

# Worthen Medical Practice Enter and View Report

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# **Contents**

#### **Page**

- 2 Contents
- 3 About Healthwatch Shropshire

What is Enter and View?

4 Details of Visit

Purpose of Visit

Disclaimer

- 5-6 The Context of the Visit
- 6-7 What we did
- 7-11 What we found out
  - 7 Practice information
  - 7 Observation
  - 10 What patients told us
  - 11 What the patient group told us
  - 11 What staff told us
  - 13 Additional findings
  - 13 Summary of findings
  - 14 Recommendations
  - 14 Service provider response
  - 17 Acknowledgement
  - 17 Get in Touch Healthwatch Shropshire contact details



# **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	Worthen Medical Practice, The Village Hall Worthen, Shrewsbury, SY5 9HT
Commissioner	Shropshire Clinical Commissioning Group / NHS England
Date of visit	Wednesday 18 <sup>th</sup> April 2018 - 9.15am-11.15am
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:

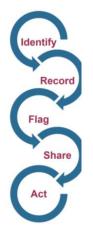
- identify examples of good working practice
- observe patients and relatives engaging with the staff and their surroundings
- capture the experience of patients and relatives and any ideas they may have for change

#### **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 1<sup>st</sup> 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 or those they care for
- 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

Visits were 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 Worthen Medical Practice we spoke to

- Five patients / carers
- Two staff



#### What we found out

#### **Practice information**

The GP practice serves around 2000 patients. The clinical team consists of two GPs - one male and one female - and a practice nurse. There is an administrative team of six.

The practice is open

- 8.30am to 6pm on Monday, Tuesday, Thursday and Friday
- 8.30am to 12 noon on Wednesday (the GP is on call during the afternoon)

Every morning there is an 'open access' surgery and every day there are 'on the day' bookable appointments, for those patients who feel the need to be seen that day due to their urgent medical need.

Afternoon appointments can be booked up to two weeks in advance, through reception or on-line.

Evening and weekend routine appointments to see a GP or nurse are available as the practice is a member of a network of Shropshire practices offering a combined extended hours service.

#### Observation

The Practice is situated on the main road through Worthen, next to the village hall and primary school. There is a small but clear sign on the main road pointing to the 'surgery'. There is a small sign to the side of the building indicating the entrance to the surgery, but no prominent sign on the building. The entrance door is not visible from the car park.



Within the car park there are two designated accessible parking spaces next to the path leading to the surgery entrance. There is no specific drop-off point for the surgery but there is an area marked with yellow hatching that could be used for this.

When we arrived, the car park was very congested as children were being dropped off at school. However staff said that building work at the adjacent primary school had temporarily closed the school car park, making the surgery car park more congested. During this time there have been no complaints from patients about parking.

There is a level path leading to the surgery entrance where there is a sign indicating a hearing loop and another sign showing surgery opening hours. These hours were different to those advertised on the website and in the practice handbook.

There is a rack of information leaflets in the small entrance lobby but its location is not ideal as patients can enter the waiting room without looking in the direction of the leaflet rack. There is also an electronic screen facing patients as they enter the lobby. This is no longer used by patients to record their arrival because the practice found that some patients failed to use the screen and so were not called through for their appointments. All patients now register at the reception hatch in the waiting room, from where they can also collect their prescriptions. We were told that 'the receptionist also dispenses prescriptions'.

The waiting room is light with chairs arranged in rows. All the chairs are of the same height and width. Some have armrests. Fire exits are clearly marked with the usual signs. Staff told us that when the fire alarm sounds, staff escort patients and visitors from the building. Hence there is no need for a fire alarm light.

There is no tannoy system. Clinical staff collect patients from the waiting room. There are two consulting rooms - one of which has no sign on the door, and a treatment room. There is a toilet accessible to wheelchair users.

There are five large notice boards and an electronic screen in the waiting room. Notices are clearly organized on boards by topic and all are current. On the day of our visit we noted the following displays:

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<sup>&</sup>lt;sup>1</sup> Following the Enter & View visit the Practice Manager has told us: 'as we are a small surgery, all our staff multi-task. The staff working on the reception are all trained dispensers so all of them may dispense the medication and then hand out the medication to patients depending if they are in their dispensing role or reception role.'



- promotion of 'Callow Community Wellbeing'
- notices about healthy eating
- a board focussing on health advice e.g. shingles, quit smoking
- a board with information about on-line services, making appointments, extended opening hours, the outcomes of the most recent analysis of 'Friends and Families' feedback. We noted that all nine respondents said they were likely or very likely to recommend the practice to family and friends.
- a board requesting that patients keep the practice up-to-date with contact information (email/landline and mobile and the opportunity to opt out of email and text communication from the surgery); a notice asking patients to let the practice know about their communication needs.

However the font size used on some of the notices is small, making them hard to read.

Information on the electronic screen is easy to read and relevant to patients, with plenty of time to read each screen. On the day of our visit the information about the following topics was displayed:

- Extended Opening Hours
- Callow Community Wellbeing
- Callow cafe
- Request for volunteers to support isolated or unsupported people
- Daily living aids
- Communication needs of patients

There is a 'Comments' book on a table in the waiting room but it was not very obvious on the day we visited and there was only one comment written in the book.

There is a portable hearing loop kept by the reception hatch, on which there is a sign saying that a hearing loop is available. The loop is tested by use, and staff told us that it had been used successfully within the last few weeks.

The waiting room is very quiet so conversations between waiting patients and conversations with the receptionist are easy to hear. It is not possible to hear any conversations from the consulting or treatment rooms.



We observed reception staff registering and dispensing medicines to patients in a friendly and professional way. Administrative staff were easily identified as they wear a uniform, and most were wearing name badges.

We observed and heard one patient with impaired hearing asking the receptionist for an appointment. The receptionist spoke very clearly and slowly, used the patient's first name, made the appointment for the patient and printed it out. At the patient's request, the receptionist phoned a relative to ask them to come and pick up the patient.

#### What patients told us

day of our visit.

We spoke individually to five patients in the waiting room, completing a questionnaire with each of them.



Four of these patients had been with the practice for many decades, the most recently registered having joined the practice 45 year ago. One patient was making their first visit to the surgery on the

Four patients said that they had never been asked about any communication needs by the staff. This included the patient who had just filled in the registration form for the practice and attended their first appointment on the day of our visit. One patient said that they had been asked about sight or hearing problems. This patient is also a carer for their mother, but the practice had never asked them if they were a carer.

Four patients said that they had no communication needs. The fifth patient had a slight hearing impairment and said: 'All the staff are very good. They know to speak clearly on the phone when they ring me, and they know to face me when they speak.'

All patients were aware that the practice could communicate with them by phone, letter, email or text. Two of the four well-established patients received information only by phone or letter, and both were happy with this. One patient had asked for and received a letter about registering on line. They had tried to do this, but the system 'didn't work'. They did admit that they had left it too long between receiving the 'link' and registering and that therefore the link had



expired. They also said that when the need arose to make an appointment in future they would register online.

The patient registered on the day of our visit said that they had been asked on the registration form about their preferred method of communication. No other patients said that they had been asked about this. However one patient had noticed the sign on a notice board and on the electronic screen asking patients to let the practice know of their communication needs.

The following general comments were made by patients:

- 'The Practice is highly recommended. The reputation of the surgery was one reason why we chose to live here, rather than over the border in Wales.'
- 'The Practice is good.'
- 'The staff are excellent caring will always help you. I like the open access surgery. The appointments system works very well.'
- 'I like the appointments system. Having an open access system is worth the wait in the surgery, as you know someone will see you. I can book appointments in the afternoon if I want.'
- 'I have moved house several times, but I will always stay with this Practice.'
- 'They do a good job.'

## What the patient group told us

The Practice Manager had forwarded the relevant questionnaire to a member of the patients' network, but at the time of our visit had not received a response.

#### What staff told us

We spoke to the Practice Manager and one other member of the administrative staff. They told us:

 They are aware of the Accessible Information Standards and that the process for gathering information from patients is written down. The Practice does not have an Accessible Information Policy.





- There is reference to Accessible Information on the practice website, but when we commented that this is not very prominent the Practice Manager agreed. New patients are asked about their communication needs when they register with the practice. All new patients have an appointment with the nurse for a 'new patient check' and to give them information about the surgery.
- The communication needs of existing patients are known.
- All communication needs are recorded on the IT system, and any recorded need will be flagged up when a patient record is looked at. Within the IT system a carer can be linked to a patient. There is also a relationship tag so that the Practice can record when they have permission to contact and discuss things with a relative/friend. The Practice can interrogate the information systems to find out how many patients have communication needs.
- Seven patients have learning difficulties and they are accompanied to appointments by their carers. As part of the patient's individual review, the carer is asked if they are coping.
- There are weekly staff meetings one for clinical staff and one for administrative staff. Administrative staff are aware of the importance of using everyday English when talking to patients.
- The Practice does not ask patients for their consent to share communication needs when referring them for treatment because they can share this information without explicit consent if it is in the patient's best interest.
   The Practice has a good relationship with the 'referrals office' and will often phone this office when a patient is referred to highlight any particular communication needs of a patient.
- Training is provided mostly through e-learning, and the weekly meetings are a good forum for more informal training.
- The Practice can provide information in various formats and patients are made aware of this through the electronic information screen and signs on notice boards.
- The Practice knows how to get support for communication e.g. interpreters, Braille translation when needed.
- All administrative staff can help patients to use on line booking and prescription services.
- This is a small rural surgery with many local staff who know the patients, and the Practice ensures that this knowledge is documented so that it can be shared with temporary staff e.g. locums.



• Due to the closeness of the local community, all staff are made aware of the need to protect patients' privacy and to take care when talking about conversations they have had at work.

# **Additional Findings**

All visitors to the practice, including Healthwatch Shropshire's Authorised Representatives, are asked to read and sign a confidentiality agreement. We thought that this was good practice.

# **Summary of Findings**

- There was level access to the surgery, but signage on the building was hard to see. The entrance door is not visible from the car park.
- The information about surgery opening hours displayed in the practice does not match what is on the website and what the visit team were told
- The staff we spoke to were all aware of the importance of clear communication with patients. We observed staff talking to patients in a professional and friendly way.
- Although there is an electronic registration screen in the entrance lobby, it is no longer used. All patients register at reception.
- The waiting room is very quiet so conversations between waiting patients and conversations with the receptionist are easy to hear.
- We were told that staff knew most of the patients, and this was evident during our visit.
- The staff we spoke to were aware of the term 'Accessible Information'.
- A system of flagging patients with communication needs was in place within the electronic patient records. Staff were aware of the flagging system.
- Most of the patients we spoke to had not been asked about their communication needs.
- Patients were very complimentary about the Practice.
- Patients liked the appointment booking system, with open access in the morning and pre-booked appointments in the afternoon.



- The notice boards were very well organized, though the font used in some text was very small. The leaflet rack in the entrance lobby was not obvious to patients as they entered the waiting room.
- Information on the electronic information screen was current, relevant and easy to read.
- Staff told us that letters referring patients to clinical services outside the
  practice include information about communication needs, if it is in the
  patients' best interest. They said that they had good relations with staff in
  the referral centre.
- The practice website included a section about accessible information, but this was hard to find.

#### **Recommendations**

The practice should consider:

- Improving the signage on the building to make the entrance door more obvious from the car park.
- Updating the information about surgery opening hours by the door to match those on the website and what we were told.
- What can be done to ensure patient privacy when patients are speaking to staff at reception.
- Introducing a system to ensure that all existing patients know to inform the surgery about their communication needs, and are aware of the support the surgery can provide. This includes ensuring that information is clearly highlighted on the website.
- Removing the unused patient electronic registration screen from the entrance lobby to free up a better space for the leaflet rack.
- Increase the font size of Practice notices displayed in the waiting area to meet the AIS.



# Service Provider Response

Healthwatch Shropshire has received the following information from the Practice Manager in response to the recommendations:

The practice should consider:

Improving the signage on the building to make the entrance door more obvious from the car park.

The surgery is currently liaising with the village hall to put a sign at the front of the building to make the surgery entrance more obvious from the car park and also to enhance the grass area on the approach to the surgery entrance.

This is being overseen by the Practice Manager. The village hall meeting is on 18/05/18 so this should be able to be progressed soon after that date.

Updating the information about surgery opening hours by the door to match those on the website and what we were told.

The surgery is in the process of updating all the signage outside the surgery as part of the improvements listed above and are looking at various ways to display the information so that it is always correct and up-to-date.

This is being overseen by the Practice Manager. The village hall meeting is on 18/05/18 so this should be able to be progressed soon after that date.

What can be done to ensure patient privacy when patients are speaking to staff at reception.

All staff receive regular confidentiality training and are aware of the need for confidentiality at all times - especially in public areas such as the reception area when speaking with patients. Part of the training includes being aware that they can offer the patient a private area to discuss their needs should the patient request this or the member of staff feel it appropriate to offer this. This service is advertised to patients through the various mediums used.



This is overseen by the Practice Manager and on-going.

Introducing a system to ensure that all existing patients know to inform the surgery about their communication needs, and are aware of the support the surgery can provide. This includes ensuring that information is clearly highlighted on the website.

The request for patients to inform the surgery of their needs is widely advertised by the surgery. Appropriate patients may be asked if they have a preference so as not to cause offense by asking all patients without any consideration.

The website host has been contacted again to request that the layout of the AI request is clearer on the website.

This is being overseen by the Practice Manager. The website host has been emailed and we are awaiting their reply.

Removing the unused patient electronic registration screen from the entrance lobby to free up a better space for the leaflet rack.

The surgery is currently undergoing refurbishment. This has been identified as no longer in use and will be removed when the entrance area to the surgery is refurbished.

This is on-going and will be overseen by the Practice Manager.

Increase the font size of Practice notices displayed in the waiting area to meet the AIS.

This will be considered when designing displays for the waiting room in the future.

This is on-going 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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