



# Enter & View Report

Latham House Medical Practice

Melton Mowbray

September 2018

---

# Report Details

---

## Details of visit

<b>Service Address</b>	Latham House Medical Practice Sage Cross Street Melton Mowbray Leicestershire LE13 1NX
<b>Service Provider</b>	Latham House Medical Practice
<b>Date and Time</b>	8.30am
<b>Authorised Representatives undertaking the visit</b>	Chris Bosley, Kim Marshall Nichols, Louise Hall

## Acknowledgements

Healthwatch Leicester and Leicestershire would like to thank the service provider, patients and staff for their contribution to the Enter & View Programme.

## 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 experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicester and Leicestershire.

---

## Purpose of the visit

---

- To gather patient views of the service provided at Latham House Medical Centre
- Capture the experience of patients and any ideas they may have for change
- To look at the benefits or otherwise of a large practice
- To observe the facilities and operation of the service.

---

## Methodology

---

This was an announced Enter and View visit. We arrived at the practice at 8.30am and spent 3 hours talking to patients and observing on the premises.

We contacted the Practice Management Team in advance and met with the Executive Manager and the Operations Manager who gave us an introduction and tour of the centre. They advised us that we had access to the patients and the communal areas during our visit. At the end of the visit we gave our initial findings to the Operations Manager.

Three Authorised Representatives visited several waiting areas and asked patients about their experiences of the Medical Centre. The Representatives explained to everyone they spoke to why they were there, took notes and offered a Healthwatch leaflet. The representatives used a questionnaire (see Appendix A) to guide their conversation with each patient or carer. Twenty-six questionnaires were completed, patients included retired people, young mothers, teenagers and one of the surgery receptionists.

A large proportion of the visit was also observational, involving the Authorised Representatives observing the surroundings to gain an understanding of how patients engaged with reception staff and the facilities.

---

## Findings

---

### Summary

- The need to book non-urgent appointments two or more weeks in advance was a concern for many patients.
- Appreciation by patients of the additional services offered by a large practice including eye screening and on-the-day Urgent Care.
- Patients' most frequently comment on what they liked most about the practice was the friendly and helpful staff.
- The waiting areas were spaciousness, clean and comfortable.

### The Practice

Latham House is a very large medical practice being the only GP Surgery in Melton Mowbray. It is located close to the town centre and shops. We were told by the managers that the practice was currently fully staffed including 20 GPs (including 3 locums) some of which were part time; 35 nurses and a paramedic. The current patient list of 35,500 is expected to increase significantly as more housing is planned for the town. There is adjacent space to build further rooms when necessary.



### The Buildings

The clinical suites each had its own waiting area and reception desk. These were clearly signed using colour shapes and numbers to depict each suite. Several of the suites were joined by a central corridor, one was in a separate building. The Urgent Care/on-the-day appointments suite was upstairs with a lift available. The main building has two entrances, one to the Main reception and the other closer to the Minor Treatment Unit and blood tests suites.

Signs in the corridors used colour, numbers and shapes to identify and direct patients to each suite's waiting areas.

There was a pharmacy on site, close to the second entrance, this is not run by the practice.

The building was well lit and clean throughout. The decor was smart and clinical with no additional interior design such as plants or pictures. There were notice boards and leaflet racks throughout the public areas.

The car park has 30 places including 3 for disabled drivers. Public car parks and a Supermarket car park were a short distance away. One patient was critical of the lack of parking space at the practice.



### Reception

The self sign-in screen near the main entrance was out of order. The main reception desk was busy at times. There was a separate desk for prescription collection and requests.

Confidentiality of any discussion at reception desks was preserved by a red line on the floor for queues to stand back from the desk. This appeared to be respected by patients queuing. The sitting areas were also an adequate distance from the reception.

Virtually all patients we spoke with said the receptionists were helpful. Some people emphasised this with comments including 'lovely ladies'; 'extremely helpful'; and 'friendly and kind'.

## Waiting areas

The waiting areas and corridors were well lit. The soft bench seats were comfortable and well-spaced. Some in each area had armrests. None of the areas were full. There were no areas for children's toys, no magazines and no cleansing gel.

We were told by the managers that they do not provide toys and magazines as they are potential carriers of infection. They do not provide hand sanitiser dispensers in the public areas as it is not an effective bacterial defence on its own. We were told that it is next to the sinks in the toilets and in the clinicians' rooms so that it can be used following handwashing with soap and water.

Patients were called for verbally when the doctor was ready for them. We noticed that occasionally the patient was not present when called.

## Access and disability

Most parts of the building and waiting areas were spacious enough for wheelchair and buggy access but limited around the main reception area when busy. A lift was available for access to the upstairs urgent care suite.

Reception desks had hearing loops. A disabled user's toilet and baby changing facility were near the entrance, they were spacious, clean and had an emergency cord. A wheel chair was available in the Minor Treatments suite.

Signage and noticeboards were often significantly above eye height for people in wheelchairs.

## Noticeboards

The noticeboards had a comprehensive collection of notices organised under appropriate headings. This included information about support groups, help for carers and internet use. Additional high-profile publicity materials for Flu Jabs were displayed in several places. The Patient Participation Group had its own noticeboard.

The practice has compiled a leaflet with details and contacts for 14 local support and advice services that patients can self-refer to.



TV screens in the waiting areas showed adverts for local businesses along with the surgery open times and a text scroll for health messages from the practice. Patients were observed to view the screen but not the noticeboards.

## Other Facilities and Services

Other than the disabled toilet there were no visible toilets for patients. We were told that each suite had a toilet that patients could use if they asked the receptionist. We were also told that because there were no public toilets in Melton it would be difficult keeping the hygiene standards necessary if they were more openly available to the public.

We were told that if mothers request a place to breast feed, there are always a spare room available that receptionists can direct them to. Two reception desks had blood pressure measuring equipment for patients to use. The practice runs some specialist clinics which we saw notices about. These including eye screening, heart disease and asthma. One noticeboard was dedicated to a weekly late afternoon Confidential Health Advice for Teenagers (CHAT) which we were told is well used.

### **Appointments**

Of the patients we spoke with there was a mix of people who made appointments online, by telephone or used both methods. Two people came to the main reception desk. Those booking online and in person said it was easy.

Of the people making appointments by telephone some thought it was easy whilst others said the wait to get through was their main dislike of the service. Some said the wait depended on the time of day, or time of year. Some complimented the helpfulness of staff when they did get through.

Many patients told us that appointment times were usually 2 to 4 weeks ahead depending on which doctor you wanted to see. About half of the patients we spoke with cited the waiting time to see their own doctor as their only criticism of the service. However, several qualified this by saying they could always see someone in the on-the-day clinic. A receptionist told us that, depending on what the patient tells them, they can prioritise urgent cases or book in with a nurse who is able to prescribe.

Some patients did not mind who they saw but many preferred to see their own doctor. For some it depended on their health concern.

The surgery has some appointment times available early morning on Mondays from 7.50am and evenings until 7.00pm on 2 days a week. Most people we spoke with were happy with their appointment time of day.

For most patients the time needed to wait for appointments that were running late was acceptable. Only one patient felt it was “frustrating”.

### **Medical Care**

Most were happy with the medical care and treatment they received particularly from their own doctor. Some stressing that they were “very” or “extremely happy”. Some people felt it varied between doctors with one doctor described as “rude”.

Those who were less happy were critical of “stand-in” doctors. Comments about these included: “lacked expertise in my condition”; “not enough time given”; “got move about like a sack of potatoes”; “didn’t want to know”. One patient disliked “substitute” doctors who lacked interest and care. Another patient disliked the lack of continuity of care when seeing different doctors.

One patient was unhappy that they were not told when their GP left the surgery. The practice managers told us that concern about less thorough service when not seeing their own named doctor may be the difference between urgent appointments dealing with immediate clinical need rather than longer appointments arranged for a later date. They also told us that some doctors preferred working as locums which made it difficult recruiting full-time employed GPs.

### **Changing GP**

One patient reported that they and two other members of their family were dissatisfied with the care and treatment they had received, they had asked to change to another doctor, but this was not possible. The Practice Manager had said that because the practice has many GPs it is easy for patients to move to another GP, this was not the experience of the patient we spoke to. The same patient also said they did not know whether there was a Patient Participation Group or a complaints procedure in place, and that they would be afraid to make a complaint in case it resulted in jeopardised the care they received in future. A member of the Healthwatch team did offer to support this patient to share their experience with the practice management, they declined.

### **Prescriptions**

There were notices on most noticeboards advertising the online appointments and prescription service. However, one patient said she could not get her prescription on-line although she had at her previous surgery and she found that not always possible when at work.

### **Large Practice**

Many of the patients told us that what they like most about the practice was the convenience of having “Comprehensive” services locally, such as eye screening and the urgent care clinic. One couple who were very pleased with the benefits of the large “mini-hospital” also recognised their previous small practice benefitted from “a better 1-to-1 relationship” where staff knew them well.

One patient who was unhappy with her family’s named doctor and had been refused diagnostic tests, which later proved to have been needed, said there was nowhere she could go in Melton and was refused transfer to another doctor at the practice.

The practice managers identified the advantages of having a large practice included:

- When there are unexpected absences, appointments can be re-allocated to avoid the need to cancel.
- Some medical staff can specialise in specific procedures so avoiding the need for patients to travel and saving time for diagnosis and treatment. These included ECG and ear syringing.
- On-the day access can be offered for urgent needs.
- The building has enough space to host other visiting agencies, e.g. for patient support and advice.

---

## Recommendations

---

We recommend that Latham House Medical Centre

1. Consider how waiting times for routine appointments can be shortened.
2. Review how the quality of all clinical interactions can be brought up to the best.
3. Make processes for moving doctor, making a complaint or giving feedback more visible and easier to use.
4. Consider the layout for noticeboards to improve accessibility for people in wheelchairs
5. Consider advertising developments such as changes in opening times, self-referral services and so on in the local press

---

## Service provider response

---

The report was agreed with the Service Provider as factually accurate. They have provided the following responses to the report:

We are currently looking at our overall capacity to make sure we are providing sufficient urgent and pre-bookable appointments. We run a lit system which means we can provide better continuity of care for patients, but it does mean that at certain times, particularly during the holiday period there can be a wait of two or more weeks to see a particular GP. We run a 48 hour service where patients can see a GP within 48 hours, but it would not be the one they are registered with. We are also aware that our telephone access has not been as easy as we would like. We have recently invested in more staff and the feedback we are now getting is that this has eased the situation. We will continue to monitor call answering times and numbers of calls in the queue to ensure we get the correct number of staff on each shift to manage the demand.

We will review our notices regarding changes to how we work and our complaints process to make sure they are available throughout the practice, and also look at our notice boards to see if we can make them more accessible for people in wheelchairs. We do advertise significant changes in the local press, but will consider this option for other changes we make.

We are delighted that our patients find our receptionists helpful, they strive hard to provide a good service for our patients and it is good to hear our patients recognise the work they do.

### **Medical Care & Large Practice:**

Patients can always change to another doctor if they wish, however they would be offered one of our GPs whose list is “open”. We try and balance out list sizes to make sure they are shared equitably so have some open and some closed most of the time.



---

## Distribution

---

**The report is for distribution to the following:**

Latham House Medical Centre

Care Quality Commission (CQC)

Leicestershire County Council (LCC)

East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)

NHS England (Leicestershire and Lincolnshire) Local Area Team

Healthwatch England and the local Healthwatch Network

Published on [www.healthwatchll.com](http://www.healthwatchll.com)



Healthwatch Leicester and  
Leicestershire  
Clarence House  
46 Humberstone Gate  
Leicester  
LE1 3PJ

[www.healthwatchll.com](http://www.healthwatchll.com)  
t: 0116 2518313  
enquiries@healthwatchll.com  
tw: @HealthwatchLeic