



Enter and View

GP Surgeries 2023 (overall findings)

healthwatch
County Durham

Contents

Contents	1
Details of visits	2
Acknowledgements and context	3
Purpose of the visits	4
Description of the services	4
Planning the visits.....	5
How was the Enter and View conducted and Findings.....	6
Recommendations/ Service provider's response	10
Individual Reports.....	13

Details of visit

Surgeries involved:

Meadowfield Surgery (M)
Ushaw Moor Surgery (UM)
Tow Law Surgery (TL)
Great Lumley Surgery (GL)
Bridge End Surgery (BE)
Marlborough Surgery (MS)
Sacriston Medical Centre (SM)

Dates of visits:

Between April 2023–December 2023

Authorised Enter and View representatives:

Paul Stokes /Anne Glynn /Jean Ross /Mervyn Hockin /Judi Evans /Tony Bentley

Healthwatch Volunteer Supporter:

Claire Sisterson

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Type of service:

GP Practice

Managers/Senior staff

Nicola Hughes /Joanna Simpson / Kirsty Watson / Helen King /Paul Dodds /Joanne Urquhart / Martin Bell

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 visits.

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 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 and share examples of what they do well from the perspective of people 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 visits

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. Seven surgeries requested to be included in the visits.

Because these Enter and View visits are linked to specific work around the access to GP services they do not include any observations about the premises, equipment etc. that we normally include in our Enter and View visits.

This report takes an overall view of the seven visits.

It is important to note that individual reports (link attached in appendices) included feedback from patients received during the two hours of the Enter and View visits and feedback from a survey left for completion at each surgery before our visit. Therefore, they are not representative of all service users, only those who contributed within the restricted time available, through interviews and other feedback.

Description of the services

Individual reports include the name, address, number of registered patients at each practice. They also give an overview of the makeup of the staff team, where provided to us.

Planning each visit

The questions used were carefully put together (appendix A within individual reports) beforehand to reflect the approach we were taking.

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 people 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 each visit in the waiting area, on a Healthwatch display table, with a box for completed surveys to be left in.



We advertised each visit in advance (appendix B in individual reports) and a senior staff member briefed the staff before the visit.

We carried out a preparation visit before each 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?

Our trained Enter and View Authorised Representatives carried out each visit with the Volunteer Supporter. Representatives approached patients during the visits and asked a series of questions about their experiences and understanding of the processes at the surgery. Overall, we gathered one hundred and fifty-nine (159) individual responses from patients and staff.



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 each surgery. All the surveys were anonymous.

The full survey results are at appendix C within each individual report.

Patient feedback (the following are only a 'selection' of outcomes or comments we heard back from patients at individual GP surgeries)

ACCESS

Getting an appointment

- Most patients told us they make their appointments over the telephone.
- Lots of people we spoke to told us they had been able to get an appointment at the surgery recently, although that may have involved a wait.

- “The surgery made the appointment for me.”
- “Once in, the service is great, it’s just the appointments system.”
- “I had experienced a medical incident; my family persuaded me that I could not wait a month. I got seen the next day, the GP thought I had suffered a stroke.”

How quickly did you need to be seen?

- (More than half) patients told us they felt they needed to be seen quickly, on the same day.
- “I needed pain relief.”
- Majority of patients felt they needed to be seen “quite quickly.”
- “Scans have to have prompt appointments.”



Did you see another service if no appointment was available?

- “Some things you just need to see a real person for.”
- Lots of patients said they had used NHS 111
- Majority said they had not needed to use another service- “I have never been unable to get an appointment here.”

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

- Some patients told us they became anxious, were worried, concerned, and desperate when they could not get an appointment- “I couldn’t get tablets without an appointment, and I need them for my heart condition.”
- “I’m self-employed so would have no choice but to cope/plod on.”
- “Hard ringing during work time to get an appointment.”
- “It wasn’t an immediate appointment and I continued to have anxiety until then.”
- “Need appointment later in the day otherwise missing work affects my finances.”
- “Frustrated when have to redial, especially when I just needed reassurance.”

SERVICES OFFERED

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

- Most patients said no, they did not know- “other than they use locums and part time doctors.”

- “I know the staff members but don’t know what different tasks or things each person can do”?
- “I rely on reception staff to refer me to the right person.”

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

Website –

- Most patients knew of the website.
- “I have no computer” “seen the website on a library computer–do not have access otherwise.”
- “Found the website difficult to access.”
- “don’t know if they have them but wouldn’t use them anyway.”

Facebook–

- “What good would a Facebook page have/do.”
- “But my wife does look at it and updates me.”
- “Anyone can see Facebook–wouldn’t use to discuss problems.”

Do you have any additional communication or information needs?

- Most said they did not have additional need.
- “Poor hearing and/or eyesight”
- “I get a text in large print.”
- “Mother can’t understand GP with English as second language, so will speak to particular doctor she’s known for years.”
- “Anxiety/mobility and caring issues” were all mentioned.

How do you order and get repeat prescriptions?

- Lots of patients told us they ordered online via the website – “but not by me, one of my children does it online for me.”
- “Email via the surgery website without difficulty”
- “Telephone the surgery and have them delivered.”

SPECIFIC REQUIREMENTS

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

- Patients said they had asked for a particular person for reasons such as “being comfortable with a particular doctor.” “Consistent care–I relate to females better who I know and trust.”
- “The surgery decides and contacts me.”

- “Needed to see a specific person for a particular issue”- (midwife/diabetic/Physio/particular injection)
- “Happy to see anyone.”
- “Asked to see the doctor as I needed that level of skill.”

Did you get to see who you asked for?

- “Happy to see whoever was available”- “Practise nurses are fantastic-professional and explain the situation-don’t make me feel like I’m a nuisance.”
- “I felt that I needed more advice, guidance and time to explain my situation in order to know how to resolve my problems”?
- “Not applicable as the surgery decided who I needed to see.”

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

- “Can wait up to three weeks.”
- “Yes, but happy to wait.”
- “I sometimes have to wait due to staff holidays/sickness.”
- “Take what’s available and if its pressing, would see anyone.”
- “Chose to go with someone else-would have to wait a month otherwise.”

Were you offered an earlier appointment with a different person?

- Patients said yes, they were offered an earlier appointment with a different person.
- “I was not offered this-I had to ask.”
- “Offered a ring back with the nurse.”
- “We need more information on how the appointment system works, don’t know this.”



Overall Recommendations/Responses

Although a considerable number of the people we spoke to had appointments made by the surgeries for them, many told us they still were ringing up or walking into their surgery to make appointments. Lots of patients told us that they felt they needed to be seen quickly, but some also told us when they rang up to make an appointment, it was not necessarily urgent.

Can the process of how appointments be made other than by telephone or walking in, for example by using E Consult, be further promoted/supported to help disperse the telephone pressure?

Can services explain how appointments that are urgent, non-urgent, and referrals etc. are managed?

Are there any way telephone calls could be filtered at the start of a call so streamlined (patients needing to speak to someone as opposed to seeing someone?)

Are there opportunities for patients to get to see specialist nurses/staff, if no appointments are available at the patients registered surgery?

Do services offer a communication link for other Health related professionals to contact the service?

Service Provider Responses: -

- *Appointment allocation is based on each individual case (TL)*
- *Telephone appointments are available to be booked online by using 'System Online' (TL)*
- *Professional Health staff have been provided with an ex-directory number (TL)*
- *Every patient is care navigated ensuring they are seen in an appropriate time and by the right person (M)*
- *All patients are offered the option of a telephone call or a face-to-face appointment (M)*
- *We will expand the explanation of the E Consultation option on our website (BE)*
- *An up-and-coming development is changing the telephone system to offer a call back feature (BE)*

Roughly a third of patients told us they had used either NHS 111, their pharmacy or accident and emergency for help.

Could the benefits of using local pharmacies be further promoted?

Service Provider Responses: -

- *When the patient contacts us, we care navigate to the pharmacy if it is something they can help with and at the same time educate the patient as to what they can deal with (UM)*
- *Patients have got into the habit of contacting the surgery first before contacting the local pharmacy to see if they can help. Perhaps assign in the waiting area could be looked into. (UM)*

People said to us that they found themselves 'anxious,' 'worried,' 'concerned,' 'desperate,' 'frustrated' and 'upset' when they struggled to make or get an appointment.

We were told "there is confidence in seeing a doctor you know, who knows your situation and can build trust." "I would always choose to see a nurse instead of a GP-GP's use different language-I don't understand."

Can surgeries do anything to reassure these patients, and can these comments be shared with GPs across the service (especially how to communicate more effectively)? Patients seem particularly at a disadvantage because of managing appointments around their employment or caring needs. How do services ensure these patients are catered for?

Service Provider Responses: -

- *If patients are anxious, we have several ways we can help-for example waiting outside in car, sitting in separate space until called (TL)*
- *We offer late night, weekend and pre bookable appointments (M)*
- *Capacity is an on-going issue (BE)*
- *Patients may not know that GP's instruct reception staff as to whether a patient needs to see them personally in follow up or not (BE)*
- *We will reiterate with all staff to ensure they use language that patients understand (BE)*
- *Patients can log onto The Medical Group after 8pm in the evening and the following morning-these are allocated by the office (UM)*

More than two thirds of the patients we spoke to did not know or felt they only partly knew the makeup of the staff structure and what staff could do at their surgery.

Could the surgery provide more detailed information and publicity about this? Staff basic roles against names?

Service Provider Responses: -

- *We could put up a poster advertising other services available-there are individual ones but not one poster showing them all together (TL)*
- *We will create a poster with more detail of individual roles (TL)*
- *Reception staff explain the role of the person that a patient is going to see when booking an appointment (M)*
- *All staff and new roles are advertised on our Facebook page (M)*

More than half the people we spoke to knew of the surgery's website but almost the same number who knew, did not use it. More than half did not know of the surgery Facebook page. One person asking, "what benefit would a Facebook page have/do?"

It seems that surgery websites are used mainly to access prescriptions.

Can surgeries somehow promote other specific aspects of both how the website and the Facebook page might benefit individual patients and offer support to access these platforms, if required (for example Facebook updates on events and staff sickness). Also, if patients are not able to access online, how do surgeries offer up to date information and support, otherwise?

Service Provider Responses: -

- *We discussed and decided not to publish rotas, holidays, sickness on the website as this affects the accuracy of information (BE)*
- *We will ensure new developments are included on the website and we will think about restarting our practice newsletter (BE)*
- *We have completed a 'digital Journey planner' to deliver the NHS digital agenda and an outline improvement plan (BE)*

Lots of people told us they were happy to see anyone but around a third told us they wanted/expected to be able to see a GP. Based often on the idea of needing 'continuity of care,' patients felt more confident seeing the same person for appointments. There are cases where this might be appropriate.

Can the surgery promote, in a simple format, how booking appointments happens and is managed?

Service Provider Responses: -

- *We cannot guarantee the doctor of choice (UM)*

Some people told us they needed to be seen 'regularly' rather than 'quickly' and where this did not happen, then the situation turned into 'urgent.'

How do services monitor this so that this issue is limited?

Service Provider Responses: -

- A proportion of patients do not attend review appointments (UM)
- If patients have seen the doctor and been asked to come back, these appointments should be made before leaving the surgery (UM)

More than a third of the patients we spoke to said they normally get to see who they want to and were happy if that meant a slightly longer wait.

If patients feel they do not have the information or time required from their appointment, how should they raise this?

Service Provider Responses: -

- Telephone advice can be around anything such as simple questions or answers to progress to be monitored, without face-to-face consultation (UM)
- We will be introducing some drop-in sessions within our practice and at out-reach locations. Patients can access support from our wider non-clinical team (M)

Around a third said they had been offered an earlier appointment with another member of staff. What is the policy, in this circumstance?

Service Provider Responses: -

- The booking of appointments is something that is being promoted at present-the key part is educating the patients on alternative methods of booking appointments (UM)
- A lot of patients demand to see a GP when better suited seeing an alternative clinical practitioner-one reason reception and admin staff ask questions of patients: it is called care navigation (S)

People seem to be mainly managing the prescriptions procedure through using surgery websites or via email-but there were some comments around feelings of "being forced into doing it that way" and "relying on other family members to do this" for them.

What alternatives are available to patients if they can't access online or don't have family members to do this for them?

Service Provider Responses: -

- A major change was made in summer 2023-pressure placed on practices to reduce their reliance on a telephone prescription line as considered a less safe way to order medication. Sacriston recognised that for some people telephone was their only option. So, we have kept the telephone ordering service for a small number of people

(housebound/no access to IT) to use. Considered on a case-by-case basis. (S)

When we asked people about additional communication, information needs, most patients told us 'They did not have any.' However, within the discussions people also mentioned 'wearing hearing aids,' "wearing glasses" and being "dyslexic." Some people said they appreciated text messages and reminders.

Can services offer communication in larger print and alternative formats, if required? **What do you have in place to help patients who have additional specific needs (hearing, sight, language etc.)? How do you make patients aware of this?**

Service Provider Responses: -

- We have a hearing loop available (TL)*
- Patients are sent a reminder about upcoming appointments, and these can be viewed on the NHS app (UM)*
- We are looking to replace our existing patient screen and appointment announcement board. The new technology will show patient name, clinician and number on the TV screen and will have an audio prompt. (M)*
- We will shortly have a member of our admin staff available front of house several times a week, to support patients with queries and provide additional help as and when required. Since the visit we have re-numbered our clinical rooms, so less confusing for our patients (M)*

One of the purposes of this report was to try to get a balanced picture of how users were finding 'access to GP services,' across the county. The feedback focused on areas such as access, services offered and specific requirements.

Below is a range of considerations/observations we have been able to establish from the main overall findings of visits to seven practices across County Durham.

- Ratio of appointments 'made by individual patients' as opposed to ones 'made by the surgery' for the patient, had an impact on responses on the day to our survey questions, (i.e. many people we spoke to one the day had not made their appointment themselves, the appointment had been made for them by the surgery, therefore already had in place when, why and who with, organised).
- Services did seem to have some support in place to offer people with additional needs (Loop systems/longer appointment time availability/letters in larger text). However, many patients, when asked, suggested 'they had no additional needs' but then said, 'family members do this for them' or have 'found another way to manage.' This suggests that if individual circumstances change- these people

will struggle unless the service is actively identifying and offering this type of support, especially linked to IT and online communication/access.

- Requirement for a standardised telephony service in GP surgeries (at least 'number of people waiting in the queue,' 'your number in the queue', and access to another extension/line for other appropriate professionals)
- Some services have managed to create a culture of acceptance/openness to seeing alternative staff. Useful to understand how this has been done (further work)? Some of this may be linked to whether patients understand who is available to see and what the individual staff members can and cannot do within their roles. This was patchy throughout the seven visits, but patients mainly did not know this information.
- Services had varying relationships with local pharmacies—some more effective than others. It seemed obvious that where services had more effective relationships, working more closely together, this made for a much smoother service for users.
- Issues around making and access to appointments specifically relating to managing family/caring responsibilities, self-employment, and employment were raised throughout the visits. Where users feel they struggle to access appointments, this was even more apparent within these groups of people (access to using their telephone/when they could call/when and where they could get to an appointment/potential loss of earnings if having to wait).
- How GPs relate to patients, especially around the use of language/ensuring understanding and creating an atmosphere where patients feel comfortable enough to ask further questions or ask for clarification. This did not come up at all seven GP surgeries, but where it did, this resulted in further appointments being made with another person to ask unanswered questions and created a barrier and loss of confidence with initial GP and patient.
- What staff are available and what they can and cannot do—again some practices have more information and actively offer this information, but generally users do not understand the makeup of staff at their GP surgery so this needs to be promoted/encouraged.

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



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