and PPG. It should be noted that the surgery has made a lot of progress since the January 2017 CQC inspection which has been recognised by the CQC in a recent reinspection. The details of this will not be available until July 2017 at the earliest however the progress that has been made should be noted as a positive.

#### Our response to Main Findings

The visit was undertaken between 815am and 1030am and therefore is not fully representative of the patients registered at Priory Avenue Surgery. In addition there is no comparison on how Priory Avenue is measured against the other GP Practices within the CCG which would be useful to provide context to the report.



24 people isn't really a reflective cross section of the patient population and reporting with % can be misleading, as patients won't necessarily refer back to the 24 people asked. 24 patients from a list size of 6714 patients only represents 0.36% of the registered patient population.

30% said they had waited up to two weeks for their appointment that day; 25% said the wait was two-six days. 42% found the appointments process 'satisfactory'; 29% said, 'difficult'

We offer a wide range of availability but unfortunately we won't be able to accommodate every request made. Patients that need to be seen urgently or requested to be seen back within a week by the doctor will be booked an appointment. The reception team will always seek clinical advice if they are unsure if a request is urgent.

We also promote online access to offer another alternative for patients wishing to book an appointment which is convenient to them.

Most people (62.5%) were due to see a nurse/nurse practitioner for their appointment, rather than a GP they knew (17%) or an unfamiliar GP (17%)

We offer a wide range of appointments with different types of clinicians which are best suited to manage the needs of our patients. This clinician is not always a GP as nurses and nurse practitioners are highly skilled professionals to manage a wide range of patient needs.

58% of people had needed a repeat prescription in the past three months and of these, most (57%) said it took between two-five days to be ready

We state that prescriptions will take 2 working days as using the term 48 hours can be misleading. We routinely turn repeat prescriptions around within this timeframe, prescriptions needing to be reauthorized or raise a query will need to be seen by a GP and this may take a little longer however this is in exceptional circumstances only.

# 64% of people did not feel the surgery was keeping them informed; most people (67%) would prefer to receive a regular emailed surgery newsletter

We appreciate this comment and have been discussing with the PPG the production of a newsletter. This will be a joint newsletter led through the PPG. Our Patient Advisor is liaising with the PPG team to collate this.



50% of people felt the surgery had made some improvements but more needed to change, while 17% felt their experience had got worse.

We have made great strides and improved our processes which has had a very positive impact on patient services. We recognize that we still have improvements to make and would value feedback from all patients to enable us to carry on with the improvements.

#### PPG Chair Response to report:

The PPG Chair was invited to comment on the Healthwatch report on the visit of 24 May between 8:15 and 10:15 in which 24 patients responded.

Some of the findings are not inconsistent with patient feedback that the PPG were receiving in May. It should be noted that, in general, retired patients especially those over 75 will not be selecting appointments before 10:15. Patients attending special clinics will also be under represented from the visit. That said the report is a useful input to the special measures recovery process.

#### Specific points:

Similar data is available month by month from the comments section of the FFT feedback that the surgery receives. The surgery are starting a monthly analysis of this data to understand how patient perceptions are changing.

Of the 10 negative comments within the report, 5 are to do with never seeing the same doctor twice. We have 5 regular doctors who have been in post for months, a stable work force. BHFT had a stable, mainly locum workforce, with locums acting as nominated doctors. The "never see the same doctor twice" concerns were unusual. The concerns surged in October-December when very short term locums were used but this has now been addressed and regular doctors are working at Priory Avenue. There seems to be a long term memory of this horrible period.

7 out of 24 patients found making at appointment difficult which is being understood by the surgery as telephone answering was good in May. In addition on line facilities were very good in May but they were poor prior to that. All those who participated would have made appointment in May and therefore could the feedback relate to the memories of difficulties in October-February?

5 out of 24 wanted to know more about the skills of medical staff who are not doctors. This is a significant part of the CCG strategy (and OneMedicalGroup's too) to use doctors' time more efficiently. This is a patient education challenge. To build a good name and rebuild the practice reputation, will in part depend on persuasion rather than telling patient it make sense to use the skills of the most appropriate staff member. This is something the surgery are working very hard to achieve but changing patient's perceptions is sometimes difficult.



The issues that the PPG focused on following the December and January CQC inspections were:

- Prescriptions now much improved
- Availability of appointments now much improved.

Q9 "how would you prefer to be informed about any changes" etc. 67% said they would prefer regular email newsletter. However note the sample was biased against retired patients.

We know that nearly 60% of patients over 75 have not used email in the last 3 months (ONS survey published in May 2017). This is probably due to the demographics of the patients that visiting the surgery at the time of the inspection.

Q10: 12 out of 24 patients felt "more needs to change". This is a significant finding. It is more than recruiting full time permanent doctors and nurses. At least part of the solution is being transparent and demonstrating month my month that a quality service is being delivered.

#### OneMedicalGroup response to other elements of the report:

On page 2 of the report it states that one patient who had joined the surgery in September 2016 still had not received their medical records. Unfortunately this is not something the surgery have any influence over; reports are automatically requested from Primary Care South England when a patient registers with the practice but even with constant chasing they on rare occasions do take a long time to arrive.

On page 3 there are a number of comments regarding lack of continuity of doctors. The surgery currently have 5 regular doctors who are salaried or sessional to provide continuity of care to patients. It can sometimes be up to 3 weeks to make an appointment with a specific doctor however this is in line with the current national average. The local team are constantly reviewing appointments in line with patient need and demand.

On page 3 there is a reference to the midwifery services. The midwife is not employed by the practice; they are employed by RBFT. They utilise clinical space within the practice to provide midwifery services to patients registered within the surgery.

On page 4 it states that 'repeat prescribing turnaround appears to have improved but still falls short of what is contractually required'. Prescriptions are turned round in 2 working days unless there is a query on the prescription which is a very rare occurrence. We recognize this was an issue earlier this year which has now been rectified and recognised by the CQC.



General comments and updates:

We are currently looking at having our call screen fixed as this has been an ongoing issue and causing additional work for clinicians having to go into the waiting room to call patients. The new practice manager, Daniel Jones who started in post on Monday 19th June is already in contact with a representative regarding the patient TV, to be used for surgery information and patient education.

We will be updating the noticeboards with staff information and photos to ensure patients become more aware of who works within the practice and familiarize themselves, this will help with the comments regarding not knowing who they are seeing.

We are carrying out a piece of work to look at the number and variety of appointments on offer and will discuss this with the PPG to get their feedback and input.

We are also collecting patient email addresses to enable to PPG to send out focused questionnaires to a wider cross section of the patient population.

Patient notices regarding the length of time for processing prescriptions have been changed so that they all reflect the same information.

Patients should be able to ring and book appointments during opening hours and we will be re-educating reception staff to ensure that this is the case.

#### **Response to Healthwatch recommendations**

#### Updating of information

The website is currently being updated and will be completed by mid-July. The notice boards are also being updated and this will be done at regular intervals as new staff join the practice, displaying information linked to local and national campaigns and practice updates.

#### Improved communication

The monthly newsletter is being reintroduced in July. This will be a joint newsletter led through the PPG. Our team will liaise with the PPG team to collate this. This will be emailed to patients, be available in hard copy in the waiting room and also displayed on the notice board.

#### Recruitment

Whilst we acknowledge that recruitment to substantive roles is an area of concern this is not unique to Priory Avenue Surgery. A number of key clinicians have been recruited since September 2016 and we continue to work proactively to increase the proportion of substantive staff in post.



Like other providers in the area we are experiencing difficulties in recruiting GPs in particular and therefore we are continually looking at how we can maximise opportunities for further skill-mix within the primary care team which meets the needs of patients. We currently have a number of regular locums working with us to provide continuity of care to patients.

#### Summary

Overall we have made a lot of great improvements and receive compliments from patients on a daily basis, the atmosphere within the practice has significantly improved for the patients and staff. Our processes are more robust and monitored daily to ensure any slippage is escalated to management to deal with. We recognize that we still have some areas to concentrate on, but we can now move forward and improve all areas.'

## Written response from North and West Reading Clinical Commissioning Group

'Thank you for sending us the draft report following the above Enter and View visit to Priory Avenue Surgery. We have discussed this with One Medical Group and attach their response which also includes commentary from the Patient Participation Group.

Following our discussions with the provider we would like to express some concerns with regard to the format of the visit and the resulting report. Firstly whilst the small sample size is noted, the main findings section is based largely on percentage figures which could be misleading. Patients were asked questions before their appointment which meant that there answers were somewhat speculative in nature; for example on Question 5 a more rounded view could have been obtained by asking patients after their consultation how they felt about the type of professional they saw rather than asking them for their views before they had seen the professional in question. The categorisation the question in repeat prescriptions is unhelpful as there are separate categories for 48 hours and 2-5 working days when in fact the turnaround we measure the practice on is two working days. Finally a number of guestions relate to a three month window which spans a period when we know significant changes have been made to processes and procedures. It is unclear whether patients commenting on appointment booking or repeat prescription requests had made single or multiple requests during that time.

With regard to the specific recommendations made in your report, the provider has responded to those directed at the surgery in their response below. Three recommendations were directed wholly or partly to the CCG to which our response is as follows:



# The CCG should clarify whether the surgery is expected to take calls from patients between 12-2.30pm to book appointments, and if so, the noticeboards and website should be amended to make this clear.

CCG response - We would usually expect practices to offer full doors and phone access throughout core hours (8am - 6.30pm). In some cases practices may direct patients to call about certain matters at particular times, for example to enquire about test results later in the day when the telephones are less busy. We will discuss this matter further with One Medical Group and ensure that contractual requirements are met and the information provided is clear for patients.

# The CCG should comment on how it is quality assuring the nurse-led consultations given that our visit seemed to suggest they were making up more than 60% of patient appointments.

CCG response - The CCG's role is to monitor the overall quality of service provided and not to manage the performance of individual members of staff. We would expect the provider to comment to on this point.

# The surgery and CCG should clarify what the long-term strategy is on recruiting or retaining permanent doctors, locums or other primary care professionals, to give patients confidence about continuity of care.

CCG response - The responsibility for staffing the surgery sits with One Medical Group. A number of key clinicians have been recruited since the contract started and One Medical Group continue to work proactively to increase the proportion of substantive staff in post. Like other providers in the area, One Medical Group are experiencing difficulties in recruiting GPs in particular and we continue to work with them as with our other practices to explore innovative approaches to GP recruitment and retention and to maximise opportunities for further skill-mix within the primary care team.'

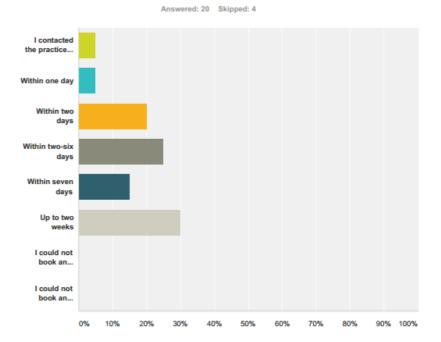
## **Acknowledgements**

Healthwatch Reading would like to thank patients for taking the time to share feedback. We also thank Priory Avenue Surgery staff for welcoming us into the surgery.



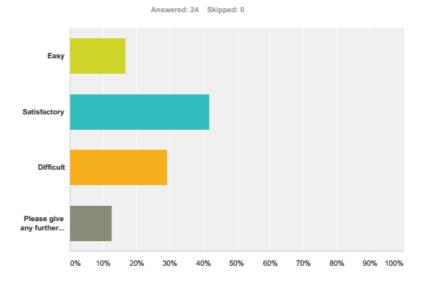
## Appendix 1: Survey findings in full

#### Q2 Tell us about when today's appointment was first available, when you first contacted the practice or went online to book it?



Answer Choices	Response	es
I contacted the practice today and was given an urgent appointment for today		1
Within one day	5.00%	1
Within two days	20.00%	4
Within two-six days	25.00%	5
Within seven days	15.00%	3
Up to two weeks	30.00%	6
I could not book an appointment for my preferred day and was told by the surgery to come to the morning walk-in clinic at the surgery	0.00%	0
I could not book an appointment for my preferred day and decided myself to come to the morning walk-in clinic at the surgery	0.00%	0
Total		20



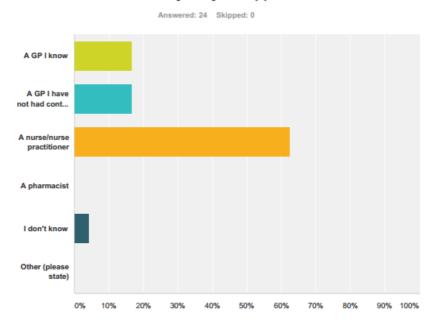


# Q3 In the last three months, how have you found making an appointment?

Answer Choices		Responses	
Easy		16.67%	4
Satisfactory		41.67%	10
Difficult		29.17%	7
Please give any fur	her comment about your answer, if you wish	12.50%	3
Total			24



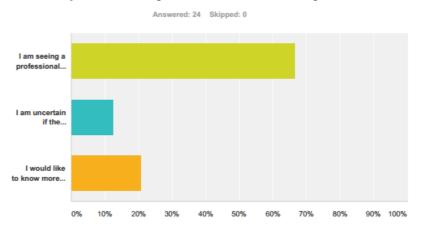
# Q4 What type of health professional are you due to see today for your appointment?



Answer Choices	Responses	
A GP I know	16.67%	4
A GP I have not had contact with before	16.67%	4
A nurse/nurse practitioner	62.50%	15
A pharmacist	0.00%	0
I don't know	4.17%	1
Other (please state)	0.00%	0
Total		24

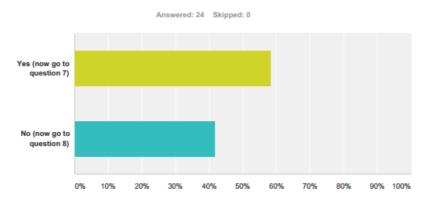


# Q5 How do you feel about the type of health professional you are due to see today?



Answer Choices		Responses	
I am seeing a professional best suited to meet my health care needs	66.67%	16	
I am uncertain if the professional can meet my health care needs	12.50%	3	
I would like to know more about the skills & role of the professional I am seeing today	20.83%	5	
Total		24	

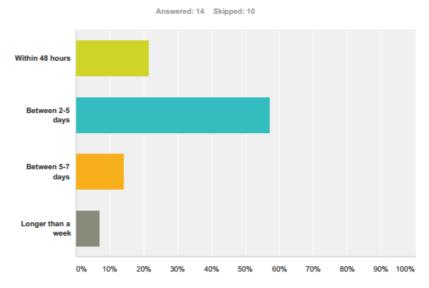
#### Q6 In the last three months, have you asked for a repeat prescription for regular medication?



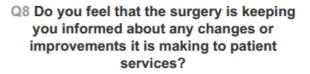
Answer Choices	Responses
Yes (now go to question 7)	<b>58.33%</b> 14
No (now go to question 8)	<b>41.67%</b> 10
Total	24

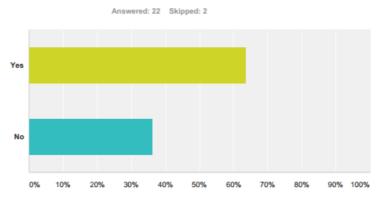


# Q7 How long did it take for your repeat prescription to be ready?



Answer Choices	Responses	
Within 48 hours	21.43%	3
Between 2-5 days	57.14%	8
Between 5-7 days	14.29%	2
Longer than a week	7.14%	1
Total		14

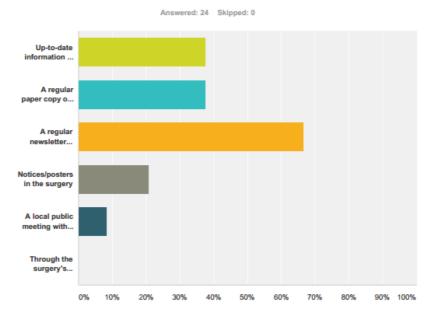




Answer Choices	Responses
Yes	<b>63.64%</b> 14
No	<b>36.36%</b> 8
Total	22



#### Q9 How would you prefer to be kept informed about any changes, improvements or other important information about the surgery? (tick as many options as you wish)

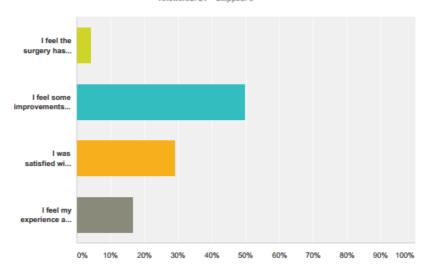


Answer Choices	Responses	
Up-to-date information on the surgery website	37.50%	9
A regular paper copy of a patient newsletter in the waiting area	37.50%	9
A regular newsletter emailed to patients	66.67%	16
Notices/posters in the surgery	20.83%	5
A local public meeting with surgery staff to answer questions	8.33%	2
Through the surgery's patient participation group	0.00%	0
Total Respondents: 24		



#### Q10 Overall, which answer best describes your experience as a patient now, compared to your experience in the period September 2016 – January 2017?

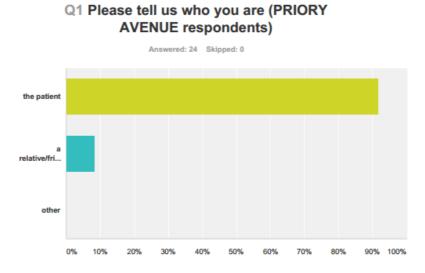
Answered: 24 Skipped: 0



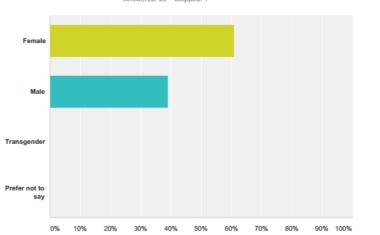
Answer Choices	Responses	
I feel the surgery has improved a great deal	4.17%	1
I feel some improvements have been made but more needs to change	50.00%	12
I was satisfied with the surgery before and remain satisfied now	29.17%	7
I feel my experience as a patient has got worse	16.67%	4
Total		24



## Appendix 2: Demographic information



Answer Choices	Responses	
the patient	91.67%	22
a relative/friend/carer	8.33%	2
other	0.00%	0
Total		24



Q12 Gender

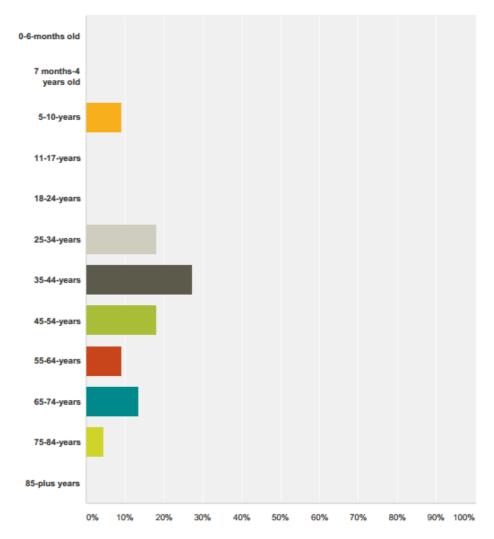
Answered: 23 Skipped: 1

Answer Choices	Responses	
Female	60.87%	14
Male	39.13%	9
Transgender	0.00%	0
Prefer not to say	0.00%	0
Total		23



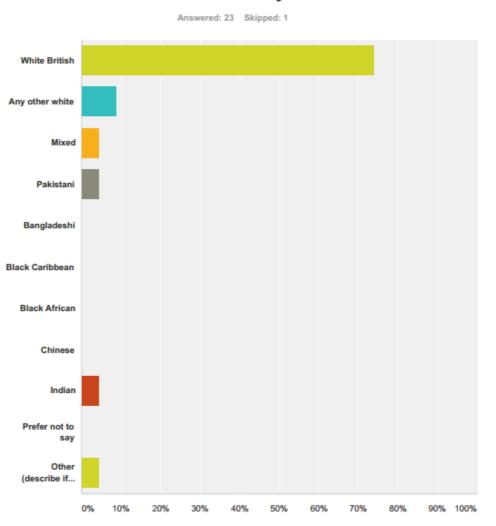
Q13 Age:

Answered: 22 Skipped: 2





Q14 Ethnicity



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