

Details of visit
Service Provider:
Service address:
Date and Time:
Authorised
Representatives:
Contact details:

General Practice Enter & View
Darnall Primary Care Centre
290 Main Road, Sheffield, S9 4QH
24th August 2015, 10.00am - 12.30pm
Linda Gregory & Chris Sterry

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 for excluded groups

Methodology

This was an announced Enter and View visit.

The visit was arranged via the Practice Management team, giving access to the reception and waiting areas and ensuring there was a private area available for confidential discussion if required. The visit was advertised in advance on the screen in the waiting area and via the Patient Participation group (PPG). The time agreed coincided with a normal (untargeted) clinic. Patients were attending appointments with GPs, practice nurses and healthcare assistants.

The practice manager and administration manager made themselves available for interview. As they had informed the Practice Patient Participation Group of the visit two members attended to be interviewed. We also spoke to two reception staff. Other information was gathered on ad hoc basis from patients in the waiting areas. All responses were in reply to questions posed by the authorised representatives. No patients attended the surgery to speak to us specifically as a result of the pre-publicity. The private room was used for the management, reception staff and PPG representative interviews. Finally, processes and interactions were observed as the clinic progressed, prior to entering the building note was taken of access issues, information available and the electronic reception system.

Summary of findings

- Darnall PCC has good physical access, it is a purpose built building with a ramp and wide doorways. There is a lowered reception counter area but this did have leaflets and a repeat prescription box on it.

- They have a hearing loop which is clearly advertised on reception.
- The two reception staff were welcoming, unflustered and helpful.
- All who attended seemed clear as to the surgery's processes. Whilst there is an electronic system, most choose to wait at reception some do use the electronic system which has a welcome screen in several languages but then also check with reception.
- The spacious nature of the waiting areas meant that overheard conversations at reception would only be possible if someone queued too close (and we didn't see this). There was a barrier that indicated the space to stay away from the counter, this could be improved with a notice explaining why it is there.
- The appointment calling system is both visual and auditory and the screen during waiting times scrolls through a variety of public health and other 'preparatory' messages.
- There is clear signage, all non-medical staff were wearing name badges with photos (we didn't see many of the doctors and none close-up. There is a board with the GPs names on it but no photo board.
- There are notice boards in the entry area and inside the waiting area. They did display Healthwatch information and advertised an Age Concern advocacy service. However there is an issue about erecting notice boards as this is a leased building and can only be provided by the landlord at a cost.
- Darnall Well-being has an information stall in the waiting area and often has volunteers present. They provide a range of community information, activities and support in people's own homes.
- Our discussions with practice managers and Patient Participation Group (PPG) representatives reinforced the outward appearance of a practice trying hard to do their best, working in a multi cultural area subject to high demand levels. They are part of the Clover group which is under the Sheffield Health and Social Care NHS Foundation Trust, this does give them access to training and the opportunity to collaborate across 4 practices.
- The move from a "house" to a purpose built large building in November 2013 raised expectations enormously but it is still the same size practice simply in a larger space and this has caused frustration.
- They employ their own interpreters and use language line. They also have a conversation club run by practice champions aimed at improving language skills.
- The GPs look after 2 nursing homes in the area and have extensive experience with dementia.
- The wait to see a specific doctor when booking ahead can be up to six weeks, there are a small number of full-time staff but many doctors are part-time and they have vacancies, although they do put up new appointments every week.
- We did not see the DNA statistics but were told that they are displayed on the appointment calling screen.

Results of visit.

General

- The practice does not have its own website page and has to be accessed via another link.

- The PPG is advertised in the waiting area. They meet on a monthly basis and are run in collaboration with one of the other surgeries. Currently there are 40 patients registered with the PPG relating to the GP surgery and one other. Usual turnout for meetings is between 10-12 people.
- Surgery opening hours are somewhat limited, 5 days a week between 8.0 am - 6.0 pm, they do not offer a late night surgery or weekend surgeries, there is more limited availability on a Thursday afternoon.
- They are on the SystmOne system.
- The results from their last patient survey are positive but there are some negative reviews on NHS Choices.
- They encourage continuity of care via a 'preferred doctor' system, seeing the same doctor each time - at least during this episode of care.
- LD Annual Health Checks are undertaken.

Services

Taken from the practice leaflet:

- Ante-natal & post natal care
- Anticoagulation Monitoring
- Asthma
- Baby/Childhood Immunisations
- Cervical Cytology Screening
- Coronary Heart Disease clinics
- Diabetic clinics
- Dressings
- Family Planning service
- Health promotion
- Medication review clinics by pharmacist
- Mental Health Worker
- Minor surgery
- Other chronic disease management services (e.g.. chronic obstructive pulmonary disease, epilepsy, hypertension, mental illness, thyroid, disease)
- Other immunisations
- Phlebotomy (blood tests)
- Occupational Health
- Ring Pessary Replacement
- Smoking Cessation
- Spirometry
- Travel advice and vaccinations
- There is an onsite pharmacy

Appointments

- Appointments are by telephone, although they will soon introduce an online booking system for a small number of appointments. Opening hours are somewhat limited, open 5 days a week 8.00 am - 6.00pm, 5.00pm on a Thursday but no weekend or evening opening. Appointments can be booked up to 6 weeks in advance. Phones are

operated by reception 8.30 - 6.00pm apart from Thursday afternoons, when they transfer to GP collaborative and to 111 out of hours service. A telephone call waiting system is to be introduced on 5th November 2015, which will place all callers in a queuing system. It will not tell callers where they are in the queue.

- There is a telephone triage system, where you can speak to a doctor from the practice. The triage system is being changed in October, the aim being to ring for more urgent appointments between 8.30 - 10.00am and non-urgent between 10.00 am - 12.00pm .
- Waits to see specific part-time doctors can be 6 weeks. The total number of patients registered with the practice on the day we visited was 7764.

Processes /waiting

- The waiting area has recently been redesigned with input from the PPG. It is a large area but is now set out in “blocks” making it appear more welcoming.
- There are two lots of toilets + 1 disabled access toilet; there appeared to be no bidet facility available.
- There is a baby changing area and space here for breastfeeding, which is advertised.
- It is all level access on one floor, the flooring has a matt finish but the light does shine on it in some areas.
- Clear signage on each door, reception sign in bold capitals and some signage includes Braille.
- The screen puts up the patients name and room number and is also auditory although some doctors do come and call patients as well
- A patient did express concern about the number of patients who could not speak English as this has led to appointment times being extended as there may be a need to use interpreters. Practice management confirmed that appointment times are 15 minutes and this does mean that there are fewer appointments available.
- Patients did complain about the telephone appointment system, the issue being that they had to keep ringing for up to an hour and then could not get in to the triage system for that day.
- A patient praised the practice nurse who deals with asthma and said she was “excellent”.
- A patient said she usually only waited 5 minutes for her appointment.
- Reception TV screen showed information regarding various health issues including measles, whooping cough, TB, alcohol, sexual health, mental health, blood & organ donation, diabetes and nutrition.
- Some small chairs and toys for children were available in a specific area.
- Reception was calm, light and airy, with a comfortable temperature.
- One patient commented that they have witnessed patients being abusive to reception staff, usually because there are no appointments available.

Staffing

- A long term receptionist has recently been joined by an apprentice who has secured a permanent post.

- There are major issues with recruiting GP and nursing staff, they are carrying vacancies which can take many months to fill. They are struggling across the Clover group. They do use locums but historically there are issues in attracting locums to the area. This has a huge impact on patients.
- Non-medical staff are included in a rolling programme of education, predominantly mandatory training which is accessed via the Health and Social Care NHS Foundation Trust.
- The surgery supports medical and nursing students on rotational placements.
- Apprenticeships are also offered.

Discussion with PPG reps

- Comments were generally positive. One rep had an issue with waiting for appointments which was their reason for joining the PPG.
- The same managers attend meetings on a regular basis, with others attending as and when.
- At the PPG meeting you can ask any questions, and reps felt that the responses were open and honest. You can verify the answers by going on websites, for example, that the practice is advertising for GPs.
- Other PPG members ask questions at meetings you might not have thought of, this was helpful and interesting.
- The PPG raised issues about the waiting area and have been involved in a redesign.
- Feedback that having the pharmacy next door is helpful, they get to know you and your requirements.
- “The reception staff recognise your voice when you phone in and check that everything is okay”.
- Commented that the doctors are friendly and open and respond well to anyone with social and communication difficulties.
- Another comment was that the newer surgery is easier to access and appreciates the larger waiting area.
- They would like to see more information on the walls but is aware of the constraints placed by the landlord.
- They felt phone-in system had improved.

Recommendations

- To place signage stating reason for waiting barrier.
- To continue to recruit for 1.5 fte GP vacancy and 1 fte Practice Nurse vacancy.
- To have more poster displays, although this is understandably difficult due to rental contract conditions.
- To promote the role of pharmacists to relieve pressure for appointments.
- To review the revamped telephone triage system after 3 months to ensure that it is providing a better service for patients.
- To consider requesting that the CCG leads a campaign around the use of pharmacists.

Service Provider Response

We welcomed the Healthwatch View & Enter visit and report, and have noted the feedback from the report, and shared with our most recent patient group, who were also pleased with the report and felt it accurately represented the practice and PPG members discussions with the Healthwatch reps.

In terms of the recommendations made, please see below:

Recommendation	Darnall PCC, Clover Group Response
To place signage stating reason for waiting barrier.	We are currently looking into the options for signage on this barrier, and hope to have something in place very soon.
To continue to recruit for vacancies for 1.5 fte GP vacancy and 1 fte Practice Nurse vacancy	We have recently been successful in recruiting a GP to work 0.4 wte at Darnall, and we have now filled the practice nurse vacancy. We continue to actively recruit to all our vacancies.
To have more poster displays, although this is understandably difficult due to rental contract conditions.	We are always trying to think of practical and alternative ways of displaying patient information given the restrictions on posters etc. that are placed on us by both the landlord and best practice for infection control measures.
To promote the role of pharmacists to relieve pressure for appointments.	We have been promoting the use of community pharmacists for patients, and will continue to do so.
To review the revamped telephone triage system after 3 months to ensure that it is providing a better service for patients.	Implementation of the improved telephone system (technical solution) is 5/11/2015. We will review this in the new year.
To consider requesting that the CCG leads a campaign around the use of pharmacists.	CCG already have a campaign around use of community pharmacists, which we publicise and promote within the practice: http://www.sheffieldccg.nhs.uk/Your-Health/choose-well-materials.htm

