

Details of visit

Service Provider:

Service address:

Date and Time:

Authorised

Representatives:

Contact details:

General Practice Enter & View

Baslow Road Surgery

148 Baslow Road, Totley, S17 4DR

16th December 2015, 1pm-3pm

Penny Lewis, Maggie Campbell

Healthwatch Sheffield, The Circle, 33

Rockingham Lane, Sheffield, S1 4FW

Acknowledgements

Healthwatch Sheffield would like to thank the management and staff of the surgery for facilitating this visit and giving their time and thanks also to the patients who took time to talk to us on the day for sharing their experiences.

Disclaimer

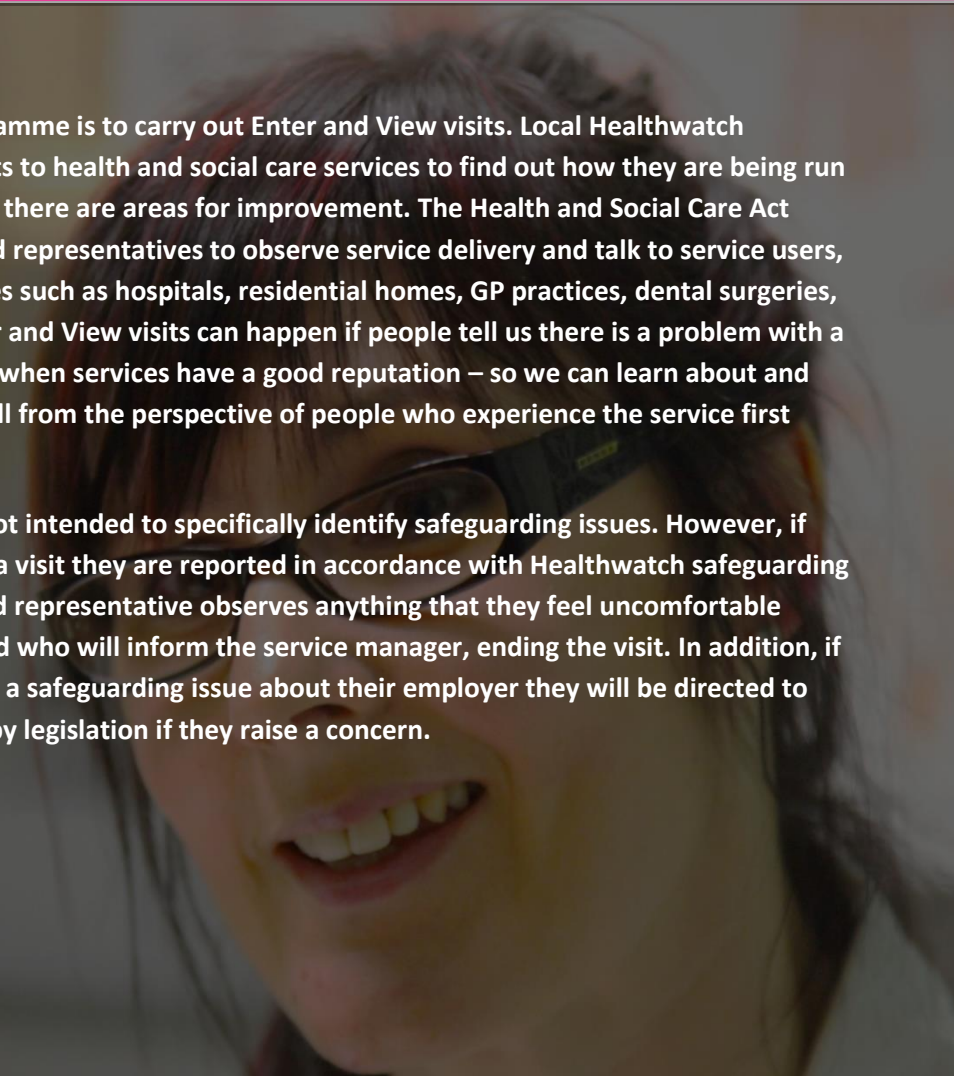
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local 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 about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views 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. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.





Purpose of the visit

- To gather information to inform us about how the practice addresses access issues in general and with reference to those with particular needs.
- To identify examples of good working practice.
- To observe the environment and processes in the public areas during a surgery session.
- To identify any areas for improvement and make suggestions if appropriate.

Strategic drivers

- Citywide reporting of difficulty accessing GPs in a timely manner
- Healthwatch Sheffield focus on access for excluded groups

Methodology

This was an announced Enter and View visit.

Baslow Road Surgery is the largest site of a three surgery GP Practice. The other linked surgeries are at Shoreham Street and York Road. The combined surgeries have 12,500 registered patients. About 6000 of those are registered at Baslow Road. Each of the three surgeries is situated in a different geographical and socio-economic area of Sheffield. Baslow Road is in an edge of city suburban environment. There is a significant proportion of older adults on the practice register, but they are reported as mainly well.

The visit was arranged via the Practice Management team and gave access to the reception and waiting areas. The visit was advertised via the announcement flyer being placed on the clinic reception desk. The time agreed coincided with a baby clinic and then a normal (untargeted) clinic. Patients were attending appointments with GPs, health visitors and practice nurses.

The practice manager made themselves available for interview and introduced the Enter and View team to the reception staff. There is no Practice Patient Participation Group based at this surgery (there is at one at York Road Surgery that meets quarterly) but information was gathered freely on an ad hoc basis from patients in the busy waiting area. All responses were in reply to questions posed by the authorised representatives. We spoke to 14 patients, none of whom attended the surgery to speak to us specifically as a result of pre-publicity. Reception staff were consistently busy so only a minimum of discussion was possible. Finally, processes and interactions were observed as the clinic progressed.

Summary of findings

- Baslow Road Surgery provides clinical care that is highly valued by its patients in well-kept premises that have been adapted to improve physical access on a

site with a challenging (sloping) approach.

- There are differing perceptions from the small number of people we spoke to in terms of service responsiveness, including waiting times for booked appointments, and a number of patients spoken to were not fully aware of all the strands of service provision that they had the potential to access.
 - Service providers and patients would benefit from closer partnership working to share concerns and ideas and to agree and test new ways of keeping patients informed about how best to access services and the context and challenges for staff of meeting increasing service demands.
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Results of Visit

General

This is a practice with a large proportion of older, but relatively healthy, registrants. The practice also services three care homes: Henley Hall (62 beds, older adults and adult physical disabilities), Beech Hill (17 beds, Intermediate Care) and Mickley Hall (15 beds, adult physical disabilities). There are no specific sub-populations in the catchment area with English as a second language or with different cultural traditions.

As well as operating as part of a linked three surgery practice, the practice is part of the central consortium of practices in Sheffield.

Access and the Physical Environment

The practice comprises two joined houses, extended to the front to provide ramp access. There is a small area for off road parking, though this and the surrounding access between the pavement and the surgery is on a significant incline which must provide a challenge to wheelchair users. It is situated set back from a main trunk road with bus services. There is a pharmacy in an adjacent block of shops.

Access from the ramped area to the surgery is via a small vestibule (two consecutive doors at right angles). There is a side window to reception for prescriptions and test results and then a larger reception desk round the corner in the main waiting area, which is separated into three sections - one specifically designed for children with books, toys and a changing mat. There is no automated registration system, so everyone logs in with the receptionist. For general clinic appointments, the receptionist also calls the name of each patient and the consulting room number when it is their turn to be seen. Staff running the baby clinic came out in person to assist mothers and babies to the consultation area. We did not have the opportunity to discuss with receptionists how they adapted their processes to assist people with specific additional needs, for example, those with hearing impairment.

A slightly inclined corridor leads from the waiting area into the second half of the surgery which houses all the clinical areas. From the waiting area signage on the doors along the

corridor is clearly visible. There are two accessible toilets which have been recently refurbished.

Opening Hours: The published opening hours (in the Practice Guide Leaflet and on the Practice Web-page) are Monday to Friday 8.30am - 6pm. In the Practice Guide Leaflet it also says that evening appointments are available on request.

The practice has invested in a sophisticated telephone system that responds and adapts to demand, e.g. changing the number of incoming or outgoing lines, provides the caller with updating messages and that records all conversations.

The surgery was clean, well decorated and maintained. There was a calm atmosphere, and comfortable temperature. On the notice boards there was a variety of informative materials relating to health conditions, choosing the right services, self-management and alternative sources of help and support. There was no standard Healthwatch information beyond the poster advertising the Enter and View visit.

Practice Processes

Attendance: We were told by some patients that waiting times had significantly improved recently, from over a month down to a week. We are informed by the practice manager that this may be due to their active recruitment of an extra GP and another returning from maternity leave. Appointments can be made by telephone, practice attendance or on line. The on-line system is for those pre-registered on the 'Patient Access' system and there is a link to registration on the webpage. This is not mentioned in the current Patient guide but we are assured this will be added in the next reprint. There are 'day before' text reminders. Booked appointments can be cancelled in person, via the telephone or on line for those registered. We did not get definitive percentage numbers for DNAs but were informed that DNA rates at Baslow Road were 25% higher pro rata when compared to the other two sites.

The practice's published standard for waits to see a specific doctor for pre-booked appointments is 4-5 working days and 3 days for any doctor. At the time of the visit waiting times for non-specified doctors was reported as being at 2 days. However, all the registered patients spoken to referred to longer waiting times - around 1 week for non-specified doctors and 10 days to 4 weeks for a specific doctor.

There is a Triage system before 10.30am for urgent enquiries, with duty doctor call back and same day appointments to support this. Reception staff can also use their discretion, if the need arises using any remaining protected same-day spaces later in the day.

There is a lack of clarity around extended access (evening) appointments. It is our understanding that these are potentially available on Monday, Tuesday and Wednesdays up until 8pm but there is no mention of this on the webpage and two of the patients we spoke to highlighted the lack of out of office hours appointments as problematic - they did not know about evening appointments by request as mentioned in the Practice Guide.

Similarly, the triage system was reported as useful *"but it took me a while to find out about it"*.

We understand that a previous trial of Saturday a.m. appointments did not prove to be well used. These are no longer available.

Staff and Training

There are no reported issues in terms of recruitment. Recent retirements of both Doctors and Nurses have been managed with in-house support and training being provided for more junior nurse recruits. The practice has taken advantage of Prime Minister's Challenge Fund monies to recruit an additional salaried GP which is reported to have had a positive impact on waiting times for booked appointments¹. They are also participating in the out-of-hours hubs being trialled in this (PMCF) project and access the extended appointment provision on occasion. The practice assists with the training of medical students and this is clearly stated in the Practice Guide and on the webpages, along with the patients' right not to have students present if that is their wish.

There are nurse prescribers amongst the practice nurse team but it is reported that the fact that nurses always have access to the on duty doctor has meant that it has not been necessary to have an advanced practitioner role. Nurses do take a lead in areas of long-term conditions management including diabetes and asthma. There are also two healthcare assistants and a range of community healthcare staff, such as health visitors and midwives are connected to each of the practice sites. We did not, on this occasion, have the opportunity to talk to any of the clinical team.

There is a team of receptionists, some with many years of experience, some relatively new. As they were busy with a standard and a baby clinic, we only managed a very short discussion, in which it was reported that there were no issues regarding languages nor abuse.

Services

Information: there were no photographs of staff on the web page or on display in the practice. We understand that it is practice policy to provide first names only on name badges. As this does not fit with current NHS England guidance we have asked the practice to consider this in our recommendations. There was a clear website, which is still under development. We were given copies of a Practice Guide which contained similar information about registration and the workings of the practice. It is to be updated to include the latest staffing information.

Feedback on services: There is no Patient Participation Group based at the Baslow Road surgery although there are at the other two practices in the group. It is reported that,

¹ This is a recent development and may account for some of the discrepancy between patient views of waiting times and those reported by the practice manager

when trying to set one up, a patient survey highlighted little interest. However, as we understand this now forms part of the contract, it may be worth revisiting. The practice does promote the use of the Friends and Family test in the surgery and on line. Feedback via this method has been broadly positive as are the results of the National Patient Survey. These positive stories are not promoted in the surgery nor on the web-pages.

Discussion with patients (14) in the waiting area highlighted a consistent discrepancy between their reported experience of waiting times for pre-booked appointment to see medical staff than the times described by the practice manager. This was true for both patients attending for the standard clinic and those registered with the practice attending the baby clinic. Two patients were also unaware that they could pre-book appointments beyond standard hours on three days each week as they highlighted the lack of evening appointments as a key area for improvement. There was also mixed levels of knowledge about the triage system, for example, one patient said that they had found out about it only after having been told previously that they would have to wait several days to see any doctor. On phoning back a second time they were dealt with via triage and seen that day.

All patients - of all ages and requirements - were very positive about the clinical care and all those providing that care. There were lots of positive examples given relating to consultations, treatment and referral processes.

Many of the older patients expressed their views in the context of “everything being changed” and we were left with an impression of them feeling distant from the practice as a whole.

Services offered included:

- Baby Clinic (inclusive of patients registered at another local surgery)
- Children’s health (with health visitor)
- Asthma Clinic
- Diabetes Clinic
- Management of other Long Term Conditions
- Minor Surgery
- Contraception services
- Regular smear tests

Immediate Service Improvements

None noted

Recommendations

- Continue with the positive provision of good clinical care as appreciated by all the practice patients we interviewed
 - Revisit the question of a patient participation group or initially some other form of face to face consultation process to explore:
 - the reasons for the differing perceptions of accessibility and what can be put in place to ensure perceptions converge, based on facts
 - what it is that is causing patients to feel disengaged from the practice as a whole and what can be put in place to establish a more collaborative environment
 - Consider methods of publicising successes and actions taken as a result of consultations with patients to further develop a feeling of partnership
 - Consider methods of publicising the level and impact of the DNA rates and the need of patients to be jointly responsible for improvement in this area to ensure good use of resources
 - To consider current NHS England guidelines on best practice for name badges which states that first and last names, and job title should be used. <http://www.nhsidentity.nhs.uk/all-guidelines/guidelines/general-practitioner/property/badges>
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Service Provider Response

Thank you for your amendments to the draft. This now gives a much more balanced report. Our main points in summary are;

- 1) The report does not acknowledge a national shortage of GPs and a reduction in training posts as highlighted by the BMA for the last 2 years. We urge you to note the point in all your reports, then list how each practice has tried to overcome the problem, rather than just the negative viewpoint of appointment availability.
- 2) Services - We had two very serious incidents of female staff stalked and accosted by male patients outside the surgery (Police involved). To protect

our staff we restrict personal information. At staff members' request we do not publish full names or photographs. As such Practice policy over rules the guidelines you quote (we have never heard of them) on the grounds of staff safety.

- 3) We make the point of Healthwatch being obsessed with Patient Participation Groups. Our experience is a lack of interest from the patients. Indeed at the last 2 meetings of our York Road surgery group we have had insufficient numbers attending to hold a meeting. The future of the group is in doubt with up to 75% of registered members not attending.
- 4) On the subject of low numbers, quotes from just 14 patients interviewed cannot be representative of 12,000 patients. In the intervening time since the visit we have devised an in house survey to test the statements you make and have obtained 80 responses to date. We will gather the views of 180 patients (3% of our list size) to get a truly representative sample. If the survey does confirm a lack of knowledge about any of our services we will take steps to improve our communication.

Thank you once again for taking the time to visit Baslow road surgery.