



Enter and View Report
Mendip Vale Medical Practice
St Georges Surgery
28th November 2017



Contents

Details of the Visit	3
Acknowledgements.....	4
Purpose of the Visit.....	4
Planning for the visit.....	4
How was the Visit Conducted?.....	5
How were findings recorded?	5
Communication with the Manager	5
Observations and Findings.....	6
External Building Condition.....	6
Internal Decoration, Cleanliness and Furnishings	6
Outside St. George Surgery	6
Access to St George Surgery.....	6
Waiting Room/Reception.....	7
Information Boards/Leaflets	7
Patient Contact	7
Communication with the Surgery Manager at End of Visit	8
Good practice	Error! Bookmark not defined.
Out of Hours.....	8
Review of the Practice Website	8
Recommendations	9
Provider Response	9
Enter and View	12
Key Benefits of Enter and View	12



Details of the Visit

Location

135 Pastures Avenue, St Georges, Weston-super-Mare BS22 7SB

Date and Time of Visit

28th November 2017

Between 10am - 12 midday

Enter and View Representative

Bob Skinner; Anne Skinner; Gill Auden

Registered Provider

Mendip Vale Medical Practice

Type of Service

General GP Practice

Specialisms

N/A

Manager

Helen Jones

Acknowledgements

Healthwatch North Somerset Authorised Enter and View Representatives wish to thank Mendip Vale Medical Practice and in particular the staff and patients at St. Georges Medical Practice.

Purpose of the Visit

Healthwatch North Somerset is carrying out a series of visits to GP Practices in North Somerset to ascertain the experience and opinions of local patients. St. Georges Medical Practice was selected as part of our series of North Somerset GP Enter and Views of GP Practices in North Somerset.

Healthwatch North Somerset made the decision to visit GP Practices in North Somerset to observe the patient experience of using the services. Feedback gathered from local people provides a lot of positive feedback and there are numerous examples of good practice. Access to primary care is a theme frequently identified in the intelligence gathered by Healthwatch North Somerset and Enter and View visits allow observation of the patient environment.

The purpose of this Enter and View visit was aimed at outlining what was observed and recognising, highlighting and sharing of good practice and making any suitable suggestions for improvement to the service concerned.

The report may also make recommendations for commissioners, regulators or for Healthwatch North Somerset to explore particular issues in more detail. Unless stated otherwise, Enter and View visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

This report relates only to this specific visit and feedback received directly by Healthwatch North Somerset during the two hours of the Enter and View visit. It is not Representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

Description of the Service

St. Georges Surgery is part of the group of five GP practices that make up Mendip Vale Medical Practice. Situated in a semi-rural area of in North Somerset, Mendip Vale Medical Practice has approximately 26,000 patients who all have access to any of the five Practice surgeries. St. Georges Surgery opens from 08.00am - 18.30pm Monday to Friday and 09.00am-12.00noon Saturday.

Planning for the visit

The visit was announced with the Mendip Vale Medical Practice General Manager and St. Georges Surgery Manager being given two weeks' notice. We sent a confirmation of visit letter, posters and leaflets to the Surgery / Health Centre to inform patients, relatives, carers and staff about the Enter and View visit and about the role of Healthwatch North Somerset. The Enter and View visit was planned between 10am and 12noon to observe the Surgery during a busy period of their day. As part of the planning the Enter and View

Representative did some background research of the website and out of hours telephone message

How was the Visit Conducted?

Three Enter and View Representatives Bob Skinner, Anne Skinner and Gill Auden carried out the visit.

The Enter and View Representatives met with the Surgery Manager at the start and at the end of the visit.

The Enter and View Representatives observed the condition of the premises and the interaction between the staff and patients.

The Enter and View Representatives were approached by and talked to by one patient and one member of staff. The information and evidence detailed in this report is collated from speaking to the Surgery Manager and the Enter and View Representative's own observations.

The Enter and View Representatives sought background information and reviewed the website to note the information available to patients and made a call out of hours to note the recorded information given to patients.

How were findings recorded?

Comments and quotes were recorded by the Enter and View Representatives whilst observing the Surgery and engaging with the Surgery Manager. Observation and prompt record templates were used to make notes, these were typed up after the visit by the Enter and View Representative. The report was compiled and written based on the notes and records of the visit.

Communication with the Manager

The Enter and View Representative met with the Surgery Manager immediately before the Enter and View. Three prompt questions were used to establish instances of good practice, evidence change occurring because of patient feedback and identify potential improvements. The three prompt questions and responses are recorded below.

Q1. Are there any examples of good practice that you would wish to share with the rest of the primary care community?

- ➊ The surgery uses a call back service for telephone enquiries. Details of the patient's call are passed onto the Duty Doctor who telephones the patient.
- ➋ The surgery facilitates eye examinations provided by an external provider following referral by the GPs.

Q2. Do you have any examples of how the Practice made changes following feedback from patients?

- ➊ There were no specific examples of this, but a poor inspection report issued by the CQC was caused by a lack of documented evidence of activity.
- ➋ The Surgery Manager considered that there are too many forms although accepts this this is not a specific problem for this surgery but generally in the NHS.

Q3. From the Surgery's perspective, are there any changes or recommendations you would make to improve access to services at the practice for patients?

- None

Observations and Findings

The Enter and View Representatives observed the following:

External Building Condition

- The surgery building was in a good condition externally. It is a new purpose-built surgery which opened in June 2012.

Internal Decoration, Cleanliness and Furnishings

- The waiting room was clean and tidy with chairs distributed in rows and in clusters
- The chairs were covered in soft plastic
- There were no chairs with arms, which would enable patients some leverage when standing up
- There were no chairs with high backs for older patients
- There were 35 chairs
- The flooring was laminate; it was considered the shiny covering in the entrance may give the impression of water for dementia sufferers
- A pushchair or wheelchair could be manoeuvred around the chairs
- Signs for two toilets and disabled toilet were visible from the waiting area
- There were baby changing facilities.

Outside St Georges Surgery

- There is a designated car park with additional spaces along the road
- There are plenty of disabled spaces that were clearly visible
- There are bus stops close to the surgery
- The walkway into the building is even and well maintained.

Access to St George Surgery

- There is clear signage showing access to the building
- It is wheelchair/pushchair accessible
- The entrance doors are easy to use
- There are automated doors, it was considered the automatic exit could allow young children to exit unsupervised into the car park
- There were two doors to access to get into the waiting room.

Reception

- Reception is in the waiting area and is clearly marked
- There is a high/low desk which is used by reception staff
- The receptionist was wearing a name badge and was very approachable.
- There is an electronic check in but it was out of order,
- Sanitiser gel was available

Waiting Room

- The seating is in two double rows facing each other and around the edge of the room. Other chairs are in small groups
- The chairs are all plastic covered and cushioned
- None of the chairs had arms to help people to stand up
- There were no high-backed chairs for the elderly and those with back problems
- There were 35 seats, which appeared to be sufficient
- A wheelchair or pushchair could be manoeuvred around and between the chairs
- The signs for two toilets and the disabled toilet are clearly visible from all areas of the waiting room
- There are baby changing facilities available
- The flooring was in good order
- There is drinking water provided
- There is no music in the background which could make conversations at the reception desk more private
- Coat hooks in patient areas appeared to be too high and need to be lowered
- There was one member of staff on duty which was adequate as there was no queue during the time of the Enter and View observation
- Conversations between staff and patients can be overheard
- There is a hearing loop system, but it wasn't visible from the waiting room
- There was no display board with GPs and/or staff photos on
- The staff appeared to mainly come out into the waiting area to call patients in for appointments, however there is a ticker tape style call system which was not working
- The clock in the waiting room does not meet the needs of patients with dementia
- The toilet seat should be a different colour for dementia patients

Information Boards/Leaflets

- The information on the boards was up to date and relevant
- The surgery Mission Statement and the Family and Friends information was clearly visible
- The Patient Participation Group was well advertised and welcoming
- There were details of the availability of a translation service
- Healthwatch North Somerset information was on display
- Information was displayed about how to book appointments on line
- There was no statement regarding information being provided in other formats
- No information highlighting issues particular to men (i.e. testicular cancer) was available
- A Carer's Board with information specifically for Carers would be helpful
-

Patient Contact

- One patient spoke to the Enter and View Authorised Representatives and asked what they were doing at the practice. The patient was asked to provide feedback using a form which she did before she left the premises - she fed back that she found it very difficult to get an emergency appointment and that she never gets to see her own GP.

Communication with the Surgery Manager at End of Visit

At the end of the Enter and View visit the Representatives met with the Surgery Manager to clarify any issues that were unclear. The responses to queries raised are below.

- The Surgery Manager will consider the risk to children exiting the surgery through the use of the button to open the automatic doors into the car park.
- It was agreed that it would be beneficial to have some chairs with arms and/or high backs to aid patients who may have difficulty getting out of chairs
- The hearing loop signage will be made more visible
- The Staff Board is already being actioned
- There is no privacy at the reception desk, however there is a room next to reception which patients can request to use
- No waiting times are displayed - it was agreed that this would be preferable to verbal announcements which may not be heard by everyone
- A Carers board will be considered
- A “you said we did” board will be considered
- The provision of details about information being available in different formats will be followed up
- The height of coat hooks in patient areas will be reviewed
- *The Surgery Manager was informed of the comments made by the patient who filled in a form i.e. that it was very difficult to get an emergency appointment and that she never saw her own GP. The Surgery Manager felt that there were occasions when the patient’s expectations and the reality of the day to day availability of medical staff do not coincide*
- *The Surgery Manager would ensure the toilet cleaning schedules would be kept up to date*
- *The clock in the waiting room was not dementia friendly*
- *The toilet seat was not dementia friendly - a different colour*
- *There are very few toys available to distract children - the Surgery Manager was concerned about infection control*

Out of Hours

As part of the background research the Enter and View representative noted the following details when they phoned the surgery out of hours:

- When ringing the surgery out of hours the message immediately tells the patient to put the phone down and ring 999 if the situation is life threatening. In other circumstances the patient is advised to ring 111 where they will be directed to the appropriate service.

Review of the Practice Website

As part of the background research the Enter and View representative noted the following details when researching the website:

- St Georges Surgery is incorporated within the main Mendip Vale Medical Practice website
- The website was reasonably easy to navigate both on a PC and a mobile phone

- The opening hours of the surgery and the out of hours procedures were clearly visible on the front page although there was no NHS 111 logo on the page.
- The website was very user friendly and contains all the information required.

Recommendations

Healthwatch regulations stipulate that service providers and commissioners have a duty to respond to local Healthwatch reports and recommendations within 20 working days, in writing, to acknowledge receipt and to explain what action they intend to take; or if they do not intend to take action they must explain why. (Health and Social Care Act 2012: Addendum to summary report: issues relating to local Healthwatch regulations).

Healthwatch North Somerset recommends the following based on the Enter and View Representative's observations and feedback received by the public in North Somerset.

- The provision of chairs with arms and high backs in the waiting area to help patients with mobility problems
- Place the Hearing Loop system notice in a more visible position
- Provide details of waiting times in an easily visible position
- A Carer's Board with information specifically for Carers would be helpful
- A 'You said, We did' board would allow patients to understand that the surgery is listening to the patients' voice
- It was not clear that information in different formats is available
- Coat hooks in consulting rooms and patient areas were considered to be too high for many patients
- Consideration of becoming dementia friendly; for example, the clock in the waiting room does not meet the needs of patients with dementia, the toilet seat would be a different colour and the shiny flooring at the entrance could cause confusion.

Service Provider Response

Thank you for your letter of the 29th January together with the Enter and View report following your visit to St Georges Surgery on the 28th November.

We have considered your report and would like to respond to some of the points made in your report:

Automated doors

We have taken on board your comments regarding the doors and the potential risk for young children to exit unsupervised into the car park and we have put signs on the door highlighting the potential risks due to the doors being automatic.

As the building is recent new build it was designed to be compliant with the Disability Discrimination Act 2005. Automatic doors are essential for ease of access, and to allow in an emergency ambulance crews to enter and exit with a stretcher unhindered.

Music

We do not have a music licence and so music cannot be played, should a patient wish to speak to the receptionist privately there is an office next to reception that could be utilised for a private conversation.

Coat hooks

We are looking to get some of coat hooks lowered.

Hearing loop system

There already is a sign on the reception desk to advise this system is in situ.

Carer's board

Sue Millard our Service Manager continually reviews with our patients and PPG on information provided. When the next round of updates are undertaken we will work with them to see what information they would like included. Recently the PPG produced a Practice Information Leaflet, and this gives a great insight in to the services offered at our sites.

Appointment booking

We offer emergency appointments every day at each surgery, with all GP's that are in on that day. These appointments can be booked via our online booking services the evening before or in the morning, or over the telephone when the phone lines open at 8 am. Should all the face to face and telephone appointments be fully utilised we have the ability to offer patients a telephone appointment with the Duty Doctor who will look to assist the patient either via the phone or by arranging another suitable appointment or action. We have a Duty Doctor every day, which is a team of clinicians – GPs, Pharmacists and Advanced Nurse Practitioners, to manage urgent same day issues for our patients.

Toys

These are available in the waiting room; the ones that are available are able to be cleaned in line with infection control procedures and policies.

Changes following feedback

In each site we have a display showing 'You said, We did' responding to Friends and Family Test questionnaires completed each month. Our Service Manager updates this each month.

Dementia Friendly

Having reviewed your reports for our Yatton and Langford sites there is no mention of the same points raised ie clock and toilet seats, some degree of consistency around expectations would be helpful so we can achieve a suitable outcome. However, we hold a memory cafe each month at St Georges and to date I am not aware of any of the clinicians with dementia training raising the need to change aspects of the environment. We would be happy to take on any changes that would improve the environment for our patients; across all the sites should this be needed.

Chairs

There is mention in the report of there being no chairs with high backs; we will look into how best to address this should it be raised by patients. The building is <5 years old and was furnished by NHS England to a set practice standard as per many surgeries across England.

It has been really helpful having the reports for our surgeries, and I hope you will continue to do them going forward. The changes made will help us to continue to provide safe and effective care for our patients across North Somerset.

Yours sincerely

Helen Jones
Surgery Manager

About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard

- Taking public views to the people who make decisions - including having a Representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

Enter and View

To enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch North Somerset Representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch North Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Key Benefits of Enter and View

- To encourage, support, recommend and influence service improvement by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning.

Relevant Legislation

- The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).
- The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).
- The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).
- The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



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