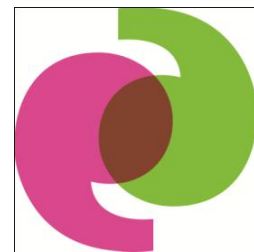


Details of visit**Service address:****400 Firth Park Road, Sheffield, S5 6HH****Service Provider:****Firth Park Surgery****Date and Time:****8th September 2015****Authorised****Chris Sterry, Penny Lewis, Tony Blackburn****Representatives:****Contact details:****Healthwatch Sheffield, The Circle, 33 Rockingham Lane,
Sheffield, S1 4FW****Acknowledgements**

Healthwatch Sheffield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

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 to primary care for excluded groups

Methodology

This was an announced Enter and View visit, arranged via the Practice Management team.

The Firth Park Surgery serves a patient population of about 9,700, and is located what was originally 3 Victorian houses, which have been considerably extended and developed to accommodate the growing needs of the practice. It has 8 partner GPs, 3 practice nurses, and 2 Health Care Assistants. It is also a teaching practice, so there are also 5 trainee GPs on site. There are 7 consulting rooms on the ground floor, another 7 on the first floor, and 3 main waiting rooms.

We were given access to the reception area, and all waiting areas. The visit was advertised in advance by Healthwatch posters being placed on the main reception counter, and in the waiting rooms (although no Healthwatch information leaflets were visible).

The time of our visit coincided with a morning surgery dedicated to the Roma/ Slovak community, when an interpreter was made available for them. It was reported by staff as being an unusually quiet day, with fewer patients than normal.

The practice manager and their deputy made themselves available for interview, and had also helpfully set up time to talk with 2 doctors, 2 receptionist, and 2 practice nurses. They had also informed the Practice Patient Participation Group of the visit, although no patients or members of the PPG attended the surgery to speak to us specifically as a result of the pre-publicity.

Other information was gathered on ad hoc basis from patients (and an interpreter) in the waiting areas. All responses were in reply to questions posed by the

authorised representatives. Finally, processes and interactions were observed throughout the morning.

Our findings were briefly discussed with the Manager and Deputy before leaving.

Summary of findings

- The practice actively seek the views of their population, have an active Patient Participation Group ,and have engaged them in the development and design of building improvements
- The practice has a high proportion of Roma/Slovak patients (10-15%), and the complex needs of this group have been thought through with empathy and much effort made to ensure good access, and design appropriate services
- Servicing the needs of this group, and increasing co-morbidities in the population as a whole, places strains on resources to maintain the level of services, and also upon the health workers involved.
- Staff reported a supportive 'collegiate ' atmosphere, which helps alleviate stress.



Results of visit.

Access and the Physical Environment

The surgery is close to Firth Park Centre with frequent bus services, and roadside parking. There is no car park on site, but there is substantial on street parking immediately in front of surgery (this is restricted to 1 Hour with no return for 3 hours). Within this parking there is 1 disabled bay. There is unlimited on- street parking some 100 metres from the surgery and a free Public car park some 4 to 5 minutes' walk away.

The buildings are accessible by ramps. Inside (because of the age of the buildings) there is no lift, only ground floor disabled access. However, if needed, consultations are done downstairs. The building was clean, bright, and appeared well maintained. The reception area was small, had a very high counter, but a low counter was available for wheelchair users. Individual waiting areas were larger, well decorated and had toys for children. Each consultation room had a small ante-room to limit sound travel and ensure privacy. Matt vinyl flooring instead of carpet has been laid in all the public areas, to assist dementia sufferers/ mobility (as recommended by the CQC).

Signage (important in such a complex building) was written solely in English. Some boards had notices in Slovak. 'Friends and Family' feedback forms were clearly available in reception, with an adjacent collection box. PPG information was displayed, and reports are available on the Surgery website.

A Hearing loop seemed to be available only in reception.

Translation/ interpreter facilities are available on Tuesdays and as required. A newly appointed Doctor/partner speaks 5 languages.

Practice Processes

Appointments can be made by phone, in person or on-line via EMIS. This can be done at up to 6 weeks in advance. A duty doctor is available on weekdays to give emergency appointments /telephone advice.

Surgery is normally open from 8.30am to 5.45pm on weekdays. The practice has instituted an early morning surgery on Mondays, has a late night appointments (until 8.00pm) on Wednesday evenings, and has a dedicated Tuesday morning for the Roma/Slovak patients where an interpreter is available.

On Thursday afternoons the surgery is only open for making appointments. On Thursday afternoons the telephones are manned and urgent problems are dealt with by the doctor on-call if necessary at the surgery. The surgery is also open every other Saturday for pre-booked appointments. On Tuesday there is also a dedicated new registration facility, where new patients can register, undergo initial medical assessments and be provided with leaflets containing practice information.

On each day some appointments are retained for that day's availability and the remaining for advance booking.

The practice has just instituted a multi-lingual electronic 'checking in' system for appointments, which is beginning to relieve pressure on reception.

DNAs (Do Not Attend) appear to be high (around 10%). This may be due to a lack of understanding of the system (possibly more prevalent in new arrivals to the UK). There is a system for persistent non-attenders who are offered the opportunity to discuss any issues with the practice manager. DNA figures had been displayed in reception, but this seemed to have little effect (possibly because those identified do not understand /aren't there).

There is an active PPG, with approx. 35 patients registered for email contact, which includes 14 who meet face to face. Some of the recommendations they have implemented include new consulting rooms and a dedicated Slovak surgery.

Service Delivery

Services available include:

- Women's health clinic
- Baby clinic
- Antenatal clinic
- Diabetes clinic (there is no specific dedicated Diabetic Nurses as all are trained).
- Physiotherapy
- Counselling
- Asthma advice
- Blood pressure advice
- Vaccinations for Flu, tetanus and travel
- Occupational health
- Minor surgery
- Wart clinic
- Medical examinations for insurance purposes, HGV licensing

The specialised service for Roma /Slovak people is not mentioned on the website, nor are there translated pages, possibly for reasons of language/reading difficulties.

It is worth emphasising the issues raised by this population: the Roma/Slovak settlement in the area some 4 -5 years ago has had a profound impact on the practice. They have profound socio-economic issues, and may not present appropriately for services. They are unused to the British health system, using it as an emergency system rather than one for promoting health and disease prevention. Short appointments may raise more profound health issues than the immediately presenting ones, placing pressure on clinical time. Clinical issues raised in this population include a high prevalence of hepatitis B (around 10%), Vitamin D deficiency, gynaecological and contraception advice, and child protection. Children are frequently referred to the Children's Hospital for blood tests as the surgery staff are not allowed to do blood tests on children. This creates additional problems as sometimes people do not then go to the Children's Hospital.

Roma being largely not a written culture, written information is not always useful (although interpreters are available). Efforts to introduce things like parenting classes have not been successful with the Roma community. A view was expressed that closer working with other agencies e.g. social care, CAB, might be productive and lead to more awareness, and appropriate use, of benefits.

There is also a perception in some other patients (expressed via the PPG) that this group are given preferential treatment.

Patient feedback on the service was very positive (although limited due to it being a 'Roma morning', and patients having limited expectations /language skills). One Roma patient said 'very good all around'. Another patient (non-Roma) said 'the practice was excellent and had no problems re. appointments'.

Staff

There seemed to be a stable staffing, with several employees having worked there for more than 10 years, and low turnover. Doctors reported feeling stressed but supported within their environment.

Funding is a major concern, and it is felt that 'current funding streams need to be maintained to meet the needs of the local population and especially the increasing Roma community'.

Our interviewees seemed very committed to promoting and offering equal opportunity, and one reported the usefulness of a daily meeting for sharing concerns. Trainee GPs had returned after qualification to work within the practice.

Recommendations

- Maintain the collaborative supportive culture, within the staff and with the population you serve
- Continue to explore:
 - a. further methods of communicating with
 1. the Roma /Slovak community e.g. by having more details of services in Slovak on the website
 2. the general practice population, emphasising the range of services you offer
 - b. the DNAs, by analysis of the patterns in those who do not attend and explore targeted actions if appropriate
 - c. additional funding streams
- Explore specific training and funding for blood-testing children at the practice

Service Provider Response

We feel that the Healthwatch report is a fair and accurate reflection of the challenges and difficulties all the team currently face here at Firth Park.

Although the visit was made on a relatively quiet day the Healthwatch team had a pre-arranged programme of discussions with GPs, nurses, administrators and managers to provide feedback on the issues currently arising at the practice.

We intend to follow the recommendation to maintain the collaborative supportive culture and indeed our Patient Participation Group are aware of our efforts in this direction.

We will also continue to explore methods of communicating with our whole patient population via our website and Practice Newsletters.

DNAs are a major problem and could be symptomatic of lack of knowledge of the health service which we offer. Much time and effort could be made following these up in greater detail but generally our system at present perhaps provides a specific protocol and policy which we can explain to patients.

Funding is a major problem throughout the NHS of course but the dedicated clinics which we offer to the Slovak population are now not specifically funded which they were in 2014/15. This can be argued is a national political issue but needs reiterating here at a local level.

We will follow up the recommendation of blood-testing children at the practice.

Thank you for your comments and we hope you found the visit enlightening.