

# Stonebridge Surgery Longridge

Friday 24<sup>th</sup> May

10:30am – 12:30pm



**Disclaimer:** This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and patients who met members of the Enter and View team on that date.

# Contact Details

## Address

Stonebridge Surgery

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<https://www.stonebridge-surgery.co.uk/>

## Surgery Contact:

Julie Grime (Practice Manager)

## Date and Time of our Visit:

Friday 24<sup>th</sup> May 2024

10:30am – 12:30pm

## Healthwatch Lancashire Authorised Representatives:

Steve Walmsley (Engagement Team Leader)

Austin Staunton (Healthwatch Lancashire Volunteer)

# Introduction

Healthwatch Lancashire is the independent public voice for health and social care in Lancashire and exists to make services work for the people who use them. We believe that the best way to do this is by providing the people of Lancashire with opportunities to share their views and experiences.

Healthwatch Lancashire has statutory powers to listen, act, challenge and gather feedback to improve local services and promote excellence throughout the NHS and social care services.

To help achieve this Healthwatch have a statutory power to 'Enter and View' health and social care services that are publicly funded. The purpose of an Enter and View is to listen to people who access those services and observe service delivery.

Following the Enter and View visit a report is compiled identifying aspects of good surgery within the service visited along with any recommendations for any possible areas of improvement.

As we are an independent organisation, we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. The report is sent to the service provider providing an opportunity to respond to any recommendations and comments before being published on the Healthwatch Lancashire website at:

[www.healthwatchlancashire.co.uk](http://www.healthwatchlancashire.co.uk)

The report is available to members of the public along with the Care Quality Commission (CQC), Healthwatch England and any other relevant organisations. Where appropriate Healthwatch Lancashire may arrange a revisit to monitor the progress of improvements and celebrate any further successes.

## General Information

At the time of writing, Stonebridge Surgery has a list size of 8,195 patients which is increasing in size. The surgery is part of the Preston East Primary Care Network (PCN).

## Acknowledgements

Healthwatch Lancashire would like to thank patients, staff and management, for making us feel welcome and for taking the time to speak to us during the visit.

# What did we do?

Healthwatch Lancashire Enter and View Representatives made an announced visit to Stonebridge Surgery on Friday 24<sup>th</sup> May and received feedback from:



## Pre-visit surgery survey

Healthwatch Lancashire emailed a pre-visit questionnaire to the Practice Manager to learn about the patient population, services offered and how the surgery manage appointments for patients. Information from this questionnaire is included in the summary below.

## Introductory meeting with Surgery manager

At the beginning of the enter and view visit, Healthwatch Lancashire met with the Practice Manager to discuss the Surgery and to view the facilities. The appointment system was explained, along with support offered to patients who are rurally isolated, residing withing care homes or accessing services at Longridge Community Hospital.

## One to one discussions with patients and their relatives

Healthwatch Lancashire spoke with patients and their relatives about their experiences including appointment booking, how they felt about the service and the care and treatment delivered by the staff at the surgery.

## Discussions with members of staff

Healthwatch Lancashire Representatives spoke with members of staff about their experiences of delivering services to patients. Questions centred around support for patients and any improvements staff felt could be made at the Medical Surgery.

## Observations

Observations were made throughout the visit. This included patient and staff interactions, accessibility measures in place throughout the Medical Surgery and the condition and cleanliness of the facilities.

# Summary



Healthwatch Lancashire Representatives viewed facilities that were available at Stonebridge Surgery. This included the waiting area, reception office and clinical rooms.

Overall, the feedback received from patients was positive with several patient responses describing satisfaction with the quality of care and the attitude of staff. Patients also praised the communications between the surgery and themselves, citing the usefulness of text message reminders and most patients remarking how the process of making an appointment was quick and easy.

Some patients raised concerns about delays in the appointment making process, commenting on how it can take some time to get through on the phone at certain times during the day. One improvement that was suggested by patients, they would like to have more options to manage their care online. It was felt that this might help alleviate the need to ring the surgery in the morning if they could book an appointment online.

Throughout the visit staff members were observed to be kind, courteous and considerate towards the needs of patients with some complex enquiries being handled in a sensitive manner. Conversations with staff highlighted that they felt the team was able to meet the needs of patients and that there were robust procedures in place to help patients overcome barriers that they experienced. Praise was given to the management team for the way that they support staff and how they are approachable if staff members need support.

The facilities at the centre had recently been updated with a range of seating available in the waiting room, redecorated clinic rooms and new flooring and décor in corridors. Some elements of signage was observed to be in need of updating or standardisation but it was felt that there was a clear way to navigate around the surgery.

# Surgery Overview

## Location and public access

Stonebridge Surgery is based in Longridge on Preston Road. The surgery is situated in a purpose-built centre and all clinics and patient facilities were located on one floor.



The surgery can be accessed by public transport using bus stops on Preston Road which are close to the surgery. There is a large car park to the side and rear of the building with two dedicated disabled spaces for people to use.

## Surgery Population

At the time of writing, Stonebridge Surgery has a list size of 8,195 patients which was increasing in size. It was explained the practice manager that this was due to several housing developments being built in the local area. The surgery serves a large proportion of patients who are considered to be elderly with 46% of patients aged 50 and over. Information gathered in the pre-visit survey showed that patients at the surgery have a varied range of long term conditions which consist of 10% of patients living with obesity, 16.4% with hypertension, COPD, Diabetes and Asthma were also mentioned as being prevalent conditions that patients are living with.

## Services available

The surgery offers face to face appointments and telephone consultations which are pre-bookable. A range of chronic illness clinics are run on set days throughout the week. Extended services are available for patients where they can access out of hours appointments at the surgery and at other locations within the local Primary Care Network (PCN).

The surgery is linked to six nursing homes in the local area and the surgery employs an Advanced nurse practitioner who manages care at these settings and runs house visits for patients. Staff also provide support at the Longridge Community Hospital as patients using this facility are usually residents of the town and fall under the care of the surgery.

## Appointment Management



Appointments can be made either in person or over the phone. The practice has between three and six members of staff who manage patients appointments and enquiries. Healthwatch Lancashire representatives were informed that staffing is adapted daily depending on demand. Staff provide support as needed if the phonelines become busy, a member of staff will step in to assist. Calls are triaged and the patient is given an appointment with the relevant member of staff. They are either invited to the practice for a face-to-face appointment or are allocated a telephone consultation. It was explained during the visit that the practice is working with patients to promote the pharmacy first initiative to direct them to the most suitable point of contact for their conditions.



# Enter and View observations

## External Environment

The main entrance of the surgery was accessed via a drop kerb from the footpath on the Preston Road side of the building. Accessibility was catered for with a drop-kerb from the car park and disabled bays located close to the entrance. The doors of the centre had been adapted to fit either a large pram or wheelchair through. This door was not automatic but there was an intercom system set up for patients to call for assistance in entering the centre. This intercom was lowered so that patients using a wheelchair would be able to make use of this facility. It was noted that the sign pictured on the right alerting patients to use the intercom if they needed assistance, whilst it was clear face on, was hard to read from different angles due to the reflective surface. (Recommendation 2).



## Internal Environment and Waiting Area

The surgery has one main waiting area and reception desk. There was ample seating with space for people using wheelchairs, prams and walking aids to move around. The seating was a variety of different sizes and some chairs had armrests to assist patients using them.

In the vestibule entrance to the surgery and waiting area were noticeboards containing a wide range of information and support materials that patients could make use of such as cervical screening services, mental health support and local Voluntary sector support groups. It was explained that they were deliberately kept in this location to allow patients a measure of privacy when looking at the leaflets on display as some of the support services on offer to provide assistance with some sensitive issues.



Hand hygiene dispensers were available on the Reception desk and in the entrance of the centre. Toilets and communal areas were all clean and free of clutter. An accessible toilet was available for patients to use, however, it was noticed that there was no emergency pull-cord visible for patients to use in an emergency. (Recommendation 3)

The reception desk was split into two different heights to allow patients using wheelchairs to speak with staff members. There was no hearing loop sign present, although it was explained by the practice manager, that staff

would ensure that patients were appropriately communicated with (recommendation 4). A separate room was available with a blood pressure and weight checking pod for patients to take measurements either for their own use or to share with staff as part of their ongoing health monitoring. A patient was observed visiting the surgery to use this facility.



The waiting room had a large display containing information about the local social prescribing services and the Pharmacy first initiative. These were prominent as it had been explained by the practice manager that they encourage patients about the pharmacy first initiative, as it was a convenient and efficient way to discuss minor ailments. Health information for common conditions like colds and health checks available was also on display in the waiting area to highlight symptoms and ways to treat them.



Patients were called to their appointments using a visual screen mounted on the wall facing the seating area, this called patients with an audio alert, displayed the patient's name, the clinician's name and the room they needed to go to. Staff were also observed collecting patients in lieu of using this facility.

There was a combination of laminated signs and fixed signage observed. Arrows were used to help patients identify the direction to their appointment. Other signage consisted of

printed paper signs which was not always a consistent style or size and, in some cases, could be hard to read if a patient had a visual impairment. (Recommendation 2)

## Patient Interactions



Healthwatch Lancashire observed several interactions with patients who were at different stages of their appointment making journey. Phone call enquiries were observed being handled by members of staff at the time of the visit. There had been 172 calls handled on the morning of the visit which had been answered within 5 minutes.



One patient was observed making arrangements for a follow up appointment with the staff on the reception desk. They were having difficulty coordinating their dates which was causing frustration. The staff handled the query in a calm and polite manner and worked with the patient to find a suitable date. The issue was resolved and the patient was satisfied with the outcome of their conversation as they were able to book an appointment in advance. (Recommendation 1).



## Patient Involvement

A patient participation group is currently in operation and is advertised on the surgery website.



Stonebridge surgery has a Facebook page that is regularly updated with information about health conditions and wellbeing. The surgery works with stakeholders in the local area to run health screening events in the community and advertises local services that patients can access such as Cancer social groups and youth support groups.

There was information displayed about ways to contact the surgery available throughout the centre.

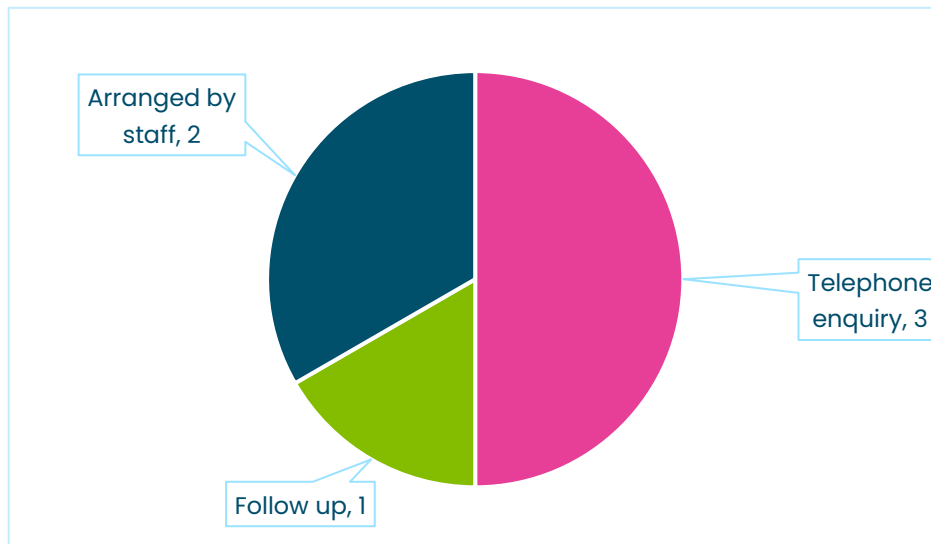
The most recent friends and family test information was available on the practice website and the results were presented in a clear and simple format. There were no posters observed around the practice to signpost patients to provide feedback on services provided at the surgery (recommendation 5).



# Patient feedback

Healthwatch Representatives spoke with **six** patients during the visit.

## How did you make your appointment today?



Three of the patients spoken with had arranged their appointment using the telephone system and two appointments were pre-arranged by staff at the surgery. One patient commented that they felt they needed to call as early as possible in order to get an appointment as making an appointment was sometimes an inconsistent experience.

### **“If you wait till 9am you will never be able to get an appointment.”**

They explained that they had tried to get an appointment by ringing later in the morning to try and avoid the busy period and they had found out that they were unable to get an appointment that day as they had all been taken. It was mentioned that they were able to get an appointment when they called again another day.

Two patients stated that they had a more consistent experience where they were always able to book emergency appointments, particularly when phoning on behalf of a loved one.

### **“It’s sometimes quiet but I can always get an emergency appointment.”**

All patients commented that they did not have to wait for long in the waiting area one patient explained that they had come early in order to make sure they were able to park in the car park at the surgery as they commented that it was often full. Three patients explained how they had been invited to the surgery or been called in as a follow up appointment. One patient complimented this pathway as it was a straightforward process for them and helped them to understand the pathways that they were following.

**“The staff helped us arrange the appointment and they told us anything that we needed to do before we came.”**

One patient explained how they were able to phone the surgery and sometimes receive information over the phone. This made things easier for them and that they were signposted to an appropriate service, such as the pharmacy, which meant that they did not need to attend the surgery. This was commended by the patient as it meant that they were able to avoid making unnecessary journeys to the practice.

## What works well at this surgery?



Five out of the six patients commented on aspects of the surgery that worked well in order to help them. They felt they were able to approach staff at the surgery who were able to listen to their needs and respond appropriately.

**“I am very lucky here the staff are all very approachable.”**

One patient praised their GP who they built a positive relationship with and saw the same GP regularly. They explained that staff at the surgery knew them well and when they called the surgery they felt that staff responded quickly to their needs. An example was provided of a time when they had called the surgery and a gp called them back within “ten minutes” of their initial enquiry to provide care and support. (Recommendation 1).

All six patients complimented the clinical staff and made mention of how they felt like they were receiving appropriate care.

**“They know us all quite well.”**

The patient explained that they felt the staff at the surgery were able to support them and their family as they had registered as carers and were able to contact the surgery for support and they always received the support they needed, particularly if it was for themselves as a carer.

One patient described how they had contacted the surgery to resolve an urgent issue with their medication. They explained that they had unexpectedly run short of regular medication. They requested more and the staff were able to source it in a timely manner.

**“They were straight on it and made sure I got it (medication). They had to ring round a few places but they sorted me out in the end as it was a bit of an emergency.”**

Two patients gave different responses to how the surgery makes care personal to them. One patient felt that they found that the staff at the practice made satisfactory reasonable adjustments to make their appointments accessible. They gave an example of how the text message reminders for appointments had been useful to help them plan transport for their visits. Another patient felt that they needed additional support with making appointments and that they were unsure about how to approach the surgery about asking for this. (recommendation 6)

## Is there anything that can be changed to meet your needs?

One patient said that they felt that there was a need to make the appointment making process more efficient as the process was sometimes time consuming when using the phone system to make an appointment.

**“I think I would like to be able to make appointments online but I would worry that it would be less personal for patients.”**

They felt that it would make the process faster but they were concerned that they may not be able to make the same level of enquiry as they could at present.). Another patient commented that the process took some time and there was an issue with availability if they rang at a particular time.

**“They do need to do some work with patients about doing some things online.”**

One patient explained that they thought having an online option to make appointments would make the process less stressful for them and help them avoid the morning rush on the phone. (recommendation 6)

One patient mentioned that they needed more information about the options that were available to them when booking appointments for blood tests as there was sometimes a delay if they wanted to have it done at the surgery due to availability of appointments.

**“They give options but I would like to know more about where else I can go for blood tests.”**

They explained that they understood the pressures that the surgery were facing but they would be willing to go to other places if it was an option. They did not appear to know where else they could go for blood tests within the PCN but mentioned that they knew some friends who had travelled to a site in Preston for tests. (recommendation 7).

## Do you receive information from the surgery that is easy to understand?

All patients were complimentary about the communications that they received from the surgery regarding appointments and referrals. They complimented the methods used, such as text messages and the way staff keep them informed about different stages of a referral.

**“Yes, it's alright. It's good that they text reminders for appointments.”**

They explained that the reminders were helpful and prevented them from forgetting appointments and tests.

One example was given where the patient had been contacted about some test results and they were invited for an appointment. The patient felt that this was a positive measure that saved them needing to make the arrangements for the appointment themselves.



## Do you know how to make a complaint if needed?

The six patients that Healthwatch Lancashire Representatives spoke with gave a mixed response to this question. Patients who said Reception explained that they would ask there as a first point of contact if they needed to raise an issue. One patient explained that, in the past, they had approached the staff on the reception desk to raise an issue and they were able to speak to someone quickly and resolve the issue quickly.

## Do you know what a Patient participation group is?

One patient knew about the participation group and commented that it would be of interest to them. Four patients were unaware about the Patient Participation group at the surgery but said that they would consider finding out more if they knew more about it. (recommendation 8)

# Staff feedback

Healthwatch received feedback from **seven** staff members during the visit.



## Do you have enough staff when on duty?

All seven members of staff felt that they had enough staff to meet the demand at the surgery. They gave examples of how the staff deployment was flexible and able to meet the needs of patients.

**“We have a mixture of staff who cover different roles within the practice and allow us to support people as they need it.”**

They explained how they made sure there was a minimum of three members of staff available to answer enquiries on both phonelines. One member of staff explained how other staff would provide cover for annual leave or sickness.

## Do you feel supported to carry out a person-centred experience?



All seven members of staff commented on how the team was able to support people in different ways. One aspect that received praise was the support of the practice management staff and the team of doctors

**“Our practice manager supports me fully and is approachable if I ever need them.”**

They explained that they were always able to speak with someone if they needed support or advice about how to support a patient.

Four members of staff mentioned that they felt having a team with a range of roles helped them to support patients. One member of staff explained how they felt that having dedicated members of staff who ran visits to care homes was beneficial to the residents because they would get good continuity of care.



One member of staff said that the enhanced access offer was really beneficial but there was some hesitation from patients to make use of this service fully, particularly when it meant patients would need to travel from Longridge to Preston for tests and appointments.

**“I think the enhanced access is good and it has helped us with capacity. The only issue is some patients don't want to travel to Preston for tests it's something that we are finding tricky even though it is not that far away.”**

They explained how they felt patients didn't understand how it didn't matter where they went for their tests, they would still receive the same level of care and attention from any other member of staff. They suggested that this could be something that they looked into particularly if patients didn't understand why they were being offered an appointment at another setting. (recommendation 7&8).

## **Do you feel you have enough training to carry out your duties well?**

Staff felt that the training that they received allowed them to meet the needs of the patients they serve. Most comments concerned regular mandatory training such as safeguarding and the sentiment was that it was well managed at the surgery.

**“We are offered or asked if we want to go on any additional training in house as well as online or from an outside provider.”**

They mentioned that this meant their training was kept up to date and they could pursue training that they required for their role. One member of staff explained that the regular afternoon closure once a month helped them keep up with training.

## **What measures are in place for people with additional communication needs?**

All seven members of staff explained some of the measures that were in place for patients who required additional support, particularly with communication. One member of staff described how they worked to maintain a good level of continuity of care to patients who were housebound or had support with other agencies as this provided patients with one point of contact and they were able to build a positive relationship with them.

**“The ANP will support those who are housebound and they have a good link with external agencies.”**

Five members of staff explained about the other measures that were in place to support patients through the use of Language line for additional languages and a hearing loop for those patients who used hearing aides. One member of staff commented that they had not needed to book an interpreter for someone who used BSL

**“I haven't needed to book an interpreter for someone who uses BSL.”**

They mentioned that they were unsure what to do if they needed to make this arrangement for a patient who used BSL (Recommendation 9)



## What is your experience of working here?

All members of staff spoken with on the day felt that they had a positive experience working at the practice. They complimented the support from the management team and from other members of the group.

**“I love my job, I feel very lucky to work with such a great team.”**

One member of staff complimented how the team would support each other particularly when they needed to resolve a challenging issue or deal with high demand from patients, particularly with phone enquiries.



## Are there any changes that can be made to improve the patient experience?

One member of staff explained that there were sometimes days when patient demand was quite high and that patients could sometimes present with quite high expectations of the staff.

**“I think we need more information to be made publicly available to patients to let them know we are here to try and help and we can only offer what we have available.”**

They felt that there was something that could be done to educate patients about how the service was running and what choices were available for patients in order to help manage expectations from patients. (recommendation 8)

# Recommendations

The following recommendations have been formulated based on observations of the environment and feedback gathered from patients and staff.

1. Celebrate successes and positive praise highlighted in this report in a team meeting and publishing on the surgery website
2. Review signage throughout the practice to ensure that it is standardised, clear and non-reflective
3. Install an emergency pull cord in the patient toilet near the entrance of the centre (see appendix 1 & 2)
4. Display information about how the practice supports patients with additional communication needs such as hearing loops and translators
5. Display poster for the friends and family test or other methods of leaving feedback
6. Hold a consultation with patients to review online access to appointments
7. Have information available to inform patients about where they can go for blood tests and other appointments
8. Hold a regular information event to inform the wider patient population about procedures at the practice and to provide updates on services available
9. Brief staff on procedures when making appointments for patients with additional communication needs such as BSL and other languages

## Appendix

- 1 [https://assets.publishing.service.gov.uk/media/60b0ea89d3bf7f43560e324a/Approved\\_Document\\_M\\_vol\\_2.pdf](https://assets.publishing.service.gov.uk/media/60b0ea89d3bf7f43560e324a/Approved_Document_M_vol_2.pdf) p.50
- 2 <https://accessible-toilets.co.uk/2019/02/07/all-about-emergency-cords/>

# Provider response

Recommendation	Action from provider	Timeframe	Comments
Celebrate successes and positive praise highlighted in this report in a team meeting and publishing on the surgery website			We do this already and have what we call a happy book in reception for everyone to add in any positive comments from patients and also any card or emails we receive go on the staff notice board for everyone to see.
Review signage throughout the practice to ensure that it is standardised, clear and non-reflective			All the posters/signs have to be laminated for CQC purposes so we can change them
Install an emergency pull cord in the patient toilet near the entrance of the centre (see appendix 1 & 2)	Plumber is booked to do this	4 weeks	
Display information about how the practice supports patients with additional communication needs such as hearing loops and translators			Information on reception board
Display poster for the friends and family test or other methods of leaving feedback			Posters have been requested from NHSE and a comments box add to the waiting room.

Hold a consultation with patients to review online access to appointments	This is being worked on along with the new quality contract		
Have information available to inform patients about where they can go for blood tests and other appointments			Patient are given a timetable with their blood form if forms posted they attached to the form and we also text out the information when a patients requested to have bloods.
Hold a regular information event to inform the wider patient population about procedures at the practice and to provide updates on services available			Our Social prescriber is arranging community events we've had one already where the library came in to the waiting room for a more with their services and particular focused on dementia patients at that event. We've also got Age UK starting to run clinic each month from the surgery.
Brief staff on procedures when making appointments for patients with additional communication needs such as BSL and other languages			Staff are all aware of being aware re patient needs especially around LD BLS and interpreter needs.



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Lancashire

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