



Barton Central Surgery Enter & View Re-Visit

August 2016



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What is Healthwatch North Lincolnshire?

Healthwatch North Lincolnshire is an independent consumer champion created to gather and represent the views of the public on health and social care. Healthwatch North Lincolnshire plays a role at both a national and local level, making sure the views of the public and service users are taken into account when reviewing service provision.

What is Enter & View?

The Health and Social Care Act allows representatives of local Healthwatch organisations to enter and view premises and carry out observations for the purpose of local Healthwatch activity. Visits can include hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter & View visits can take place where people tell us there is a problem with a service, but they can also happen when services have a good reputation – so we can learn about and share examples of what they do well.

Disclaimer

This report is based on the perceptions shared by patients, carers and staff at the time of the visit and as such these views are not able to be checked for factual accuracy. Our report relates to a specific visit to the service at a particular point in time, and is not representative of all service users, only those who contributed. A key characteristic of the Healthwatch Enter and View report is that it is based on a lay perspective rather than an expert assessment of the care provided.

Acknowledgements

Healthwatch North Lincolnshire would like to thank the surgery, the staff, patients and carers for their contribution to the Enter & View programme.

Service Details

Name and Address	Barton Central Surgery
	King Street
	Barton upon Humber,
	North Lincolnshire
	DN18 5ER
Type of Service	General Practice
Practice Manager	Danielle Wharton
Latest CQC Report	30 April 2015 – rated good overall

Date of visit 8th August 2016



Authorised Representatives

Healthwatch North Lincolnshire authorised representatives carry out visits to health and social care services to meet patients, staff and carers and hear their views. The following authorised Healthwatch North Lincolnshire Enter and View representatives carried out this visit:

- Annabel Tindale
- Susan Marrison

Purpose of the visit

- To gather feedback from patients about their experience of using Barton Central Surgery specifically asking about making an appointment and their overall experience of the service (good and bad).
- To find out if patients have any suggestions for improving the service provided at Barton Central Surgery.

Methodology

On arrival, the practice manager met with Healthwatch representatives. They then spent around 1½ hours in the waiting room talking to patients and carers who agreed to be interviewed. Observations were made about the surgery environment including the provision of information. The visit was unannounced.

Findings

The surgery environment

Healthwatch representatives spoke with 30 members of the public during the visit. The building was found to be clean and tidy with wheelchair access. There were no car parking facilities, although a small public car park was located within a short distance. During Healthwatch's last visit in 2015 it was identified that the signage on the exterior of the building was limited and that the surgery was not obvious from a distance. This was still found to be the case.

Pictures and names of practice staff were not displayed, although the names of doctors present on the day were displayed on a small panel.



An electronic, patient-information screen was situated in a corner of the surgery where the majority of patients would struggle to see it. It was also noted that not all information on the screen was large enough to be read easily and that some information was displayed for short periods making reading difficult.

Notice boards were present within the practice, however, one patient commented that the information was aimed at the older generation and suggested that "...it could change on a monthly basis such as information for families one month, then teenagers the next etc."

One notice board contained information about the Patient Participation Group (PPG), which gave information on the number of members and details of how patients could pass on their suggestions. However, information was not provided as to how patients could join the group.

Notices telling patients that receptionists might need to ask about their symptoms were not displayed, however, a sign was present informing patients about a separate room available for discussions.

Experience of booking an appointment

Under half of those spoken to (41%) felt that their experience of booking an appointment, with the surgery, was 'average' or 'poor'; this is a reduction of 22% since Healthwatch North Lincolnshire last visited in 2015. However, despite this improvement many negative comments were received about booking appointments with GPs.

"I have to redial 100 times from 7.50am to get through to the receptionist."

"Telephone access is poor, have to wait for phone to be answered."

"Never any appointments by 8.05am"

"Something is not right, standing and queuing at 7.30am is too much. It's disgusting for older patients."

"Struggle to get through first thing in the morning. You have to stand and wait, I was here at 7.50am and a lot of people were waiting."

"Waiting a long time on the phone and when you get through the appointments are gone. I only waited 6 minutes on the phone today. Sometimes people are queuing down the street"

The feedback shows that GP appointments get booked up very quickly, once lines open in a morning. This meant some patients were seen by the nurse practitioner instead of by a doctor.



"I'm here to see the nurse today. I booked 2 appointments whilst I was on the phone, one for bloods, one for nurse practitioner as there were no doctor's appointments available."

"There were no doctors available so I am seeing the practice nurse. I was here at 7.55am and can't get a GP appointment."

Of the patients spoken to: 20 telephoned for an appointment, 7 made an appointment in person and 2 did not comment. Only 3% (1) of those spoken to said that they booked their appointment online. One respondent, who used the telephone to book their appointment also mentioned using the online system to avoid queuing.

"I use the online system from 6.30am to prevent queuing"

In 2015 Healthwatch identified that only two out of the 17 patients spoken to had tried booking online, with only one person saying that they had found this useful. This suggests that there has not been an increase in the take up of the online booking since the last Healthwatch visit. In December 2015, 43% of those who had not used the online system said that they did not know this option was available. It was, therefore, suggested that the practice further promote this method. In their response the surgery commented that:

"...many of our patients would prefer not to book an appointment this way or perhaps are unable to, also demand is currently being met online which may not be sustainable the more that it is pushed. For this reason the practice has kept advertising the system to a minimum so that those that need to book appointments out of working hours, can access them. The online slots that are available for booking are the earliest and latest appointments for patients such as workers or carers to book from 6.30am and if these slots are not taken, they are then released into the routine appointments on the day. The receptionists advise patients to whom this may be of benefit accordingly. This system will become more popular and will develop further now patients can access their records online and this facility will be advertised."

During Healthwatch's 2016 visit the representatives noticed that there was no information displayed about the online appointment booking system, which would be consistent with the surgeries response. However, there is a chance that some people who would benefit from accessing this system, such as those who work, may be unaware of the online facility, especially if they use self-check in screens when attending their appointments, which reduces the need to interact with the receptionist. Also, if current demand is being met then the practice should consider extending the service to include daytime appointments, whilst



continuing to retain some for customers who do not have access to the internet. A reduction in the number of patients booking appointments over the telephone may be a result of increased online bookings, making it easier for those who telephone to get through.

The majority of participants (24) received an appointment the same day as booking. Three had received an appointment within three or four days and one obtained an appointment the next day.

Patients were asked whether they would be willing to accept an appointment with any of the GPs at the surgery: 26 participants responded and of those 81% responded in favour of seeing any GP. This coincides with the high number of participants (21) who said that they did not request a particular doctor when they booked their appointment. However, of the 6 people who did request a particular doctor 5 managed to get an appointment with the doctor of their choice.

During the visit Healthwatch representatives received several comments about continuity. Some patients spoke about GP's leaving the practice whilst others mentioned difficulties in getting to see the same GP. This has led to some patients repeating themselves.

"I feel there is an issue with doctors leaving, no consistency with care, no trust. Too many times I've had to explain the same thing."

"I've had 4 doctors this year, I'm fed up of explaining everything more than once... A lot of the doctors are leaving lately."

"I've problems getting through to book an appointment. It would be nice to see the same doctor regularly"

21 participants said that they were told which doctor they were going to see in advance, two said that they were not informed and three could not remember.

<u>Customer care</u>

Participants were asked how helpful the receptionist was in getting them a suitable appointment and of the 23 people who replied the majority (96%) felt that the receptionist was 'extremely helpful' or quite helpful'. One patient commented about staff in general saying that, "staff have always been polite, kind and helpful at all times with myself". Healthwatch did not receive any negative comments about customer care, however, during the visit it was noticed that the receptionists were not wearing name badges.



Recommendations

Overall, it is important to share with staff the positive feedback from patients and visitors following this Enter and View visit, and to celebrate the areas of good practice identified in this report. The report highlights that customer care, within the practice, is good but that communication can be enhanced. The following recommendations for improvement are based on the findings of the visit on the day:

- To review the location of the electronic, patient-information screen and to ensure that all information displayed is easy to read and shown for longer.
- Information about the PPG should be expanded and include an invitation for patients to join the group and details on how to do this.
- A notice as to why receptionists might need to ask patients about their symptoms should be displayed.
- To improve the signage to the exterior of the building.
- To provide clearer information within the surgery about practice staff and their roles.
- To further consider ways of promoting the online appointment booking system through information displayed in the practice and communications with patients and carers.
- To consider extending online services to include daytime appointments, whilst continuing to retain some appointments for customers who do not have access to the internet.
- To consider how continuity of care might be best achieved, especially at times when GP turn-over is high.
- Staff who do not have name badges could be provided with one and encouraged to wear them.



Response from Practice Manager

- 1. Electronic patient information screens- Unfortunately we are limited as to where we can place the information screens due to the internet access points, however we have actively placed them within the two main seating areas and still predominately use the display boards to advertise information. As the electronic patient information screens are complimentary we have limitations as to what we can control on the screens.
- 2. Unfortunately we are unable to take further members onto our PPG as we already have nine members and we are actively seeking a young person to enhance the demographic making it ten members. However we do keep actively promoting the group via local publications such as The Bartonian, The Goxhill Gander and the parish councils newsletter. We also advertise the group in our practice newsletter.
- 3. Notices are not displayed stating that receptionists may ask about symptoms because they do not, we have protocols in place to ensure that if a patient needs to be seen urgently i.e. chest pain etc. they speak to a clinician immediately otherwise all other calls are put on for the 'Urgent Care' team to ring which consists of a GP and nurse. The sign stating a separate room is available is for patients who wish to discuss a personal problem (not symptom related) in a more confidential setting.
- 4. The phone lines are particularly busy at 8am in the morning however we now have six receptionists working on our busiest days to try and help with demand. The time taken for the phone to be answered is monitored on a daily basis at the moment.
- 5. Due to GP recruitment issues the practice has the support of three nurse practitioners, this is in line with the diverse workforce approved with NHS England.
- 6. We did have three GPs leave closely together this was around the August time, we now have two new GPs. One has started in January and one is due to start on 17th February. During the time with limited GPs the practice relied upon Locum GPs; the practice actively sought certain Locum GPs, as first point of call, in order to help with continuity of care.
- 7. We do have online appointments now available throughout the day and also have pre-bookable appointments available with the nurse practitioners all throughout the day. We advertise the online booking facility via our website, the newsletter and the practice leaflet. It is also stated on our NHS choices page.
- 8. Name badges all staff now wear name badges that are Central Surgery specific, we have been in the process of changing provider to ensure a more professional look. This has now been done and as stated previously, all staff wear a name badge stating Central Surgery, their full name and job role.

I hope this has addressed the majority of issues raised, the objectives taken from your report are as follows:

- To have a Central Surgery sign on the exterior of the property
- To provide clearer information within the surgery about practice staff and their roles



I am pleased to receive the positive aspects from the report as well such as five out of six patients were able to see the GP of their choice and the majority of patients found the reception team to be helpful.

Please do not hesitate to contact me if you need anything else clarifying further.

Danielle Wharton Practice Manager