

Enter and View Report.

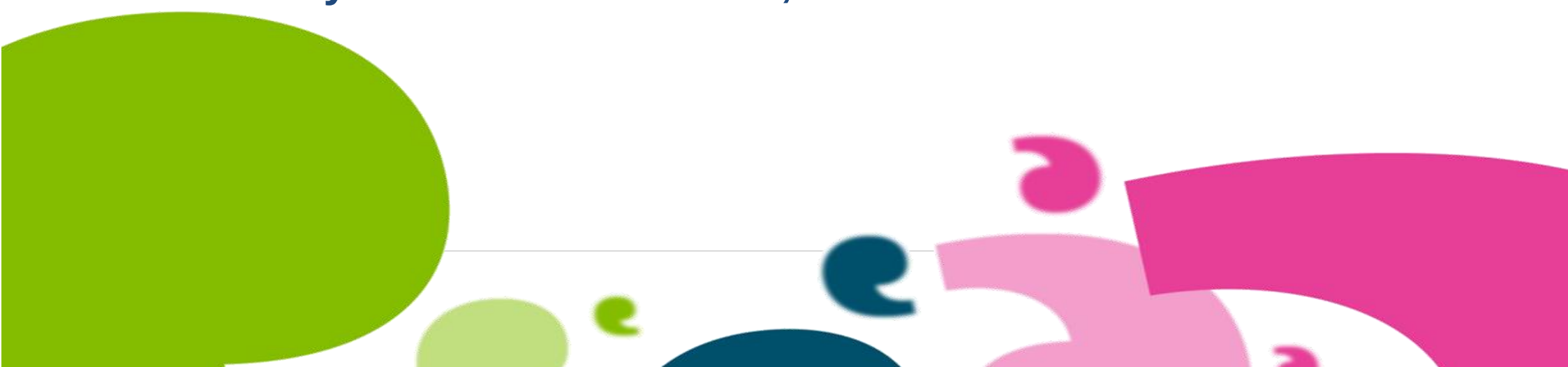
Announced visit to:

Trinity practice.

47 Derby Road. Southport. PR9 0TZ

44 – 46 Hoghton Street. Southport PR9 0PQ (at the time of the visit)

Friday 30th November 2018, 8:30am.



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What is Enter and View?

Enter and View is about seeing and hearing for ourselves how services are being run and allows Healthwatch Sefton to collect views at the point of service delivery. This might involve talking to staff, service users or observing service delivery.

Enter and View visits are conducted by 'Authorised Representatives' for Healthwatch Sefton who are trained volunteers and staff members. The full list of authorised representatives can be found on our website:

<https://healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view/>

Visits can be announced (we plan the visit with the service provider) or unannounced (when the service doesn't know when we are visiting).

All Enter and View visits have a clear purpose as identified by Healthwatch Sefton to ensure effective evidence gathering and reporting.

The Local Authorities (Public Functions and Entry to premises by Local Healthwatch Representatives) Regulations 2013 allows local Healthwatch 'Authorised Representatives' to collect the views of service users, patients and residents, collect the views of carers and relatives, collect the views of staff, observe the nature and quality of services and provide feedback.

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 use the service first hand.



Acknowledgements

We would like to thank patients for taking the time to speak to us and for filling in our survey. Healthwatch Sefton would also like to take this opportunity to thank staff on duty at the time of the visit and Danielle Parks, Clinical Operations manager for helping us to arrange the visit.

We would like to thank Anne Major and Brian Clark OBE, our authorised Enter and View members who visited the medical centre.

Healthwatch Sefton would also like to thank Nigel Booth (Healthwatch Sefton Formby locality representative) and Jan Leonard (Director of Commissioning & Redesign at NHS Southport & Formby Clinical Commissioning Group and NHS South Sefton Clinical Commissioning Group) for supporting in the planning and design of the questionnaire

Please note that this report relates to the findings observed on the specific date and time of the visit. 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.



General Information.

- 4245 patients are registered with the practice.
- The practice is currently accepting new patients.
- There are 2 male and 2 female GPs at the centre.
- Online appointment booking and the ordering or viewing of repeat prescriptions is not available online.
- Reception is open from 8am in the morning until 6:30pm in the evening (Monday – Friday) and appointments are available at the same times.

Information accessed from <https://www.nhs.uk/Services/gp/Overview/DefaultView.aspx?id=43920#> (20.01.2019)



Purpose of the Visit (background)

Community Champion network members across Southport & Formby were raising concerns on behalf of local residents concerning GP access. Although feedback had been received from across Sefton, reviewing feedback from Southport & Formby, the majority of feedback received was from the central locality. Similar issues were being raised at the south and central Community Champion meetings (particularly the Bootle locality) and at their meeting held in March 2018, it was agreed by members to take this issue forward to the Healthwatch Steering group meeting being held March 2018.

It was agreed at the Healthwatch Steering group to add this project to the work plan and for a questionnaire to be designed to capture specific feedback on GP access. The Steering Group discussed and agreed the following actions:

- A questionnaire to be designed to capture specific feedback on GP access
- The questionnaire to be forwarded to both NHS south Sefton CCG and NHS Southport and Formby CCG along with NHS England for comments and input prior to commencement of the project
- The questionnaire to be piloted in two localities across Sefton. Bootle locality and Central Southport were agreed.

1. South and central Sefton, Bootle locality. This included attendance at:

- Community Champion groups / organisations
- VCF (Voluntary, Community & Faith) groups
- Asda shopping centre based central Bootle
- Newspaper articles promoting the questionnaire within Bootle publications
- On-line promotion

2. North Sefton, Central Southport

- Enter & View visits were authorised and planned for GP surgeries within central Southport which included:
 - Christiana Hartley Medical Centre
 - Cumberland House surgery
 - Kew surgery
 - St Marks Medical Centre
 - Trinity Practice



Healthwatch Sefton

Healthwatch Sefton exists to make health and social care services work for the people who live in Sefton or use services based in Sefton. Everything we say and do is informed by our connections to local people. Our main aim is understanding the feedback and concerns of people of all ages who use services, and to speak out on their behalf.

Our role is to ensure that local decision makers and health and social care services put the experiences of local people at the heart of their work. We believe that asking people more about their experiences and encouraging them to feedback can identify issues that, if addressed, will make services better.

Healthwatch Sefton is set up as a company limited by guarantee, a subsidiary company of Sefton Council for Voluntary Service (Sefton CVS). There is a small staff team and a large team of volunteers who work together to ensure the organisation works towards its strategic and local priorities.

We are uniquely placed as we have a national body, Healthwatch England. Both organisations have significant statutory powers to ensure that the voice of people who want to have a say about health and social care services is strengthened and heard by those who commission, deliver and regulate health and social care services. Healthwatch Sefton works with Healthwatch England to ensure the voice of Sefton residents is represented at a national level.



Type of Enter and View visit undertaken

This was an announced Enter and View visit undertaken by the following authorised representatives from Healthwatch Sefton: Anne Major and Brian Clark OBE.

How the visit was planned.

The visit is not an inspection, but offers a lay perspective rather than an in-depth formal inspection. This visit was pre arranged as part of Healthwatch Sefton's work plan. Posters were sent to St Marks Medical Centre to make sure that patients and staff, were aware of the visit (Appendix One). The team of trained Enter and View authorised representatives spoke to patients in the reception area and filled out the survey with patients/ handed them a copy of the survey to fill out. Enter and View visits are not intended to specifically identify safeguarding issues, however if safeguarding concerns arise during the visit, they are reported in accordance with Healthwatch Sefton safeguarding policies.

The team write a report reflecting these observations and feedback, making comment where appropriate. The report is sent to the manager of the service to check the facts/information within the report. Any response from the manager is included within the final version of the report which is published on the Healthwatch Sefton website: www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view



From visiting Trinity practice, a total of **five** responses were received. Only **five** patients were in the practice during the duration of the visit, four completing the survey during the visit, **one** returning the survey back to Healthwatch using a

Freepost envelope. We were surprised that there were only **five** patients we could speak to during the visit. Despite only being able to have a conversation with a small number of patients, we still have a duty to report back to the provider what patients shared. Please see below a summary of the key findings.

Three patients had visited the practice in the past **1 – 3** months, **two** within the past **4 – 6** months.

Three patients told us that they **didn't know** who their named GP was with **two** patients sharing that **they did**. The **two** patients, who did know their named GP, told us that they **did** get to see their named GP.

Two of the patients we spoke with had last seen or spoken to a GP in the last **three – six months**, **two** patients had seen or spoken to a GP in the past **four – six** months, with **one** patient not in contact with the practice for **six – twelve** months.

Two patients told us that they **did get to see the same GP to maintain continuity of care** with **one** patient sharing that they **didn't**. **One** patient told us **sometimes** and **another** told us that they **didn't mind/it wasn't important to them**.

Two patients told us that they needed an **urgent appointment**, **one** patient told us it was related to a **long term condition** and **one** patient shared that it was for a **repeat prescription**. **One** patient who returned the survey in the post could not remember.

Four out of the five patients answering the question, how do you normally book appointments to see a GP or nurse told us that they did this by **phone**. The following comments were shared;

🗨️ *“Sometimes more than 15 minutes on hold to get through, then often saying that there is no suitable time slots left”.*

🗨️ *“There is a wait if I call first thing on the morning, but if I call later on its fine”*

When asked how they would prefer to book their appointment, **four** patients shared that they would like to book by **phone** with one patient preferring to book **online**.

Three patients told us that they were initially offered a **face to face** consultation with **one** patient telling us that they were given a choice of **face to face** and **telephone consultation**. **One** patient told us that staff just say; *if it's too bad, then ring an ambulance*”

When asked **how easy it was to get through to someone at the practice by phone**; **three** patients felt it was **fairly easy** with **two** patients telling is it was **not very easy at all**. The following comments were shared;

🗨️ *“Easy if I call midday”*

🗨️ *“138 calls later was the worst record”*

Three patients answered the question are you able to book a routine appointment in advance to see the doctor and all **three** answered **yes**.

Three out of **five** patients shared that they had not used another service because they could not get an appointment. **One** patient who had told us that they had, accessed a **pharmacy** and **one** had accessed **Accident & Emergency (Children's)**.

Three patients shared **that their experience of making an appointment to see a doctor was fairly good**, with **one** patient sharing that their experience was **very good**. **One** patient shared that it had been **fairly poor**.

Two patients **were able to get an appointment on the same day to see a doctor if needed** with **two** patients sharing they did **sometimes**. **One** patient told us that they **didn't**. The following comments were shared;

-  *"Usually yes, but once I got refused"*
-  *"Usually get sorted. 2 receptionists are excellent, Jake and Magda. One lady is very blunt"*
-  *"Yes, if I call at 8am, I can see a doctor or nurse on the same day, but there may be a long wait"*

Three patients shared **that their experience of making an appointment to see a nurse was fairly good**, with **one** patient sharing that it had been **neither good nor bad**. **One** patient told us that they had not seen a nurse yet.

When asked overall **how they would rate the attitude of medical staff**, **three** patients rated it as **very good**, with **two** patients rating attitude as **fairly good**. **One** further comment was shared;

 *"They are very helpful, they try their best"*

When asked overall **how would they rate the attitude of administrative staff**, **three** patients rated it as **very good**, with **two** patients rating attitude as **fairly good**.

No patients informed us that they had **changed to another GP surgery in the past 12 months**.

When asked do you have more to say, **two** patients shared:

-  *"Excellent doctor thorough and professional"*
-  *"There could be some late night appointments, like some days of the week the GP practice could stay open for longer"*



Observations made by the team during the visit

- During the visit we were made aware that the practice is moving to St Marks Medical Centre on the 19th January 2019 and will operate initially as a separate practice until the systems used by each service become compatible and then the two services will merge.
- During the visit, we observed patients going to the health and wellness service side of the surgery rather than accessing services from Trinity.
- During the visit we also observed the receptionist interpreting for a number of patients.



Safeguarding Observations

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues but if concerns arise during the visit they are recorded. There were no safeguarding concerns identified at the time of the visit.



Conclusions, recommendations and considerations.

Conclusions

The Enter and View visit was carried out on the 12th November 2018. Only **five** patients were in the practice during the visit that were seeing the GP with **four** completing it during the visit, **one** returning the survey back to Healthwatch using a Freepost envelope. We were surprised that there were only **five** patients we could speak to during the visit.

Given the small number of patients we spoke with we have no recommendations to share but we would like to know if we visited on a typical morning as the practice was extremely quiet.

Considerations.

Healthwatch Sefton would like to make the following recommendations to encompass the GP surgeries across the Central Southport locality:

The Enter and View reports following the visits to GP practices within the Central Southport locality to be tabled at the Central Southport Locality meeting to compare and share good practice. Areas for discussion and consideration to include:

- 🗨️ Good Practice – to share good practice of ‘GP Access’ across the locality.
- 🗨️ Patient Communication – How are patient informed of the appointment system? Information to be clear and understandable and available in different formats e.g. patient leaflet, social media.
- 🗨️ On-line booking appointments – All GP practices within the Central Southport locality state this service is offered but from the feedback received there is a very low uptake by patients. To look at ways to promote this service to patients.
- 🗨️ Patient Participation Group (PPG) – To ensure a PPG is in place and to engage with the PPG members when reviewing GP access. To attend the Healthwatch Sefton & CCG event re: PPG’s during May 2019 for Practice Managers and PPG members to attend. (Previous correspondence has been sent to each Practice Manager).
- 🗨️ Continuity of Care – Overall within the feedback received for all the GP practices ‘long term medical condition’ was the main reason for a patient’s last appointment. To compare and contrast best practice to enable patients receive continuity of care.



Response from the provider.

- There was a delay in receiving a response from this provider. On receipt of the draft report, the provider had asked us to confirm our definition of the term 'Continuity of care'. Please see below the definition we agreed and shared with the provider;

"Continuity of care is defined by Healthwatch Sefton as repeated contact between an individual patient and a doctor for a period of time required to treat a specific illness/ condition. We understand that it is not always possible to see the same GP, but we believe continuity is important, as being treated by different clinicians can be upsetting, particularly when you have to repeat your story again and again. It is important that the patient is asked how they would like their care to be delivered to ensure their medical needs are met, recognising their personal situation."

In sharing the above definition, we would also like to share that whilst understanding that it is not always possible to see the same GP during an episode of care, the lead GP (the one you saw at the beginning of your episode) should co-ordinate the process. In reducing the need for the patient to repeat their story again and again, it is important that patient notes are available to all concerned to reduce the need for repetition. This should provide better outcomes, increase patient satisfaction and be more cost effective.

- Despite us sending the provider the above definition, we did not receive a formal response from the provider and NHS Southport & Formby Clinical Commissioning Group have been informed.



Talk to us about your GP Practice

Friday 30th November 2018

From 8:30am

Healthwatch Sefton is your local, independent health and social care champion. We are visiting your surgery to find out what you think about the services it offers and would like to hear from patients, carers, and relatives about your experiences.

www.healthwatchsefton.co.uk / Info@healthwatchsefton.co.uk

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