

Enter and View

Tow Law Surgery
28 June 2023

healthwatch
County Durham

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Details of visit

Location:

**Tow Law Surgery (Charlton House)
High Street
Tow Law
Bishop Auckland
DL13 4DH**

Date and time of visit:

**28 June 2023
1pm–3.30pm**

Authorised Enter and View representatives:

Judi Evans

Healthwatch Volunteer Supporter:

Claire Sisterson

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07756 654223

Registered provider:

The Medical Group

Type of service:

GP Practice

Lead Receptionist

Kirsty Watson

Acknowledgements and context

Healthwatch County Durham would like to thank the management, staff & patients for making us feel welcome and taking part in the Enter and View visit.

An important part of the work local Healthwatch does is to carry out Enter and View visits. The purpose of this Enter and View Visit was to hear from patients and record their experiences at the surgery.

Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations about where there are areas for improvement. The Health and Social Care Act allows Healthwatch 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 patients tell us there is a problem with a service, but equally, they can occur when services have a good reputation – so we can learn and share examples of what they do well from the perspective of patients who experience the service firsthand.

Healthwatch Enter and View are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about, they need to inform their lead who will inform the service manager, ending the visit.

Purpose of the visit

The Enter and View programme was paused in 2020 because of the Covid-19 pandemic. When it was safe to start visiting again, we chose GP surgeries as the first place to visit. We did this because access to GP surgeries was 1 of our main work plan priorities and so the visits would link to the work we had already completed.



"In our opinion, the Enter and View visits are a great way to break down barriers, give practices an independent view on the success of their service and help them highlight areas for improvement. We would recommend an Enter and View visit to any practice."



Brian Woodhouse, Practice Manager, Ushaw Moor Surgery

To try and get a balanced picture of access to GP services we wrote to a selection of Practice Managers across the county to offer them the opportunity to request an Enter and View visit. The aim was to gather patient feedback focusing on areas such as access, services offered and specific requirements. Tow Law Surgery was 1 of 6 who requested to be included in the visits.

As this Enter and View visit is linked to specific work around the access to GP services it does not include any observations about the premises or equipment etc. that we normally include in our Enter and View visits.

This report relates to this specific visit and includes feedback from patients received during the 2 and a half hours of the Enter and View visit. It also includes feedback from a survey left for completion at the surgery before our visit. The surgery also sent a text message out to a random 10% of its registered patients to inform them of the visit, in advance. This proved to be very successful as particular patients visited the surgery on the day specifically to give their views. Therefore, although not representative of all service users, all of those comments contributed within the restricted time available, through interviews and beforehand, are included in the feedback.

Description of the service

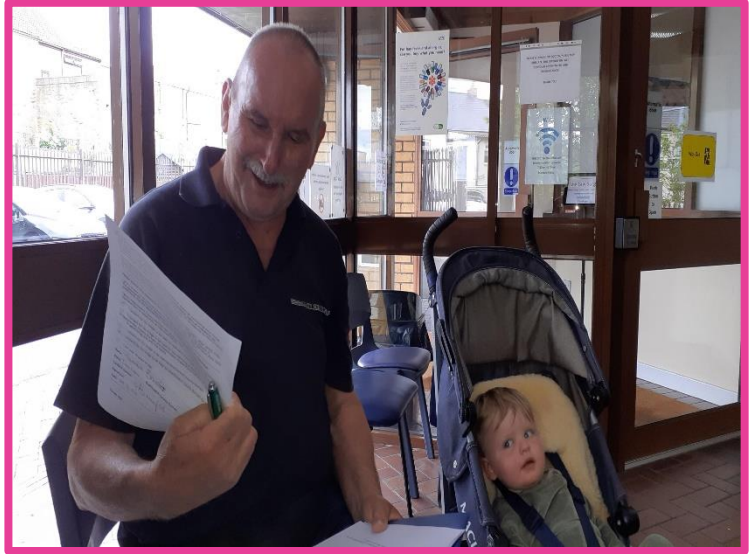
Tow Law Surgery (Charlton House) is located at High Street, Tow Law, Bishop Auckland DL13 4DH. The practice is 1 of 5 surgeries which are part of The Medical Group.

There are **3063** patients currently registered at the practice.

Planning the visit

The questions used were carefully put together (appendix A) beforehand to reflect the approach we were taking. Previous Enter and View visits have used 'appreciative questions' to understand what is working well in GP services.

These questions were agreed with staff and authorised volunteer representatives and were also sent to the identified staff member at the surgery before each visit.



We met with an identified staff member individually to plan the visits, agree the process, and make sure it would work for patients and staff.

We realised that there might be patients who would like to make a comment about the service who were not going to be around on the day of the visit. With this in mind, surveys were left 2 weeks before the visit in the waiting area on a Healthwatch display table with a box for completed surveys to be left in.

We advertised the visit in advance (appendix B) and Kirsty Watson, the Lead Receptionist, briefed the staff before the visit and arranged for the text message to be sent to a random 10% of the registered patients.

We carried out a preparation visit before the Enter and View. This was to do a risk assessment and consider areas such as layout, introductions, venue space, safety procedures and the process for taking photographs. We agreed to use a private space for conversations if needed.

How was the Enter and View conducted?



One of our trained Enter and View Authorised Representatives carried out the visit with the Volunteer Supporter. Representatives approached patients during the visit and asked a series of questions about their understanding and experiences of the processes at the surgery. We carried out 11 individual interviews with patients.

We also left surveys in the reception area prior to our visit and 7 were completed.

Feedback and findings

The Enter and View representatives completed the survey with patients. The representatives also made a note of any other relevant information the patient wished to give about the surgery. All the surveys were anonymous.

The full survey results can be found at Appendix C

Patient feedback

Below are some of the key findings from patients. (Note-responses may not add up to 100% as some questions are unanswered).

Getting an appointment

Almost half of the patients we received feedback from, told us they had been able to get an appointment on the day.

However nearly half, 7 (39%) told us that you could not book an appointment within a reasonable time, 2 stating the “wait would be a month”. One patient told us – **“I had experienced a medical incident and my family persuaded me that I could not wait a month. I got an appointment the next day, the GP thought I had suffered a stroke”**

One person said **“I am dissatisfied with this part of the service because it means that unless it is urgent there is always a wait. However, there are never situations when you don’t get an appointment”**. One person said **“I rang at 8am and was offered an appointment in 2 weeks’ time. That was too long to wait. I could not make an appointment online. I was however offered an appointment at another surgery which I was happy as this was face to face, which is what I wanted”**



How quickly did you need to be seen?

9 (50%) patients told us they felt they needed to be seen quickly, one said **“same day required for a child with an underlying health condition”**. A staff member told us **“Scans have to have prompt appointments”**.

5 (27%) patients said they didn’t need to be seen quickly

One person said – **“I didn’t need to be seen quickly but was actually seen promptly”** and another **“There have been two occasions when I felt I needed to see someone quickly; once I was seen by my GP the same afternoon of the phone call. The second time I was seen by an alternative GP at another surgery within the group”**.

Did you access another service if no appointment was available?

2 (11%) patients said they had used NHS 111.

1 (5%) said they went to Accident & Emergency.

3 (16%) said they used the pharmacy – **“Chemist is good here–they went over and beyond; prescription service is fantastic”**

1 (5%) said they’d **“not used any other service”**.

6 (33%) said this was **“not applicable”** in their case.

If there was no appointment available how would this affect other parts of your life?

2 (11%) patients told us if they had been unable to get an appointment, their mental health would have been affected. **"It wasn't an immediate appointment and I continued to have anxiety until I was able to go"**. 2 (11%) patients said work would be affected - **"I need an appointment later in the day otherwise miss work and would affect my finances"**.

1 (5%) said, **"Very very uncomfortable with pain"**.

2(11%) patients said it wouldn't have affected them and 6 (33%) patients said this was not applicable to their appointment circumstance.

How did you make the appointment?

17, (nearly 95%) of patients, said they used the telephone, no one had booked online **"can't do it online now, at one time you could choose a slot"**. **"Not ideal because reception is so busy-my wife rings as I am deaf and I do have problems with memory"**, **"I would like to add that I think the surgery need a professional communication link as it can sometimes be very time consuming having to use the public line which is always very busy"**. Only 1 person (5%) said they had called in person to make an appointment. A staff member said, **"most patients use telephone, but you can make an appointment online"**. Nobody had used E-consult.

Who did you ask to see?

7 (nearly 39%) patients wanted or expected to see the GP, **"I asked to see a GP as I felt I needed that level of skill. I saw Dr Wilcox face to face, and she was really helpful, I am so grateful of her care for me"**. 1 (5%) patient said they asked to see the Nurse Practitioner or GP, 1 (5%) said a female GP, 2 (11%) said they didn't know who to ask for and left it to the receptionist, 3 (16%) said they asked to see anyone, and 1 (5%) person had requested to see the nurse.

Do you know which staff are available and what they can provide?

2 (11%) patients said no, **"I rely on reception staff to refer me to the right person"** and 2 (11%) said yes, **"I am a community nurse myself, so I know the staff"**. 1 (5%) patient mentioned the staff board but were not aware of individual tasks or things each person could do. 1 (5%) said they partly knew - **"I know that a nurse practitioner can prescribe antibiotics?!"**.

Does the surgery have a website page and is it on Facebook?

5 (27%) knew the surgery had a website, 4 (22%) knew it had a Facebook account – **“patients can leave comments and we post events and updates on Facebook as well as staff sickness”**, 4 (22%) said they didn’t use Facebook. 7 (38%) patients knew the surgery had both a website and a Facebook account, 5 (24%) did not know whether the surgery had a website or Facebook page – **“I do not know if they have them but wouldn’t use them anyway!”**.

1 (5%) said they used ‘E Consult’ and 1 (5%) said they used the NHS online app.

Do you have any additional communication or information needs?

Whilst 12 patients (66%) told us they didn’t have additional needs, 4 (22%) said they did due to ‘anxiety issues’ – **“Dr Draper sends me home if running late as he knows sitting here affects me then I come back when my appointment is ready”**, ‘mobility issues’, ‘caring responsibilities’ – **“I need a late appointment to fit with caring responsibilities”** and ‘poor hearing’ – **“my wife rings for me, I have been well supported by Durham Deaf Society”**.

Staff told us that **“they can book interpreters which requires a double time slot, but patients tend to use family members to interpret”**.

How do you order and get repeat prescriptions?

9 (50%) patients told us they ordered online – **“I’ve ordered online for several years, this works fine”**, **“online account is a bit tedious and you have to sort it out yourself”**, 3 (16%) said they either telephone the surgery or go in person and collect from the pharmacy – **“the pharmacy is brilliant and there is a good relationship between the surgery and the pharmacy”**, **“have to bring in to letterbox, which is difficult sometimes”**. 2 (11%) told us their prescriptions are automatically ordered and sent out and 1 (5%) has a ‘Dosette’ box prepared by the pharmacy automatically.

If you did, who and why did you expect to see a specific person?

Some of the reasons patients gave were:

“GP-as is the best for my needs”, **“to ask for a genetic test”**, **“I always ask for the same doctor as she knows me well as a patient”**. **“Because the doctor asked me to ask to see him”**, **“I asked to see a female GP because of female issues”**, **“Dr McKinnell, I like to see him we have a good relationship, and he has a good sense of humor”**.

Did you get to see who you asked for?

11 (61%) patients said yes they did, **“if he had not been available, I would have been confident that I would have been offered an appointment with another GP”**, **“I feel I**

got the best outcome which is why I came along today to feed this back", and 2 (11%) said no they did not get to see who they asked to see, **"but it was fine to see the nurse"**. 5 (27%) patients said this was not applicable as the surgery decided who they were to see.

A staff member also commented: **"demand on the day is difficult to predict"**.

Did or do you have to wait longer to see who you want to?

2 (11%) said yes, they had to wait longer to see who they wanted to - **"yes but happy to wait, occasionally get an appointment at Meadowfield"**, and 1 (5%) said that sometimes they had to wait. 8 (50%) patients said no they did not have to wait longer to see who they wanted to and 2 (11%) said this was not relevant with regard to their appointment. A staff member said **"we have 2 partner GP's, 1 available at any 1 time, 1 registrar, 2 reception staff, 1 nurse practitioner, 1 nurse, 1 healthcare assistant. We try to give patients a choice"**.

Were you offered an earlier appointment with a different person?

5 (27%) patients said yes they had been offered an earlier appointment with another member of staff - **"offered a ring back with the nurse"**, **"offered another Dr but needed to see a female GP"**, 4 (22%) said no they were not - **"and wouldn't have taken if offered"**, **"No as I always get an appointment with specific GP-so was determined that I needed to see that person"**. 3 (16%) patients commented this was not applicable in their case.



Additional Comments

“Appointments are great when it’s an emergency”

“I have never felt backed into a corner where I could not access healthcare here”

“Once in, the service is good, it’s just the appointments system”

“If patients are working, we try to offer them extended service access-later”

“I will only come to the surgery if really necessary. Perhaps it would be useful for surgeries to know about patients who will only do this. My father is vulnerable as he feels the same and lives on his own”

“I came especially to give positive feedback on the flexibility of the practise covering several surgeries, the relationship between the pharmacy and the practice which has benefited me and access to medical specialities locally through the different skills of the GP’s here”.

Recommendations and Highlights

Below are our recommendations and highlights from our visit.

Nearly half of the patients we spoke to told us they felt that they could not book an appointment within a reasonable time suggesting that “unless it is urgent there is always a wait”. Someone suggested though, that there “are never situations where you don’t get an appointment” and another that “they were offered an appointment with another surgery”. 50% of patients told us they felt they needed to be seen ‘quickly’ for example “same day required for a child with underlying condition”. More than a quarter of patients said they didn’t need to be seen quickly but were just trying to book an appointment.

Could the surgery promote how appointments are allocated, including explaining, how appointments that are urgent, non-urgent, referrals etc. are managed?

Where we asked patients if they’d used another service, whilst 6 patients said they had, no one had used ‘E Consult’, and 1 said they had not used another service. Several patients talked very positively about the relationship between the local Pharmacy and the practise.

Could there be further information/support around how E Consult works, promotion of what other services can offer and specifically the local pharmacy, as alternatives?

2 patients told us if they hadn’t managed to get an appointment their mental health would have been affected and another 2 patients told us their work/job would be compromised.

Is this considered/looked at, when allocating appointments?

95% of patients had booked appointments on the telephone and no one had booked online/used E-consult. 1 person had called in to try to make an appointment. 1 person suggested that the surgery “need a professional communication link”.

Is this an ongoing general reflection of how appointments are made and if so, is there a reason why patients are not accessing appointments in an alternative way? There seems to be some confusion as to whether appointments can be made online, as a person said this was not possible, but a staff member said this is possible. Can this be clarified/publicised?

Do other professional Health staff have only the public telephone line to communicate with the practise, can this be made easier somehow?

Where patients asked to see a particular person, reasons given were because of a "level of skill", or "required a female GP". Some patients mentioned the displayed staff Board, however most of the patients we spoke to did not know the makeup of the staff structure and what the staff could do at the surgery.

Could the surgery provide staff roles against names on the notice board inside the surgery and further publicity about this?

38% of patients knew about the surgery's website and Facebook accounts but a quarter of the patients were not aware of either.

Could this be further promoted, especially the Facebook page as this is where the regular updates are made around things like events, staff sickness etc.?

Whilst a high percentage (66%) of patients told us when booking or attending appointments, they did not have additional communication or information needs, four patients said that they did. These were due to 'anxiety issues', 'mobility issues', 'Caring responsibilities' and 'poor hearing'.

What specific support/considerations are in place to assist patients with these types of concerns?

Prescriptions procedure seemed to be managed well. No issues whether ordered online at the surgery or automatically generated. Many patients spoke highly and positively of the local pharmacy and the good relationship it has with the surgery.

Can you share further what makes this situation so successful and valuable to patients so it can be promoted with other service providers, as a good example?

Continued

Based on several reasons, 5 patients felt more confident seeing a particular GP for appointments. 61% of patients told us they got to see who they had asked for and if not, were happy that they had been offered an appointment with another or felt that they had a good outcome either way. 5 patients told us that the surgery decided who they were to see but were ok with that.

The practise seems to be meeting patients' expectations in this area, very well.

Half the patients told us they did not have to wait longer to see who they wanted to and 11% who said they did have to wait, were happy to do so.

27% were offered an earlier appointment with an alternative person, 22% said they had not been offered an earlier appointment with another staff member but would not have taken it if it had been offered.

This seems to suggest that patients are starting to understand this is part of the process if they request to see the same person.

Additional comments patients asked us to record 'Emergency appointments are great', 'I have never felt backed into a corner where I cannot access healthcare here', 'once in, the service is good', 'if patients are working, we try to offer them extended access later', 'I will only come to the surgery if absolutely necessary. Perhaps it would be useful for surgeries to know that there are patients who think like this', 'I came especially to give positive feedback on the surgeries flexibility, great relationship between surgery and pharmacy and how the surgery has benefited me with medical specialties locally'.

Service provider response

With regard to 'appointment allocation', we could look at putting a poster up advertising information showing the other services that are available for patients to access / book /refer into. This could include details on Pharm Refer, Pharmacy UTI Scheme, MECATS, Well Being for Life, Smoking Cessation and GP Extended Access Service. There are individual posters for these schemes but not one with the info all in one place.

Appointment allocation is managed on an individual case basis, rather than being a black and white rule. We will look into whether it is possible to have further information on appointments. Using other services- We have information and posters available on e-consult around the surgery and on the practice website. Patients are able to ask reception staff any questions they may have about e-consult also and it is promoted when possible. Access to alternative services e.g.

Pharmacy schemes are offered when appropriate – posters are around the surgery advising on the pharmacy schemes and ailments that they can assist with.

Phone appointments are promoted and used regularly when possible, depending on the issue raised and patient preference.

When allocating appointments, patient's needs are assessed individually and the most efficient outcome offered in an appropriate timeframe to that situation.

Most appointments do seem to be booked via reception on the phone. Some appointments are made in person and others via E-Consult and by booking online using System Online. Telephone appointments with a GP are available to be booked online with System Online.

Other Professional Health staff have been provided with the ex-directory number for the surgery. If other professional bodies require this number they just need to ask and it can be provided.

Staff titles are against their name on the staff notice board. We will look into creating a poster with more detail of the individual roles.

We will look into promoting the Facebook page and website for the practice more so more patients are aware of it and can have updates and access information on the practice.

We have a hearing loop available in the surgery for patients with poor hearing and disabled access to the building for mobility issues. If patients are anxious/have caring needs, depending on what is best for them and what makes their experience positive, we would do anything within our ability to accommodate their needs. This could be waiting outside in their car until the clinician was available or when possible, sitting in an empty waiting room/separate room.

We have always had a very positive relationship with the pharmacy, the reason for this I am unsure of, the Pharmacy has a fantastic team and we all strive for the best patient care.

We found having an Enter and View visit useful in getting user feedback. We will look at areas raised and see what we can do to improve and promote information for patients. We would recommend an Enter and View visit to other practices.

Kirsty Watson (Lead Medical Receptionist)

Appendices

Appendix A (Questions):

ACCESS

1. Have you been able to get an appointment recently at the surgery?
2. How quickly did you feel you needed to see some1? Expand/explain
3. If you were unable to get an appointment, did you use any other services in the meantime, how did you manage? (i.e., Pharmacy, walk in centre, A&E, 111, private company)
4. If you were unable to get an appointment did this affect other aspects of your life? (Work/family/finances/leisure etc.)
5. How did you make or try to make your appointment with the surgery? I.e.-in person/teleph1/online

SERVICES OFFERED

6. Who did you request to see?
7. Do you know what staff the practise has available to see? Who are they and what do/can they do (who can prescribe, refer, and sign sick notes?)
8. Does the surgery have a website and a Facebook page? (Can you access online?)
9. Booking/accessing appointments-Do you have any additional communication or information needs e.g., do you need a letter in large print/translator.
 - If 'Yes', can you tell me what you need, are those needs being met?
10. If you require repeat prescriptions, how do you order/get them?

(RESPONDENTS) SPECIFIC REQUIREMENTS

11. If you asked for a specific person/professional, why did you do that?
12. Did you get to see who you asked to see?
 - If yes, do you feel you got the 'best' outcome by seeing that person? Explain/expand
 - If no, do you feel you got a 'good enough' outcome by seeing the person you saw? Explain/expand
13. If you got to see who you requested, did you have to wait longer to see them?
14. Were you offered an earlier appointment with another member of staff/professional?
 - If yes, why did you turn that appointment down?
 - If no, would you have taken an earlier appointment with some1 else, if offered?

Appendix B

Talk to us about GP appointments

Wednesday 28th June 1-3.30pm

Tow Law Surgery

Healthwatch County Durham is your local, independent health and social care champion. We would like to hear from patients and staff about access to GP appointments, specific services and meeting particular needs.

If you can't come along on the day, please complete a survey and leave it in the box so you can still share your views!

www.healthwatchcountydurham.co.uk

healthwatchcountydurham@pep.uk.net

Tel: 0800 3047039 Text: 07756 654218

Whitfield House, Meadowfield Industrial estate,
Durham, DH7 8XL



Appendix C

To access the full notes, click the link below



GP Enter & View full notes Tow Law.pdf

If you would like a hard copy of the full notes these can be requested by contacting Claire Sisterson claire.sisterson@pcp.uk.net 0191 3787695 or 07756 654223



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