



Bishop's Castle Medical Practice Enter and View Report

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About Healthwatch Shropshire



Healthwatch Shropshire is the independent health and social care champion for local people.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

What is Enter & View?

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'.



The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012**.



Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.



Details of the Visit

Service Bishop's Castle Medical Practice, School House Lane, Bishop's Castle, Shropshire SY9 5ER

Commissioner Shropshire Clinical Commissioning Group / NHS England

Date of visit Tuesday 7th November 2017 9am - 12 noon

Visit Team Two Healthwatch Shropshire Enter and View Authorised Representatives

Purpose of the Visit

To engage with service users and staff to understand:

- the practice's approach to delivering primary care services and any barriers they face
- the practice's compliance with the NHS Accessible Information Standard

Our aim was to:

- identify examples of good working practice
- observe patients and relatives engaging with the staff and their surroundings
- capture the experience of patients and relatives and any ideas they may have for change

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

The Context of the Visit



By law, from 1st August 2016 onwards, all organisations that provide NHS care and / or publicly funded adult social care must follow the **Accessible Information Standard** in full. The Standard directs and defines a specific, consistent approach to identify, record, flag, share and meet a person's information and communication support needs, where these needs relate to a disability, impairment or sensory loss (e.g. sight, hearing).

During January-March 2017 NHS England led a review of the Standard and some of the key themes that came through were:

- There is widespread support for the aims of the Standard, although some organisations have concerns about costs
- Patients, service users, carers and patients are clear that receiving accessible information and communication support is essential if they are to receive safe, high quality care, to maintain their privacy and dignity, and to be involved in decisions about their care and treatment
- Implementation of / compliance with the Standard is variable across and within organisations
- Similarly, the impact of the Standard on individual patients / service users and on organisations differs. Where organisations have implemented the Standard they and their patients have noticed benefits.
- Many people felt that the Standard could have a significantly greater impact than it had done to date, suggesting that national monitoring / enforcement be put in place
- The most common challenges related to difficulty in recording and flagging needs and producing information in alternative formats, lack of awareness, the need for improved communications about the Standard and competing demands on staff time

Accessible Information Standard: Post-Implementation Review - Report
NHS England, July 2017

Since it was set up in 2013, Healthwatch Shropshire has received comments from members of the public about their experience of GP and primary care services. As a result of these comments and following the national post-implementation review of the Accessible Information Standard we decided it was time to visit a number of practices across the county to speak to patients, carers and staff about their experiences; to find out how the Standard has been implemented, any challenges and its impact locally so far.

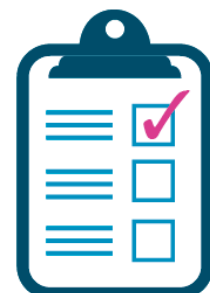
We aimed to visit a range of practices and report on each. The practices we have visited were chosen based on their location, size, CQC rating and whether or not we had previously received any comments, positive and negative.

Visits were announced and the Senior Partner / Practice Manager were told the date and time of the visit so they could promote it within the practice and encourage people to talk to us.

What we did

Before the visit

- We contacted the practice's Patient Participation Group (PPG) to explain what we were doing, asked them to help promote it among the patients and invited them to complete a questionnaire.



During the visit

- The Authorised Representatives (ARs) on the visit team made an observation of the environment and completed a checklist.
- The ARs spoke to patients / carers in the waiting room and asked them if they were happy to complete a questionnaire. They were told that their answers would be recorded anonymously and they would not be identifiable in the report.
- The ARs spoke to any staff in the practice who were free and happy to comment.

On our visit to Bishop's Castle Medical Practice we spoke to

- 19 patients and carers, including four members of the Practice Patient Participation Group, who came in to speak to us
- Four staff



What we found out

The practice serves 5,300 patients in a very rural area, spanning the border between Shropshire and Wales. There are two GP partners and two part-time GPs as well as a team of practice nurses and administrative staff. The practice is open every weekday from 8am to 5pm, with Tuesday morning opening at 7am and Thursday evening open until 6pm.

Observation findings

- The building is set back from the road, and up quite a steep drive. The practice name in black letters on a white board by the entrance is quite small and not easily read from the road.
- Staff cars occupy most of the 8 spaces on the drive, but there is free parking on the road. There are two spaces for disabled people close to the building.
- The ramp has railings both sides and leads to a different entrance door with a bell for assistance at wheelchair height.
- Reception is a private area away from the waiting room. One patient with some communication problems commented that “the log-in system is easy to use - very quick”.
- In the waiting room there is an electronic screen to call patients to see the doctor or nurse and a ‘beep’ to alert patients each time this screen changes. During our visit we saw a clinician come into the waiting room to collect a patient who may not have noticed that their name had been displayed.

- Each room had the name of the clinician in large letters to correspond with the display panel calling the next patient. Toilets had pictures and words on the door.
- Information is available in several different formats:
 - A large screen below the patient call display ran a series of information slides.
 - All these information slides were in an A4 folder if patients wanted further details.
 - The main notice board is on the wall behind seats in the waiting room. There were only a few notices but the font size was not very large and patients are less likely to go close enough to read them if people are sitting there.
- In a rack on the windowsill there were a number of A5 information sheets about the practice itself e.g. the clinics offered by the different nurses, and more general ones e.g. with contact details of a range of local support services (both for Shropshire and for Powys). These leaflets were produced by the Bishop's Castle Patient Group (BCPG) and the practice. Some were in large print.
- Bright green 'bunting' was hanging from the ceiling in the corridors reminding patients to have their flu vaccination.

What patients told us

We spoke to 19 patients, using a questionnaire to make sure we asked everyone the same questions. Six people told us they had a communication need e.g. a sensory loss such as poor vision or poor hearing, including two patients who also had other communication needs. The six people who had a communication problem were confident it was recorded in their medical records and some knew the practice IT system flagged this up whenever they attended.

At least seven of the patients had been with the practice for so many years they could not remember whether they had ever been asked if they had a communication need, but they said the staff knew them well and always made sure they understood the information they were being given. We saw one receptionist talking slowly and clearly to a patient with hearing difficulties.

We asked how the practice communicates with patients who have a sensory loss. One patient said “The practice communicates by letter or phone. I don't think I've been asked if this is what I want. The staff are all very good and I let them know if I can't hear something. We manage OK but my sight has got worse. Larger print would help”.

One patient, who has memory problems, said information is always given verbally by the medical staff and he has to write down what they tell him so he does not forget.

Two patients without specific communication needs said they would prefer that the practice contacted them by e-mail (although one of these knew they had not activated their access code). To ensure the protection of personal data, any patient wishing to communicate with the practice by e-mail or book appointments on-line, requires a unique access code to log on.

Several patients said they received reminders (usually by letter or text) from the practice e.g. to have a flu jab, or for a routine check-up.

Another patient commented that staff were sensitive to different needs of patients. They said that, at a time when they were particularly anxious, they were offered a quiet place to wait, away from the main waiting room.

The carer of an adult with severe learning disabilities said the staff always talk face to face with him and “All the practice staff are really good with him - always patient”.

Patients we spoke to who had been referred to hospital for treatment were aware the practice sent a detailed summary, which included information about their communication needs, with the referral letter.

Over 60% of the patients we spoke to were full of praise for the practice: “We are so lucky to have such a good practice in a rural area”, and no one said they were unhappy with the service.

Another patient told us: “All the staff are very professional, and make time to really listen to you. I had a very difficult period and the doctors were wonderful. They text reminders and I phone for an urgent appointment, but otherwise I book the appointment on-line.”

One patient who is partially sighted said they would like larger print letters. They said the Doctor knows about their sight problems, and all the staff are also aware, and commented: "They take care of us here."

One patient explained it is sometimes difficult to see the same Doctor for continuity of care. "There are often locums and I think they don't know as much about me, especially with my long term condition, as they keep coming and going. Overall though the service is good."

What staff told us

We spoke to the Practice Manager and staff in Reception. The Practice Manager has only been in post for a few months. She was not aware of the Accessible Information Standard (AIS) until receiving the letter from Healthwatch Shropshire (HWS) regarding the visit. However it was clear both from what she told us, and from the patients, that the practice has taken into account patients' communication needs and the principles underlying the AIS for several years, before it became a formal requirement. Since the HWS contact, information about the AIS has been added to the screen (and information folder) in the waiting room.

We asked whether patients are asked about their communication needs when they first register at the surgery. We were told that the questionnaire for new patients asks these questions. The general practice electronic clinical system (EMIS) captures this information and a 'pop-up' flags the specific need every time the patient attends. There is no process for capturing the communication needs of carers. The practice also works with local care homes, including three for adults with learning disabilities, which also ensures residents' communication needs are recorded.

The electronic system can be accessed by all staff, so everyone is aware of an individual's needs e.g. if staff know a patient has poor vision and cannot read the display they will go to the waiting room to collect them. We saw a GP do this during our visit.

The patients served by the practice are spread over a large geographical area and we were told that although broadband is quite good, mobile phone reception often is not. Consequently the practice has worked hard to promote different means of communication for patients. For example, the practice manager says she spends quite a lot of time helping older patients set up on-line access.

There is a weekly clinical meeting to discuss individual patients and changing needs e.g. a patient has developed hearing difficulties so the practice communicates by e-mail.

Staff told us the practice uses a training company for on-line learning about communication needs and that they all have annual appraisals when needs for updates or more specialised training are identified.

Staff were aware that the fire alarm system is both 'very loud' and the exit signs light up. They explained the fire procedure very clearly.

What the patient group told us

Four members of the eight-strong patient group (BCPG) came into the surgery to meet us. One said they had been an original member when the group was set up 11 years ago.

They said that the group has an excellent relationship with the practice and they had worked together to develop a series of information leaflets with contact details for a range of local voluntary services, Council and community health services, as well as services provided by the GP practice. One member of the patient group took the opportunity of coming in that day to speak to the visit team to replenish these leaflets in the rack in the waiting room.

The Chair of the BCPG completed the questionnaire sent to them by Healthwatch Shropshire before the visit, explaining that the group had not been aware of the AIS until recently and had not been involved in sharing this information with patients to-date. They confirmed the information given to us by the Practice Manager about how the practice records and flags the communication needs of patients on the electronic system. Patients can also inform the practice of a need by completing a slip at reception and there is an interpreter service available. The Chair told us that the patient group feels that the practice communicates well

with patients with communication needs and they have not had any feedback from patients about this issue.

Additional Findings

The Practice Manager told us that when patients are referred to hospital the summary report from the electronic system (EMIS) is sent and this includes information about the patient's communication needs. However she gave two recent examples of where a hospital did not respond appropriately to this information. For example, a patient who cannot speak kept being told to phone the hospital and then they took the patient off their list because they could not. This patient now brings letters to the practice and the staff phone on the patient's behalf.



Summary of Findings

Of 19 respondents, there were 12 who spoke with great appreciation of the quality of care and service they received from the practice and the only slightly negative comment was concern that changes of locum doctors might reduce the continuity of care they were used to.

The practice's approach to delivering primary care services and any barriers they face

The practice serves a small population (5,300 patients) spread over a large rural area spanning both English and Welsh health and social care systems. They have developed a flexible approach to communication; offering mobile phone texts, on-line booking and prescription ordering services for people living some way from the town. One patient said that they would appreciate written information after the consultation because they have memory problems.

Every patient we spoke to praised the quality of primary care they received and the approach of the staff.

The practice's compliance with the NHS Accessible Information Standard (AIS)

Although the staff in the practice had not heard about the AIS before HWS contacted them, it was clear from what patients and staff told us that the practice has taken into account patients' communication needs and the principles underlying the AIS for several years:

- They **identify** patients' communication needs both by asking them when they come into the practice (most patients are well-known to the staff, and staff become aware when communication needs change over time) and from a health questionnaire when a new patient joins the practice.
- They **record** the specific communication needs through codes on the practice clinical system.
- The system **flags** these needs through pop-up alerts every time a patient attends the surgery.
- The practice **shares** this information when a referral is made to another NHS organisation through the clinical summary generated by the clinical system. This information is not always acted on by the hospital.
- We heard from patients and saw several examples of practice staff **acting** on this information. Clinical staff personally collect patients from the waiting room if they have poor vision and so may not be able to read the LED display screen. There is a weekly meeting to discuss individual patients e.g. a disease process has affected the hearing of one patient so the practice communicates by e-mail.
- Information is available in several different formats.

Examples of good working practice

- The LED display panel to notify patients of their turn to go to a consultation room has clear, large lettering and a beep to alert patients every time the display changes. We saw clinical staff fetch patients from the waiting room who may not have been aware it was their turn.

- The BCPG and practice have developed a number of A5 information sheets in large print about the practice itself and more general ones with contact details of a range of local support services. Some of these are in large print. These are kept in a rack on the windowsill of the waiting room.
- A large television screen in the waiting room has a continuous loop of information slides, mostly large font. Every slide is reproduced in an A4 folder for patients to look at to get more details if they missed something of interest in the rolling display.

Observation of patients and relatives engaging with the staff and their surroundings

Throughout our visit we were very aware how comfortable patients seemed in engaging with all the staff.

We saw one receptionist speaking slowly and clearly to a patient with hearing difficulties.

The carer of an adult with severe learning disabilities said the staff always talk face to face with him and "All the practice staff are really good with him - always patient".

Learn about the experiences of patients and relatives and any ideas they may have for change

All the patients we spoke to were very pleased to have the opportunity to talk about their experiences and express their appreciation of the practice.

Two patients with poor vision said they would like to receive letters in large print without having to ask for them.

Recommendations

- The practice reviews their approach to meeting the communication needs of all their patients and make any changes necessary to implement all the requirements and meet the conformance criteria laid out in the NHS Accessible Information Specification.

We suggest the practice considers:

- Using the 'impaired vision' flag to identify those patients who would find a large font in letters from the practice helpful or who use Assistive Technology, e.g. to open and enlarge documents on-line.
- Developing a 'Carers' flag to ensure their communication needs are identified and addressed.
- How best to provide information for patients to take away after a consultation, when patients have difficulties in remembering what is said to them.

Service Provider Response

Healthwatch Shropshire has received the following response to the Enter & View visit and report from the Partners of Bishop's Castle Medical Practice:

We would like to thank you for your feedback and recommendations. We found the visit really helpful in identifying areas we can improve on and appreciated the positive feedback from patients.

Acknowledgements

Healthwatch Shropshire would like to thank the practice, patients, carers and staff for their contribution to this Enter & View.

Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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