



Enter and View **Sacrison Surgery**

11 December 2023

healthwatch
County Durham

Contents

| | |
|--|----|
| Contents | 1 |
| Details of visit..... | 2 |
| Acknowledgements and context | 3 |
| Purpose of the visit..... | 4 |
| Description of the service | 4 |
| Planning the visit | 5 |
| How was the Enter and View conducted and Findings..... | 6 |
| Recommendations/Highlights | 10 |
| Service provider response | 12 |
| Appendices..... | 14 |

Details of visit

Location:

**Front street
Sacriston
Durham
DH7 6JW**

Date and time of visit:

**11 December 2023
9.30am–12.00pm**

Authorised Enter and View representative:

Judi Evans

Healthwatch Volunteer Supporter:

Claire Sisterson

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Registered provider:

Sacriston Surgery

Type of service:

GP Practice

Business Manager

Martin Bell

Acknowledgements and context

Healthwatch County Durham would like to thank the management, staff & patients for making us feel welcome and taking part in the Enter and View visit.

An important part of the work local Healthwatch does is to carry out Enter and View visits. The purpose of this Enter and View Visit was to hear from patients and record their experiences at the surgery.

Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations about where there are areas for improvement. The Health and Social Care Act allows 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 and share examples of what they do well from the perspective of people who experience the service firsthand.

Healthwatch Enter and View 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.

Purpose of the visit

Since 2020 the Enter and View programme at Healthwatch County Durham had been paused because of the Covid-19 pandemic. When we decided it was safe to start visiting again, we chose GP surgeries as the first services to visit. We did this because access to GP surgeries was one of our main work plan priorities and so the visits would link to the work we had already completed.



“In our opinion, the Enter and View visits are a great way to break down barriers, give practices an independent view on the success of their service and help them highlight areas for improvement. We would recommend an Enter and View visit to any practice.”



Brian Woodhouse, Practice Manager, Enter & View

To try and get a balanced picture of access to GP services we wrote to a selection of Practice Managers across the county to offer them the opportunity to request an Enter and View visit. The aim was to gather patient feedback focusing on areas such as access, services offered and specific requirements. Sacriston Surgery was one of 7 who requested to be included in the visits.

Because this Enter and View visit, is linked to specific work around the access to GP services it does not include any observations about the premises, equipment etc. that we normally include in our Enter and View visits.

This report relates to this specific visit, including feedback from patients received during the two hours of the Enter and View visit and feedback from a survey left for completion at the surgery before our visit. Therefore, it is not representative of all service users, only those who contributed within the restricted time available, through interviews and other feedback.

Description of the service

Sacriston Surgery is located at Front Street, Sacriston, Durham DH7 6JW.

There are 10,725 patients currently registered at the practice.

The practice is made up of 4 partner GP's, 2 salaried GP's, 7 nursing team Staff, 9 admin/reception team, business manager and assistant manager, a prescribing pharmacist and administrator, a Data and Quality improvement Officer and two medical secretaries (as of Feb 23').

Planning the visit

The questions used were carefully put together (appendix A) beforehand to reflect the approach we were taking. Previous Enter and View visits have used 'appreciative questions' to understand what is working well in GP services.

These questions were agreed with staff and authorised volunteer representatives and were also sent to the identified staff member before each visit.

We met with an identified staff member individually to plan the visits, agree the process, and make sure it would work for patients and staff.

We realised that there might be people who would like to make a comment about the service who were not going to be around on the day of the visit, so the surveys were left two weeks before the visit in the waiting area, on a Healthwatch display table, with a box for completed surveys to be left in.



We advertised the visit in advance (appendix B) and Martin Bell, the business manager, briefed the staff before the visit.

We carried out a preparation visit before the Enter and View. This was to do a risk assessment and consider areas such as layout, introductions, venue space and safety procedures and the process for taking photographs. We agreed to use a private space for conversations if needed.

How was the Enter and View conducted?

One of our trained Enter and View Authorised Representatives carried out the visit with the Volunteer Supporter. Representatives approached patients during the visit and asked a series of questions about their experiences and understanding of the processes at the surgery. We carried out twenty-seven (27) individual interviews with patients and staff.

We also left surveys in the reception area prior to our visit, 1 was completed (making a total of twenty-eight (28) and an additional two (2) comments left on postcards.



Feedback and findings

The Enter and View representatives completed the survey with patients. The representatives also made note of any other relevant information the patient wished to give about the surgery. All the surveys were anonymous.

The full survey results can be found at appendix C

Patient feedback

ACCESS

Getting an appointment

Eighteen patients told us they made or are making appointments on the telephone. Some of these told us they “got through after 10 minutes–used to be quicker than that”, “always engaged then no appointments available” and “takes a while but they are good on the phone”.

Patients also told us they get appointment information in a variety of ways including being sent a text, receiving a letter and getting a telephone call.

How quickly did you need to be seen?

Fifteen (more than half) patients told us they felt they needed to be seen quickly, on the same day.

“Because I was going away”

“Was really worried about my son”.

Two patients said they needed to be seen quickly as they were “in considerable/chronic pain”.

Six told us they did not particularly need to be seen quickly on this occasion.

“Waited two weeks for an appointment”

“They try their best for my husband”.

One patient was “awaiting surgery, waited on phone for 40 minutes, but no appointments available to book”

Did you see another service if no appointment was available?

Four patients said they had used NHS 111, five said they went to Accident & Emergency and three said they used a pharmacy. Five said they have always managed to get an appointment at the surgery. No one mentioned using E-Consult.

“Some things you just need to see a real person for”

If there was no appointment available how would this affect other parts of your life?

Some patients told us they became anxious, were worried, concerned and desperate when they could not get an appointment- “I couldn’t get tablets without an appointment and I need them for my heart condition”.

Others used words such as frustrated, impersonal and upsetting- “I had to take pain killers until I could get to see someone”.



However some said "Appreciate its busy, they have to see other people", "I think Sacriston is a good surgery for ability to get an appointment".

SERVICES OFFERED

Do you know which staff are available and what they can provide?

Eleven patients said no "other than they use locums and part time doctors" and one said yes, they did know which staff were available and what they could provide. Nine patients said they 'partly' knew the available staff and their roles. "Dr Grey is interested in me so I like to see her"

Does the surgery have a website page and is it on Facebook?

Website - Fifteen patients knew of the website and six did not. Seven had used the website and twelve had not.

"I'm unable to connect to it without an access code"

Facebook-sixteen patients said they did not know if the surgery had a Facebook page, three said they thought they did, however only one of these people said they had looked at the Facebook page.

Comments around this: "What good would a Facebook page have/do?", "I prefer phoning", "too time consuming", "don't know too much about it"

Do you have any additional communication or information needs?

Fourteen patients told us they did not have any additional needs and two said they did, "worn hearing aids and glasses since I was eleven years old" and "I am dyslexic so need face to face appointment and things written in bold, large print"

"I require a text, which I get!", "I manage it", "my husband needs support"

How do you order and get repeat prescriptions?

Four patients told us they ordered online via the website (one patient had also tried to do this online which didn't work, so rang receptionist and was sorted out that way). Two patients told us they email the surgery and four patients put a slip in the box at the surgery.

"but not by me, one of my children does it online for me", "used to be able to phone it in which was preferable"

SPECIFIC REQUIREMENTS

If you did, who and why did you expect to see a specific person?

Three patients said no they did not expect to see a specific person- "anyone who could prescribe antibiotics"

All the patients that said they had asked for a particular person (nine people) said this was for reasons such as "comfortable with a particular doctor", "Felt needed own

doctor", "Certain doctors know history and needs", "Only do this if I'm prepared to wait", "Confidence", "wanted to see a clinician", "Some people are non-experts", "recent diagnosis", "continuity".

Did you get to see who you asked for?

Four patients said yes, they did, and two said they rarely got to see who they had asked for. Some suggested that this was not relevant on this occasion and three said they were happy to see whoever was available.

One person said "Practise nurses are fantastic-professional and explain the situation-don't make me feel like I'm a nuisance"

Did or do you have to wait longer to see who you want to?

Four patients said no they didn't have to wait and three said yes they did, but only for two days. "Can wait up to three weeks", "you can't pick and choose"

Were you offered an earlier appointment with a different person?

Five patients said yes, they were offered an earlier appointment with a different person.



Recommendations/Highlights

Below are our recommendations/highlights from our visit.

Although a quarter of the people we spoke on the day had appointments made by the surgery for them, three quarters told us they generally still were ringing up or walking into the surgery to make appointments. More than half of patients told us that they felt they needed to be seen quickly, and less than a quarter also told us when they rang up to make an appointment, it was not necessarily urgent.

The telephone lines must come under pressure early in the morning because of this. **Can the process of how appointments can be made other than by telephone or walking in, for example by using E Consult, be further promoted/supported to help disperse the telephone pressure?**

A third of patients told us they had used either NHS 111, their pharmacy or accident and emergency for help. However a fifth told us they have always managed to get an appointment. **Could the benefits of using local pharmacies be further promoted? The surgery seems to manage well the requirement for patient access to appointments**

People said to us that they found themselves 'anxious', 'worried', 'concerned', 'desperate', 'frustrated' and 'upset' when they struggled to make or get an appointment.

We were told "there is confidence in seeing a doctor you know, who knows your situation and can build trust"

Can the surgery do anything to reassure these patients and can these comments be shared with GP's?

More than two thirds of the patients we spoke to did not know or felt they only partly knew the makeup of the staff structure and what the staff could do at the surgery.

Could the surgery provide more detailed information and publicity about this?

More than half the people we spoke to knew of the surgeries website but almost the same number who knew, did not use it. More than half did not know of the surgery Facebook page. One person asking "what benefit would a Facebook page have/do?"

It seems that the surgery website is used but mainly to access prescriptions.

Can the surgery somehow promote other specific aspects of both how the website and the Facebook page might benefit individual patients and offer support to access these platforms, if required. Also if patients are not able to

access online, how does the surgery offer up to date information and support otherwise?

Several people told us they were happy to see anyone but a third told us they wanted/expected to be able to see a GP. Based often on the idea of needing 'continuity of care', patients felt more confident seeing the same person for appointments. There are cases where this might be appropriate.

Can the surgery promote, in a simple format, how booking appointments happens and is managed?

More than a third of the patients we spoke to said they normally get to see who they want to and were happy if that meant a slightly longer wait.

Only a fifth said they had been offered an earlier appointment with another member of staff. How does the surgery ensure people get an appointment in a timely way for what they need, in this circumstance?

People seem to be mainly managing the prescriptions procedure through using the website or via email-but there were some comments around feelings of being forced into doing it that way and relying on other family members to do this for them.

What alternatives are available to patients if they can't access online or don't have family members to do this for them?

When we asked people about additional communication, information needs, half of patients told us they did not have any. However within the discussions a couple of people also mentioned 'wearing hearing aids', "wearing glasses" and being "dyslexic". Some people said they appreciated text messages and reminders. What do you have in place to help patients who have additional specific needs (hearing, sight, language etc.)?

Service provider response

Was it useful to you to have an Enter & View visit?

We are extremely grateful to Co Durham Healthwatch for offering this Enter & View process. This is the second one they have undertaken with us, and we find it a very good and useful way to access patient feedback. I would recommend to any Co Durham practice to consider having Healthwatch undertake an Enter & View visit. Thank you also to all the patients who responded to the survey and who answered questions on the day.

Feedback on comments/recommendations/highlights/improvements made

Access is always a big issue for doctor's surgeries, Sacriston no less than anywhere else. In September 2022, the surgery lost an eight session per week GP; recruitment to replace this person has been very challenging, and numerous attempts have been made. Thankfully, things are looking up! We anticipate employing two new salaried GPs over the course of 2024, offering ten sessions.

In the two years it has taken to recruit these two GPs, the surgery has relied on the services of locum GPs. This does impact on continuity of care, which is one issue raised by patient feedback. However, we do try to ensure continuity of care as best we can but, yes, it can mean patients wait a little longer to see a particular GP, if that is what the patient wants.

Demand for appointments is higher than it has ever been. There are a lot of patients who demand to see a GP when they would be better suited seeing an alternative clinical practitioner, such as an Advanced Nurse Practitioner, a pharmacist, or a physiotherapist, for example. There is as wide a range of people working from the surgery, than ever before. This is one reason why reception and admin staff ask questions of patients: it is called 'care navigation' and it is something NHS England is keen for practices to do more of. The point of highlighting the different roles that people perform across the practice is one we will look at, to see how we can offer information and explanation to patients. The practice will also look to ensure it is promoting other local services effectively.

Getting through on the telephone is an issue that is regularly raised. Some patients might say that the easy solution to this problem is to employ more staff to answer the telephones! If only that were possible. Primary care, which is made up of GPs, dentists, and opticians, only receives around 8% of the NHS budget, but delivers approximately 90% of the daily NHS workload. It would be amazing to think that patients wrote to their MP asking for more funding for staff in general practice: then more staff could be employed to answer the telephones more quickly!

However, there are things we have done to try and make life easier. We constantly assess call data, to see how many calls we take, make, lose, the waiting times and so on: this allows us to pinpoint those days and times when we need more people answering calls. We try to move staff to these times as much as we can.

The use of eConsults was raised. eConsults can be accessed via the practice website, and they are a means of contacting the surgery electronically. There is quite a lengthy form to complete, in order to submit an eConsult, which is the standard form used by the eConsult system and over which the surgery has no control. Currently, the surgery limits the use of eConsult to Fit Note requests. Why? Appointments and time were being wasted. For example, patients would complete an eConsult over the weekend, which was viewed by a doctor on a Monday, and contact with the patient was made, and the patient no longer felt the need to speak to a GP. This example highlights the need for patient education and patient responsibility. However, the practice is aware of the benefits of software such as eConsult offers, and the practice intends to review its protocol regarding eConsult use.

Another issue raised regarding telephones was the prescription telephone line. A major change was made in the summer of 2023. For some time, there has been pressure placed on practices to reduce their reliance on a telephone prescription line, because this was considered a less safe way to order medication. Sacriston Surgery was one of the last local practices to make a significant change, as it was recognised that, for some people, ordering medication by telephone was their only option. Yes, we have encouraged the ordering of medication via the website, and via the box in the foyer, but we have kept the telephone ordering service for the relatively small number of people (for example, the housebound, those with no access to IT) who use it. We assess patient requests to be on this telephone list on a case-by-case basis.

Our social media presence was also noted in patient feedback. The surgery does have a website (www.sacristonsurgery.co.uk), which we are in the process of updating. The surgery also has a Facebook page (<https://www.facebook.com/profile.php?id=100092251557433>). Social media such as websites or Facebook pages will never be perfect, and will not be of interest to everyone, but they are useful tools. Comments about how the practice's social media profile will be taken to the practice's patient participation group. As an aside, new members to the patient participation group are always welcome: contact Martin at the surgery if you are interested.

The surgery is not perfect: no surgery is. However, we do try to continually deliver a good quality service to all our patients. If any patient has questions or concerns then, please, contact the surgery and ask to speak to me. Thank you to all our patients for your support and encouragement over the last 18 months or so, a truly difficult period in the life of Sacriston Surgery.

Martin Bell (Business Manager)

Appendices

Appendix A

Questions (Enter & View 2023) Service.....date.....

ACCESS

How did you get your appointment today at the surgery? How do people get an appointment at the surgery, usually?

Either on this occasion or in the past when you have tried to make an appointment yourself-how quickly did you feel you needed to see someone and why?

If you were unable to get an appointment, did you use any other services in the meantime (for example 'A & E'/'Pharmacy'/'111'/E Consult')?

- If yes, which one/s (please expand)?
- If no, why not?

If you were unable to get an appointment, how did you feel about that and did this affect other aspects of your life?

SERVICES OFFERED

Do you know what staff the practice has available to see and what they can do?

Are you aware that the surgery has a website?

Have you ever used/looked at the website?

Are you aware that the surgery has a Facebook page?

Have you ever used/looked at the Facebook page?

If yes you are aware but don't use them, why not?

When booking appointments do you have any additional communication, information or other needs?

If yes, what are they and how is this managed when either booking or accessing appointments?

If you require repeat prescriptions, how do you order and get them?

SPECIFIC REQUIREMENTS

If you asked for a specific person/professional, why did you do that?

Did you, or would you say you normally, get to see who you ask for?

If you got to see who you requested, did you have to wait longer to see them?

Were you offered an earlier appointment with another member of staff/professional?

Monitoring Details

| <u>AGE</u> | <u>MALE</u> | <u>FEMALE</u> | <u>FIRST PART OF POSTCODE</u> |
|-----------------|-------------|---------------|-------------------------------|
| <u>Under 16</u> | | | |
| <u>17-25</u> | | | |
| <u>26-49</u> | | | |
| <u>50-65</u> | | | |
| <u>Over 65</u> | | | |

Appendix B

Talk to us about GP appointments

Monday 11th December

9.30am–12 noon

Sacrison Medical Centre

Healthwatch County Durham is your local, independent health and social care champion. We would like to hear from patients and staff about access to GP appointments, specific services and meeting particular needs.

If you can't come along on the day, please complete a survey and leave it in the box so you can still share your views!

www.healthwatchcountydurham.co.uk

Appendix C

To access the full notes click the link as below



full notes sacrison E & V Dec 2023.pdf

If you would like a hard copy of the full notes these can be requested by contacting Claire Sistonson
Claire.sistonson@pcp.uk.net 0191 3787695.....



healthwatch

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