



Enter and View Report

GP Access at Penketh Medical Centre

Visit: 31st October 2016

Report published: 25th November 2016

List of Contents

Background

- What is Healthwatch Warrington?
- What is Enter and View?
- Disclaimer
- Acknowledgements
- Background and Purpose of the visits

Pages 3 - 4

Page 3

Page 3

Page 3

Page 4

Page 4

Details of the Visit

- Location
- Date/Time
- Panel Members
- GP Practice Staff
- Description of the Surgery

Page 5

Page 5

Page 5

Page 5

Page 5

Page 5

Results of the Visit

- External Access and Appearance
- Reception Area
- Waiting Room / Seating Area
- Additional Facilities
- Dementia Friendly Approach
- Navigation Around Building
- Cleanliness and Maintenance of Communal Areas
- Patient Voice and Feedback
- Safety
- Staffing, Leadership, Promoting Positive Attitudes
- Appointments
- Patient Survey Responses
- Summary

Pages 6 - 16

Page 6

Page 7

Page 8

Pages 8 - 9

Pages 9 - 10

Page 10

Page 10

Pages 10 - 11

Page 11

Pages 11 - 12

Pages 12 - 13

Pages 13 - 15

Pages 15 - 16

Recommendations

- Distribution List
- Appendices

Pages 16 - 17

Page 17

Pages 17 - 19

Background

What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services.

What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, 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 (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Warrington has safeguarding policies in place which identify the correct procedure to be taken.

Disclaimer

Please note that this report relates to the findings observed on the specific dates set out below. This 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.

Acknowledgements

Healthwatch Warrington would like to thank the staff, in particular Adina Cadman (Practice Manager), for taking the time to show the visiting team round and for answering their questions. We would also like to thank our trained volunteers for their contributions.

Background and Purpose of the visits

Healthwatch Warrington made the decision to visit GP practices within the borough; with a focus on access and the general environment of surgeries. This is because access to primary care services (mainly GPs) has been identified as a recurrent theme within the public feedback data collected by Healthwatch Warrington.

GP access is often highlighted as a problematic aspect of patient experience, with common issues including; difficulties encountered when booking appointments, a lack of appointment availability and communication problems. However, public service reviews also hint at areas of good practice that could be highlighted and shared. Therefore, our authorised representatives visit GP practices in different clusters to gather feedback directly from patients and conduct specialist Enter & View visits.

Healthwatch Warrington engages with local Patient Participation Groups, GP practices and partner organisations to share our findings and help make improvements through recommendations.

Details of the Visit

Location

The visit took place at Penketh Health Centre, Honiton Way, Penketh, Warrington, WA5 2EY.

Date/Time

The visit took place on Monday 31st October 2016, from 10:30am to 12:30pm.

Authorised Representatives (Visiting Team)

Catherine Bamber - Healthwatch Warrington, Authorised Representative

Esstta Hayes - Healthwatch Warrington, Authorised Representative

Paul Mendeika - Healthwatch Warrington, Authorised Representative

GP Practice Staff

Adina Cadman, Practice Manager

Description of the Surgery

Penketh Health Centre belongs to the West GP cluster. Currently, the surgery has approximately 14,800 registered patients and offers a range of additional clinics and services to local people, including; phlebotomy, coil and contraceptive implants, child health surveillance, spirometry, access to a dietician and joint injection clinics.

The Care Quality Commission (CQC) carried out an inspection of Penketh Health Centre in May 2015 and rated it as overall 'good' in the subsequent inspection report (published in June 2015).

Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington E&V Consultant and some text has been formatted to allow for easy reading; however the essential facts of the visiting team's reports have not been altered.

Observations from the Visit

External Access and Appearance

As the surgery building is located behind Lloyds Pharmacy off Honiton Way, Penketh Healthcare Centre is not clearly visible for those visitors approaching by road. Furthermore, there are no road signs to help those unfamiliar with the area to find the surgery. Signage on the building itself is very limited and the visiting team could not see any externally upon arrival. For new patients, those with early onset dementia that need reassurance, or those with sight impairments, the surgery could be difficult to find.

The car park is free for visitors to use and was busy during the visit. There appeared to only be one disabled car parking space and this was occupied.

Paving and grass verges that surround the surgery building are well-maintained. Dropped kerbs are available and the front entrance has a ramp for wheelchair / pushchair access. The path to the door is paved and although mostly level, it is showing some signs of wear and tear. The exterior front door is quite heavy and could be difficult for wheelchair users or those with mobility needs, walking aids or pushchairs to use. The surgery is aware of these issues and has applied for funding to improve front entrance and rear access.

Reception Area

On entering the surgery, patients first walk into a lobby area; with a box for repeat prescriptions located immediately inside the front door, along with a machine to check heart rates (should an adult wish to use this facility). There are also relevant, clear notices on one wall and on one window a useful notice on what to do if the surgery is closed. Staff information is also visible upon entry to the surgery, alongside a white board displaying which doctors and nurses are working on a given day.

The reception area is an open space, which could lead to privacy issues, as people sitting in the waiting area can overhear conversations at the reception desk (even at the furthest end of the room). The introduction of background noise provided by a radio, TV or white noise machine could help to address this issue. Having considered this, the visiting team did note that phones were not answered at the front desk - this does help to improve patient privacy for those calling to book an appointment (as other patients cannot overhear details).

There was one receptionist on duty and the receptionist can call for extra support at busy times. The visiting team noted that at several times, queues formed at the desk. However, there is no notice asking patients to wait behind a designated line/point before approaching the desk to be seen, a system used in other premises. Again, this could present privacy issues for those patients speaking with the receptionist.

There is also an electronic booking system in place, which some patients were observed to use. However, this can be hidden from view when queues form at reception.

The reception desk does have a lowered section, which allows better access for those visitors using a wheelchair.

Waiting Room / Seating Area

There is one main waiting area in the surgery. All chairs face the same direction; most were stackable, plastic chairs and some had arms to aid those visitors with mobility issues.

However, there was only one wooden chair, with a high back and arm rests. Also, there are no obvious spaces for wheelchairs. The visiting team observed two wheelchair users being placed, by their carers, to face all the other visitors in the room. There is also no separate area for children. Furthermore, there are no signs to indicate that there are toilets located along the main corridor, off the waiting area.

The waiting area has an electronic display board, placed directly opposite the seating. This electronic display board promoted health information and called patients to their appointment room. There were also verbal announcements for patients to proceed to the appropriate appointment room. The wall in the waiting area also had a notice ('In Sept 2016 your practice processed the following') highlighting the practice's activity. The notice highlighted figures about the activity of the surgery e.g. the number of prescription items issued, GP appointments made, number of Practice Nurse appointments attended, home visits undertaken, referrals sent etc (see appendix B).

There are easy read notices in this area, with information about alternative services (other than the GP) and tidy leaflet racks for those visitors who may wish to take information away with them.

Additional Facilities

The Practice Manager informed the visiting team that the surgery offers the following additional facilities in place, to help improve access for those with disabilities or other additional needs; a wheelchair ramp, a hearing loop system,

British Sign Language support, disabled toilet facilities, disabled parking and translation services.

The surgery has two accessible (button operated) doors inside the building - at the internal front door and the door leading from the waiting room to the clinic rooms.

The surgery is able to contact deaf patients by fax, if preferred. The Practice Manager explained that patients used to be able to book their own Sign Language Interpreters. However, this must now be completed by the facility. The visiting team felt that this could potentially compromise patient independence.

In addition, the surgery's computer system has notifications that alert staff to be aware of a patient's particular access needs. Information relating to accessibility support are advertised by poster (in the window, which can be seen upon approaching the surgery).

The visiting team noticed the disabled toilet within the surgery. However, this is kept locked and visitors need to request a key at reception (in close proximity to the waiting area) in order to gain access to this facility. However, there may be a valid safety / security reason for this policy.

There is a privacy/isolation room available - this is used by patients, who may be upset, and need to have time for difficult conversations or those who require isolation from other patients for medical reasons (e.g. highly contagious illnesses). The surgery has a hearing loop system installed and offers an interpretation service, in addition to a chaperone service, which is clearly advertised on its website and within the surgery. However, it was not clear whether there was a baby changing facility within the surgery.

Dementia Friendly Approach

Flooring within the waiting area was a uniform colour (vinyl/rubber) and easy to clean. The carpeted areas throughout the surgery's corridors were a block colour and on one level, this helps those visitors with perception issues and to reduce trip

hazards. Clinic rooms were well-signed and doors had the relevant health professional's names and large numbers on them; with black text upon a white background to help with identification.

However, there was poor signage with regards to the exit location. Directional signs are hung from ceilings; perhaps eye-level wall signage would complement this.

Navigation around building

The surgery's rooms are clearly signposted and overhead signs show the location of rooms and clinics. There is a connecting door, off the main corridor, which connects to the centre next door (which offers a clinic and services from Bridgewater Community Healthcare NHS Foundation Trust, such as podiatry, physiotherapy and midwifery). These services can be accessed via GP referral.

However, there are no signs indicating that there are toilet facilities located along the main corridor, off the waiting area.

Several of the surgery's internal doors already have electronic push button openers. However, the door through to the main corridor is rather narrow (which is difficult for a visitor assisting someone to walk) and is not signed.

Cleanliness and Maintenance of Communal Areas

All areas of the surgery were observed to be clean and antibacterial hand rub is available in the reception area. All leaflets were well stocked and tidy. Floors were clear of obstructions and trip hazards.

Patient Voice and Feedback

There was an eye-level notice board in the waiting area dedicated to the Patient Participation Group (such information is also available on the surgery's website). There was also a box for Patient Participation Group forms, which were placed in

full view of the waiting area. In addition, the surgery's complaints policy and procedures are shown at eye-level in the building and also displayed on its website.

There was also a separate box for patients to place Family and Friends Test cards inside. However, the box is difficult to identify as the text on it is quite small.

The Patient Participation Group meet bi-monthly and currently have no Chair. However, the group are being supported by a Deputy Chair. The group have also accessed support and advice from other local Patient Participation Groups (e.g. CCA Partnership) and NHS Warrington Clinical Commissioning Group (Patient Experience Team) to help group to develop. The Patient Participation Group are happy to support the surgery and aim to help undertake patient surveys from January to March 2017; talking to patients and developing services.

Safety

Passages around the building were clear. There could be potential safety issues due to the front door being heavy and closing too fast (this may benefit from a slow closing bar, or a replacement with automatic doors - as outlined previously).

The visiting team were asked by reception staff (in a pleasant manner) to sign into the surgery upon arrival and out upon exit. The visiting team were also all asked to sign a non-disclosure agreement, to protect patient data, as they were accessing areas beyond the public domains in the building.

Staffing, Leadership and Promoting Positive & Respectful Attitudes

At present the surgery employs; five GP partners, three salaried doctors (one is currently on maternity leave - with their hours covered by two regular locums), two GP registrars (one full time, one part time), three advanced nurse practitioners, five nurses, one healthcare assistant and one part time phlebotomist. The partners also fund eight hours of pharmacist's time to assist with patient discharge letters and medication updates. The surgery also has an administration team of twenty, including a business manager, practice manager and officer manager.

The Practice is a Teaching Practice (alongside Brookfield Surgery, Folly Lane Medical Centre, Lakeside Surgery and Stockton Heath Medical Centre).

The administration staff main duties focus around telephone, switchboard and prescriptions. Two staff support the telephone appointment lines in the day and one staff member in the afternoon (though other staff provide support as and when it is needed).

The Practice Manager informed the visiting team that the surgery has had a good experience in the use of advanced nurse practitioners, to complement GP services.

The Practice Manager explained that space is at a premium in the surgery and staff often have to share desks, rooms and other spaces. The surgery has an open plan administration area, which was very busy. The surgery also has a central staff room, which has a large communal table that is used for joint team meetings involving all staff (as well as breaks). This table is bordered by several desks and three personal computer terminals, in order to maximise the use of space. During the visit, staff members appeared to be busy, but maintained a professional mannerism. The staff were clearly focused upon their work and supportive of each other; sharing duties, desks and offering to accommodate the visiting team with refreshments.

The visiting team were informed that several staff have ‘upskilled’, as the surgery has a culture of ‘grow on your own’ and matching staff to jobs that are suited to their particular skills and personalities. The visiting team gained the impression that this would serve as a good approach for employees, patients and the practice.

Appointments

The surgery’s opening hours are Monday - 8:00am to 6:30pm, Tuesday - 8:00am to 6:30pm, Wednesday - 8:00am to 6:30pm, Thursday - 8:00am to 6:30pm, Friday, - 8:00am to 6:30pm. The surgery also offers evening extended hours on Mondays and Wednesdays (from 6:30pm, until 8:30pm). Emergency appointments are available each day from 8:00am to 6:30pm. The surgery closes at 1:00pm on the last Thursday of each month, for staff training.

Patients are able to book appointments by phone, online, in-person (by visiting reception) and the surgery writes to patients to remind them that they can request advanced bookings.

The visiting team also asked the Practice Manager, from a service perspective, if there were any changes that they would like to make to help improve access at the surgery. The Practice Manager said that more GPs would help to deliver a greater provision of care, but there were currently no vacancies at the surgery. However, some members of staff are completing a non-medical prescriber's course, which will help to improve patient care. The surgery also aims to upskill administration and support staff in navigation and signposting, to further support patients.

The Practice Manager reported that instances of patients missing appointments (without giving sufficient prior notice) was relatively limited at the surgery; because of its approach to appointment management and use of Nurse Practitioners.

Patients can access online appointments from 7:30am and some appointments are available to book up to seven days in advance. The surgery's phone line hosts a message recorded by one of the surgery's GPs, which gives patients advanced information about; the questions that reception staff will ask them, along with other access options and facilities available to them (such as extended access hours).

Patient Survey Responses

The visiting team collected a total of 11 patient survey responses at the surgery. The survey questions focused on patient's experience of access at the surgery.

When respondents were asked how satisfied they were with the surgery's booking system, 55% stated that they were either 'very satisfied' or 'satisfied'. The remaining respondents generally felt 'neutral' about the booking system (around 37%), with one respondent answering that they were 'not satisfied'.

Respondents were also asked to list any specific problems, or suggestions for changes, that could help to improve access as the surgery. Two respondents stated that they wanted to see the GP of their choice (one wanted to see the same GP each time), but this was not always possible at present due to staff capacity.

A recurrent theme amongst the responses were difficulties encountered by patients when trying to book appointments; with some requesting better phone access and more 'on the day' slots to be made available. In particular, some patients were unhappy with only one telephone line operating and some felt that the pre-recorded message was too long and may cause confusion.

Furthermore, just under one third of respondents reported that they were often unable to get through to book an appointment at all due to a busy phone line. An additional one third of respondents had to wait longer than 10 minutes to get through (some of those who were unable to get through most of the time also stated that they had to wait more than 10 minutes when they did get through).

In addition, some respondents told us that they had not sought any treatment despite wanting to be seen, or had visited other services as they had been unable to access the surgery. For example, one patient stated that they had sought treatment at A&E, as they had been unable to get a GP appointment for two weeks.

Perhaps this issue could be addressed with the introduction of greater phone line capacity, or the promotion of online booking (around 1/3 of respondents stated they were aware of the option to book online). In relation to the online booking facility, one respondent suggested making cancelled bookings available to select online in order to improve access.

On a positive note, 27% of respondents stated that the surgery had referred them to other local services to benefit from specialist care; including those at Bath Street, Widnes Walk-in Centre and Podiatry (diabetic foot clinic) at the Halliwell Jones Stadium.

Following the visiting team's conversations with patients during the visit, it is clear that one of the main problematic issues at the surgery was getting through to book an appointment by phone. Many of the patients the visiting team spoke with said that once they did manage to get through, the appointments had already been booked (perhaps by those booking online).

The Practice Manager is aware of the phone line capacity issue and every available member of staff is allocated to the phone lines during the first few hours in mornings (the busiest period for bookings). Furthermore, the surgery reserves some slots for each GP to be used by the receptionist for those patients booking either in person, or by telephone (booking online is quicker and does not involve personal interaction; it was found that patients attending or calling to book may be at a relative disadvantage in being able to secure an appointment). The surgery is also utilizing nurse practitioners to help alleviate GP workload. Furthermore, appointments with the nurse practitioners may take longer than regular GP appointments, as patients tend to have several medical conditions that need to be reviewed.

This is having a positive impact. For instance, one patient commented that unlike GPs (who could sometimes run late by over 1 hour, which is particularly distressing for patients with chronic illnesses, or those who have work commitments), the nurses generally keep to time. Consequently, the patient was happy to see the nurses instead of a GP when appropriate.

Summary

The Practice Manager is taking proactive steps to try and improve access at the surgery and staff appeared to be dedicated to providing good care. For example, the Practice Manager advised that the surgery has placed funding bids with NHS England with the aim of developing the front and back doors; to make them more accessible. The external door, presently in place, was self-funded by the GPs. Another bid has also made to extend the building to accommodate five clinical rooms and more parking spaces. The Practice Manager also mentioned that she had researched into providing another patient seating area.

However, current regulations state that this must be bolted down, which poses infection control risks due to cleaning restrictions.

The visiting team noted that assigning staff to tasks that suited their skill-sets and personalities, as well as affording them with opportunities to upskill, was a particularly positive aspect of the surgery's approach.

The visiting team also felt that, ideally, reception should be screened off from the administration area; for the benefit of both patients and staff. Furthermore, if the reception desk had more space, it would help to improve confidentiality and reduce congestion at busy times. However, given the current building constraints, this may be difficult to achieve.

Recommendations

- 1. *Share Good Practice:*** the surgery has demonstrated a good practice approach in relation to its working culture. In particular, allowing staff to upskill and be matched to jobs that suit their particular skills and personalities, appears to be an excellent way of improving the quality of service for patients and potentially encouraging higher staff retention rates. This approach could be shared with local partners for their consideration.
- 2. *Improve External Signage:*** the visiting team noted that external signage (particularly if driving) was difficult to see. Signage should be more prominent and it could be beneficial to have the name of the surgery displayed above the front door entrance (this has been introduced in other local surgeries).
- 3. *Review Confidentiality at Reception and the Waiting Area:*** potential confidentiality issues around these areas had been noted and should be addressed. This could be achieved in a number of ways; introducing low-level background music in public areas (so that private conversations are not as easily overheard), putting a notice in place to inform visitors to queue behind a designated line before approaching reception, screening off reception from the administration area and introducing wheelchair spaces (so that wheelchair users do not have to face other visitors while waiting to be seen).

4. **Review Phone Access:** problems with booking appointments by phone was identified as a recurrent theme in patient feedback and should be considered in relation to phone line capacity and improving / promoting the online booking facility.

Distribution List

This report has been distributed to the following:

- *Warrington Borough Council*
- *Warrington CCG*
- *Care Quality Commission*
- *Healthwatch England*

Appendices

Appendix A

Response from Provider

Following the visit from Healthwatch the practice will review the areas identified in the report with a view to improving the service for patients where possible. These include the following:

A white noise machine for the waiting room

Designated line for patients to wait behind to protect patient confidentiality.

Signage for the patient toilets.

Notices regarding baby changing facilities.

Increase the text on the friends and family test notice.

Dedicated wheelchair space within the waiting room.

With regard to some other points made in the report the practice would like to clarify these.

The report included responses from patients who were surveyed at the time of the visit, please see below:

Phone lines - there appears to be a misunderstanding of how the phone system works; there is one telephone number however this number has 8 analogue lines for incoming calls from patients and 2 digital lines used by GPs and practice staff for outgoing calls which ensures the incoming lines are kept free. When our telephone contract comes up for renewal we will, as we always do, consider the activity and any changes we can make to improve telephone access.

Appointments - When the practice altered the appointment system in April 2016 one of the issues raised and addressed by the change was the request from patients to have more appointments available for pre booking further ahead i.e. not on the day. The practice is committed to constantly reviewing the service offered to patients within the physical restraints of the building and the numbers of clinicians available. As a result we altered the system so that patients can choose an appointment on the day i.e. for that afternoon or for the following morning. In addition we up the online appointments from 7.30 a.m. making the process easier for those needing to get to work or drop children at school.

Cancellations -The practice has different types of appointments set up; some online access only and the remainder for patients booking via the phone or face to face. Those originally set up as online appointments, which are then cancelled will be available to those with online access. Those cancelled via phone or face to face get used up very quickly and we are never in the position where they are unused.

The practice is currently looking for patients to join their Patient group, anyone interested should contact Erica McSherry via email Erica.mcsherry@nhs.net or speak to Laura Callister the practice's Office Manager who will be happy to discuss.

Thanks

Adina Cadman
Practice Manager

Appendix B

Surgery Activity Notice

In SEPT 2016 your practice processed the following:

APPOINTMENTS	
Number of GP appointments booked online	492
Number of GP emergency appointments booked	175
Number GP Routine appointments	1,416
Number of GP Telephone appointments booked	152
Total number appointments attended	2,235
Total number Practice Nurse appointments attended	902
PRESCRIPTIONS	
Number patients requesting prescriptions	5,311
Number prescription items issued in the month	20,584
Number prescription items issued per week	5,146
Number prescription items issued per day	686
VISITS	
Number home visits	150
REFERRALS	
Actual number of referrals sent	616

