Caxton Surgery

Enter and View Report

Visit date: 18th June 2018

Publication date: 19th July 2018

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About Healthwatch Shropshire

Healthwatch Shropshire is the independent health and social care champion for local people.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

What is Enter & View?

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'.

The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012.**

Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.

Details of Visit

Service	Caxton Surgery, Oswald Road, Oswestry, Shropshire SY11 1RD
Commissioner	Shropshire Clinical Commissioning Group / NHS England
Date of visit	Monday 18th June 2018 9.30am – 12.30pm
Visit Team	Two Healthwatch Shropshire Enter and View Authorised Representatives

Purpose of Visit

To engage with service users and staff to understand:

- the practice's compliance with the NHS Accessible Information Standard
- the practice's approach to delivering primary care services and any barriers they face

Our aim was to:

- identify examples of good working practice
- observe patients and relatives engaging with the staff and their surroundings
- capture the experience of patients and relatives and any ideas they may have for change

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 experience of all service users and staff, only an account of what was observed and said to us at the time.

The Context of the Visit

By law, from 1st August 2016 onwards, all organisations that provide NHS care and / or publicly funded adult social care must follow the **Accessible Information Standard** in full. The Standard directs and defines a specific, consistent approach to identify, record, flag, share and meet a person's information and communication support needs, where these needs relate to a disability, impairment or sensory loss (e.g. sight, hearing).

During January-March 2017 NHS England led a review of the Standard and some of the key themes that came through were:

- There is widespread support for the aims of the Standard, although some organisations have concerns about costs
- Patients, service users and carers are clear that receiving accessible information and communication support is essential if they are to receive safe, high quality care, to maintain their privacy and dignity, and to be involved in decisions about their care and treatment
- Implementation of / compliance with the Standard is variable across and within organisations
- Similarly, the impact of the Standard on individual patients / service users and on organisations differs. Where organisations have implemented the Standard they and their patients have noticed benefits.
- Many people felt that the Standard could have a significantly greater impact than it had done to date, suggesting that national monitoring / enforcement be put in place
- The most common challenges related to difficulty in recording and flagging needs and producing information in alternative formats, lack of awareness / the need for improved communications about the Standard and competing demands on staff time

Accessible Information Standard: Post-Implementation Review – Report
NHS England, July 2017

Since it was set up in 2013, Healthwatch Shropshire has received comments from members of the public about their experience of GP and primary care services. As a result of these comments and following the post-implementation review of the Accessible Information Standard we decided it was time to visit a number of practices across the county to speak to patients, carers and staff about their experiences; to find out how the Standard has been implemented, any challenges and its impact locally so far.

We aimed to visit a range of practices. The practices we have visited were chosen based on their location, size and whether or not we had previously received any comments, positive and negative. We also chose practices with a range of Care Quality Commission (CQC) ratings from 'Outstanding' to 'Requires Improvement'.

The current CQC rating for this practice can be found on the CQC website:

http://www.cqc.org.uk

The visit was announced and the Senior Partner / Practice Manager were told the date and time of the visit so they could promote it within the practice and encourage people to talk to us.

What we did

Before the visit

- We contacted the practice's Patient Participation Group (PPG) to explain what we were doing, asked them to help promote it among the patients and invited them to complete a questionnaire.

During the visit

- The Authorised Representatives (ARs) on the visit team made an observation of the environment and completed a checklist.
- The ARs spoke to patients / carers in the waiting room and asked them if they were happy to complete a questionnaire. They were told that their answers would be recorded anonymously and they would not be identifiable in the report.
- The ARs spoke to any staff in the practice who were free and happy to comment.

On our visit to Caxton Surgery we spoke to

- Six patients/carers (including the PPG representative)
- Two staff

What we found out

Practice information

There are approximately 13250 patients registered at the practice.

The Practice Manager told us that the practice is staffed by five male and four female GPs. They are all part-time to varying degrees. The practice also has trainee registrars on placement although there were none at the practice at the time of our visit. The Practice Manager told us that a number of the GPs had first come to the practice as students and decided to join the practice when they completed their training.

There are four nurses and two healthcare assistants. Two nurses are 'Nurse Practitioners'. They can prescribe and are available for minor illness appointments.

The practice uses the EMIS[1] computer system.

People wait up to one week for an appointment but anyone who needs to be seen on the day is given an urgent appointment. GP, nurse and Health Care Assistant (HCA) appointments can all be booked on-line. The IT lead in the practice helps people through the on-line process either over the phone or face-to-face.

The Prescription Ordering Direct (POD)[2] phone number is open 9-5pm. The practice will accept messages outside this time and pass them on to POD.

The Friends & Family test can be completed on paper or by text (average 100 completed each month). The results are discussed in the monthly staff meeting.

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[1] EMIS is an electronic patient record system and software
[2] Shropshire Clinical Commissioning Group operates the Prescription Ordering Direct (POD) service. The POD Team handle repeat medication requests for a number of local GP practices.

Observation

- **Getting to the practice**

There is one sign directing people to the Practice on the wall by the entrance to the car park. Both HWS authorised representatives had to ask people for directions and, when found, the sign was not easily readable.

There is a level access from the car park into the surgery.

For such a large practice parking is very limited. There are two or three spaces marked as being for disabled people. There is a drop-off point directly outside the entrance. The Practice Manager told us that parking is the practices main physical constraint. The practice has considered making all parking spaces disabled but this presents a problem for people with new or temporary mobility problems. Staff do not use the practice car park.

The Practice Manager told us that previously, patients had been able to park in the Aldi car park next door and walk through but Aldi had blocked the throughway.

The fire exits are clearly identified in both words and pictures.

Staff told us that in the event of fire, the alarm is raised by lights flashing on a display panel to alert staff. The alarm makes no noise. When the fire alarm goes off staff are responsible for evacuating all the patients. This includes reception staff evacuating people in the waiting room.

GPs see patients in a number of treatment rooms on a long corridor. This corridor is quite dark due to the lack of windows, unpainted brick walls and dark wood doors. These doors are all the same colour and have a label stating "Room (number)". The Practice Manager told us that there are plans to refurbish this corridor. The Patient Group has been involved in choosing a picture to cover the wall at the end of the corridor to lighten up this space.

There is a toilet which is clearly signed and accessible to wheelchair users.

Staff are easily identifiable and face the patient whilst talking to them, using both body language and verbal communication.

We looked at the noticeboards in the waiting area, some of which were clearly arranged but the community noticeboard was cluttered. Practice notices were in date and easy to read. There is a notice in the waiting room about the NHS Accessible Information Standard and an easy read document explaining the Standard to patients, produced by NHS England.

There is no hearing loop system at reception. The Practice Manager told us the loop was removed when the practice was redecorated about 7 years ago. Installing a loop might be considered when refurbishing the waiting room.

There is an electronic check-in system and there are clear instructions on how to use it. Patients can choose to check-in at reception.

The doctor or nurse can come to the waiting area to call the patient if necessary. Otherwise, the patient is called by a screen indicating their name and the room number to go to. The screen has a blue background with white writing and there is also an audio alert when the name of the next patients appears on the screen. There are two screens in use with identical information on them.

What patients told us

One patient told us they had experienced a problem relating to the quality of communication by the reception staff on the phone. The patient had rung in for an urgent appointment and felt they should not have been asked to describe the reason for the emergency. They said that some of the staff answering the phone were "rude".

One patient said that if they stood where requested when waiting to be seen at Reception, it might be possible to hear what is being said at the desk.

We were told that you could get an appointment for between 1 and 2 weeks ahead but that there were same day urgent appointments available if necessary.

None of the patients we spoke to had ever been asked how they preferred to be communicated with. This included someone with a hearing issue. All those talking to us had been with the practice for some years.

One patient told us that reception staff 'know' her, the GP is 'fantastic' and the Practice Manager is 'supportive'. The Community Matron is also 'very supportive'.

One patient commented on the lack of parking. They also said that some people park at the practice to go into town.

What the patient group told us

The PPG member was not aware of the Accessible Information Standard (AIS) and as far as they knew the PPG had not been involved in telling patients about the AIS. They had been involved in agreeing plans for the refurbishment of the waiting room and already picked a canvas for the end of the patient corridor that has been chosen to try and make this area brighter/lighter. Some work had already been carried out on the waiting room to make it lighter and more accessible, including signed toilets and door signs. They believed that patients were asked about their communication needs and preferred method of communication. They were generally happy with the nature of their involvement with the practice.

What staff told us

The Practice Manager told us what actions had been taken by the practice to implement the Accessible Information Standard (AIS):

- The practice has an Accessible Information Standard Policy which outlines its duties and responsibilities.

- Staff access the on-line Blue Stream Academy module for GP practices on the AIS.

- In-house training sessions have included Deaf Awareness Training from someone with a hearing impairment and a British Sign Language (BSL) interpreter. This was particularly useful for the staff on the front desk as they learnt about lip reading and some basic sign language.

- All staff and members of the PPG had participated in Dementia Awareness training and were Dementia Friends through the Dementia Action Alliance.

- Patients are asked if they have a communication need, for example as the result of a sight or hearing impairment, when they first register with the practice. It is also discussed at the New Patient Check-up / Registration.

- There are Easy Read forms for people with a learning disability.

- Ways of contacting the practice included email, slips in the waiting room, 1:1 at the reception desk as well as by telephone. The need was recognized to not be prescriptive about ways of communication and to make them as wide and flexible as possible to meet the needs of patients / carers.

- A survey had been done to find out patient views about the use of music in the waiting room to improve privacy at the reception desk. The majority of people who responded wanted the practice to continue to play music in this way.

- The referral letter produced by the practice secretary includes any information about a patient's communication needs. There is no need for patient consent when the referral is made to another NHS service.

- A GP in the practice is the Learning Disability (LD) lead and uses the Cardiff Health Template for LD Annual Health Checks.

- The Practice Manager said that reception staff do not ask patients what is wrong with them as they are not medically trained and do not provide triage.

- If a patient has any communication or other needs, an alert pops up on the computer when their record is accessed. Details of any special requirements are added at registration with the date so staff can check if they are still needed.

- The limitations of the EMIS system means the practice cannot identify how many patients they have with specific communication needs.

- The Practice Manager noted that many general NHS leaflets still didn't meet the AIS and it had been difficult to find those which did.

Additional Findings

Speakers of other languages

Although meeting the communication needs of patients for whom English is not their first language is not covered by the AIS the Practice Manager told us what has been done to meet the needs of the large Bulgarian community in Oswestry. The practice has about 1000 Bulgarian patients and so they have produced the patient leaflet and patient information pack in Bulgarian and paid a company to translate the practice's invitation letters and other key documents, including instructions for the check-in screen. They have used Language Line (a phone translation service) but it can fail if the translator is not familiar with a particular dialect. Patients are encouraged to bring in a family member or friend to help with any language difficulties. Patients with a language difficulty are given double appointments if necessary.

The role of the Community and Care Coordinator

The practice's Community and Care Coordinator told us that she is funded by the Clinical Commissioning Group (CCG) to work 20 hours per week. The main focus of her role is to signpost people to sources of help. She takes self-referrals and referrals from health care assistants, GPs, family and friends, etc. She will go out to people on a cold call basis. She sees herself as a 'firefighter' maintaining a 'safety net'. She is also involved with the pilot project on Social Prescribing. She supports a Carers' Group and a group called 'Caxton Companions' providing emotional support to patients.

Summary of Findings

- Most patients were satisfied with the quality of service provided to meet their health and communication needs.
- One patient expressed concern about being asked why they needed an urgent appointment by the receptionist.
- The practice was seeking to implement the AIS in a positive way.

- None of the patients we spoke to were new patients and were not aware of being directly asked about their communication needs.
- Patients and staff raised the problem of the lack of sufficient parking.
- Caxton Practice was not easy to find by car and not clearly signed.
- Patients with communication needs cannot be identified on the EMIS system except through their individual record.
- The PPG were included in training, including Deaf and Dementia Awareness and were involved in decisions regarding the refurbishment of the practice.
- There is a potential lack of privacy for those talking to the receptionist.
- Signage in the corridor of consulting rooms is limited.
- Most noticeboards in the waiting area were uncluttered except for the 'community' noticeboard.
- There is no hearing loop in the practice although installing one is being considered as part of the refurbishment
- Many NHS leaflets do not meet the Accessible Information Standard.

Recommendations

We suggest that

- The practice reviews the level of privacy available to patients at reception.
- The practice reviews its approach to meeting the communication needs of all its patients and makes any changes necessary to implement all the requirements and meet the conformance criteria laid out in the NHS Accessible Information Specification.
- The practice explores ways to improve parking for patients.
- The practice reviews signage to the practice to ensure it is adequate for people visiting the practice for the first time.
- The practice considers ways it could be made more dementia friendly (e.g. internal signage).
- The content of the community noticeboard is reviewed and updated on a regular basis to ensure the information is relevant and clear.

Service Provider Response

Healthwatch Shropshire has received the following response to the visit and report from the Practice Manager of Caxton Surgery:

It was a pleasure to meet the representatives from Healthwatch and discuss the services we provide and in particular the actions we have taken to comply with the AIS.

When patients ring and ask to be seen on the day they are asked 'do you feel it is medically urgent for today' and if 'a Nurse Practitioner' can help?
Some patients at these points will volunteer some information but it is not essential and we put the onus on patients if they feel they need to be seen urgently.

We do not operate a triage system for urgent requests where practices will get a nurse or doctor to call them back before booking an urgent appointment and we do not operate a duty doctor system where all requests are assessed before an appointment can be made. We have urgent appointments with doctors and nurses throughout the day and patients can access them without giving a reason if they feel it is appropriate to be seen urgently.

I am sorry that one of the patients spoken to felt that some of the receptionists were rude, we try to maintain high standards as evidenced by the latest Friends and Family test figures from June 18 showing 98% of patients would recommend us to a family member or friend. The comments from patients that month included several comments about the friendliness and helpfulness of the reception team but this is something that will be fed back and monitored.

Parking is a major issue as unfortunately it is with most town centre medical practices. We have 23 spaces for 13,250 patients and are currently completely surrounded by businesses and houses. We are a short walk from the town centre, 100 yards from the bus station and are surrounded by council, supermarket and private carparks. The actions we have already taken to try and alleviate this problem include not allowing staff to park here and renting car park spaces offsite at a cost to the practice for the doctors. We will continue to explore ways to improve this problem but our options are very limited currently.

Signage from the road is also an issue as we are set back from the road and our signage has to be on another businesses property. We have already agreed larger signage for the surgery and the pharmacy to be placed on the side of the job centre which is the only location we can use.

Improving confidentiality in the waiting room is an ongoing project; we have already introduced music and a queue system to make sure patients waiting give space to the people already talking to reception. A hearing loop will be considered as part of the refurbishment plans for this summer and autumn.

The corridor is also an ongoing project working with the PPG, lighting has already been upgraded and a picture for the end wall selected. A window cannot be added in the end wall (the only position available) as it looks out onto private property and would be a security risk. Improvements will be ongoing as part of the premises refurbishment which has seen seven clinical rooms updated in the past six months.

The community noticeboard will be regularly checked and updated for relevance.

We are able to run searches on our system to identify patients with specific communication needs such as hearing loss where they have a clinical diagnosis and will continue to try to meet the individual needs of patients and be flexible in our approach. As well as gathering information on communication needs / preferences at registration we also ask patients at our flu clinics to complete slips updating any contact details but also asking for alternative communication methods and preferences.

More centrally provided NHS leaflets that are easy read / large print / in braille would be helpful as the resources available to general practice are limited.

Thank you for your feedback and we will continue to make changes to improve our compliance with AIS and the service we offer in the future.

The Practice Manager has provided the following detailed information in response to our recommendations:

We suggest that

The practice reviews the level of privacy available to patients at reception.

We will continue to consider this as part of the refurbishment plans for the waiting room area including a larger space between the reception and queue.

This will be overseen by the Practice Manager and completed by 31st December 2018.

The practice reviews its approach to meeting the communication needs of all its patients and makes any changes necessary to implement all the requirements and meet the conformance criteria laid out in the NHS Accessible Information Specification.

We will continue to gather information on the specific communication needs of existing patients, record them and meet them where possible.

This will include new signage in the waiting room asking existing patients to flag any communication needs to us and promotion of alternative methods of accessing our services such as email and our online services.

This will be overseen by the Practice Manager and staff on an on-going basis.

The practice explores ways to improve parking for patients.

The practice has already restricted parking for staff and rented spaces offsite for doctors. We will continue to explore ideas and opportunities for improvement.

This will be ongoing and overseen by the Practice Manager.

The practice reviews signage to the practice to ensure it is adequate for people visiting the practice for the first time.

In conjunction with the on-site Pharmacy we will improve the signage for the practice from the road.

This will be overseen by the Practice Manager and Pharmacy and completed by 1st August 2018.

The practice considers ways it could be made more dementia friendly (e.g. internal signage).

All signs in patient areas will be reviewed and assessed against dementia friendly guidance for suitability and clarity.

This will be overseen by the Practice Manager and completed 1st September 2018.

Signs will be replaced based upon this assessment.

The new flooring in the waiting room will also be decided with dementia friendly guidance in mind.

This will be overseen by the Practice Manager and completed by 31st December 18.

The content of the community noticeboard is reviewed and updated on a regular basis to ensure the information is relevant and clear.

The community noticeboard will be reviewed regularly to check for relevance and clarity.

This is an ongoing action and will be overseen by the Practice Manager.

Acknowledgements

Healthwatch Shropshire would like to thank the practice, patients, carers and staff for their contribution to this Enter & View.

Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.

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