



Enter and View

Marlborough Surgery
9 November 2023

healthwatch
County Durham

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Details of visit

Location:

Seaham Primary Care Centre
St. Johns Square
Seaham
SR7 7JE

Date and time of visit:

9th November 2023
10am-12.30pm

Authorised Enter and View representatives:

Victoria Dixon
Anne Glynne

Healthwatch Volunteer Supporter:

Claire Sisterson
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Registered provider:

Marlborough Surgery

Type of service:

GP Practice
Practice Business Manager
Joanne Urquhart-Arnold

Acknowledgements and context

Healthwatch County Durham would like to thank the management, staff, Patient Participation Group representatives & 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

Since 2020 the Enter and View programme at Healthwatch County Durham had been paused because of the Covid-19 pandemic. When we decided it was safe to start visiting again, we chose GP surgeries as the first services to visit. We did this because access to GP surgeries was one 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, Enter & View

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. Marlborough Surgery was one of 7 who requested to be included in the visits.

Because 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, equipment etc. that we normally include in our Enter and View visits.

This report relates to this specific visit, including feedback from patients received during the two and a half hours of the Enter and View visit and feedback from a survey left for completion at the surgery before our visit. Therefore, it is not representative of all service users, only those who contributed within the restricted time available, through interviews and other feedback.

Description of the service

Marlborough Surgery is located at St. Johns Square, Seaham, SR7 7JE.

There are 11000+ patients currently registered at the practice.

The practice is made up of 5 GP partners, 2 salaried, 1 registered locum, 3 Nurse Practitioners, 3 Practice Nurses, 2 trainee apprentices and 2 Healthcare assistants

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 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, so the surveys were left two 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 Joanne Urquhart-Arnold, the Practice Business Manager, briefed the staff before the visit. 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 and 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?

Two 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 experiences and understanding of the processes at the surgery. We carried out 27 individual interviews with patients and staff. (Eighteen female/Ten male/one not completed- all listed in SR7)
We also left surveys in the reception area prior to our visit and 2 were completed.



Feedback and findings

The Enter and View representatives completed the survey with patients. The representatives also made 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

ACCESS

Getting an appointment

Seventeen patients told us they made or are making appointments on the telephone. Six told us the surgery had made their appointment for them. Only two patients had made their appointments on the day through using E Consult.

“No hassle to get a same day appointment on the phone”

“If none left doctor will ring you”

“E Consult-if I can't get through on the phone”

How quickly did you need to be seen?

Four patients told us they felt they needed to be seen 'urgently', whilst eleven told us they needed to be seen 'quite quickly'. Six patients told us their need was 'not urgent'-waited between five days and two weeks (chest infection/diabetic related question). Three patients told us that they are satisfied that they get an appointment within a reasonable amount of time.

“Emergency appointments-great here if you need quick care”

“Just wanted to speak to the diabetic nurse but was asked to make an appointment possibly as nurse was not available”

Did you see another service if no appointment was available?

Three patients said they had not used another service if no appointment was available. Seven patients said they had used NHS 111, four said they went to Accident & Emergency, six said they used a local pharmacy. One said they had self-medicated, one had used E Consult when no appointments were available and one had taken his mother to a walk-in centre.

“Took mam to walk-in as I couldn't get through on the phone”

“Pharmacy downstairs are really good-gave emergency antibiotics and they listened to us”

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

Six patients told us this really affected them, whilst five said it did not. One told us that when his mother gets a chest infection it turns to pneumonia quickly so this situation is very worrying for him/them.

One person told us that because he could not get to see the nurse, he was at the point where he had to request to be referred to the hospital diabetic team.



"Inconvenient if I have to go somewhere else but this doesn't normally happen-get an appointment 99% of the time"

SERVICES OFFERED

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

Sixteen patients said no, they did not and eight said yes, they did know which staff were available and what they could provide. Seven patients said they did not know the full staff make up or roles.

"I know it has a training aspect and a physio"

"Just see badges, don't know who is who"

"I think so-I have looked at the website"

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

Website – Twenty one patients knew of the website and only one did not. Sixteen had used the website and six had not.

"I have no need for the website"

"I have no computer"

Facebook–Five patients said they did not know that the surgery had a Facebook page, ten said they did.

Eleven have never used or looked at the Facebook page, whilst five patients had.

"But my wife does and updates me!"

"Looked but not needed to use it"

When we asked if patients were aware but didn't use these platforms, comments were 'it was a hassle', 'don't see the point as I always want to talk to someone'.

"Anyone can see Facebook-wouldn't use to discuss problems"

"Now I'm aware, I might"

Do you have any additional communication or information needs?

Thirteen patients told us they did not have any additional needs but seven said they did. Four of these said they had issues related to being 'hard of hearing', one struggled with 'mobility' (required blue badge support) and one linked to 'dementia' (relied on son as unpaid carer).

"I get a text in large print"

"Do they have a loop system?"

“Mother can’t often understand GP’s with English as second language so will only speak to Dr. Mansingh as has known him for years”

How do you order and get repeat prescriptions?

Eleven patients told us they ordered online by using NHS App via the website. Six go to reception in person and four do this over the telephone.

“Easy to do on the website” “Email via the surgery website without difficulty”

SPECIFIC REQUIREMENTS

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

Five patients said they had asked to see the same doctor and two patients said they hadn’t asked to see anyone in particular.

Two patients told us they had asked to see a lady doctor

Four patients needed to see specific patients for a particular issue (midwife/Diabetic nurse/Physio/Bloods taken/particular injection)

Five patients said they asked for a particular person using reasons such as ‘familiarity’, ‘confidence’, ‘more comfortable’, ‘he listens’, ‘easy to get in touch with’ and ‘knows the family history/issues’.

“Sometimes you want to see a lady doctor”

“Dr. Mansingh even calls once a month to check up on mam”

Did you get to see who you asked for?

Ten patients said yes, they did, and two said no they did not. Two suggested that they were happy to wait a few days.

“But they’re all very good”

“Not bothered who I see especially if urgent”

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

Five patients said no they didn’t have to wait and seven said yes they did, but realised ‘he has a waiting list so have to wait your turn’. Five said they sometimes had to wait.

“Nurse is very busy and only part-time”

“Take what’s available and if issue pressing would see anyone”

Were you offered an earlier appointment with a different person?

Thirteen patients said yes, they were and two said no they were not.

“I was not offered this, I had to ask”

“Depends I can be persistent on the phone”

Recommendations/Highlights/Service response

Although a fifth of the patients we spoke on the day had appointments made by the surgery for them, more than half still were ringing up to make appointments. Some said they got through and secured an appointment for on the day with no hassle and was straight forward. Someone felt that there was a difference in receptionist's attitude and therefore the response depended on who answered the phone. More than a third of patients also told us they rang up for an appointment 'on the day' as they felt they needed to be seen 'quite quickly'.

Although we didn't directly ask the question, eight patients said they 'were satisfied that they got an appointment within a reasonable amount of time'. One patient felt he struggled to see the diabetic nurse because of her limited availability and because of this is now having to request a hospital referral for support.

How does, or will, the practise ensure staff have a consistent, positive and cheerful attitude when dealing with patients in order that individuals are not singled out?

We are looking to introduce care navigation software into our reception team, which will ensure that the responses offered to the patients are standardised. Patients will be asked a series of questions by the reception team, which will triage the patient's symptoms and recommend an appropriate course of action. This will ensure that patients, in most need of clinical attention, are prioritised. Once installed, we will be undertaking regular audits of the calls taken by the team, to make sure that all reception staff are adhering to the new system. Where deviations occur, this will be flagged up to the individual and additional training will be undertaken.

Is there an opportunity for patients to get access to specialist nurses otherwise, if they have no available appointments at Marlborough Surgery?

If there are no appointments available at Marlborough, there are several other services available within the East Durham area, which our reception team can refer in to e.g. 'Acute Respiratory Infections' Service and 'Paediatric' Service available at Peterlee. We also ensure that patients are asked to contact 111 if we are unable to provide an appointment or submit a request via e-consult.

Two thirds of patients told us they had used another service when unable to get a GP appointment at the surgery. A quarter of patients had used NHS 111 and another quarter had used a Pharmacy—all had received a good service from their chosen pharmacy. Only one person had used E Consult

Can the process of how appointments and support is accessed through using E Consult, be further promoted and circulated to patients

Since the visit, we have recently appointed a new Social Media Company, to help us to promote the wider services that we have available within the surgery across all of our social media platforms. In addition, we will ensure that the e-consult pop-up banners are located at key points in reception and that these are supported with additional leaflets and posters in the waiting area.

Could the benefits of using local pharmacies be further promoted when no GP appointments are available, as this seems to be working well?

All of our reception staff are monitored on the referrals that they make to local pharmacies under the CPCS scheme. We will ensure that our reception TV screens include details of the referral scheme, so patients are aware when they visit the surgery. In addition, we will also ensure that we promote this service via our social media platforms as outlined above.

Although a quarter of patients said they were not affected if they didn't get an appointment or had to wait, a quarter of patients said it did affect them detrimentally, using words such as 'worried', 'frustrated' and 'inconvenient'.

We were told by one patient that he has been affected as he feels he has to go to hospital now as he can't access the nurse he needs to see.

Can the surgery do anything to reassure these patients?

The Diabetic nurse who was in post at the time of the visit, has now retired. In preparation for her retirement, we trained our Junior Nurse Practitioner over the last 12 months to take over the service when she left. We are also training one of our Practice Nurses to be a Diabetes Nurse too, which will ensure that we have more staff trained in Diabetes for patients to speak with.

Nearly half the patients felt they knew what staff the practise had and what they can do, but more than half 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 more detailed information and publicity about this, including offline as well as online?

As mentioned earlier, our new Social Media company will shortly be featuring our staff on social media posts, which will help our patients to understand the role they do. We will also ensure that details are also available on our TV screens, as well as displayed within our reception area.

Patients seem to be very aware that the Surgery has a website (two thirds) with more than half having looked at, or used, it. Although a third were aware of the surgeries Facebook page, a third had never looked or used it. Those aware, but didn't use either, said they were a 'hassle', 'wanted to speak to someone', 'no computer', 'don't have time' and 'anyone can see Facebook so wouldn't use to discuss problems'.

Can the practise look to promote how different aspects of each platform might be used i.e. – Facebook for information sharing and surgery updates in a very simple way to encourage better understanding?

The information we tend to share about our services on social media, tend to be used across all social media platforms, to reinforce the messages we need to promote e.g. covid vaccinations, Christmas closing times etc. We use different platforms depending upon the age demographic of the patient, as different cohorts of patients use different platforms. We have also produced a QR code business card, so that patients can take this away with them, scan the code with their smartphone and it will provide them with links to all of the key contact details about the surgery.

Several patients told us they were happy to see anyone but five patients told us they wanted/expected to be able to see a GP.

Based often on the idea of needing 'continuity of care', patients (especially with dementia) sometimes struggled to understand doctors speaking to them and so felt 'more comfortable seeing the same person' for appointments. Also suggesting 'they know family issues' and six patients told us they had to see a specific person because of their specialism and two patients talked about 'sometimes wanting to see a female doctor'.

How does the surgery manage these requests?

Two thirds of the patients who answered the question, said they get to see who they wanted to and were happy if that meant a slightly longer wait

Majority of patients told us yes they were offered an alternative appointment with someone other than who they'd asked for, and only two patients were not. One stating "I wasn't offered this –I had to ask!"

Our reception team try where possible to provide the patient with an appointment to see the GP of their choice, however this is not always possible. We will be moving to a slightly different telephone triage model, which will see our Clinical Practitioners assessing the patient calls received in to the practice, rather than our GPs. This will enable us to free up GP appointment capacity from March 2024 onwards and should help to address some of the concerns highlighted above.

Prescriptions procedure seemed to be managed well–no issues whether ordered online, at the surgery or automatically generated

When we asked patients about additional communication, information needs, three quarters of patients told us they did not have any. However within the discussions patients also said that this was because they had help or 'relied on someone else'.

The third that said they did require additional support quoted mainly 'hard of hearing', 'mobility struggle' and 'eyesight'. Patients in this group managed by having the help of a family member, talking to staff themselves about issues and relied on getting text in large print.

What do you have in place to help patients who have additional specific needs (hearing, sight, language etc.)? Are there any new initiatives that will help?

We have a hearing loop in reception, to support those of our patients who have hearing aids.

Since our visit, we are also looking to replace our existing patient TV screen and appointment announcement board. The new technology will show the patient name, clinician name and number on the TV screen and will be accompanied by an audible prompt too.

We will shortly have a member of our admin staff available front of house several times per week, to support our patients with any of their queries and provide additional help as and when required. Since the visit, we have already renumbered our clinical rooms, so that it's less confusing for our patients.



Service provider on Enter & View

Feedback to specific recommendations/highlights are listed straight after each point earlier.

It was very useful having an Enter & View visit. It gave invaluable patient insight in to the practice and identified things we were doing well and areas we could improve upon.

The feedback that we have received from the Enter & View team has been very useful and since the visit, started to implement a number of improvements, prior to receiving the report.

We weren't aware that patients were confused as to which services they could expect from different roles.

We will also be introducing some drop-in sessions both within our practice and at out-reach locations, where patients can access support from our wider non-clinical team e.g. obtain details about financial support, how to use the NHS App on their phone and accessing benefits etc.

We will embrace the feedback, which will help us to provide an even better service to our patients. We have already provided a copy of the draft report to our Patient Participation Group for consideration and await to hear their feedback. We will also provide updates about the recommendations on our TV screens and social media feeds, so that patients are aware of the improvements that we have made as a result of the visit.

We would certainly recommend any Practice to welcome County Durham Healthwatch team to visit their premises and take part in an Enter & View visit. It has been very helpful highlighting areas where our patients are happy with our service and areas where we need to reflect and make improvements to support our patients.

Joanne Urquhart (Practice Business Manager)

Appendices

Appendix A

Questions (Enter & View 2023) Service.....date.....

ACCESS

How did you get your appointment today at the surgery? How do patients get an appointment at the surgery, usually?

Either on this occasion or in the past when you have tried to make an appointment yourself-how quickly did you feel you needed to see someone and why?

If you were unable to get an appointment, did you use any other services in the meantime (for example 'A & E'/'Pharmacy'/'111'/E Consult')?

- If yes, which one/s (please expand)?
- If no, why not?

If you were unable to get an appointment, how did you feel about that and did this affect other aspects of your life?

SERVICES OFFERED

Do you know what staff the practice has available to see and what they can do?

Are you aware that the surgery has a website?

Have you ever used/looked at the website?

Are you aware that the surgery has a Facebook page?

Have you ever used/looked at the Facebook page?

If yes you are aware but don't use them, why not?

When booking appointments do you have any additional communication, information or other needs?

If yes, what are they and how is this managed when either booking or accessing appointments?

If you require repeat prescriptions, how do you order and get them?

SPECIFIC REQUIREMENTS

If you asked for a specific person/professional, why did you do that?

Did you, or would you say you normally, get to see who you ask for?

If you got to see who you requested, did you have to wait longer to see them?

Were you offered an earlier appointment with another member of staff/professional?

<u>AGE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>FIRST PART OF POSTCODE</u>
<u>Under 16</u>			
<u>17-25</u>			
<u>26-49</u>			
<u>50-65</u>			
<u>Over 65</u>			

Appendix B

Talk to us about GP appointments

Thursday 9th November 10am-

12.30noon Marlborough 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!

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Tel: 0800 3047039 Text: 07756 654218

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



Appendix C

To access the full notes click the link as below



[Marlborough Surgery Full notes 11.12.23.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



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