

Details of visit**Service Provider:****Service address:****Date and Time:****Authorised****Representatives:****Contact details:****General Practice Enter & View****Porter Brook Medical Centre****9 Sunderland Street, Sheffield, S11 8HN****2nd December 2015, 2-4pm****Linda Gregory, Penny Lewis, Maggie Campbell****Healthwatch Sheffield, The Circle, 33****Rockingham Lane, Sheffield, S1 4FW****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.

Porter Brook Medical Centre is a large GP Practice, managing two sites, the second of which is located on Sheffield Hallam University premises. Of about 29,500 registered patients, 15,000-16,000 are students and fewer than 200 are over 85.

This visit, to the main site, 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 Practice web-page and via the announcement flyer being placed on the display area in the waiting room. The time agreed coincided with a normal (untargeted) clinic. Patients were attending appointments with GPs and practice nurses.

All three of the practice management team, including the co-ordinator of the satellite Sheffield Hallam University site, made themselves available for interview as well as one of the GP partners, and one of the practice nurses. They had also informed the Practice Patient Participation Group of the visit and the Group provided three of its members for interview. We also spoke briefly to several reception staff. Other information was gathered on ad hoc basis from patients in the waiting area. 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 only for the staff and PPG representative interviews. Finally, processes and interactions were observed as the clinic progressed.

Summary of findings

- We found a professionally organised service, with staff well linked in with strategic developments and organisational structures within the NHS and the city
- There is an active PPG, who influence the delivery of the service
- Both staff and patients were predominantly positive about the practice

- The current range of services and staff is good but maintenance may be a challenge in the light of current funding reductions
- The population mix of registered patients is unusual, with a large percentage of young adults
- The practice has had some success in reducing DNAs via the use of appointments text prompts and the availability of a variety of methods of cancelling appointments that are no longer suitable or required.

Results of Visit

General

This is a practice with a population base skewed towards young adults but that also services six care homes, as well as the local population. They have a proportion of patients with a variety of languages, health beliefs and culturally based expectations.

Access and the Physical Environment

The practice is purpose built, in a largely non-residential 'business' area, with limited bus services to adjacent roads reflecting the position of the practice. Nearby main roads have good services.

Access to the surgery is via a side road with a fair incline: a handrail has been installed by the practice from the more level adjacent road to the main entrance. Two entrances open onto one reception/waiting area: the front entrance has two disabled parking spaces, and automatic doors lead to the electronic (Multilanguage) book-in or on to reception; the back entrance from the main car park (where it was difficult to get spaces) leads straight to the waiting area.

There was clear signage on each door and in reception, and doctors come to the waiting area to call patients. All consulting rooms were on the same level.

There are two patient toilets, which are accessible for disabled patients.

Opening Hours: The Surgery is open on 6 days, with early morning (7am) and late evening (8pm) appointments available two days per week. There are Saturday morning appointments for GPs each week and nurses on alternate weeks.

The booking of double appointments is encouraged for those with English as a second language or when discussion is required - signs explaining this are clearly displayed in the reception. There is a hearing induction loop available, interpreters are used wherever possible and Language Line is available if an interpreter cannot be provided.”

There is a practice “Access” executive group that meets quarterly, and actively monitors and acts on trends and the requirements of patients, e.g. at Porter Brook the system was changed from same day appointments on a first come first served basis to a duty doctor

triage system that was a fairer and safer way of giving same day appointments. At the City Campus site urgent needs were better served by changing from a drop in service to a mix of same day appointments and duty doctor triage.

The surgery appeared clean, well decorated and maintained. There was a calm atmosphere, and comfortable temperature. There was no designated waiting area for children. On the notice boards there was a variety of informative materials including a standard Healthwatch poster and one advertising the Enter and View visit. There was some out of date information (e.g. CCG event in July 2015).

Practice Processes

Registration: The annual turnover of a high number of students and other young adults (6000-7000 p.a.) creates a significant administrative demand and a yearly administrative peak.

Attendance: Appointments can be booked 4-6 weeks in advance. They can be made by telephone, practice attendance or on line. The On line system is well established and well used. There are 'Day before' text reminders (via MJOG) for pre-booked appointments, with a recently added 'cancel' function for patients. Cancellations may also be done on line. Probably as a result of these developments, DNA levels have been reduced from 10.69% in October 2014 to 5.8% in October 2015.

There is a (multilingual) electronic signing in process which the PPG said works well.

Waits to see specific doctors for pre-booked appointments are on average 4-5 working days. This may be sooner for unspecified clinicians.

There is a Triage system for urgent enquiries, via the nurse with doctor call back and a duty doctor system, with same day appointments, to support this.

Staff and Training

There seems to be stable staffing across the board.

The practice trains GP registrars for the Sheffield General Practice Specialty Training Programme and teaches medical students. It also has trainee nurses. It is felt this helps recruitment and retention. Several GP trainees have returned to work at the practice (3 of the current salaried doctors).

There is a highly trained nursing team, including advanced practitioners and nurse prescribers. Discussion with a nurse who had been in the practice over 10 years highlighted the value of the nurse team in supporting the student nurses, and the value in providing a good source of future recruitment to the practice. Nurses are engaged in the wider practice team and have regular weekly formal meetings with other clinicians for training updates, e.g. CPR, or on other significant or business issues. A better use of the

skill mix of nurses could be developed: very experienced nurses who had 'seen everything and dealt with it' understandably tended to get more referrals.

There is a team of receptionists. We spoke to two of these. One had experienced work in other practices and said, "I love it here ...it's so well organised". They reported that there were good 'panic systems' in place in case of abuse, and both reported 'feeling safe'. Both receptionists were polite, clear and articulate on the telephone, and reported that having 'a polite atmosphere' resulted in reciprocal politeness from patients and 'less trouble'.

A Community Support Worker has been appointed, whose role is to identify opportunities to help patients better access health and social care services and to signpost referred patients to community resources, activities and local groups.

Services

Information: there were no photographs of staff on web page - but all staff photos were displayed on the wall near the front door entrance. There was a clear and helpful website, which was up to date (though some detail still referred to Sheffield PCT). The reception's electronic screen displayed general messages¹ during waiting including:

- "Fit note" explanation
- Messages targeted at young people concerning providing current contact details
- Information about carers and carers' rights
- Promotion of the web pages
- Information about the PPG
- Information about a feedback comments book held at reception
- Information about the staff team
- Information about the practices 'training' status and how to opt out of having trainees at a consultation
- Information about repeat prescriptions

Feedback on services: There is an active Patient Participation Group, which was advertised on website and notes of discussions were posted there along with annual reports. The PPG had set days and time of meetings at a 6-8 week frequency. PPG meetings are well attended. Representation within the group broadly represents the patient profile of the surgery. However they do have an issue with getting certain groups represented, notably students.

There is a generally positive view of the surgery, and it was felt it was a very good practice. One representative stated they would recommend the surgery and had recently done so to a friend.

Issues that have been highlighted by the PPG and patients have been addressed include:

¹ this is in process of being redeveloped after a period of down time due to dissatisfaction with previous corporate supplier (introducing advertisements, etc.)

- Waiting times on the telephone
- Waiting for your appointment time within the surgery (this has improved and is being monitored)
- Opening hours
- Information being provided on the screen within the waiting room



One issue remaining is parking: this has been looked at in depth, including an unsuccessful attempt to purchase adjacent land from the Local Authority, but no viable solution to expand the provision has been identified.

Other points made by PPG representatives included:

- One felt that everyone was in a “rush and a hurry” and that some GPs do not make the time to discuss issues (although another felt this was not the case)
- One felt that the length of time of a consultation especially for older people and new arrivals from Eastern Europe could be an issue. They were also concerned about people understanding what the GP is saying and also not understanding the system.
- One suggested that it would be helpful if staff interacted with patients in the waiting room more, for example, about the timing of their appointment if they are still waiting, and also more generally about their experience of the practice.
- It would be helpful if pharmacists checked with patients that they understand what their medication is for, especially those whose first language is not English
- It might be useful for patients (PPG reps) to visit other surgeries to see if their practice could learn from them

It should be noted that the practice has in fact put in place a number of mechanisms to cope with some of these issues (e.g. double appointments for those who need it and interpreting services) and it may be that PPG reps were not fully aware of these.

Results from the recent national patient survey were positive.

Continuity of care is encouraged via a ‘preferred doctor’ system, seeing the same doctor each time - at least during this episode of care.

Services offered included:

- Baby Clinic
- Asthma care
- Diabetes Care
- Management of other Long Term Conditions
- Sexual Health advice
- Eating disorder clinic
- Minor Surgery
- Physiotherapy
- Occupational Health Advice
- “Street Drugs” advice
- Travel Advice

- Adjacent pharmacy
- Antenatal clinic
- Counselling
- Access to Psychological Therapy Workers
- Cryotherapy

Immediate Service Improvements

None noted

Additional Findings

An area of immediate concern to staff is the impact of national changes to primary care funding, which will mean a significant reduction in income for this practice. The practice did submit a case of 'special need' to Sheffield CCG but this was not successful (the practice believed that the methodology used by the CCG based on the Carr-Hill formula does not weight funding in favour of young people or the needs of a practice constantly seeing a large number of new patients many of whom are away from home support for the first time). The practice is in discussions with other practices nationally who serve large student populations as to how to influence national policy in this area.

Recommendations

- Continue the positive work with the PPG and the wider considered response to patient comments
- Review, in partnership with the PPG, pharmacy processes with a focus on ensuring all patients understand what their medications are for and how they should be taken
- Monitor the impact of the community support worker and consider if additional links could be made with the local community and community organisations
- Share widely with GP peers the success in reducing DNAs

Service Provider Response

The Enter and View visit was a useful experience for us. The visiting team gave clear feedback during and at the end of the visit and this report will be used to help us reflect on our practice.

The practice offers interpreters for patients that do not have English as their first language and double appointments are booked for these patients. We endeavour to give

patients the length of appointment appropriate to them and advertise the availability of double appointments.

The pharmacy adjoining the practice is an independent business and we therefore have no control over the way that the pharmacists work. We do however have a close working relationship with the pharmacy staff and invite them to the prescribing meetings held in the practice.

We also work with the CCG Medicines Management Team pharmacist and technician and a community pharmacist from Primary Care Sheffield. A discussion will be had at the next prescribing meeting about the advice given to patients when medication is dispensed. The outcome of this discussion will be taken to the PPG and their comments and suggestions will be passed on to the Medicines Management Team.

The student group of patients remains under represented on our PPG. We are addressing this by building on the link we have with the Student Union at the Hallam University.

The role of the Community Support worker is still being developed and we hope that the service will be able to continue after the initial 12 month pilot. We have a directory of local services and use this to link in to local community organisations.

