

Whittle Surgery Chorley

Tuesday 13th August 2024

9:45am – 12:15pm



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

Whittle surgery

239 Preston Road

Whittle-Le-Woods

Chayton-Le-Woods

Chorley

PR6 7PS

Telephone number: 01257 444960

Surgery Contact:

Keeley Unsworth (Practice Manager)

Date and Time of our Visit:

Tuesday 13th August 2024

9:45am – 12:15pm

Healthwatch Lancashire Authorised Representatives:

Emmy Walmsley (Senior Engagement Officer)

Lewis Darwen (Research and Data Team Leader)

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

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.

Acknowledgements

Healthwatch Lancashire would like to thank patients, staff and management at Whittle Surgery 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 Whittle Surgery on Tuesday 13th August 2024 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 Practice Manager

At the beginning of the Enter and View visit, Healthwatch Lancashire met with members of the management team to discuss the service provided at the practice and to view the facilities. The managers explained the process that patients follow to make appointments and discussed some of the systems that were in place to support patients. We were showed around the surgery by the management team, before being left to conduct our observations and speak to patients and staff.

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 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.

Observations

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

Summary

Healthwatch Lancashire representatives viewed patient and staff facilities throughout the surgery, including the waiting area, reception office, staff work areas, and clinical rooms.

Overall, the feedback we received from patients was positive, with several describing satisfaction with the quality of care and the accessibility of the surgery. Patients told us the new triage system used by the Practice (introduced in March 2024) was very good, easy to use and made it easier to get an appointment.

Areas where patients expressed concerns included not always being able to see their preferred clinician and a lack of communication regarding who they would see before they arrived for their appointment. Some patients would like more clarity about who they were seeing and why before their appointment.

Throughout the visit staff members were observed to be kind, courteous and considerate towards the needs of patients. Staff were observed on reception tending to queries, answering questions from patients, and helping support them to check in for their appointment.

Staff feedback was positive regarding the support they received from the management team. They mentioned that the new triage system worked very well, easing pressure on the phonelines. However, most staff were of the view that the practice requires more employees to ease pressure on workloads.

The Practice Manager explained that they are aware about concerns around staffing levels. We were told that the Practice is currently recruiting new staff, which should ease some of the existing pressures. It is hoped that this will help support with the workload issues and improve the patient experience.

Several staff also mentioned that the system of sending text messages to patients, though generally effective, could be improved. It was mentioned, in some conversations, that the information sent to patients (regarding, for example, booking another appointment) was not always clear and sometimes caused confusion which resulted in patients calling the surgery unnecessarily. Further to this, one member of staff noted that the text messages often go out to several patients at the same time, immediately resulting in a number of phone calls which added further pressure on the phonelines.

Surgery Overview



Location and public access

Whittle Surgery is based in Clayton-le-Woods in a new purpose-built building. The building contains 12 consulting rooms, a large waiting room and admin offices. The Surgery is part of five other surgeries in their Primary Care Network.

The Surgery also has a large car park available with twenty-five patient spaces and four disabled spaces. The Surgery can be accessed via public transport with a bus stop right outside of the Surgery.

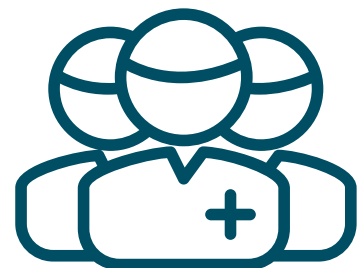
Surgery Population

The Surgery has around 11,000 patients with a growing list size. "The practice has a low deprivation score and therefore our weighted list size is less than our actual list size. Our patients range in age from 0-100+. We cover 3 care homes plus another residential setting. One of these care homes is for patients with severe physical and learning difficulties." (Practice Manager)

Services available

In addition to GP appointments, patients also have access to other clinics within the practice, including:

- social prescribers
- Pharmacy First
- treatment room
- mental health practitioner
- pharmacy support remotely (but this will be in-house from September 2024)
- diabetic foot screener
- phlebotomy session one afternoon a week
- ACPs who are in daily and also provide care home ward rounds.
- Physiotherapist



At the time of the visit there were twenty-two staff working within the surgery in various roles including administration and support, reception, GPs, ANP's and management.

Appointment Management

Whittle Surgery currently uses the Total Triage model. Under this system patients wanting to arrange an appointment either complete a form online, make contact on the phone, or attend the surgery. Those who come into the surgery have the form completed on their behalf by staff members at the front desk. The clinicians then triage every request and assign the patient to an appropriate clinician and label their priority.



The surgery usually has one or two staff members on the phones, as the majority of requests now come via the online form. Members of the administration team will step in if there is a rise in demand.



Enter and View observations

External Environment

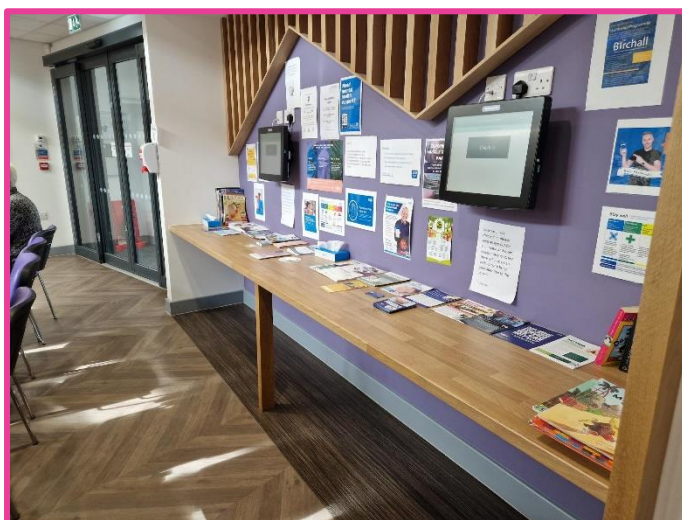
Whittle Surgery has two entrances, one at the front with stair access and a lift, and one at the back from the car park which has level access and drop-down curbs. Both main entry doors open automatically, allowing ease of access for all patients.

The car park has twenty-five spaces for patients at the back of the surgery, and four disabled spaces. There is also a secure bike stand for patients to use. The car park also has designed parking for staff on the site.

The name of the surgery is featured in large white lettering at the front of the building, which is easily seen from the road. Well placed signs show the entrance to the car park and to the building.

Internal Environment and Waiting Area

Upon entry to the surgery from the front entrance, patients arrive in the main reception area and waiting room. This area features a reception desk, two self-check-in machines, and a waiting area with twenty-two seats. Some of the seats have higher armrests to support patients as needed.



There is a television for patients to watch, which features general information on the surgery, medical advice and NHS campaigns. The television is also used to call patients to their appointments. A distinct audio sound prompts patients to look at the screen, where their name is displayed alongside the room they need to go to. Healthwatch Lancashire representatives also observed members of staff coming to collect patients if they did not respond to the call system on the screens.

The reception area is easy to move around in. At the time of our visit the waiting room was occupied by several parents with prams, who were able to get around the waiting area and practice with ease.

There is a private room next to reception for any patients who wish to talk in private or who want time away from the reception waiting area. Next to the self-check-in screens were books, magazines and lots of support booklets and leaflets for patients to take away at their leisure. Provision was also made for children and young people with resources available for them to use such as books and toys.

From the waiting area, well designed signage clearly displays the location of clinician rooms. To the left are rooms 1-9, used by GPs, and to the right are rooms 10-12 which are used by nursing staff. Each room is clearly signposted with names on the doors, complimented by the striking use of purple to highlight each individual room from the corridor. As patients leave the clinical rooms, signage shows them where to exit the building and which way to turn to get to the main reception.



Hand sanitisers are positioned around the surgery for staff and patients to use. There is a disabled toilet, baby changing room, baby feeding room and two toilets within the waiting area. At the time of the visit one of the toilets was out of order and this was made clear to patients. The reception desk has a lower accessible part for patients using wheelchairs. There is a hearing loop present on the reception desk. No dementia friendly clocks were present at the time of the visit, and the time was only shown on the check in machines.

There are two notice boards, positioned so patients can read them whilst waiting for their appointment. One board provided information on being a carer and carers support, and the other had information on support about smoking, support groups for other conditions and cancer statistics. Two posters in the reception area promoted the surgery's Patient

Participation Group.

Patient Interactions



Healthwatch Lancashire observed several staff interactions with patients during the visit. Staff on reception were observed to be caring and courteous towards patients when they arrived at the surgery. They were seen to be dealing with enquiries quickly and effectively.

Patients were observed checking in at reception and via the self-check-in machines. Staff checked-in some of the patients and told them to take a seat and wait for the clinician to call them.

One patient was observed asking reception staff about picking something up for a relative. The member of staff asked for the relevant details in order to process the request and the patient appeared to become slightly overwhelmed. The member

of staff provided reassurance to ensure they were ok. They thanked the member of staff for all their help and support and appeared happy with the outcome of the discussion.

Another patient was observed to be confused about their appointment time. The reception staff asked them to sit in the waiting area while they looked into it for them. A couple of minutes later the staff member explained that the doctor would see them as soon as possible.



Patient Involvement



Whittle Surgery currently has an active Patient Participation Group (PPG) with around 100 members. The Management team explained that the groups' meetings are usually conducted virtually, owing in part to their large number. However, they also advised us that there is capacity for the group to meet face-to-face in a room at the surgery if they

prefer to. The management team also explained that patients involved with the group regularly take part in surveys and questionnaires sent to them.

There was a visible PPG poster in the reception area, and a member of staff was observed to be putting a second one up during our visit. From the waiting area the poster is slightly small. A bigger one with larger font size would be beneficial. (Recommendation 1)

The Surgery has an active Facebook page which features regular updates about the surgery, support and NHS campaigns. Our visit was also advertised on the day we arrived so that patients could come and speak to us if they wanted to.

The surgery has previously held drop-in sessions to help with the NHS app and has also held open mornings when the new triage system was introduced in March to ensure patients were aware of how to use it and answer any questions or queries.

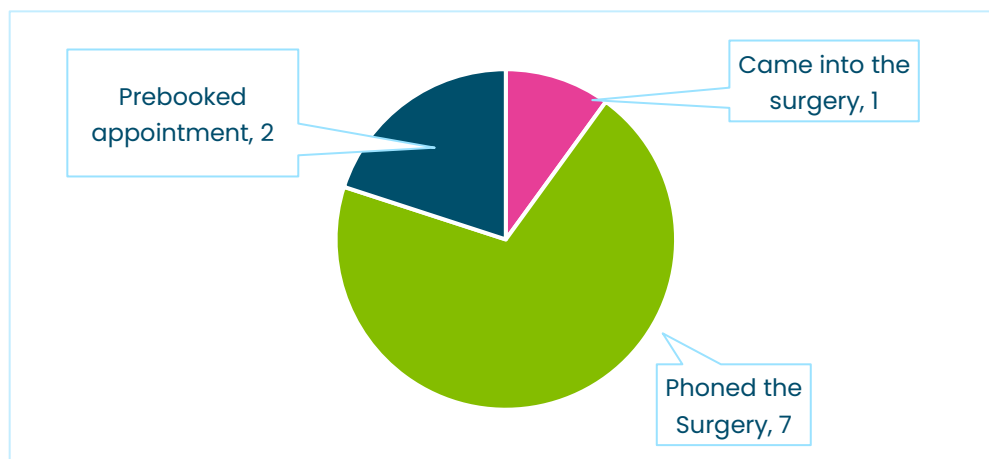
The family and friend's results are available in a clear format for patients to view on the surgery's website. there is the option to leave feedback. The website also has a health information page with support for different illnesses, weight management, BMI, healthy eating and mental health support.



Patient feedback

Healthwatch Representatives spoke with ten patients during the visit.

How did you make your appointment today?



Two patients told us they had their appointments prebooked by a clinician at the surgery after a previous appointment. Two patients were seen by specialist clinics on the day. They both mentioned that they had received a text from the surgery the day before their appointment to remind them of the date and time.

“My doctor booked this during my appointment last month for a follow up with the physio.”

“I had a prebooked appointment with the diabetic nurse and I received a text reminder the day before my appointment.”

One patient told us that they had received a text message from the surgery asking them to call to make an appointment. They called the surgery and got straight through and received an appointment the same morning.

One patient commented on the use of the online triage system. They explained that they found it difficult to use, which meant they called the surgery and did the triage with a member of staff.

“I have tried the online triage but can't get my head around it so I just called the surgery, and they did the form for me.”

While patient feedback was generally positive, one patient told us they had called to book an appointment in the morning but were on hold for a 'long time' before getting through.

What works well at this surgery?

Three patients spoken with were generally positive about their experiences at the surgery. Patients praised the car park and the building's accessibility. We were told that staff at the reception desk are very supportive and helpful. Patients also appear to be largely satisfied with the way the new triage system works. One

patient told us that they are happy using the online booking system, and know that they can ring the surgery if necessary.

“Staff are doing everything they can, and I feel they always go the extra mile.”

We were told by one patient that receiving text reminders from the surgery about appointments is very convenient and works well. One patient wanted to express their gratitude for how the surgery handled the global IT outage a few weeks ago. The patient mentioned that the surgery took it in their stride and helped to support patients effectively, and went back to how they used to do it before the IT systems were in place.

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

While the new triage system appears to be working well, some patients told us they struggle to complete the online forms (Recommendation 2). Several patients told us they would like clearer communication regarding what the surgery offers. This included wanting to know more about the services the surgery offers, and the PPG group.

“I find online forms really difficult and some more support with that would be very helpful.”

The most notable communication issue was in relation to which clinician patients saw at their appointments. Two patients told us that they were not always able to see their regular doctor but were not told why. They mentioned that it would be nice to have something visible in the reception area making patients aware of who the clinicians were. One patient suggested that the surgery should make clearer why patients were seeing a particular doctor or nurse (Recommendation 3).

“Sometimes I want to see a certain doctor, but I can't, I don't feel I get an explanation as to why, also it would be nice to know why we are seeing someone else and their role.”

“A visual staff board would be nice to see who works here and their role, I know it's on Facebook, but I don't really use that.” (Recommendation 3).

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

Patients told us that the information they received from the surgery was appropriate and easy to understand. This contrasts with some staff concerns that the text messaging system can be confusing for patients.



Do you know how to make a complaint if needed?

Half of the patients we spoke to were aware of the complaints process. Two patients mentioned that they were aware that the surgery's website features a complaints page.

“When I was looking at the website, I saw a link to help support with making a complaint and who I would need to go to.”

Do you know what a Patient participation group is?

Six patients were not aware of what a Patient Participation Group is. Two of these six told us that they would like to know more about it and would consider joining.

“I know what one is, but I don’t know how to join.”

“Yes, I’ve heard about it, but I don’t know a lot about it.” (Recommendation 1)

Staff feedback

Healthwatch Lancashire received feedback from seventeen staff members. We spoke to four staff members during our visit, and the other 13 completed our survey before our visit took place.

Do you have enough staff when on duty?



Most staff expressed concerns about staffing levels and workloads. Ten members of staff mentioned that they did not currently feel they had enough staff on duty to help with demand. We were told that staff are frequently required to cover various roles. Staff acknowledged that management were actively recruiting new staff to cope with demand.

“It always feels like we need more clinicians and more admin staff due to the significant workload and number of patients we have. However, changes are being made.”

“When any part of the team is short on staff, then there is always someone who can step in and cover, ensuring that no department is struggling.”

Several members of staff felt that while staffing levels were appropriate on any particular day, they struggle when colleagues are sick or on leave.

“Management always ensures there are enough staff on duty to manage the patients that day.”

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



Twelve members of staff told us they did feel supported to carry out a person-centred experience, while five commented that they felt this could be improved. The main comment surrounding person-centred experience was around staffing levels and how much time the current staff could give to patients.

“Because staff are often covering roles they are not familiar with, phone calls can take longer than necessary. This leads to an increased backlog of calls. We try to give patients all the time we can, but sometimes we rush when the phones get busy.”

Several members of staff mentioned that the new triage system has removed a lot of pressures from staff.

“The triage system has improved patient experience considerably. Before March when the new system came in, we had queues of people in the morning. This does not happen now, which makes things more manageable.”

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

All staff members mentioned they feel they have the adequate training to fulfil their duties fully.

“Yes, I feel training is continual and we are always offered more when required, we are always offered additional training outside of mandatory if we feel we need it.”

One recommendation was around support when covering unfamiliar roles. We were told that the admin team are often asked to cover other roles during busy periods and due to staff absences, and that it would be helpful if there was a handbook explaining the various roles and what is expected of staff undertaking them.

“We could do with a handbook which explains what is required in each role. This would make it easier for those covering roles in other areas of the team.” (Recommendation 4)

What measures are in place for people with additional communication needs and people with disabilities such as people with physical impairments or who are Deaf?

During conversations with staff, it became apparent that not all staff are aware of all the measures in place to support patients with disabilities. They referred to the disabled parking, accessible entrance, the lift at the back of the surgery, and disabled toilets. Other measures were mentioned including a hoist in the clinician rooms, hearing loop technology, BSL interpreter, translation service and longer appointment times for those who need it. (Recommendation 5)

“We use BSL interpreters for our patients who are deaf, these can be in person or via an iPad.”

“We offer longer appointment times for patients who require language line or who require more support from the doctor or nurse.”

What is your experience of working here?

When speaking with staff it was apparent that they feel supported in their roles and are happy working at the surgery, despite concerns about workload and staffing. Several mentioned that management are approachable and supportive. One member of staff praised the surgery for their continual professional development since working with them.

“I feel this is an excellent place to work with a friendly, supportive team. We do our best for the patients, and I would recommend the surgery to my family.”

“The people are fantastic. Management are very supportive and approachable. We often get told by management that we can only be expected to do what we can do.”

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



The most common theme heard in feedback from staff was related to workload pressures. Staff felt that recruiting more staff would ease workload pressures and allow them to give more time to patients in person and on the phone which would lead to an improved experience for patients using the service.

“More staff supporting on the phonelines, it would mean more staff answering the phones and less wait times for patients.”

One staff member mentioned that they felt improvements could be made in regard to continuity of care. They explained that patients are sometimes sent for tests by one clinician and then seen by a different clinician during the follow up. This aligns with what patients told us about not always being able to see a preferred clinician.

“I feel continuity of care could be improved slightly; I know when some patients get sent for tests, they are not followed up by the same clinician afterwards.” (Recommendation 6)

Two members of staff highlighted the need for changes to the text messaging service. Text communications, we were told, are sometimes unclear and confusing, resulting in some patients calling the surgery unnecessarily for clarifications. (Recommendation 7A) We were also told that texts are sometimes sent to patient at times when the phonelines are busy, which can add more pressure. (Recommendation 7B)

“When patients are sent text messages the communications are not always clear. This often leads them to phoning us up unnecessarily to clarify what the text means, with adds to the backlog on the phones.”

In addition to concerns about the text messaging service, staff also shared that when a patient is sent a text to call for an appointment the details are not routinely recorded on the patient's file. As such, when the patient comes in for their follow-up appointment members of staff are not always immediately aware why they are there.

“It isn't always clear what a patient is coming into the surgery for, and it takes a long time to read through notes and letters. Sometimes patients are sent a text to make an appointment, but they also don't know why they are coming in, so a note on the system would be helpful.” (Recommendation 8)

Recommendations

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

1. Ensure the Patient Participation Group poster is larger in the waiting area, and a text sent to all patients explaining what a PPG is and how to sign up.
2. Arrange another open event to help patients understand how to use the new triage system.
3. Advertise who clinical staff are within the surgery and their roles. Look into the possibility of displaying a visual board in the waiting area featuring clinical staff and their roles, so patients understand who they are seeing.
4. Produce a handbook for staff providing details on each admin role, so that those covering unfamiliar tasks know what is expected of them.
5. Share what accessibility protocols are in place with all staff. Share the accessibility policy in team meetings so all staff are aware.
6. Look at the continuity of care for patients and try to ensure patients, as far as possible, see the same clinician during their follow-up appointment. Make patients aware if they are seeing a different clinician during the follow-up.
7. (A) Review the text messaging process to ensure the information sent to patients is clear and easy to understand.
(B) Look into the time that messages are sent out to patients to allow for less pressure during busier times at the surgery.
8. Ensure notes are put on the system when patients are ringing up for appointments so clinical staff can begin the appointment immediately after the patient arrives.

Provider response

Recommendation	Action from provider	Timeframe	Comments
<p>Ensure the Patient Participation Group poster is larger in the waiting area, and a text sent to all patients explaining what a PPG is and how to sign up.</p>	<p>We will ensure larger posters are added to our waiting room and entrances. We have already sent out text messages to invite patients previously and also added this to our Facebook group.</p> <p>We will try to promote this further with patients when they visit the practice.</p> <p>We have had patients unhappy with group messages sent to them in the past therefore we may have to consider another option.</p>	<p>End Nov 2024.</p>	
<p>Arrange another open event to help patients understand how to use the new triage system.</p>	<p>We are working with our PPG to arrange a health afternoon in surgery in the new year – we can include information on the triage system.</p> <p>We do offer all patients who are unable to use the online form the opportunity to phone or drop in and we will complete the form on their behalf.</p>	<p>Ongoing.</p>	

<p>Advertise who clinical staff are within the surgery and their roles. Look into the possibility of displaying a visual board in the waiting area featuring clinical staff and their roles, so patients understand who they are seeing.</p>	<p>We will look at putting up a staff board in the waiting area. We have previously used Facebook to introduce our clinicians too which patients found helpful.</p>	<p>End of 2024.</p>	
<p>Produce a handbook for staff providing details on each admin role, so that those covering unfamiliar tasks know what is expected of them.</p>	<p>We have guides for staff to use for unfamiliar duties. We have just set up a guide for nursing appointments with times / clinicians able to carry out specific duties to assist with our teams answering the phones.</p> <p>We do always provide support and training for anyone new in a role.</p>	<p>End of November 2024.</p>	
<p>Share what accessibility protocols are in place with all staff. Share the accessibility policy in team meetings so all staff are aware.</p>	<p>This is ongoing, we discuss during initial induction and also ensure that staff members have regular training. We will ensure this is discussed regularly in team meetings.</p>	<p>Ongoing process.</p>	<p>The staff member questioned regarding this was a relatively new member of staff. We always have more experienced staff members on hand to help with queries our new team do not know the answer to.</p>
<p>Look at the continuity of care for patients and try to ensure patients, as far as possible, see the same clinician during their follow-up appointment. Make patients aware if they are seeing a</p>	<p>Ensure we make clear to our patients who they are seeing when we book an appointment for them.</p>	<p>From Oct 2024.</p>	<p>Our triage system allows us to do this already and we actively do this for patients. Some times patients ask for specific clinicians but it may</p>

different clinician during the follow-up.			be more appropriate to see someone else e.g. First Contact Practitioner. This is always explained to the patient.
(A) Review the text messaging process to ensure the information sent to patients is clear and easy to understand. (B) Look into the time that messages are sent out to patients to allow for less pressure during busier times at the surgery.	Ask all members of the team to be explicit in their messages so that another member of the team can follow this up in their absence.	From October 2024.	The issue in point b) is related to flu recalls – we do offer a self-book link but some of our patients prefer to ring.
Ensure notes are put on the system when patients are ringing up for appointments so clinical staff can begin the appointment immediately after the patient arrives.	N/A – this happens already		All patients are triaged before appointments therefore the triage notes are recorded on the system already. Nurse appointments are invited via text and it explains what the review is for e.g. NHS health check, annual disease review etc.

Any other comments?

“I would like to raise the point that we are only short staffed due to recruiting new receptionists. Unfortunately, due to family issues for one of our team, she had to leave. This was at a time during summer holidays when people tend to take annual leave. We have now recruited 3 new receptionists, and they have been in post over a month

Thank you for your visit. It was a good opportunity for us to see how staff feel about working with us. We also found patient feedback useful, although we do receive a lot of feedback from patients on a regular basis.”



healthwatch
Lancashire

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