



Brown Clee 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 Visit

Service Brown Cleve Medical Practice, 6 Station Road, Ditton Priors, Shropshire WV16 6SS

Commissioner Shropshire Clinical Commissioning Group / NHS England

Date of visit Wednesday 25th April 2018 - 9.30 am - 11.30 am

Visit Team Two Healthwatch Shropshire Enter and View Authorised Representatives

Purpose of Visit

To engage with service users and staff to understand:

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

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 said to us 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 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. The practices we have visited were chosen based on their location, size and whether or not we had previously received any comments, positive and negative. We also chose practices with a range of Care Quality Commission (CQC) ratings from 'Outstanding' to 'Requires Improvement'.

The current CQC rating for this practice can be found on the CQC website:

<http://www.cqc.org.uk>

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 Brown Clee Medical Practice we spoke to

- Eight patients / carers
- One member of staff
- One Patient Participation Group (PPG) representative



Because the Practice Manager was not available at the time of our visit, we held a telephone interview two days after the visit.

What we found out

Practice information

The practice website states that it serves ‘just over 3,300 patients’ spread over ‘a large rural area of over 110 square miles’. It holds daily surgeries (Monday to Friday) at Ditton Priors and Stottesdon, seven miles away. Phlebotomy services (the collection of blood for tests) are available at both surgeries, for the convenience of patients.

There are two part-time GPs partners (one male, one female), two Practice Nurses, a Health Care Assistant who also supports community liaison, a Dispensary Manager and a Dispenser, and reception and administrative staff.

In addition to primary health care, the practice offers a range of health and complementary services which include:

- a weekly meditation group
- ‘Walking for Health’ groups
- a weekly Citizens Advice session¹
- a Dietician
- Counselling
- ‘Help 2 Quit’ advice

¹ After our visit the Practice Manager informed us that the practice ‘can no longer offer CAB services due to funding cutbacks’.

Observation

The practice is in a modern, single-storey building. There are no directions from the road nor any sign on the building to say it is the medical practice. The Practice Manager explained that this is on professional advice for security of the Dispensary.

There is ample parking with three disabled spaces by the entrance, although the yellow line markings are very faded.

Although it is all on the flat, there are low kerbs from the car park to the path which are potential trip hazards. The original white markings on these kerbs have almost disappeared. There is a doorbell for disabled people needing help to get through the door and also for urgent patients during lunchtime closure.

In the entrance lobby there is a water cooler, two notice boards and wall racks for health leaflets. One notice board has mostly practice information and posters about general health issues. All were in large text, and most were laminated. These seemed to be up to date. The other board was more cluttered, with many notices about local events, activities and services.

Leaflets about the role of the PPG were on display, as well as the notes of the most recent PPG meeting.

In the waiting room there are two large hatches, one for the Dispensary and one for Reception. The Receptionist uses a headset when speaking on the phone and couldn't be overheard even a small distance away.

The benches in the waiting room are functional. During our visit no one waited very long. There was no electronic check-in or patient call system. Every patient was called in to their appointment by the person they were seeing.

In the waiting room there were two information screens. The one by reception showed a rolling series of brief messages about practice services and general local healthcare information. These messages were in large text and eye catching colours. On another wall a second screen ran a series of national information slides (e.g. from the NHS), some of which were not clearly laid out or easy to read.

Information slips for patients were available by the reception hatch to tell them about a weekly Citizens Advice session and how to make an appointment with the Adviser.

The door to the single large public toilet had clear signs for use by men, women and disabled people. Consulting rooms did not appear to have nameplates or other distinguishing labels. Only one room had a slide plate to say 'engaged'. Since all patients were collected from the waiting room in person, this was not an issue. The secondary emergency/fire exit was through the non-patient area behind reception.

There was a notice in the waiting room to say this is a teaching practice for medical students.

What patients told us

We spoke to eight patients, using a questionnaire, to make sure we asked everyone the same questions. No one said they had a communication need e.g. poor vision or hearing loss.



Most of the patients had been with the practice for many years and they could not remember whether they had ever been asked about their communication needs. They said the staff knew them well and always made sure they understood the information they were being given.

One patient told us their appointment was for 15 minutes before, and at that moment the clinician came into the room to collect them. No other patient appeared to wait more than a very few minutes during our visit.

All the patients we spoke to were full of praise for the practice and several gave examples of the quality of care they received:

- “The phone is always answered promptly. It is easy to get an appointment. My husband had a complex long term condition. The practice was very supportive to both of us. The GP gave me their home phone number for an emergency because ShropDoc would not be familiar with his health problems. I collect my regular medication. They will put a note in the bag to

remind me if I am due for a test, flu jab etc. I am thoroughly satisfied with every aspect of my care.”

- “I phone for appointments but it is always easy to make one. I have no chronic disease so I am not on any register. I did have a cancer 'scare'. I saw the GP in the morning. By the afternoon I was in hospital having tests. The GP phoned me at home that evening to explain the results and the next stage of investigations was completed within two weeks.”
- “I think they are all wonderful. I feel very well cared for and safe.”

What the patient group told us

The member of the PPG who came into the practice to speak to us told us there has been an active PPG for more than six years and the current chair took over only a few months ago.

The PPG sees its role as providing information about practice services and a forum for people to raise non-medical issues with the Practice. It helps to advertise supplementary services (such as the meditation group and ‘Walking for Health’). They were the first PPG in Shropshire to set up a Facebook page, 270 patients are signed up. The PPG member told us that this helps them reach a much broader range of patients than simply those who frequently attend the surgery. E.g. one third of Facebook members are men.

Recently the PPG was pro-active in setting up a ‘CoCo’ (Compassionate Communities) group². There have been three training sessions with 32 people trained in offering voluntary support in the community.

What staff told us

On the day of our visit the Practice Manager was out attending a meeting. We were able to speak to one member of administrative staff.

² CoCo is a voluntary organisation, created and supported by Severn Hospice, which offers free of charge 1:1 befriending and support to frail, vulnerable and isolated adults in the community, including those with physical disability, learning difficulties, in emotional distress and those who care for another.

This member of staff told us:

- The practice has a small team. Most training is face-to-face small group work. They had attended specific disability awareness training a year or so ago.
- The fire alarm system is ‘very loud’. They could explain their responsibilities within the fire procedure very clearly and said that tests are routinely undertaken.

Telephone interview with the Practice Manager

Two days after our visit we spoke to the practice manager on the phone about the practice’s approach to Accessible Information.



We asked about the process for identifying patients’ communication needs when they first register at the surgery and when those needs change. We were told that all new patients are offered an appointment with a member of staff to discuss their health and medication issues and any communication and other needs. The practice uses the EMIS system to record these, and records whether a patient is also a carer. For example when a letter needs to be sent, an EMIS alert for impaired vision will automatically trigger a reminder to use larger print. There is an alert system whenever the patient’s record is called up so that staff are reminded of particular needs. However, as this is a small practice “most patients are well known to the staff”.

We were told that any communication needs are included in the patient information summary sent with a referral to the hospital.

We asked whether the practice has a hearing loop. We were told there is one available but that at present there is no patient with a profound hearing loss. The practice manager thought it would be useful to remind staff about how to use this.

We were told that training for staff to communicate effectively with patients is mainly through e-learning, and is reassessed in the annual appraisals. The practice has a dementia champion and dementia awareness is given a high priority.

We were told the GPs and nurse will routinely print information sheets for patients to take away, to remind them of what was said in the consultation.

We commented on the clarity of the messages on the screen above the reception hatch and were told the practice manages these communications, but that the other screen runs a series of slides organised by Shropshire Clinical Commissioning Group.

The practice is currently exploring the use of text messaging. They have found only about a third of their patients use mobile phones, but are encouraging patients to provide their mobile numbers for the future. The options to use the on-line appointment booking and repeat prescription service are becoming more popular with younger patients.

Summary of Findings

All 8 respondents spoke with great appreciation of the quality of care and service they received from the practice

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

- The practice serves a small population (3,300 patients) spread over a large rural area. It holds daily surgeries at Ditton Priors and Stottesdon.
- Phlebotomy services (the collection of blood for tests) are available at both surgeries, for the convenience of patients.

There are several other services offered or promoted by the practice to provide emotional and practical support and/or improve people's health. These include a CoCo group, weekly meditation group and Citizens Advice session.

- There is an active PPG which works in support of the practice. It was the first PPG in Shropshire to set up a Facebook page, which helps the Practice reach a wider range of patients than simply those who frequently attend the surgery.
- The practice places a great emphasis on the personal approach and individualised care they offer all their patients. They use the EMIS system to flag up patients' communication and other needs, and ensure they respond appropriately. E.g. they do not send standard print letters to people for whom this is inappropriate.

The physical environment

- The car park markings were faint and worn, and there was a shallow uneven kerb that might be difficult for wheelchairs.
- We were told the staff may be unfamiliar with the use of the Hearing Loop available.

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

- It **identifies** some patients' communication needs by asking them (most patients are well-known to the staff, and staff become aware when communication needs change over time) and from a health interview when a new patient joins the practice.
- It **records** the specific communication needs through codes on the practice clinical system.
- The system **flags** these needs through pop-up alerts every time a patient telephones or attends the surgery.
- The practice **shares** this information when a referral is made to another NHS organisation through the patient information summary generated by the EMIS system.
- The practice **acts** on this information. Examples include tailoring information to individual patients' needs (e.g. large print) and though clear messages on its information screen.

Observation of patients engaging with the staff and their surroundings

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

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.

Recommendations

We recommend that the practice:

- Continues to collect information from patients and their carers about their communication needs in the context of the high priority this practice puts on personalised care.
- Implements ways of collecting communication information from those patients that don't visit the Practice e.g. through the Practice Facebook page and website.
- Trains all staff on the requirements of the 'NHS Accessible Information Standard'.
- Clarifies, for the benefit of both patients and staff, the situation in respect of hearing loops and ensure that suitable training and sufficient signage is provided.
- Considers the effectiveness of the markings on the car park for the disabled car parking spaces and the potential trip hazard of the low kerb stones at the entrance to the access pathway.

Service Provider Response

Healthwatch Shropshire has received the following information from the Practice Manager in response to our recommendations:

We recommend that the practice:

Continues to collect information from patients and their carers about their communication needs in the context of the high priority this practice puts on personalised care.

This is ongoing, as patients are known to us, it is easily seen when there is a problem with communication needs and this is addressed immediately.

This is overseen by the Practice Manager / Reception Staff and reviewed every six months.

Implements ways of collecting communication information from those patients that don't visit the Practice e.g. through the Practice Facebook page and website.

The Brown Clee website homepage has a comments and suggestion form where the patient can communicate with the Practice. This is overseen by the Practice Manager and ongoing.

Trains all staff on the requirements of the 'NHS Accessible Information Standard'.

All Staff will use Bluestream Training to update themselves on the NHS Accessible Information Standard. This will be overseen by the Practice Manager and completed by September 2018.

This will be reviewed by the Practice Manager at that time to check staff have used the Bluestream and then 12 monthly thereafter.

Clarifies, for the benefit of both patients and staff, the situation in respect of hearing loops and ensure that suitable training and sufficient signage is provided.

Hearing Loop to be accessed and put in place. Signage will be displayed.

This will be overseen Practice Manager/Receptionist and completed within one month (July 2018). The Practice Manager will then check usage of the loop every month.

Considers the effectiveness of the markings on the car park for the disabled car parking spaces and the potential trip hazard of the low kerb stones at the entrance to the access pathway.

A GP has already put this in place. We have asked for quotes from two different companies and then the work will commence depending on the quotes received.

The refurbishment of the car park will include:

- Improved markings on disabled car park spaces
- Removal of kerb stones at entrance to make access pathway easier for disabled use

This will be overseen by the GP and Practice Manager and completed within the next three months.

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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