

## **Enter and View Report**

### **Experiences of Accessing a GP in Brent: Revisiting selected GP practices in Brent 2023**

Stonebridge Practice, Hillside Primary Care Centre, 150  
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**Date of Visit:**

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## Overview

Healthwatch Brent carried out a series of Enter and View visits to three GP surgeries in Brent. The visits were intended to allow Healthwatch Brent’s Enter and View team to follow up on recommendations made in our April 2022 report ‘Experiences of accessing a GP in Brent’.

Our Enter and View team were able speak to patients and staff, hear their feedback and understand what is working well at these practices as well as any areas for improvement. Aside from the Harness Hub, these are all practices that we made recommendations for in our previous GP Access report. Additionally, we chose to visit the Harness Hub to see how extended access has supported local patients.

In total, we completed three Enter and View visits this quarter: Stonebridge Practice, Oxgate Garden Surgery and The Harness Hub at Park Royal Medical Practice.

## Methodology

Our previous report ‘Experiences of accessing a GP in Brent’ used surveys and focus groups to understand barriers that were stopping people from accessing primary care from their GP. Due to the timing of the project, it was not possible to undertake Enter & View visits – this was due to Covid-19 precautions. However, the team collected feedback about a number of practices through other channels, and shared recommendations with individual GP practices.

In order to follow up on these recommendations, we planned a series of Enter & View visits in autumn 2023. These aimed to explore the following key outcomes:

1. To understand the patients' experiences of booking a GP appointment, and whether the process could be improved.
2. To understand whether patients were offered different ways of booking appointments.
3. To identify potential barriers to accessing primary care, and make further recommendations for improvement if required.
4. To understand the staff's viewpoint on what is working and what could be done better.

Additionally, we wanted to find out patients' knowledge and experience of social prescribing. Although this was not part of the original project, it has been raised as an area of interest by residents in the interim.

## Findings: key themes from patients

### Patients' satisfaction with making appointments

The table below summarizes the responses received when respondents were asked to describe the ease of making an appointment.

Name of GP Surgery	Easy	Okay	Hard	Very difficult
Stonebridge Practice	2	3	2	3

Using the online system tended to be less popular with older patients. However, the practice gives extra support to those with any difficulty accessing the internet or ICT equipment. Working people tended to prefer using PATCHs because it gave them flexibility with booking appointments. Some older patients were accompanied by an adult son/daughter who acted on their behalf.

### Making appointments using PATCHs

Some older patients stated that they found the online booking system, PATCHs, difficult to use and relied on a family member when making an appointment.

Staff noted that: "Anyone can walk in and get help – each day there is a time dedicated to training people on how to use PATCHs."

Some patients also described the difficulty in getting through to the GP Surgery using the telephone. Some older patients felt they needed more support with appointment booking.

“The telephone takes a long time to pick up. Most often, the telephone is engaged.”

“You should be allowed to use the phone for appointments. Especially if you have a condition that requires numerous visits.”

“PATCHS is too difficult, I struggle with it. There isn’t much help with it.”

“If you are changing the system, you need to look at the most vulnerable patients and how it affects them.”

“I got appointment the next day, it’s better than before.”

### **Waiting times after contacting the surgery**

The table below summarizes the responses received when respondents were asked to describe how long they waited between first contacting the surgery and having the appointment.

<b>Name of GP Surgery</b>	<b>Same day</b>	<b>One day</b>	<b>A few days</b>	<b>One week</b>	<b>More than one week</b>
Stonebridge Practice	1	2	3	4	0

Nearly half of the patients stated that they had to wait between a few days and a week for their appointment. A few patients informed us that they managed to get appointments quickly; either on the same day or the next day.

Overall, the waiting times were significantly shorter than at other GP practices we have visited recently. This was a positive improvement when compared to our previous GP access project.

## Communications and staff attitudes

The table below shows the responses received when respondents were asked to describe if staff were easy to communicate with.

Name of GP Surgery	Poor communication with staff	Satisfactory communication with staff	Good communication with staff
Stonebridge Practice	1	3	6

The overwhelming majority of patients questioned felt that staff were easy to communicate with.

Healthwatch Enter and View representatives observed the staff and concluded that they were friendly and easy to communicate with. One reception spoke Somali and was able to offer assistance to Somali speakers who had English as a second language. Patients were called by the receptionists and a screen monitor also announced appointments.

“Staff are nice.”

“They are OK.”

## Waiting times in the waiting room

Waiting times in the communal waiting area were relatively short. The average wait was reported to be around 10 minutes. No complaints were received about waiting in the seating area for the appointment.

“I don’t wait long, around 10 minutes.”

## Face-to-face appointments

The desire to have face-to-face appointments was mentioned by most older patients. Some had more than one health issue and wanted more face-to-face appointments - they also express a need for more time with the GP so they could explain things more.

“We need more face-to-face, I am tired of online.”

## Quality of care

Patients questioned about the quality of care at the GP Surgery responded favourably.

“Once you see the GP, it’s OK.”

## Patients' suggestions on what could be improved

Patients suggested better systems for booking appointments, more face-to-face care, and a channel for giving feedback directly to the surgery.

"Having a chance to give feedback directly to the Surgery would be helpful."

"Having more face-face [appointments]."

"Not having to use online system."

"Telephoning them, they don't pick up."

Any patient unable to use PATCHs has the option to book an appointment at the desk or telephone.

## Social Prescribing & Referrals

The role of social prescribing was carefully explained to patients. They were then asked to share their experiences of social prescribing.

Name of GP Surgery	Never heard of social prescribing	Has some experience of social prescribing
Stonebridge Practice	8	2

The practice has 3 link workers; the PCN has 8 in total. They work closely with Mencap in the delivery services. Social prescribing is a success story at the practice. The practice works closely with BHM so as to support patients. The practice receives feedback from BHM on the outcome of referrals. The reception team signposts patients to DWP and other services. The partnership work with Mencap and BHM works well and provides a good social prescribing service.

Patients with mental health problems are sign-posted to the Brent Cove drop-in. They provide a safe one-one service and drop-in crisis support.

"I was referred to weightwatchers."

"They referred me to the hospital."

The majority of patients had not heard of the term social prescribing; but once the term was explained carefully, patients were able to answer the question more accurately.

### **Home visits**

Lead GP and Director Dr. Subash explained to us that the practice is very “hands-on” in their approach to the home-visit service provided. The practice is very passionate about services for house-bound patients. Staff informed us that this service was still offered to patients following the pandemic.

Dr. Subash said: “No one is refused a home-visit.”

## **Findings: key themes from staff**

The Enter & View representatives held discussions with staff and asked them to fill in a questionnaire sharing their views on working at the practice.

We wanted to learn more about staffing levels, staff views on the online booking system PATCHS, and find out more about how their job role has changed since the pandemic. We also asked staff for their views on what could be improved.

### **Social Prescribing**

Staff informed us that several social prescribers and pharmacists now help with the workload. A close partnership exists between the practice, Mencap, and BHM.

### **Online booking system, PATCHS**

Staff informed us that the online booking system works well. It made managing appointments easier for staff and we were informed that the waiting time for appointments had been reduced as a result of using PATCHS.

An impressive 3,600 surveys were completed by the practice – this feedback about PATCHS has helped the practice shape services provided.

At 5.30 pm PATCHS shuts down and a telephone number is available for enquiries.

People struggling with PATCHS can come in between 4pm and 6pm for instructions and a link is sent out to patients with instructions on how to use PATCHS.

Survey results:

- 143 (10%) Very poor
- 117 (8%) Poor
- 260(18%) Neither good nor bad
- 398 (28%) Very good
- 396(28%) Good
- 122(8%) Don't know

Total count of friends & family: 1436

### **How has your job changed since the pandemic?**

Staff shared the view that stress levels had gone up. Patients sometimes being rude made their role more difficult. Staff also expressed that the Practice Manager was very supportable and helped them through these changes.

### **What changes would you make?**

Staff stated that it would be beneficial if changes could be made so that claimants of benefits could get easier access to getting a fit-note (previously called sick-note) without seeing the doctor, thus helping reduce waiting times.

## **Service details**

### **Staffing Levels:**

Number of GPs: 2

Number of Health Assistants:4

Number of other staff:12

**Extended Access:** Yes, extended hours are offered Monday- Friday 6:30pm- 8:00pm and Saturday 9am-5pm.

Extended hours as outlined above – completed by the Harness PCN with daily GP, Pharmacists, Nurse, Dieticians appointments – 10 hours during the week and weekend service 20+ hours (over 30-40 hours additional hours).

**Number of hours GP face-face appointments Available:**

We triage our appointments to make sure that we offer all of our patients the right modality/the right clinician for their clinical needs and preferences at the time of contact.

We have approximately 70% of our appointments face-face across the week (60-80 hours across GPs)

**Do you offer longer appointments if needed?**

Yes

**What is the total number of face-to-face appointments on an average day?** We have a flexible patient-responsive appointment system and as many daily face-to-face appointments can be offered as needed every day. We triage all requests and are able to offer more face-to-face each day depending upon demand and analysis.

As per NHSE requirement, using our system we are able to respond to all requests from PATCHs on the same day. The number of face-to-face appointments also changes depending upon day of the week and the seasonal variation e.g. higher numbers often during winter peak

Total numbers of same day face-face range from e.g. 20 – 50 if required. We have a huge priority towards offering accessible, fast, same-day access depending upon the clinician e.g. GP 90-100% same day appointment slots available.

For other clinicians e.g. Nurses – routine Smear Test or routine Childhood Immunisations this is variable: between 50-100% depending upon what the patient preference is.

**How many phone consultations does a GP see/offer in an average day.**

60/day

**In a typical week how many hours of other practitioner's appointments are available? (e.g., nurse practitioner, nurse, health care assistants etc.)**

200-300 hours per week.

This again changes and increases further during more challenging periods e.g. Winter pressures.

**How many home visits are undertaken in an average week?**

Home visits are offered in accordance to patient request, hence there is no limited or average data. They can be undertaken on a daily basis, as required. No one is refused a home-visit.

**Do patients have a choice of what type of appointment they would like, e.g. telephone consultation or face to face?**

Yes, whichever mode of entry into the system e.g. online OR face-face at reception OR on telephone – can offer all patients the preferred choice of appointment type e.g. telephone or face-face or online consultations.

**Could you give examples of adaptations made during the pandemic?**

Prior to Covid, the practice had already implemented online services for electronic sick notes and repeat prescribing. Electronic Prescriptions are available for all patients.

Accurx has enabled patients to transmit/provide documents and other relevant information pertaining to their health for retaining in their medical records.

Where safe and clinically appropriate, patients can complete their BP readings electronically to the practice or send images of rashes etc., if helpful.

Website update to make the system easier to navigate and meet accessible information standards.

## **Summary and review of previous recommendations**

Patients were satisfied with the care they received at the GP Surgery. Staff were regarded as polite and efficient and easy to communicate with. The GP was fairly busy, regarding face-to-face appointments; and was much busier than one of the other GP Surgeries visited.

Some older patients informed us that they were still struggling with using PATCHS. However, the practice provides support and training for patients and a dedicated time-slot exist for this. Healthwatch Brent was informed by the staff of the advantages of using PATCHS, which was believed to reduce waiting times for appointments.

The visits gave Healthwatch Brent an opportunity to see how the GP Surgery has supported better access for patients since previous visits were conducted. Patients did feel better supported and that things had improved since the original visits were conducted.

Dr Subash and his team have an impressive social prescribing service and the partnership work with Mencap and BHM works well. NWL ICS/Brent CCG data identified that the practice offered among the highest number of social prescribing appointments.

## Recommendations

- Telephone service could be improved for patients.
- Display up-to-date leaflets (including diverse languages used in the community) so as to give patients more choices and knowledge as to what is available locally.
- Waiting room should be improved so as to be more suitable for toddlers and small children. The environment was not stimulating for them and could have more appropriate decoration.

## Response from Practice Manager

- The practice will be moving to a cloud-based option which will improve the telephone service.
- In line with CQC/ NHSE requirements, we are strongly encouraged to minimize carbon footprint and minimize paper within the practice. There are numerous leaflets and posters situated further down the corridor.
- In line with CQC/NHSE infection control requirements we have to remove all toys/magazines, etc., from the waiting room area.

## Conclusion and next steps

The staff at the GP Surgery were very friendly and provided open communication with patients. Waiting times for appointments were relatively short, and patients had a choice about the type of appointment they booked.

The ongoing difficulties with using PATCHs were expressed by older patients. However, the practice is committed to providing excellent support

and training to prevent digital exclusion. It is encouraging to see that the practice has conducted their own survey to better understand patients' needs and preferences for using PATCHs. 56% of their responses rated PATCHs as either good or very good, and the feedback from all respondents will be used to develop the service.

Many patients were not aware of the term social prescribing; however, once it was explained to them, they were able to give better feedback. The partnership in place between the practice, Mencap, and BHM works very well, and patients are signposted to a variety of services. The practice has three link workers, and the team provides a high-quality service. The social prescribing provided by Dr Subash and the team gives a good example of how social prescribing can work well when proper partnerships are in place.