

Enter & View

Report

Chadsmoor Medical Practice
Cannock
25th February 2020



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Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Provider: Chadsmoor Medical Practice
Address: 45 Princess St, Cannock WS11 5JT
Service Type: Primary Care (GP Practice)
Date of Visit: 25th February 2020

Authorised Representatives

This visit was made by two Authorised Representatives of Healthwatch Staffordshire, Catherine Wetton and Bridget Stokell

Purpose of Visit

- To observe the physical environment of the practice.
- To listen to and capture the experiences of service delivery from patients.

The methodology to be used is to

- Gain patients experience of the surgery by inviting people to complete a patient survey.
- Talk to a senior staff member about the surgery, what services are available to patients, how are patient appointments managed and how the surgery gathers patient feedback.
- Make observation of the communal parts of the premises.

About the visit

Two Authorised Representatives visited the Surgery between 08.40am to 11.50am. During our visit patients completed 21 surveys. We spoke with the Practice Manager (Business) to gain information about how the surgery is managed.

Acknowledgements

Healthwatch Staffordshire would like to thank the Practice Staff and the patients for their welcome and co-operation during the visit.

Physical Environment

External

The sign on the side of the medical centre is not easily seen from the road and may not be easy to find for people who are unfamiliar with the surgery.

The building seems to be a 1970s or 80s build in brick which appeared to be in good upkeep externally. The surrounding area is clean, seemed weed free and well maintained. The high metal fence surrounding it is in a good state of repair and looks well maintained. The windows facing the car park appeared clean and in good condition.

The centre has two small car parks. The carpark to the front of the building held 8 to 10 cars, with no disabled spaces. The rear carpark was narrow and did not seem to be easy to park in, observing the cars parked there. There is a gateway from the main path next to the adjacent road between the two car parks. Many patients we spoke to said they park on the road as the car park is usually full or the spaces too difficult to get into.

The entrance is relatively easily accessible if able bodied. However, if using a wheelchair or have a pram/buggy, it is not so easily accessible. The dropped curb for wheelchair access can only be used if a car is not parked in the parking bay it leads in to.

Internal

Hallway: The main entrance is though a power assisted door, with a push panel for wheelchair users. However, the inner door, which swings into reception does not have this ability, and is a standard door. There is hand sanitiser/ antibacterial gel dispenser next to this door.

The hallway contains racks of leaflets and posters of NHS information. There is a chair, and a low-level receptionist window, which seems to be out of use as it appears to be blocked up from the other side. A metal box for repeat prescriptions is attached to the wall, a chair and small shelf for writing on, adjacent to it. The shelf is at a level when one would have to sit down to use it. A poster containing information about hearing services is difficult to read as it is below eye level; more suitable for someone in a wheelchair or a child.

Waiting room: The waiting room is a small but well-proportioned room, well-lit with natural light with a clean, well maintained carpet. The décor is very plain. There is no clock. There is an electronic calling system which is situated above the receptionist window. If a patient does not respond to the written call, the practitioner usually goes to the waiting room to call them.

Most of the posters and information on the walls are black on white and in small print, making it difficult to read for anyone who hasn't got their glasses (many patients we spoke to didn't have their reading glasses with them) or has reading difficulties such as dyslexia. There was no information in easy read format. The only information available in a foreign language was warning posters about the corona virus with no information about a patient being able to access a translation service. There was also no evidence of the previous CQC report being displayed in the waiting area.

The posters and information are spread in an ad-hoc fashion, with no continuity or theme. There was no cohesive area of information, and the information about the surgery PPG was not prominent and easily missed. Information on how to make a complaint was not easily found or displayed prominently. Information on the practice summary care record, however, was openly displayed.

The information about how to get help for vulnerable children and adults had the employer's liability insurance information stapled over it. Information on the maternity champions drop ins was placed too high to easily read. There were a few posters about having a chaperone when seeing a clinician. These were at eye level when sat down, however behind the heads of the seated persons due to chair layout.

The chair layout is in a U shape, against the walls. There is a little space for wheelchairs or buggies, but more than one would interfere with access to doorways. If patients have babies in carrier seats, they take up much of the floor space and can make it difficult for patients to move around, especially those with mobility issues. The chairs are separate, moveable chairs and relatively comfortable. The chairs have clean, wipe downable covers and are slightly cushioned. There are no chairs with armrests or bariatric chairs.

Check in: There is currently no self-check in system, however one is due to be installed by the end of March 2020. Currently patients must present themselves at the main reception desk. However, this does not always mean they are registered as attending; we witnessed one patient present themselves at the desk while the receptionist was on the phone. The receptionist did look at her, but was on the phone a while, so the patient sat down. The receptionist did not call the patient back to the desk, even though they clearly observed the patient and were sat at the desk for some time afterwards. After sitting for approximately 20-30 minutes after their appointment time, the patient went back to the window to ask about the delay. The patient told us they hadn't been booked in, appearing rather vexed in her manner and words.

Reception: There is no confidentiality at the receptionist's desk. The waiting room can be very quiet, even with people in there. We observed that telephone conversations in the receptionist's office, if a staff member is sat by the window, can be overheard in the waiting room. This includes when the window is shut. If people in the waiting room are talking, it seems to disturb the receptionists; we observed a member of the reception staff closing the window rather abruptly when people were talking in the waiting room.

Privacy / breast feeding room: We were told that there is a room that patients can use to speak to reception about confidential matters, however there was no information in the waiting room about this.

There was no private breast-feeding area that we were aware of; we were not advised about the practice having such an area and there were no signs stating there is a place should a parent want privacy for breast feeding.

Toilet: There is a patient toilet, however it is not signposted, and is situated in the corridor where the clinician's rooms are. The toilet is unisex, a reasonable size and has a changing table attached to the wall. However, there were no nappy bins nor sanitary waste bins. The only bin is a pedal bin with a lid. The flush on the toilet was difficult to use, and there are scratches in the paint work where the wall turns a corner close to the flushing system. The small sink is low, and if able bodied, most adults would have to stoop to use it. Potentially those with physical disabilities may struggle to wash their hands.

There is no advice on the wall about how to wash hands correctly. There is a paper towel dispenser fixed to the wall next to and above the soap dispenser, but there are two mop and mop buckets stored underneath.

There is no signage saying how often the toilet is cleaned and who by. The toilets smelt very clean, there is a block air freshener on the windowsill above the toilet and loo block under the rim of the toilet. Cardboard bowls, commonly used for collecting specimens, were also visible on the windowsill.

While we were in the surgery, we witnessed a patient advising the receptionist there was no toilet roll left.

In the toilet there was information about Genito-urinary clinics on the wall. There was no other information about services displayed.

Information about the surgery

Staff Numbers / Roles

The surgery shares some of the senior staff with two other practices; Rising Brook Practice in Stafford, and Burntwood.

There are 3 practice managers, 2 General Practitioners, and 1 locum doctor. They also currently have a 4th year medical student from Keele University for their 4-week placement. One of the partner GPs also works at Rising Brook and Burntwood, the Locum also works at Burntwood. The practice managers work across all three practices.

There are 3 Advanced nurse practitioners and 2 practice nurses. The three nurse practitioners also work at the other two practices, one practice nurse also works at the two other sites, the other at only one. The Phlebotomist and Health Advisor also work across the sites

There are 6 reception staff, one of which is also the practice secretary. The reception staff work only at Chadsmoor Medical Practice

There is no clinical pharmacist, however, they do have access to the CCG pharmacist

Practice Opening hours

The practice is open 8.30am - 6.00pm Monday to Friday, with a closure (usually Wednesday afternoon) once a month for staff training.

Telephone lines open from 8am

We were told that nursing staff can call patients for telephone appointments from as early as 7.30 a.m.

We were not advised about out of hours or extended hours service other than the nurse telephone calls. Patients are encouraged to call 111 or use the out of hours Cannock Alliance service at Cannock Hospital.

The practice website says extended hours are 7 - 8 a.m. on Wednesday mornings with GP or Advanced Nurse Practitioner and alternate Friday evenings 6.30 - 7.30 p.m

The practice offers the following services and clinics:

According to the Practice website the practice runs the following clinics and services:

- Asthma
- COPD
- Diabetic
- CVD / Heart Disease Management
- CVA / TIA
- Smoking Cessation
- Well Man / Woman
- Cervical Screening
- Ante-natal, Post-natal Clinics
- Weight Management
- Phlebotomy clinics
- Oral / Emergency contraception
- Epilepsy Review clinics

We were informed by the practice manager that the practice offers the following:

- Midwife on Fridays
- AAA (Abdominal Aortic Aneurysm) Screening for 1 day every 3 - 6 months
- Practice nurses do Phlebotomy
- The practice will soon be having a social prescriber once a week.

We were not informed of any other services.

Training: As previously mentioned, the practice closes one afternoon a month for staff training.

The appointment system: It was explained how appointments can be made online, by phone or in person. The practice has approximately 40 on the day appointments available. Patients can book 4 to 5 weeks in advance if necessary, but the number of these appointments is limited. The reception staff are trained in care navigation and there is a list in reception to act as a reminder. A clinician can call the patient if it isn't clear which service is needed. We were advised that there are telephone appointments available 2 days a week and that it has taken a while for the patients to get used to the telephone service but it now being regularly used.

Collection of patient feedback. PPG, practice response to feedback: There is a friends and family box visible in the waiting room, however it is not clearly signed, looks very 'home made' and it is not clear what it is for. The practice has a PPG, but apparently, they have issues with getting patients to sign up for it. As previously mentioned, there is a poster about the PPG, but it is next to the doorway from the waiting room into the corridor where the clinicians' rooms are situated and can be easily missed.

How specimens are returned to surgery: We were told that specimens are returned to the reception desk.

Arrangements for giving test results: It was explained that the Doctor will examine the results. If a patient needs to be called back about the results, they will either call the patient for a face to face consultation if necessary, alternatively results are given by telephone within 4 weeks.

Missed appointments info / policy: We were advised that if a patient misses an appointment, a text will be sent to remind them they missed their appointment. Further, if a patient misses 2 appointments a letter will be sent to them to advise if they miss a third appointment, they will be removed from the surgery's patient list.

We were told that when a patient misses an appointment, it is registered on their notes. The appointment system can run reports on appointments missed.

Other information: We were advised that the practice currently has most of its 4500 patients' records on paper. They are in the process of going digital, but it is taking time.

Staff Experiences and Observation

Other than general introductions we did not speak directly to anyone other than the Practice Manager (Business). Staff appeared very busy and working well in the relatively small reception area. They took time with patients and explained matters slowly and clearly.

During the visit we witnessed one member of staff talking to one of the patients in an extremely familiar way, which could be described as 'banter', using sarcasm and having a personal conversation.

Patient Experiences and Observations

Healthwatch invited patients in the waiting room to complete our survey to gain feedback about patients experience with this GP practice.

21 surveys were completed, although not all of the patients answered all of the questions. Patients had the opportunity to add their own comments for each question.

Results of the survey

1. We asked people “How do you rate your experience in accessing GP service?”

1.1 Ease of getting an appointment

1.2 Getting through on the telephone

1.3 Online appointments

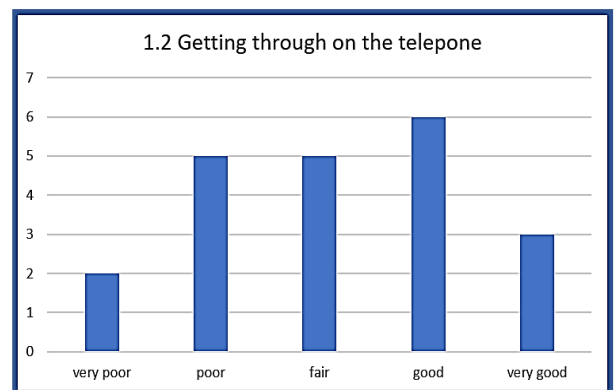


Peoples experience of the ease of getting and appointment varied, with one third saying it was poor or very poor, on third fair and one third good or very good

“Have to ring up at 8 a.m. Cannot book in advance.”

Again, peoples experience of getting through on the telephone was mixed with a third of people saying it was difficult and one person told us how they come to the surgery to make an appointment because of difficulty in getting through by telephone

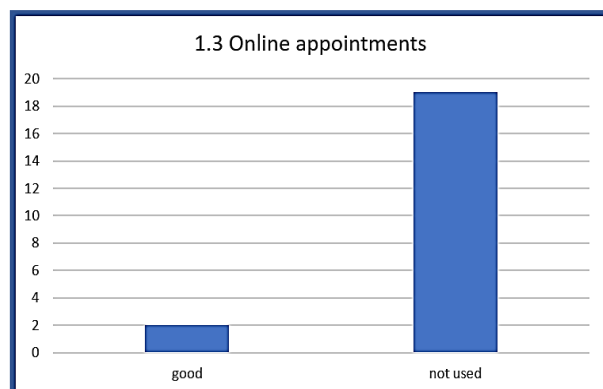
“have to come up as can never get through”



Online appointments - Only 2 people has used the online appointment system and they both said it was “good”.

Many people marked this as not used or never tried.

“Never tried to make an appointment online”



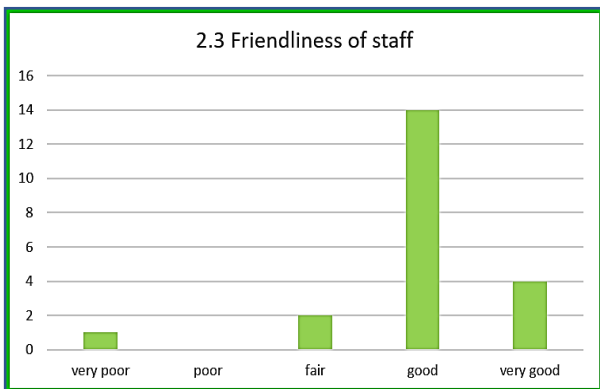
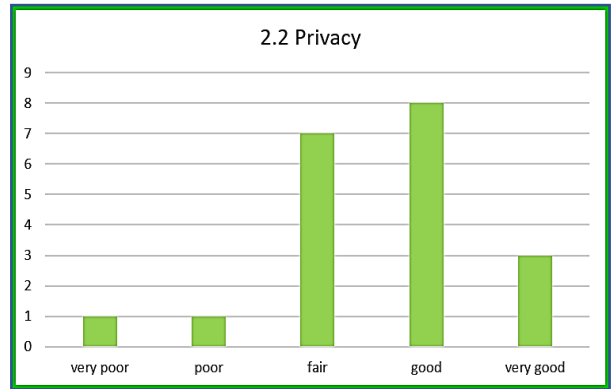
Other comments on reception:

“All staff are very helpful”

“Staff not helpful, (it’s) impossible”

2. We asked people “How do you rate your experience at the reception desk”?

We asked people to rate the waiting time (2.1), privacy (2.2), friendliness (2.3), helpfulness (2.4) and understanding of staff (2.5)



The experience at reception was generally positive with only one person rating all aspects as very poor.

Privacy was an issue for a few people.

Sometimes staff speak too loudly”

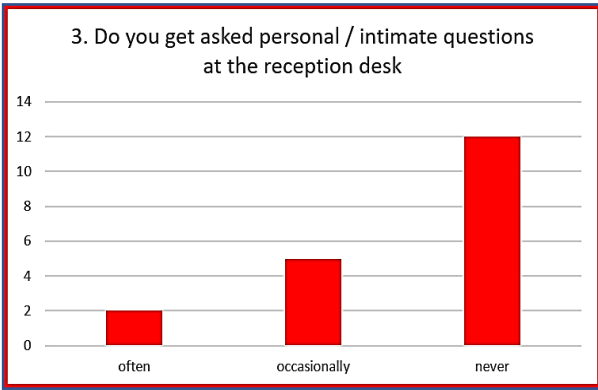
“Small waiting room

“

The vast majority of people rated all areas as fair, good or very good.

“Staff behind desk are amazing”





3. We asked people “Do you get asked personal / intimate questions at the reception desk?”

Most people said that they never got asked these type of questions, with approximately a quarter of people saying they were asked occasionally and two people saying they were often asked these type of questions.



4. Privacy and Dignity

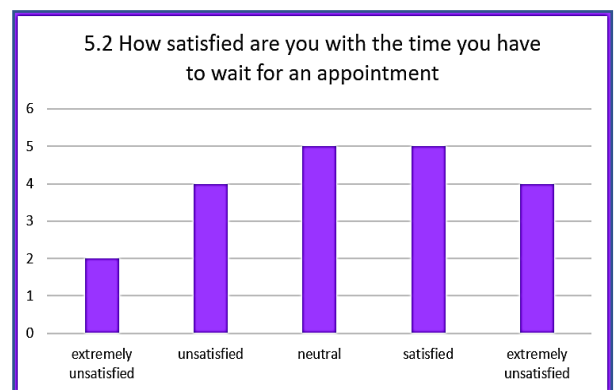
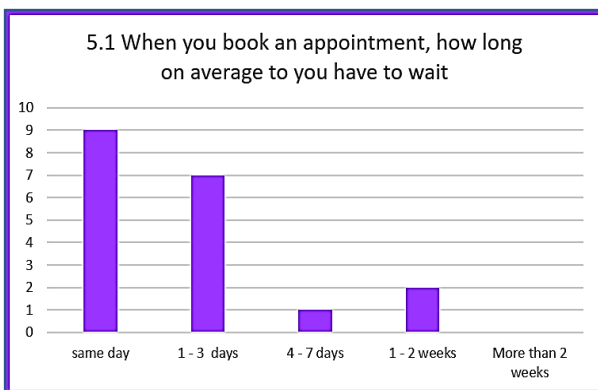
We asked people if they were happy with the level of privacy, dignity and respect within the GP Practice.

Over three-quarters of people said they were happy, with four people saying usually and just two people being

5. Appointments

5.1 We asked “When you book an appointment how long on average do you have to wait”

5.2 We asked “how satisfied are you with the time you have to wait for an appointment”



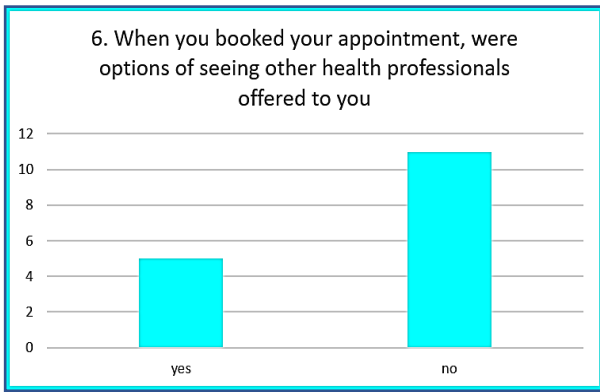
“very hard to get appointment”

“Sometimes a nightmare”

“I understand GPs are busy, however GP isn't in practice very often”

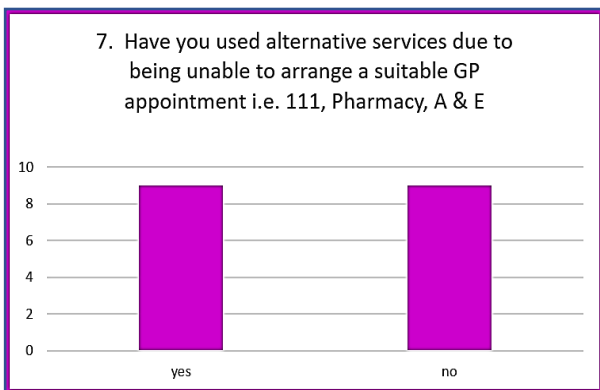
“If I come up (I am) seen same day”

“I insisted on same day appointment”



“Went straight to GP wanted to see”

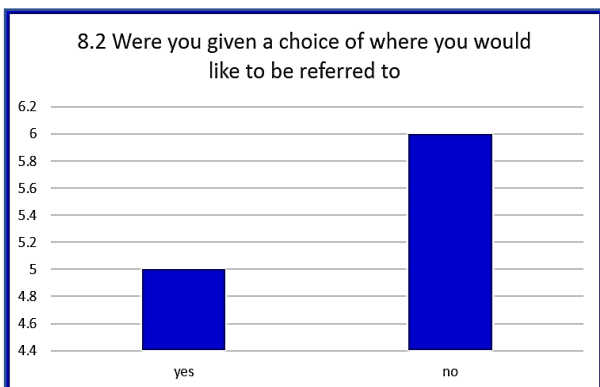
“Advice was offered” *“Screening”*



Five people said that they had been given a choice, with six people saying they had not been offered a choice.

Ten people said that they would like to be given choice about referrals, with only one person saying they would not.

“I trust the GP would refer to the correct place and person”



6. Seeing other health professionals

We asked “When you booked your appointment, were the options of seeing other health professionals offered to you?”

Approximately one-third of people said they were offered information about other health professionals and two-thirds said they were not.

7. Alternative Services

We asked “Have you used alternative services due to being unable to arrange a suitable GP appointment i.e. 111, Pharmacy, A & E”

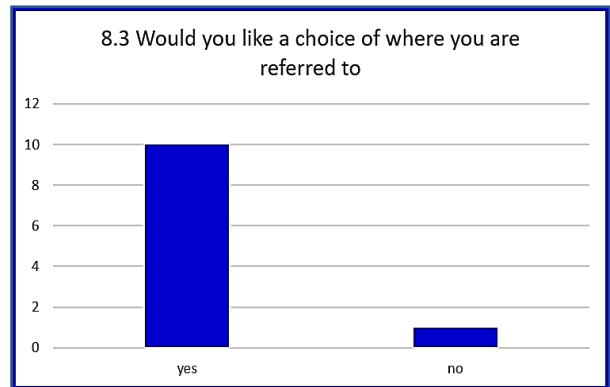
Half of people said that they had used alternative services, with one person clarifying that it had not been recently.

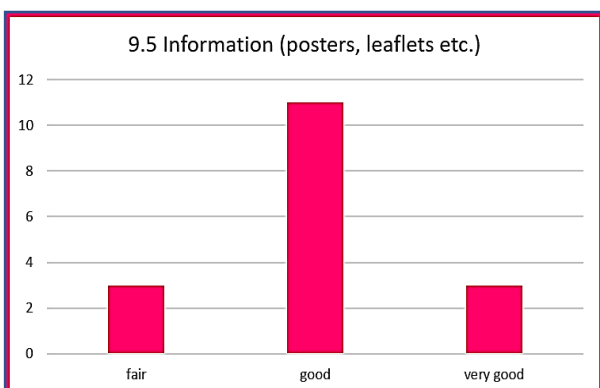
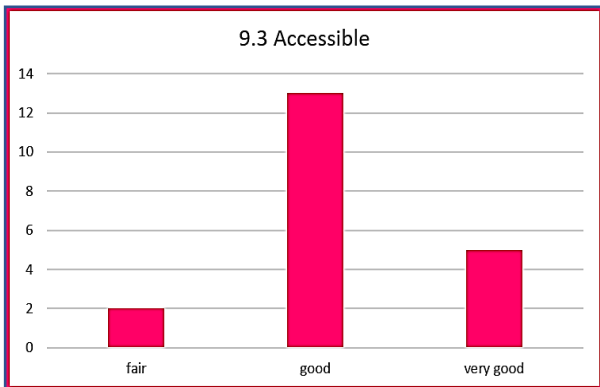
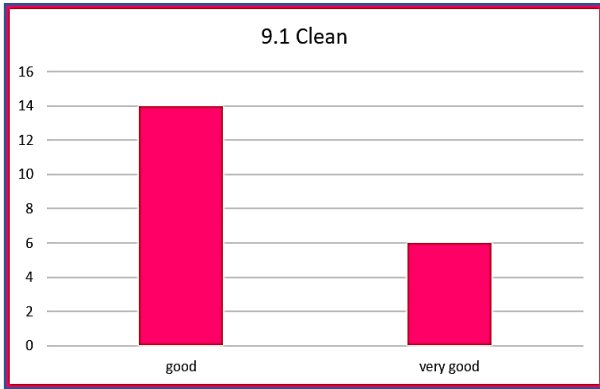
“Six months ago, I had to use a walk in as no appointments available”

“I’ve called 111 and been to the pharmacy”

8. Referrals

We asked people “Have you ever has a referral to another NHS service from your GP (8.1), were you given a choice of where you would like to be referred to (8.2) and would you like a choice of where you are referred to (8.3)”





9. Rating the waiting area and facilities

We asked people how they rated the waiting area and facilities on the following points:

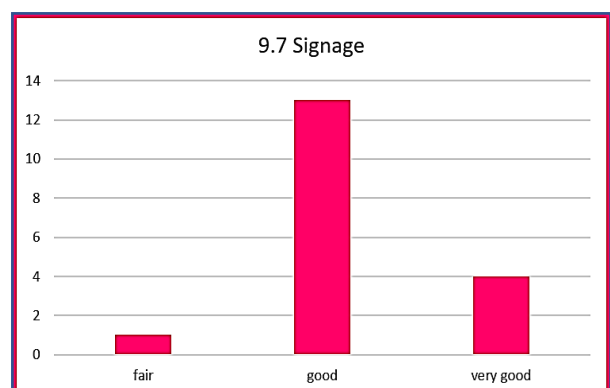
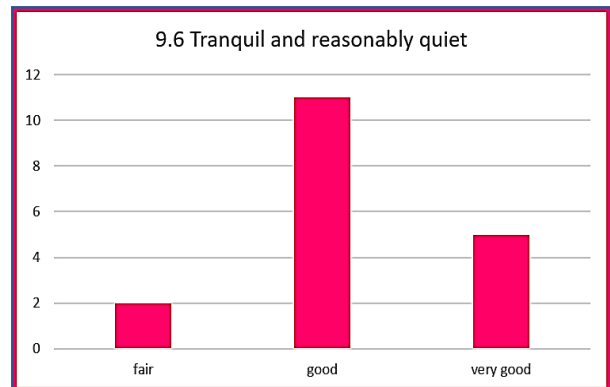
1. Clean
2. Comfortable
3. Accessible
4. Cleanliness of toilets
5. Information (posters, leaflets, etc.)
6. Tranquil and reasonably quiet
7. Signage

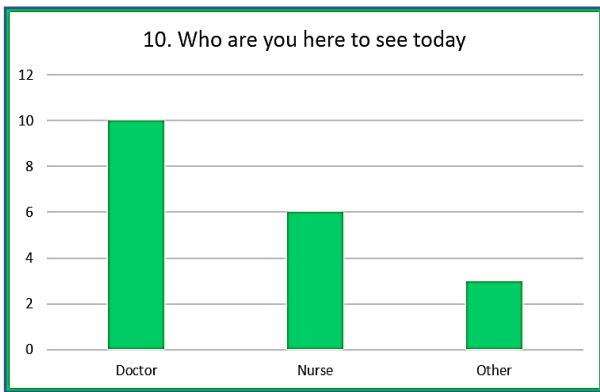
There were very few negatives in this area, with the majority of people rating all points as good or very good.

“Tranquil and quiet - it depends”

“Parking is rubbish”

“Not normally wearing glasses so can't see them (posters, leaflets)”



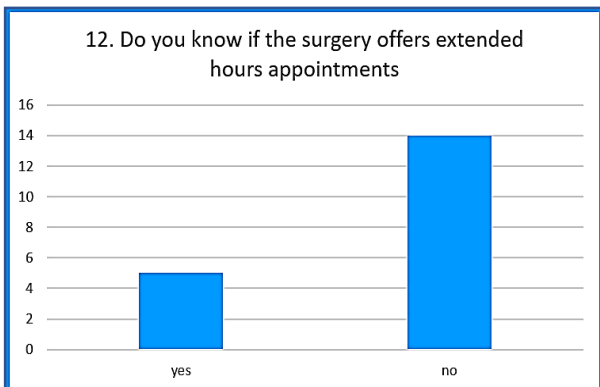
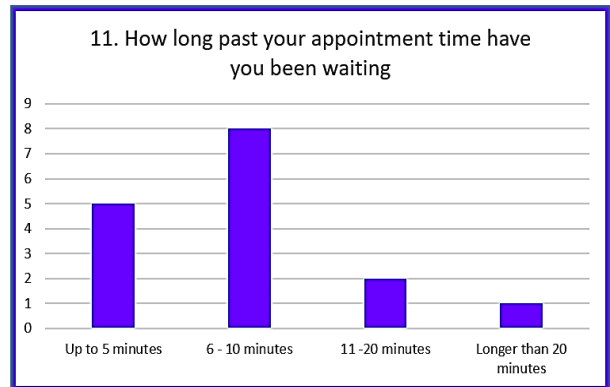


10. We asked “Who are you here to see today?”

Apart from doctors and nurses appointments, people said they were attending Abdominal Aortic Clinic, were attending for screening and one said they were seeing a medical trainee.

11. We asked “How long past your appointment time have you been waiting”

The majority did not have to wait past 10 minutes, with a couple saying they were seen early. One person commented *“at the moment, up to 10 minutes, but it’s better recently”*



12. We asked “Do you know if your surgery offers extended hours appointment?”

The majority of people did not know about extended hours and Primary Care Network extended access.

13. We asked “how do you rate the doctors on the following - Friendliness (13.1) and Helpfulness (13.2)?”

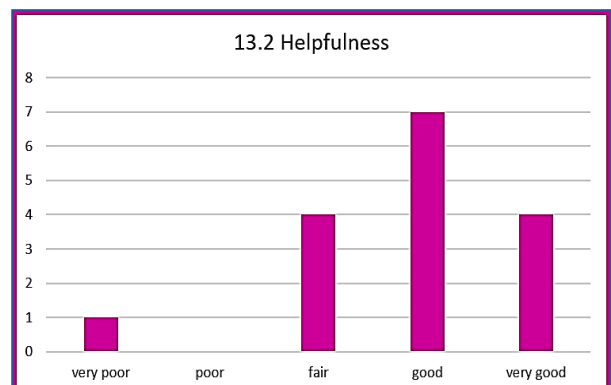
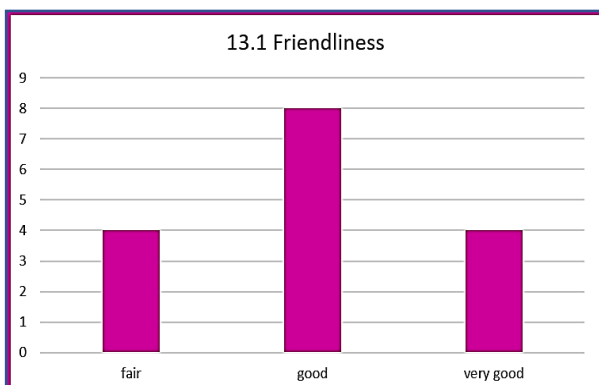
The majority of responses were positive, although it appeared that some people had not had much interaction with newer doctors.

“Not rated doctors - never met them”

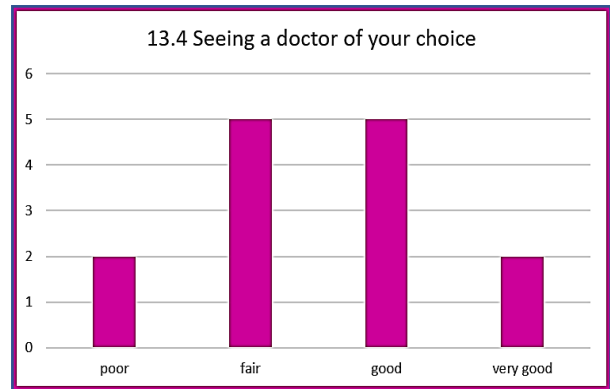
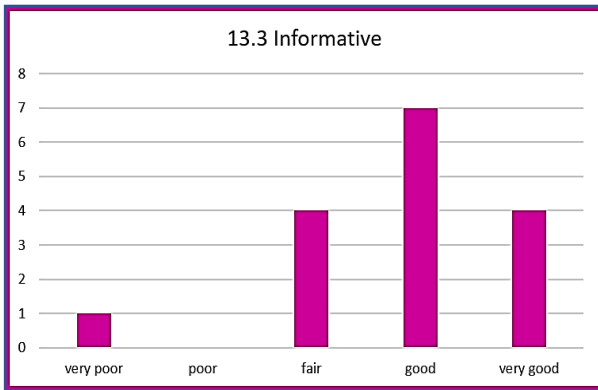
“Have only seen one doctor”

“Hard to get to see a doctor”

“Haven’t met the new doctors yet”



13. “How do you rate the doctors on the following - Informative (13.3) and Seeing a doctor of your choice (13.4)?”

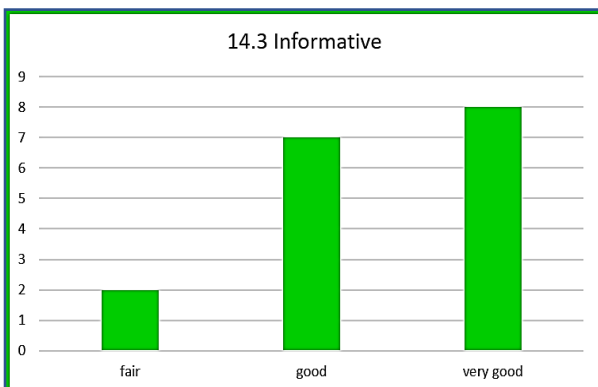
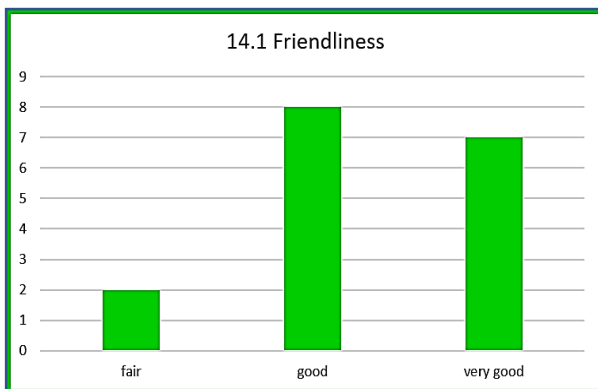


14. We asked “How do you rate the nurses on the following?”

14.1 Friendliness

14.2 Helpfulness

14.3 Informative



There were no negatives in the rating of nurses, with the vast majority rating them as good or very good in all areas.

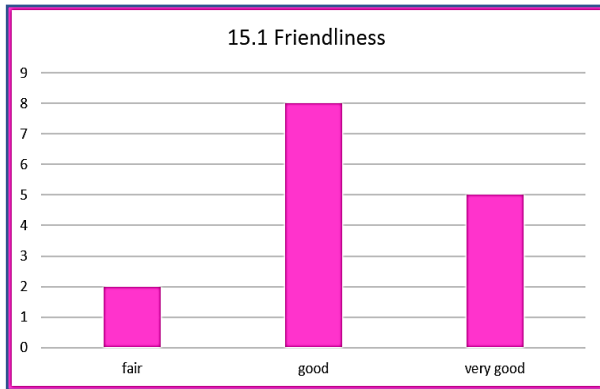
“Found nurse more understanding and willing to listen than the doctor is”

15. We asked “How do you rate other healthcare staff on the following?”

15.1 Friendliness

15.2 Helpfulness

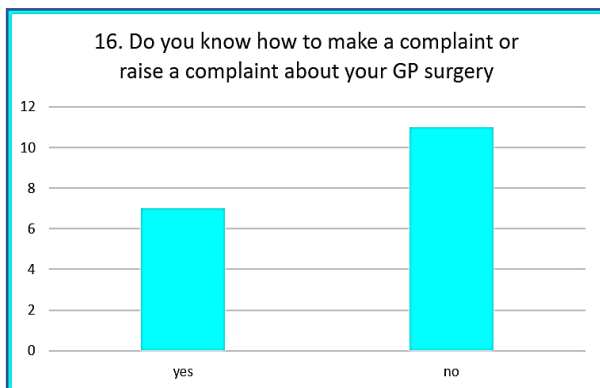
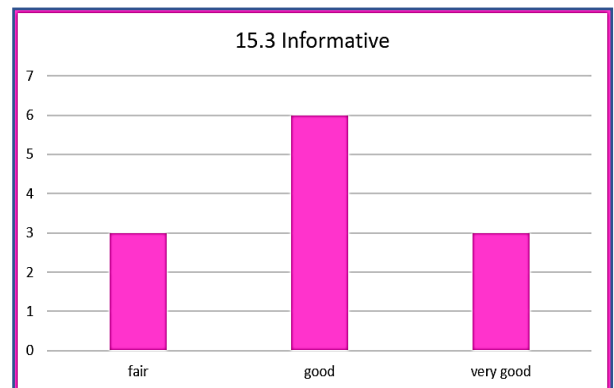
15.3 Informative



There were no negative ratings for other healthcare staff with the majority being rated as good or very good.

One patient had made comments that suggested they were less happy with the midwife, although they had given ratings of very good in all three sections. The same person made a comment about the male nurse at the practice.

“the nurse is brilliant”

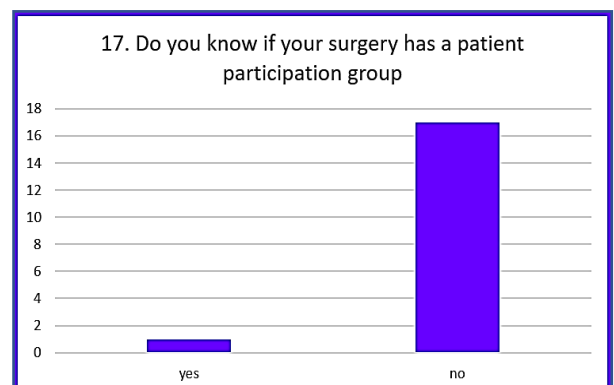


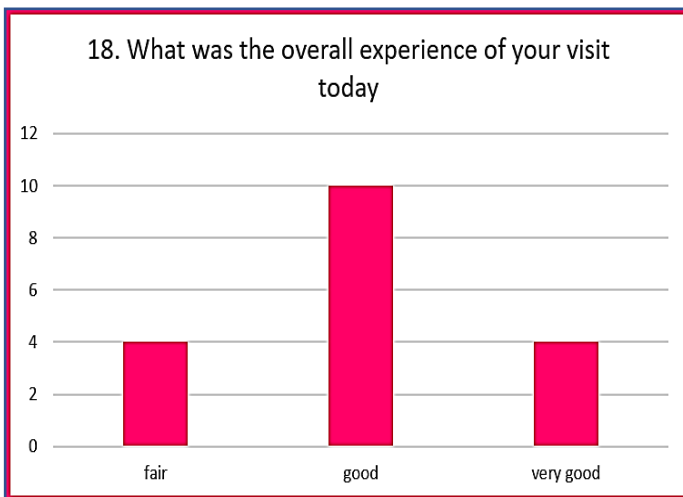
16. We asked people “Do you know how to make a compliment or raise a complaint about your GP surgery?”

Some people were aware of how to make a complaint, but over half the people were not.

17. We asked people “Do you know if your surgery has a patient participation group?”

Only one person knew that the surgery has a Patient Participation Group





18. We asked “What was the overall experience of your visit today?”

There were no negative ratings, with the vast majority saying that their overall experience was good or very good.

“Very good, but not always like this.”

“Hopefully, (it will be a good visit)”

Additional comments made by patients:

“Surgery has got better since it got took over”

“The surgery has a system whereby you ring at 8 a.m. on the morning. You have to try repeatedly to get through but generally get to see someone the same day. There appears no scope to book an appointment in advance.”

“New GPs are not in surgery often enough. I’m not one to be in surgery very often. Reception staff are brilliant along with Nurse Practitioner and Nurse. GPs and Midwife need improvement (these careers require passion).”

While chatting to patients in the waiting room or assisting with the administration of the questionnaire patients expressed concerns about the surgery. There seemed to be two recurring themes. Firstly, the difficulty with parking which as stated earlier tends to be on street due to the small car parks. Secondly some patients were of the opinion that it had become more difficult to see a doctor over the past few months. One patient was emphatic that he did not think it was overly protective reception staff but more likely specific instructions from the doctors themselves. Two other patients seemed to think that the difficulty may be down to the reception staff.

Healthwatch consider that care navigation may have an influence on patient’s opinions about seeing doctors, with patients being directed to other healthcare professionals such as Advanced Nurse Practitioner.

While we were at the surgery, we observed a patient approach the window to book in. The member of staff was on the telephone, the staff member appeared to make eye contact with the patient, who then sat down. The patient was waiting a long time, a few other patients came and went, and they still hadn’t been seen. After over half an hour, the patient queried the wait. It then became apparent that the patient hadn’t been booked in. At no time had the staff member followed up with the patient after the phone call and checked with the patient as to why they were there. The patient was sat in the closest seat to the reception window.

Summary, Comments and Further Observations

While very clean and tidy, the waiting room and hall area are very tired and tatty in appearance. The appearance was not helped by the hardcopy medical notes situated on the wall behind the reception desk.

Adjacent to the reception office is a room which has some storage for medical notes along one wall but otherwise the room is empty. There is room for additional storage.

We noted that the Practice Manager's office door was left open; we had been invited to leave our belongings in the office and were able to access them at any time, even when there was no one in the manager's office. There were hard copies of records in folders that were not kept secure, with names handwritten on the folders in large script. Whereas we appreciated being able to access our belongings, it may have been better to have this area better secured to protect any personal information.

Recommendations and Follow-Up Action

- CQC report: This should be on display at all times, in a visible and accessible place. The report should be displayed until the new report is received and replaces it.
- Toilets: We would suggest storing the mops and buckets out of public accessibility. We would also suggest a nappy bin and a bin for sanitary items.
- It may be helpful to have a poster or posters with information about baby clinics, post-natal depression support and other information regarding babies and children such as local baby and toddler groups adjacent to the baby changing unit.
- It may be helpful to have information about domestic abuse on the back of the toilet door. Local services have changed in the last couple of years; up to date information in a toilet may be one of the few places someone who is experiencing domestic abuse can get some privacy and contact the relevant organisations. It may also prompt them to tell a member of staff in the surgery and enable them to get support.
- Storage of cardboard specimen bowls, the windowsill is quite high, and the bowls may be unreachable for someone with limited mobility. We would suggest a more accessible location with the majority of bowls stored out of sight.
- Wall displays and posters; we would suggest reviewing the information displayed in the waiting room and hall. Having a coherent display of current NHS media and information, information in 'easy read versions' and in a size that it is possible to read without reading glasses (many of the patients we spoke to didn't have their reading glasses with them). It may worth considering having posters and information at two different levels; standing and sitting, as well as potentially having it in a font and colour that is suitable for those with learning disabilities such as dyslexia. Relevant local information about support groups, clinics at the surgery and other services available, such as local voluntary transport schemes may also be helpful.

- Banter and personal conversations in reception; please may we suggest having these in a more private environment to ensure that people in the waiting room could not consider staff demeanor appearing less than professional. Welcoming and friendliness is to be encouraged, so this is a matter of balance.
- Carpark: There is limited space in the carpark, however room could be made for one disabled space next to the disability access route from the car park, thus leaving it accessible at all times.
- Provide better information about extended hours appointments. This information is listed on the Practice website, but very few people in the waiting room at the time of our visit were aware of extended hours appointments. The practice has some extended hours appointments and as part of the Cannock Practices Network, patients can access appointment up to 8 p.m. on weekdays when the surgery appointments are fully booked. In addition, pre-bookable appointments are available between 9 am to 1 p.m. on Saturday and Sunday mornings. The practice could consider making an easy read poster about this and displaying it in a prominent position to raise patient awareness.
- As so few people we spoke to were aware of the Patient participation Group and the practice advising that it was difficult to get patients to join, we recommend raising awareness of the existence of the Patient Participation Group, with perhaps making easy-read posters and displaying them in a prominent position or making some small information sheets about the PPG that could be offered to people who showed an interest.

Missed appointments

- With regard to missed appointments (DNA - Did Not Attend), where we were advised that these are recorded and that where a patients misses two appointments they will be sent a letter warning them that if they miss a third appointment they will be removed from the surgery list, Healthwatch Staffordshire has concerns about this policy.
- There are very specific guidelines about removal of patients from lists and missing appointments is not listed as a valid reason for the removal of patients from this list. We recommend that the surgery researches the guidelines.
- Healthwatch would suggest that this policy is reviewed and that the practice considers other methods to try to keep missed appointments to a minimum.
- It would be advisable to attempt to explore why a patient has missed an appointment, many people are living with dementia and may be experiencing difficulty with memory or a patient may have another condition that contributes to them missing appointments. It is also possible that with people reporting that it is difficult to get through to the surgery by telephone that people may have tried to let the surgery know that they cannot keep the appointment, but have had difficulty getting through.

- As the surgery reports that it texts patients if they miss an appointment, it could be explored that if a patient is identified who has a condition that may make it harder for them to keep track of their appointments, that perhaps a text reminder could be sent about a forthcoming appointment. Many surgeries send text reminders to patients as a matter of course.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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