

Details of visit**Service address:****Service Provider:****Date and Time:****Authorised****Representatives:****Contact details:****General Practice Enter & View****151 Burngreave Rd, Sheffield, S3 9DL****Pitsmoor Surgery****13th August 2015, 10 am - 12 noon****Maggie Campbell, Tony Blackburn****Healthwatch Sheffield, 33 Rockingham Lane, Sheffield, S1 4FW.
Tel. 0114 253 6688****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 the 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 to primary care for excluded groups

Methodology

This was an announced Enter and View visit.

The visit 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 two copies of the announcement flyer being placed on the main reception counter. The time agreed coincided with a normal (untargeted) clinic. Patients were attending appointments with GPs, practice nurses, healthcare assistants and a physiotherapist.

Both of the practice management team made themselves available for interview. They had also informed the Practice Patient Participation Group of the visit and the Group provided one of its members for interview. We also spoke to two reception staff. Other information was gathered on ad hoc basis from patients in the waiting areas. 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 management and PPG representative interviews. Finally, processes and interactions were observed as the clinic progressed.

Summary of findings

- There is good physical access to the surgery.
- There is clear signage, and all non-medical staff wearing name badges.
- There are various notice boards, including a community notices sections which were all tidy.

- The appointment calling system is both visual and auditory and the screen during waiting times scrolls through a variety of public health and other 'preparatory' messages.
- All who attended seemed clear as to the surgery's processes and chose either to go straight to Reception or the electronic sign-in (which gives a ticket and number)
- The spacious nature of the waiting areas meant that overheard conversations at reception would only be possible if someone queued too close (and we didn't see this). There was a corded barrier that indicated the space to stay away from the counter.
- The 2 Reception staff were welcoming, unflustered and helpful.
- Our discussions with practice managers and PPG rep reinforced the outward appearance of an establishment trying hard to do the best, open to new ideas and looking forward. There was no 'blame' culture or other judgemental language used in discussion of difficult topics. Their work and analysis is fact-based and they know their weak points. They are working collaboratively with other practices in a federation of 7.
- The wait to see a specific doctor when booking ahead is unacceptably long, averaging 2 weeks and can regularly be up to 4 weeks to see a part-time member of staff.
- There was a huge sign with the number of DNAs of the previous week (105) and on questioning this turned out to be 12% of appointments! They had 730 contacts (mostly face to face, some triage) in the same time.
- Waiting times, on the day, were up to 40 minutes (towards the end of surgery)
- There is limited parking (but designated spaces for disabled). The surgery is well serviced by buses (on a main route with almost adjacent bus stop) - but the nature of bus routes mean that patients not living near the main road would not be helped by this.

Detailed Findings of Our Visit

General

Pitsmoor Surgery opens 6 days a week, with possible evening appointments (Weds till 8pm), early morning (7.30am Friday, for pre-booked appointments only), Saturday morning appointments and NO midweek half day closing. They encourage continuity of care via a 'preferred doctor' system, seeing the same doctor each time - at least during this episode of care. The results from the recent national patient survey were positive. GPs have clearly publicised interests across areas of protected characteristics and clinical areas.

The practice has a clear and helpful website, which is kept up to date.

Services

The practice runs a number of services including;

- Baby clinic
- Anticoagulation clinic
- Family planning clinic, including drop in (used well by younger people)
- Diabetic clinic (have 600 diabetics on the register out of 9200)
- Minor surgery and cryosurgery
- Travel clinic
- Roma/Slovak clinic with an interpreter
- COPD - but more integrated via care planning now
- Physiotherapy
- Service 5 care homes, including dementia care
- Community support worker (started and stopped, starting again)
- Early morning under 16s drop in appointments (8.30-10.00) use varies with the school year - GP and nurse
- Have induction loop and use language line - though prefer interpreters

Appointments

- On line for about 2 years but with only moderate use
- Can book up to 8 weeks in advance
- Triage system¹ via reception with doctor call back for on the day appointments
 - Same day
 - Soon appointment
 - Sometimes prescription only
- Under 16's early morning drop in as above
- Waits to see specific part-time doctors can be 4 weeks, average two weeks for specific doctor and they do support same doctor continuity for those with regular attending needs
- August is a bad time due to registrar change over
- Registered patients now 9200 from 6000 in 1999, high turnover practice 100 new registered and 95 leaving each month
- The 105 DNAs of the previous week is twice the level of last year
- A patient who had been with the practice for many years had nothing but praise for the Doctors and Staff as they were very helpful but was not happy with the influx of Roma/Slovak patients as he believed that they got preference with appointments. Practice management had reported hearing this view before but were clear that it was not the case.

Waiting/processes

We observed that the waiting area perhaps looks initially complex to an outsider - two waiting areas downstairs and one upstairs. However, patients seemed clear on

¹ There is an impression that the 111 system is over-cautious and generates additional calls

where to wait and what to do, either via experience, a note on the electronic (Multilanguage) ticket or advice from reception. General accessibility is good, with a lift available to the first floor. Patients are called either by doctor in person, or by a screen with audio which indicates their ticket number and which doctor. There are 4 patient toilets on the premises, 3 of which have disabled access. Each door had clear signage, with reception sign in bold capitals. The waiting area had a calm atmosphere and a comfortable temperature. Small chairs and toys were available for children. The reception screen displays health information messages whilst waiting, e.g. Measles, Whooping cough, TB, Alcohol, Sexual health, Mental health, Blood and Organ donation, diabetes and nutrition.

Staffing

The practice has stable staffing across the board. Non-medical staff are included in a rolling programme of general education.

PPG rep

- Generally very positive
- “not all rosy” - DNAs, dealing with late arrivals (2 hours) in a second language
- Pressure on current practice of 6 monthly diabetic review because of increased numbers - likely to go to 12 monthly
- Feels triage works well
- Minor surgery good
- Aftercare above average
- One personal experience of poor staff attitude (in the distant past) was dealt with well by the practice.

Pharmacy

The surgery has an adjacent pharmacy. The PPG rep stated that one problem is limited privacy in the currently set up. The PPG are currently addressing issues with adjoining pharmacy re inaccurate/not timely repeat prescriptions.

PPG

The practice has a patient participation group run by volunteers, most of whom have been involved for a while, 2 who have joined in the last year or so. The PPG is advertised on the practice website and notes of discussions are posted there. Meetings are held every 6-8 weeks on a set day and time. An online forum is being considered to run alongside the PPG. The same manager and doctor attend PPG meetings on a regular basis, with others attending as and when. Issues emerge at meetings, rather than there being a formal process. The PPG successfully addressed previous issue of non-disabled people using disabled parking bays. Transport access/limited parking spaces is currently seen as a problem by some.

Additional findings

Everyone we spoke to at the surgery could be extremely open and willing to discuss both the positives and the challenges. We felt that this was a caring and forward looking practice.

Recommendations

1. Continue with your caring, collaborative and forward-looking approach.
2. Explore further methods of communicating the extent of non-attended appointments and especially how this impacts on waiting periods for booked appointments, e.g. by including percentages of overall activities and how waiting periods could be reduced by active cancellation.
3. Look for any patterns in those who do not attend and explore targeted actions if appropriate.
4. Explore further the misperceptions around 'preferential treatment' and how they might be countered, e.g. by adding a list of ALL the special clinics to waiting room electronic screen messages with explanatory narratives.
5. Make sure a Healthwatch poster is visible in all waiting areas to ensure all your patients know who we are and how they can help us reach the views of the people of Sheffield.

Service Provider response

This is a very positive report about our surgery.

At the present time we are aware that we have a significant number of DNA's (Did Not Attend) which makes it more difficult for our patients to get an appointment. We are always trying to find ways of reducing this number of DNA's or encourage patients to cancel if they no longer need the appointment, and we have a number of methods to remind our patients of their appointments.

Any patient who has an up to date mobile phone number on their records will receive a text reminder 24 hours before. In addition patients with only a house phone number will receive a telephone call as a reminder.

