

Details of visit

Service address:

Service Provider:

Date and Time:

Authorised

Representatives:

Contact details:

**General Practice Enter & View
Woodhouse Health Centre**

22nd February 1-3pm

Hardeep Pabla, Penny Lewis, Lee Harker

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.

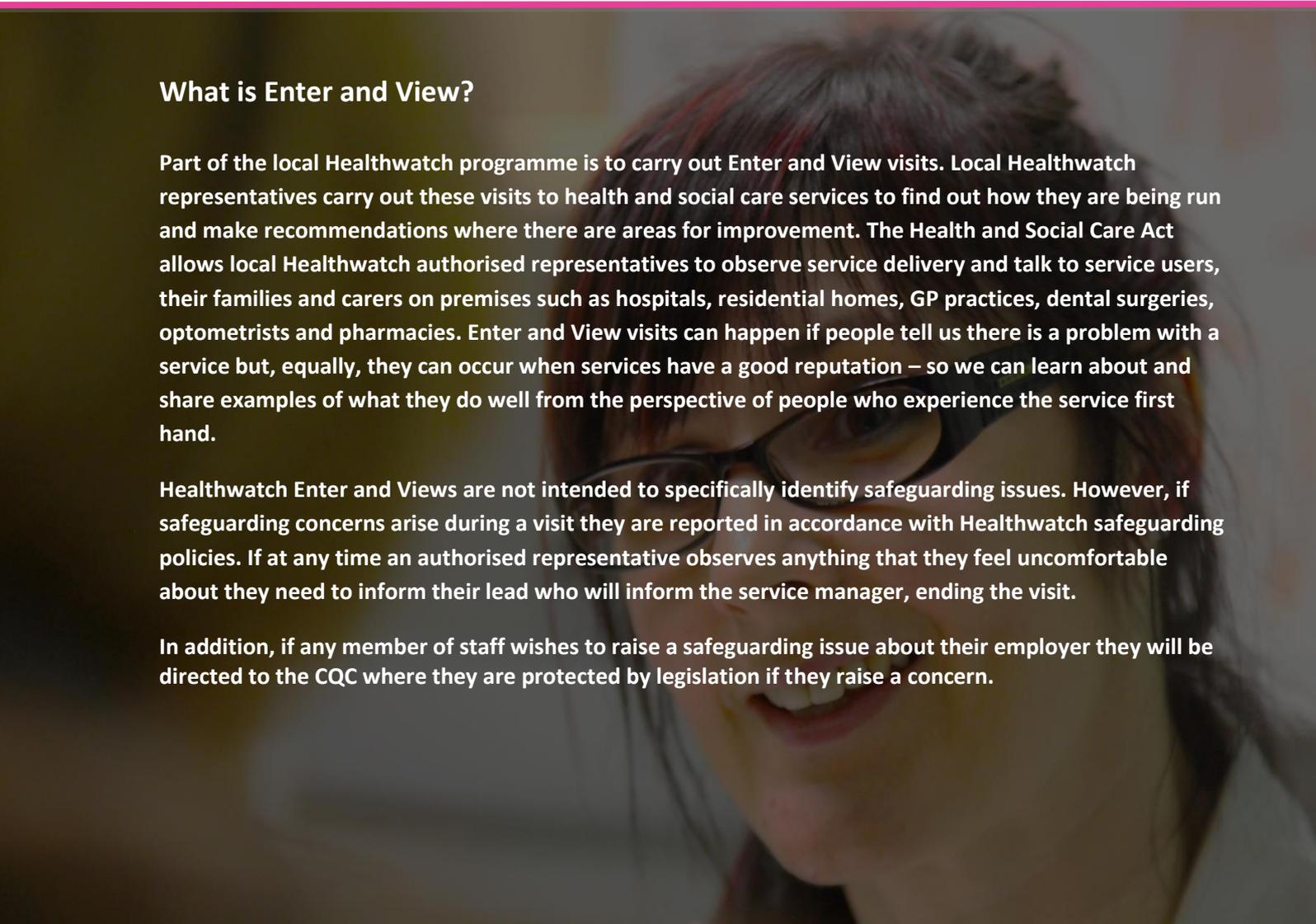


What is Enter and View?

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.

Woodhouse surgery is a GP Practice, formed in 2008 from the merger of two former practices. It is housed in a purpose built building, on a site shared with a clinic, a linked pharmacy, and an empty dentist practice. It is a training practice, with 6 partners, 2 salaried GPs, a practice nursing team, health care assistants, and a community support worker (shared with other local practices).

This visit was arranged via the Practice Management team. Access was given to the reception and the two waiting areas, in one of which our meetings took place.. The visit was advertised in advance on the Practice web-page and via the announcement flyer being placed on the display area in the waiting room.

We met with the Practice Manager (also the Locality Manager), the deputy manager, the lead practice nurse, 2 receptionists, three members of the Patient Advisory Group, a patient, one of the GP partners, and a representative of Woodhouse and District Community Forum (a local community Development charity).

Summary of findings

- We found a well organised service, with highly committed staff and good links to their local community
- Both staff and patients were positive about the practice
- The practice has expended considerable thought in seeking the views of their community, including promoting the 'Family and Friends' questionnaire. There is an active Patient Advisory Group, who are engaged with, and consulted upon, practice developments



- The current range of services and staff is good but maintenance may be a challenge in the light of current funding reductions
 - there are issues about physical access to the practice, which it is hoped will be addressed when a planned expansion of the practice takes place next year.
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Results of Visit

General

This is a practice with a population of about 12,500 patients, based largely in social housing estates, with high levels of deprivation, above average numbers of people with a learning disability and a high proportion of elderly patients. The practice also supports several local nursing homes.

The practice seemed to have productive relationships with community organisations: a representative of the Woodhouse and District Community Forum spoke to us of their engagement with them in a Health Network that included the WEA, schools and community organisations. WDCF also fund, via the 'People Keeping Well' project, a Health Trainer who is in the surgery for 2 days a week.

Access and the Physical Environment

The Physical Environment

The practice lies on a slope, and because of this is built on two levels (with two corresponding entrances) , with an empty dental practice at the top of the slope, and the pharmacy at the lower end. Nearby main roads have good bus services.

The car park is small, given the services offered, although there is plenty of on road parking nearby. The disabled parking slot is not highly visible, on an incline, and access to the practice is over a kerb. The Healthwatch team found it difficult to work out where to enter the practice: the main reception door is not clearly marked; there is a notice in the clinic opposite saying the practice is 'over the road' (it isn't); and it is not clearly indicated that wheel chair access can be gained from either entrance.

Once inside, the reception area (on the lower level) was clean and bright, useful notices (including those concerning our visit) were displayed. The reception area had a low counter area for wheelchair users, but this was blocked by the computerised 'booking in' screen.

There were steps with a working chairlift to enable wheelchair access between the two levels of the practice, and we were told that if wheelchair users needed to be seen in the upper level, they were given access by the upper door.

There was clear signage on doors and in reception. There were public toilets available on both levels.

There are plans to extend the practice into the empty dental rooms, and at the same time to improve disabled access and parking, and the toilet facilities.

Opening Hours:

The practice is open routinely on Monday to Friday (8.00am to 6.00pm, with an hour for lunch) and Thursday 8.00am to 12.00pm. Reception is open throughout this time for pre-booked appointments. A surgery is also held once a month on Saturday mornings. We were told that some early morning (from 7.10am) was also available, and phlebotomy services were available from 7am.

The practice also offers extended opening hours (6-10 pm, Mon-Fri; 10 – 6pm, Sat/Sun) as part of the Prime Minister's Challenge project, accessed via the 111 system. This was reported as proving very popular with parents with sick children. This raises security issues, and care is taken that several staff are on site and the pharmacy is kept open on Saturdays and late evenings, and Xmas and Boxing day (all of which has associated costs). It was noted that Sunday appointments are not popular and rarely used.

A hearing induction loop is available with signage for this on reception.

Practice Processes

Appointments

Appointments can be booked 2 weeks in advance. These may be made in person, on-line, or by phone. We were told that on one week last month the practice received 8,000 calls. Given that we had been told that the list size is 12,500, this would indicate a demand well in excess of the average 3.9 consultations per patient per year. (Trends in Consultation Rates in General Practice, 1995-2008). We can draw from this that most callers must be calling a significant number of times to try and get through as it is highly unlikely that 64% of the entire list size needed an appointment that week.

Extra time is allowed where interpreting services are needed (Language Line is used), the main languages needed being mostly Eastern European. Where continuity of care is required for a particular patient, a note is left by the GP to over-ride the normal 'next GP available' system. Where known, appointments with dementia patients are flagged so that help can be given with access.

There are two electronic check-in machines, one on each level. The practice uses text reminders for pre-booked appointments, and patients can cancel by telephone, text or on-line. The practice is still concerned at the number of DNAs (Did Not Attends) , particularly for the nursing team. In January 2016, 44.5 hours of the nurses' time were DNAs, whilst 22 hours were GP DNAs. Overall these are running at about 4%. The practice publicises the DNAs via its newsletter, website, screens in the waiting rooms, and on the electronic display board at reception. Incorrect /changing mobile phone numbers were felt to hamper the reminder system.

If a patient misses 3 appointments, they are sent a letter, after a further DNA, another letter, and after a further DNA patients are asked to register at another practice.

Staff and Training

There seems to be stable staffing across the board. Being a training practice has supported GP recruitment, and the nursing team have an average length of employment of about 10 years. Some team members have been with the practice for over 15 years.

The reception team also has been stable. They reported suffering increasing levels of verbal abuse, and the practice is considering the erection of protective screens in reception. They reported a regular and comprehensive training programme (that included dealing with aggression) , with many on-line elements.

Services

Information: There was a clear and helpful website, which appeared up to date, and which had a regular newsletter. There was a clear patient information leaflet. There were electronic screens in both waiting rooms, which displayed 'health' messages, practice information, and information about DNAs.

Feedback on services: There is an active Patient Participation Group (called the Patient Advisory Forum) , and an on-line forum with over 100 members. The Forum meetings were well attended, and efforts had been made to make them more interactive and egalitarian e.g. by asking both patients and doctors to prepare questions for each other, which were then dealt with alternately in the meeting.

The PAF members fed back a very positive view of the surgery: *" if I have any problems, I come into the surgery, request advice, and then I'm sorted!" " how I was referred on (to a cardiac rehab scheme) was fantastic"*. One patient who had come in specially for our visit described her experience movingly

" when my daughter was born, she was given 2 years to live. She's now 30 , and I put this down to the treatment and care she was given by the people here. It's behind the quality of life she has now. I cannot thank them enough and I've come in today to say that - big thank you"

This patient had also moved out of the area but still chose to attend the practice and was being supported by the staff.

Considerable effort had also been made to promote the 'Friends and Family' questionnaire. The box was clearly placed in the reception area, and a special small card had been developed and printed and shared with other practices to make it simpler to respond. Summary feedback on the NHS Choices website gave the feedback on the F&F test as 100% positive, but staff (as in several other practices visited) felt the written feedback on that site "was disappointing for us" and left them unable to respond.

Services offered included:

- IAPT



- Health Trainer Appointments
- Ante-Natal & Post-Natal Clinic
- Family Planning & Emergency Contraception
- Smoking Cessation
- Hearing Aids
- Diabetic Eye Screening

This list is not exhaustive as the practice is always open to offering new services.

8. Immediate Service Improvements

Clear signage as to where the entrance to reception is.

9. Additional Findings

There are two areas of concern to staff:

- The impact of national changes to primary care funding, which will mean a significant reduction in income (over £100,000 pa). As this is accompanied by rising levels of COPD and diabetes within patients, in order to maintain these services the practice is having to reduce the level of other services offered e.g. travel vaccinations, and 'cryo' services for the freezing off of moles and other blemishes. They feel that this is producing apparent inequity of services locally, as other practices are able to continue offering these services.
- In order to expand the number of consulting rooms and improve disabled access, the practice is dependent on funding from NHS England. They felt that the strictures around, and timetabling of, the release of funds from them has made the project difficult to plan and added to the expense of the project.

10. Recommendations

- Continue the positive work with the PAF, and engaging with patients for their feedback
- Share that work with colleagues in the wider community
- Ensure that, when the site development takes place, and access is improved, there is consultation with relevant disabled groups and the wider community.
- Look at improving the current signage to the disabled parking.
- Work with the tools provided in 'Improving practice, responding to patients':
http://www.practicemanagement.org.uk/uploads/access_guide/090702_improving_access_responding_to_patients_final.pdf to ascertain what issues there may be with telephone access to appointments.

Response from Provider

The practice welcomed the opportunity for Healthwatch to visit the practice.

We work closely with our Patient Forum, and will continue to do this in the future. The practice is working on expanding the online patient group with a view to attracting more patients who cannot make the meetings. Our young carers online group continues and we will promote this at future events in the area.

As the site development takes place the practice will look at the signage for the building and the location of the disabled parking space.

The practice will continue to work with local groups in the area to promote the practice and share ideas about potential changes to healthcare and community related support.