



**Churchmere Medical Practice
Claypit Street Surgery
Enter and View Report**

Visit date: 26th November 2018

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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 Churchmere Medical Practice: Claypit Surgery, Whitchurch
Community Hospital, Claypit Street, Whitchurch. SY13 1NT

Commissioner Shropshire Clinical Commissioning Group / NHS England

Date of visit Monday 26th November 2018 10.00am - 12.00pm

Visit Team Two Healthwatch Shropshire Enter and View Authorised
Representatives

Purpose of Visit

To engage with service users and staff to understand:

- Confidentiality, dignity and respect and continuity of care following a change of service

We looked at:

- The appointment system: availability of appointments, patient experience of getting an appointment, patient awareness of extended hours provision
- Continuity of care after practices have merged
- Privacy and confidentiality in the waiting area
- Car parking and accessibility
- Accessible Information Standard: implementation by the surgery

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.

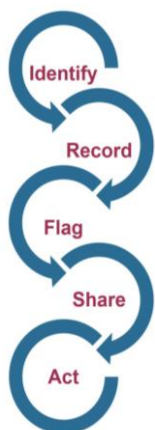
The Context of the Visit

Following the closure of Richmond House Surgery, Station Road in Whitchurch in 2016, patients moved to the new Claypit Street Medical Practice on the site of Whitchurch Community Hospital. The practice was run by Shropdoc, a not-for-profit company providing medical care, from 1 November 2016 until they decided that this arrangement was not sustainable and handed the contract back to the Shropshire Clinical Commissioning Group on 31st October 2017.

Bridgewater Family Medical Practice took over the management of Claypit Surgery until March 2018. From 1 April 2018, Claypit Street Surgery has been part of a newly-created Churchmere Medical Group which comprises Ellesmere GP Practice and Bridgewater Street Practice in Whitchurch.

Healthwatch Shropshire receives comments about health and social care services from members of the public. Since this practice opened, we have received a number of comments from patients including concerns about the lack of information for patients from commissioners about service changes and concerns about a lack of regular GPs.

During this time the NHS had introduced the Accessible Information Standard (AIS) and so we decided to include questions about the implementation of the AIS in all Enter & View visits to GP practices.



The Accessible Information Standard

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).

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

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

Enter and View visits can be announced where the service provider is given the date and time of the visit, semi-announced where the provider is told a visit is planned but not given the date or time or unannounced where the provider has no advance notice of the visit.

Our visit to Claypit Street surgery was announced, the Senior Partner and 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

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.

On our visit to Claypit Street GP Surgery we spoke to

- Eight patients/carers
- One member of staff



What we found out

Practice information

In the long term, it is planned to build a purpose-built medical centre at Paul's Moss in the town which will bring together the two Whitchurch-based surgeries of Churchmere Medical Group, with the Dodington GP Practice which is the third GP practice in the town. It is currently planned that this should take place in 2021. At that time, the lease of the Whitchurch Hospital premises will come to an end.

What staff told us

We met the Managing Partner/Practice Manager and the Practice Operations Manager at Claypit Street Surgery who informed us that, in total, Churchmere Medical Group has approximately 16,000 patients registered and this is not broken down by surgery as patients can book appointments at any of the three surgeries. The Managing Partner told us that patients in Ellesmere and Whitchurch are predominantly elderly. In relation to the changes, we were told that NHS England sent a letter to all patients on the register of the three surgeries involved in the merger. The Practice also ran open evening question and answer sessions in Whitchurch and Ellesmere, and published the information in leaflets. This was done following the decision to merge as Churchmere. Staff told us that some patients felt they should have been consulted prior to decisions being made however there was no requirement to consult them.

It was recognised that the organisational changes involved in recent years had had an impact on patients.¹

Each practice has its own telephone number; one with a Whitchurch area code and one with an Ellesmere area code. We were told that the previous week there had been a particularly busy morning when there had been delays in answering calls. Calls are shared across all three sites and therefore the call wait time was reduced due to the number of staff answering calls. It is believed by staff that continuity of care is promoted by the Group². For urgent cases, there is a duty GP and duty nurse in Whitchurch (covering both surgeries) and in Ellesmere.

Arrangements for all appointments can be made by telephone or by visiting a surgery. Appointments can also be made online for an appointment of a standard length e.g. with a doctor. It is not possible to make appointments with nursing staff on line, as these vary in length. Approximately 18% of patients in the Churchmere Medical Group have registered online. Appointments for evenings and Saturday mornings are made by telephone and offered through a joint arrangement with a number of local surgeries.

¹ On receiving our draft report, the Managing Partner has said: 'We believe that the impact on patients has been positive and the provision of GP practices in Whitchurch has been secured for years to come.'

² The Managing Partner has clarified this saying, 'Continuity of care is provided by 5 GP Partners and a team of salaried GPs, Nurses and other healthcare professionals working across all sites rather than regularly relying on locum GP cover.'

When appointments are made by phone, the receptionist now asks for the reason for the request and signposts the patient to the most appropriate clinician. This was introduced at the time of the merger on 1 April 2018.

Additional services include minor surgery, family planning and access to counselling. Ellesmere surgery has its own dispensary.

There are five GP partners plus the Managing Partner, four salaried GPs, a nursing team of eleven, a care and community coordinator, a practice pharmacist, an administrative team³, bringing the total staff in Churchmere Medical Group to 64.

We asked how the practice obtained feedback from its patients. This was obtained in a number of ways: through the Patient Group, the Friends & Family Test, feedback on the practice website, on NHS choices and on Patient Opinion.

In relation to conforming to the Accessible Information Standard, we were told that the practice had “used a macro⁴ to identify from patient records those patients who might have a communication need”. This then alerted staff to ask about communication needs at the next appointment. If there was a need this was recorded on the system and was flagged up at every appointment. For new patients, the questionnaire completed includes questions in relation to their needs and how they would prefer to receive communications from the practice.

Observation

We observed good, clear signage to the surgery entrance through the hospital grounds from the car park to the entrance. There was adequate dropping-off space, a ramp that was easy to use with railings and two accessible parking spaces. It was clear on arrival that there was pressure on general parking both by the surgery entrance and in the main hospital car park.



Inside the building, fire exits were clearly identified in words and symbols, rooms used by patients were clearly signed and there is a patient toilet accessible to

³ The Managing Partner has explained that ‘There is not just an administrative team but a large non-clinical team including reception, admin and dispensary.’

⁴ A symbol, name, or key in a computer programme that represents a list of commands or actions.

wheelchair users. The noticeboards were tidy but cluttered with no organisation. Practice notices were surrounded by posters for external services or agencies and a banner advertising the need for a flu jab going across the middle of the boards concealed what was behind it. However, the practice notices were clear and easy to read but with no date on them.

We could not find either a poster about what to do if anyone had a complaint or the fact that there is a hearing loop available.

There was an electronic check-in system placed next to the reception hatch but patients could check-in at reception if they preferred. The font on the check-in screen was small but it was clear that the size of the text could be changed if needed by the user. Chairs were placed along the opposite wall and at the time of our visit there were sufficient for patients waiting. Conversations between the Receptionist and patients at the hatch could not be overheard by those seated in the waiting area.

RECEPTION



Whether the doctor or nurse came into the waiting room to call a patient through depended on the member of staff but there was a clear electronic screen to inform patients of their appointment with accompanying audio alert and clear directions to the room they were required to go to. The text on the screen was white on a dark blue background.

All but one of the information pages displayed by the electronic screen could be easily read.

Members of staff had a uniform relating to their role. However, none had name badges and we were informed that they were in the process of being obtained with the Churchmere Medical Group branding.

What patients told us

Four of the patients we talked to recalled being sent a letter about the changes in their GP practice arrangements. The others had learnt by word of mouth or had been told by the Bridgewater surgery.



They had all booked their appointment taking place on the day of our visit by phone except one whose nurse had arranged it for them and one

whose relative had booked it on their behalf. One patient commented that they had struggled to find the correct telephone number when they needed it and thought that the number had changed three times.

Of those that booked by phone, five waited 5-10 minutes for the call to be answered and one, 10-20 minutes. Four patients found the receptionist to be very helpful, one “fairly helpful” and one rang twice and found the receptionist not helpful on both occasions so they rang a third time when someone different answered who was helpful. They said “this is a common experience”.

On all occasions, those that spoke to a receptionist were asked to describe symptoms or what was wrong. No-one we spoke to had booked on-line. Three of the eight patients did not know whether the practice offered extended hours appointments. Two people had used this facility, one of whom said “it was better than daytime services”.

Patients were asked “on a scale of 1 to 4 how happy were you with how long you had to wait for an appointment?” where 1 indicated “very unhappy” and 4 “very happy”. Five of the eight patients indicated a 4, two indicated a 3 and one was very unhappy. Five of the eight patients spoken to had rung earlier that morning and been offered an appointment later in the morning.

To a question on whether they were able to see their preferred GP or nurse, of those that booked their appointment by phone (six), three were able to and three didn't ask. When asked whether they were able to ask for their preferred GP to phone them, three people replied “yes” and the question was not applicable for the remaining patients.

On the question of whether not seeing a preferred GP or nurse had adversely affected their care, one patient responded. They had been seen at both Claypit Street and Bridgewater and saw different nurses every time who advised differing treatments. The patient had had to develop a system to ensure continuity of treatment.

The question was put “Is there anything that you think could improve this practice or experience?” The responses received are listed below:

- Keeping the same telephone number
- “It's very nice” and “no” (three people)
- Better communication is needed, either by phone or letter.
- It needs a water machine in the waiting room.
- Better phone access to make appointments

- Repeat prescription phone line is always very busy⁵ (two people)
- Once you get to the pharmacist, the prescription is ready and waiting
- More helpful receptionists - they vary
- Being able to order repeat prescriptions on-line⁶

Two patients had been asked about their communication needs as required by the Accessible Information Standard. Of the eight patients we spoke to, three identified themselves as having particular communication needs but only one had been asked specifically about their needs.

Patients were asked if they had any further comments which they wanted to make about the quality of the service at Claypit Street surgery:

- “You can get an appointment on the same day if you are happy to see whichever doctor is on duty.”
- “Good service.”
- Quite happy with this practice - “They’ve been very good to me!”
- “The service is nothing like that at Station Road.”
- “Nobody apologises when things go wrong.”
- “They are normally pretty friendly.”
- “Parking is bad if you have an early appointment.”
- “Problems with parking at Claypit Street so prefer to go to Bridgewater.”
- Prefers Bridgewater surgery - “it’s friendlier”

Additional findings

One patient had gone to the wrong surgery i.e. Bridgewater, believing their appointment was there as it had been written down for them by a nurse who had booked the appointment.

⁵ This is the Prescription Ordering Direct (POD) service provided by Shropshire Clinical Commissioning Group, <http://www.shropshireccg.nhs.uk/local-services/prescription-ordering-direct-pod/>

⁶ The Managing Partner has told us that ‘this has been possible for a number of years’.

Summary of Findings

- Five of the eight patients we spoke to had phoned in earlier that morning and asked for an appointment which they were given the same morning.
- It was apparent that a period of change had occurred for the Claypit Street Surgery and that patients and staff were still coming to terms with the challenges that working with two other surgeries brought.
- There are clear signs directing patients to the surgery, and good wheelchair access.
- The majority of patients that we spoke to were happy with the new arrangements despite some initial teething problems e.g. phone numbers.
- One patient commented on lack of consistency of helpfulness of receptionists.
- Patients speaking to the Receptionist could not be overheard by those seated in the waiting area.
- There was no sign indicating the presence of a hearing loop.
- Noticeboards were full and would benefit from better organisation.
- We did not see any information about either the Patients Group or the complaints procedure.
- Staff were not wearing name badges but we were told that the staff name labels were in the process of being provided.
- Patients told us of long waiting times to get through to the repeat prescription service (POD) provided by the CCG. Staff were aware of these problems.
- Existing patients with communication needs were not necessarily being picked up by the “system”. 'New' patients told us that they were asked questions about communication needs as part of the registration process.

Recommendations

As a result of our visit, we would make the following recommendations based on our findings:

- Organise notice boards to make them clearer and more accessible.
- Posters to be displayed prominently relating to the availability of the hearing loop, the complaints procedure, and the work of the Patient Group.

- Provide temporary staff name labels while waiting on the supply of permanent badges.
 - Consideration should be given to ways of improving the consistency of helpfulness of receptionists.
 - Continue to work with the CCG to improve the repeat prescription telephone service.
 - Consider offering an on-line repeat prescription service.
 - Continue to work towards meeting the requirements of the Accessible Information Standard i.e. to identify all patients with communication needs and provide the means of meeting such needs.
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Service Provider Response

Healthwatch Shropshire received a response to our draft report from the Managing Partner. Their comments are included throughout the report as footnotes. They also gave us the following action plan in response to our recommendations:

Organise notice boards to make them clearer and more accessible.

- To create noticeboards for 'Practice Information' and 'Other Information'.
- Ensure posters/notices are tidy, up to date and easy to read.

This will be overseen by the Managing Partner and completed by February 2019.

Posters to be displayed prominently relating to the availability of the hearing loop, the complaints procedure, and the work of the Patient Group.

- Hearing loop sign to be displayed - *Completed*
- Complaints leaflets to be available in the waiting room - *Completed*
- Patient Group information to be displayed on the electronic screen - This will be overseen by the Managing Partner and completed by February 2019

Provide temporary staff name labels while waiting on the supply of permanent badges.

- Temporary labels available for staff to use whilst permanent badges are being sourced and purchased for all staff.

This is being overseen by the Manager Partner and will be completed by March 2019.

Consideration should be given to ways of improving the consistency of helpfulness of receptionists.

Reception training is on-going to help support and promote the consistency of the receptionists. This is overseen by the Managing Partner.

Continue to work with the CCG to improve the repeat prescription telephone service.

- Feedback to the CCG regarding concerns or problems raised by patients

This will be overseen by the Managing Partner and another member of staff and be ongoing.

Consider offering an on-line repeat prescription service.

This is already offered and has been for a number of years.

Continue to work towards meeting the requirements of the Accessible Information Standard i.e. to identify all patients with communication needs and provide the means of meeting such needs.

- Further training sessions with staff to be arranged.

This will be overseen by the Managing Partner and completed by April 2019.

Acknowledgements

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

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.

01743 237884



enquiries@healthwatchshropshire.co.uk

www.healthwatchshropshire.co.uk



Healthwatch Shropshire



4 The Creative Quarter, Shrewsbury Business Park,
Shrewsbury, Shropshire, SY2 6LG