



# Radbrook Green Medical Practice Enter and View Report

Visit date: 5<sup>th</sup> December 2017

Publication date: 9<sup>th</sup> February 2018

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# About Healthwatch Shropshire



**Healthwatch Shropshire is the independent health and social care champion for local people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

## What is Enter & View?

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'.

The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012**.



Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.



## Details of Visit

<b>Service</b>	Radbrook Green Medical Practice Bank Farm Road, Radbrook, Shrewsbury SY3 6DU
<b>Commissioner</b>	Shropshire Clinical Commissioning Group / NHS England
<b>Date of visit</b>	Tuesday 5 <sup>th</sup> December 2017 2pm
<b>Visit Team</b>	Two Healthwatch Shropshire Enter and View Authorised Representatives

## Purpose of Visit

To engage with service users and staff to understand:

- the practice's compliance with the NHS Accessible Information Standard
- the practice's approach to delivering primary care services and any barriers they face

Our aim was to:

- identify examples of good working practice
- observe patients and relatives engaging with the staff and their surroundings
- capture the experience of patients and relatives and any ideas they may have for change

### 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 experience of all service users and staff, only an account of what was observed and contributed at the time.

## The Context of the Visit



By law, from 1<sup>st</sup> August 2016 onwards, all organisations that provide NHS care and / or publicly funded adult social care must follow the **Accessible Information Standard** in full. The Standard directs and defines a specific, consistent approach to identify, record, flag, share and meet a person's information and communication support needs, where these needs relate to a disability, impairment or sensory loss (e.g. sight, hearing).

During January-March 2017 NHS England led a review of the Standard and some of the key themes that came through were:

- There is widespread support for the aims of the Standard, although some organisations have concerns about costs
- Patients, service users, carers and patients are clear that receiving accessible information and communication support is essential if they are to receive safe, high quality care, to maintain their privacy and dignity, and to be involved in decisions about their care and treatment
- Implementation of / compliance with the Standard is variable across and within organisations
- Similarly, the impact of the Standard on individual patients / service users and on organisations differs. Where organisations have implemented the Standard they and their patients have noticed benefits.
- Many people felt that the Standard could have a significantly greater impact than it had done to date, suggesting that national monitoring / enforcement be put in place
- The most common challenges related to difficulty in recording and flagging needs and producing information in alternative formats, lack of awareness / the need for improved communications about the Standard and competing demands on staff time

Since it was set up in 2013, Healthwatch Shropshire has received comments from members of the public about their experience of GP and primary care services. As a result of these comments and following the post-implementation review of the Accessible Information Standard we decided it was time to visit a number of practices across the county to speak to patients, carers and staff about their experiences; to find out how the Standard has been implemented, any challenges and its impact locally so far.

We aimed to visit a range of practices. The practices we have visited were chosen based on their location, size and whether or not we had previously received any comments, positive and negative. We also chose practices with a range of CQC ratings from 'Outstanding' to 'Requires Improvement'.

The current CQC rating for this practice can be found on the CQC website:

<http://www.cqc.org.uk>

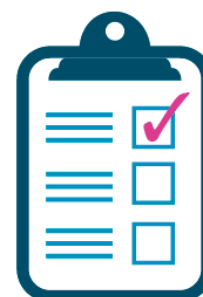
Visits were announced and the Senior Partner / Practice Manager were told the date and time of the visit so they could promote it within the practice and encourage people to talk to us.

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## What we did

### Before the visit

- We contacted the practice's Patient Participation Group (PPG) to explain what we were doing, asked them to help promote it among the patients and invited them to complete a questionnaire.



### During the visit

- The Authorised Representatives (ARs) on the visit team made an observation of the environment and completed a checklist.
- The ARs spoke to patients / carers in the waiting room and asked them if they were happy to complete a questionnaire. They were told that their answers would be recorded anonymously and they would not be identifiable in the report.
- The ARs spoke to any staff in the practice who were free and happy to comment



On our visit to Radbrook Green Medical Practice we spoke to

- Eight patients/carers
- Three staff



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## What we found out

### Practice information

The practice serves a wide area of central Shrewsbury of around 9,400 people. This number has increased recently due to new housing developments.

There are nine doctors in the practice; five GP partners, two salaried GPs and two registrars. Other staff include two nurses, one nurse practitioner, one healthcare assistant, and 16 administrative/reception staff, including the Practice Manager.

Specialist clinics provided by external providers include:

- Chiropody
- An upper limb orthopaedic clinic run by a consultant from the Robert Jones and Agnes Hunt hospital
- A specialist physiotherapist
- Inter-hearing (audiology) - both NHS and private for patient choice, which also offers micro-suction privately
- Mental Health Counselling
- Private Counselling
- Physiological Measurements
- AAA Screening
- Marie Stopes Clinics

### Observation

The signs outside the practice are large, clear and readable from a distance. We entered through automatic double glass doors which also lead to a pharmacy conveniently situated next to the GP practice.

There is a wide, gentle ramp situated immediately outside the building with designated disabled parking spaces within a free public car park.

The waiting room is a very clean, bright, tidy and welcoming area. There is plenty of seating arranged around a central information island and drinking water is available. The area is uncluttered and easily accessible by wheelchair users. There is a large reception desk set back from the seating area.

There is an electronic check-in stand at the entrance to the waiting area which has a clear explanation on the wall above of how to use it. Patients are also offered an alternative way to check in by taking a numbered ticket and waiting for this to be displayed at reception when it is their turn to speak to the receptionist.

We noticed a hearing loop sign on the reception desk which was a little small and not very obvious<sup>1</sup>.

Fire exits are clearly identified in both words and pictures, as are the toilets. We did not notice pictures on any other doors<sup>2</sup>. We saw one accessible toilet.<sup>3</sup>

We observed that the practice displays a lot of information on different topics, for example, patient access, opening hours, support groups/services. The notice boards were crowded and if there was more notice board space it would be easier to read the notices. Some information was in small print and some hidden behind a Christmas tree<sup>4</sup>. Notices were all relevant and in date.

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<sup>1</sup> Since the HWS visit the Practice Manager has told us the hearing loop signs 'were supplied by the company that fitted the system but we will obtain some larger ones. No one has ever reported that the loop is not working, however we will also be contact the supplier to make sure that it is.'

<sup>2</sup> In response to the report the Practice Manager has said: 'The visitors appeared to like our waiting room and commented on its appearance. They reported we had plenty of signs on toilets and fire exits but did not notice any on other doors. We have a door into a store cupboard so we will obtain a no entry sign.'

<sup>3</sup> The Practice Manager has noted 'For your comfort we have a disabled/baby changing toilet in the waiting room and a further disabled toilet in the bottom corridor for staff and patients alike which the two visitors did not visit. There are two further toilets for staff use.'

<sup>4</sup> Since the HWS visit the Practice Manager has explained: 'The design of the surgery building limits wall space for noticeboards. The visitors commented that the notice boards were crowded and much of the literature was in small print. Unfortunately these posters are received from NHS England (NHSE) and the Clinical Commissioning Group (CCG) and we have no way of altering their format; it would be helpful if Healthwatch could feed this back to NHSE. The posters displayed are a mere snapshot of the numbers of posters we are expected to display. We try to select those that are most relevant to our patients and are a priority. We will review the layout and turnover of posters to try to make the boards clearer.'

'Following a risk assessment the previous year we placed our Christmas tree in a corner by the noticeboard so that it did not prove to be a hazard for wheelchair users etc. The visitors pointed out that it did obstruct the view of some notices so next year these notices will be removed to avoid this. Our Patient Participation Group hold a Christmas party here and so they do like to have a tree, it wouldn't be Christmas without one and we hope you agree.'



There is an electronic information screen to the side of the reception desk, which did not appear to be working<sup>5</sup>.

Although the reception area is open, it was not easy to overhear conversations. Music played quietly in the background. When doctors and nurses came into the reception area to call patients, they spoke very clearly and were easily heard by patients.

The staff we saw on our visit all wore clear name and job identification badges. We observed receptionists speaking face to face and in a friendly manner to patients. However we could not hear what they said.

### **Additional observations**

We saw leaflets and posters clearly displayed. These included a poster advertising our visit, Healthwatch Shropshire Tell Us leaflets and Enter and View leaflets. A practice newsletter was available on a shelf between seating.

One Tell Us leaflet had recently been filled in, which was handed to us by the Practice Manager.

We did not see any information about the NHS Accessible Information Standard in the waiting room<sup>6</sup>.

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<sup>5</sup> Since the visit the Practice Manager has told us 'Radbrook Green Surgery has recently been piloting a new media screen supplying health information in our waiting room in collaboration with Public Health, to help consistency of health promotion. At the time of the visit the screen had been installed but was waiting to be connected fully and loaded with information. The old screen which we felt had inappropriate advertising has already been replaced by this new system.'

<sup>6</sup> The Practice Manager has commented: 'It is regrettable that the visitors did not see any information about the NHS Accessible Information Standard (NIA) in the form of posters or literature due to the transition period between Practice Managers; this has now been rectified. All staff have now received relevant training and a more robust system is in place for collecting relevant information from all patients in line with AIS.'

## What patients told us

We spoke to eight people in the waiting area and they all completed our questionnaire. The time that each of these people had been a patient at the practice varied between registering recently to over 35 years.



Four patients told us that they had not been asked specifically by practice staff whether they had a communication need when they first registered. One said they had been asked and the rest couldn't remember. Seven said they had not been asked if they were a carer. No one thought they had been asked either of these questions by questionnaire but two said they were asked verbally<sup>7</sup>.

One of the eight patients we spoke to had communication needs. These included hearing and sight problems due to their medical condition. We were unable to ask questions about whether the staff were aware of their communication needs, as the patient was called for their appointment.

When asked about how the practice communicates with patients, most said that they received letters, texts or telephone calls. Three said they received emails as well. Four respondents told us that they had been asked how they preferred to be communicated with. One said that they were also asked which telephone (landline or mobile), was most convenient for them to receive calls.

Patients varied in how they preferred to communicate with the practice. Three said they sometimes came in person, two saying they would also use the telephone if they could get through. One said that it was sometimes difficult to get through on the telephone, especially in the morning and it was often quicker to come into the practice, as they lived nearby<sup>8</sup>.

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<sup>7</sup> Following the visit the Practice Manager has explained that 'this data was already being collected on an additional form which is attached to our registration forms, then added and coded to patient records. This form has been redesigned over the years hence variable patient experience when registering in the past.'

<sup>8</sup> 'The volume of telephone calls received by the Practice are high and we are working to achieve lower waiting times on our telephones. We are carrying out regular audits of our system highlighting peak call areas and these are gradually disappearing with moving staff hours and taking back our telephone break between 13.00pm and 14.00pm. This means our telephones are manned between 8.30am and 18.00pm every weekday. These improvements will be audited further in due course.'

We asked patients what changes they would want to see in the way the practice provided information, for example large print, audio or easy read. Five respondents said they were very happy with the information they received. One didn't know and one said they would want the telephones to be answered when trying to get through.

Overall, the comments from patients about the practice and information they received were very positive:



- “Very happy with service provided. Very obliging with appointments.”
- “Nice practice. Can get same day appointments.”
- “Clear information given. Very happy with the practice. They are very busy and they cope really well with it.”
- “The service is very good. Clear, concise information.”
- “Very clear information. Everything is on the notice board or you can ask the receptionist. Very, very positive communication and help when I cared for my mother who was bed bound for over four years. The doctor cared not only for my mother, but me as well. He always had time to ring or visit.”
- “Clear information. Happy with the practice.”

## What the patient group told us

We spoke to a new member of the PPG. She had taken on a role in helping patients within the waiting area, especially in pointing them to useful information, helping them to fill in forms, directing them to where they needed to go, or just chatting to them if they looked anxious or worried. Her role was also to restock the leaflets and posters as required and generally to keep the waiting area tidy. She told us she would also be working with a new online group within the PPG which would liaise with staff and doctors in making decisions about development within the practice. The main group of the PPG has been established since 1991 and are more involved in fundraising which is overseen by the chair of the group.

The new member was not aware of the questionnaire sent by Healthwatch Shropshire to the chair of the PPG. We gave her a copy to help with any discussions she might have about the NHS Accessible Information Standard with the Practice Manager.

## What staff told us

The Practice Manager had only been in post for a few months and told us that she had not yet spent any time looking at the NHS Accessible Information Standard (AIS)<sup>9</sup>. It was a term she was familiar with from a colleague who acts as a mentor and understands a little about it. She told us that the practice does not have an AIS policy at the moment. She explained that patients and carers are asked about specific communication needs including difficulties with sight / hearing, learning disability, Autism or cognitive impairment, when they first register with the practice. This has been introduced recently. For those patients who registered some time ago, communication needs may be picked up by staff from their records.



There is a dedicated member of staff who looks after and updates electronic patient records containing information on learning disability, carers and palliative care. A yellow box on the computer screen flags up if a patient has not been seen for a while and a visit may be co-ordinated to check up on them<sup>10</sup>.

We asked the Practice Manager how she was aware of the communication needs of existing patients. She told us that staff would ask carers about patients' communication needs and use the telephone for learning disability reviews with carers, especially if coming into the GP practice was difficult.

The Practice Manager also mentioned that there is a Community Care Coordinator who is in touch with many vulnerable patients. She has started a bereavement group which meets weekly. She is also involved in facilitating an ME (Myalgic Encephalomyelitis) group. She telephones patients to see if they are alright if the staff or doctors are concerned about them. She will also visit their homes and make checks if necessary and runs a befriending scheme. She is a point of contact between patients and the practice.

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<sup>9</sup> In response to the report the Practice Manager said that 'During the Practice Manager interview it was clear that the broad thrust of the AIS principles were known and being applied by the practice although the actual document was not widely shared.'

<sup>10</sup> Since the visit the Practice Manager has clarified this saying 'in fact 'yellow box alerts' are used by staff and GPs for many reasons, including communication problems and disabilities'.

We asked about the number of patients registered with communication needs and whether there was a breakdown of the categories of need. We were told by the Practice Manager that the administrative manager kept a record of the numbers and categories<sup>11</sup>.

All members of staff are made aware of patients' communication needs, even before they interact with them, as a yellow box pops up on the patient record screen.

The Practice Manager confirmed that patients and carers give permission for their notes to be shared externally when being referred for specialist treatments. This is done when the Practice Manager's secretary sends referrals electronically which automatically show details of specific communication needs.

The Practice Manager was aware of the hearing loop located in the reception area. She told us that it was plugged into the desk and as far as she knew, nothing needed to be done with it. Staff were not trained in its use for that reason, only that they knew where it was. She was unsure as to how often it was checked to see if it was working.



The Practice Manager told us that training in disability awareness and communication was mandatory for all staff. However deaf awareness, dementia awareness and creating easy read or accessible documents are not routinely covered in training. The Practice Manager said that the staff used their common sense and knew when to be understanding, or when to ask for support from her with a patient they found difficult to help or communicate with.

Most training of the staff is by E-learning which is ongoing. There are 30 units for administrative staff. An email reminder is sent when a unit is due for updating - usually annually. The Practice Manager said she has a 'purge' on training every three months to make sure everyone is up to date. There have been external companies visiting to train staff in the past, but this is increasingly rare.

Information for patients is available in various formats including email, text, easy read and large print. The Practice Manager told us that as far as she knew there had not been a request for Braille or audio. She did not know if patients were made aware of the different formats, as they were usually requested by the patient. One patient has recently requested large print. Also, there has not been

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<sup>11</sup> The Practice Manager has told us that 'the number of patients with problems can be searched for on the system as once these have been highlighted to us they are coded'.

much demand for easy read, because learning disability patients are usually accompanied by a carer who communicates on their behalf.

Staff are able to interact with patients routinely using digital formats such as text, or online via the booking and prescription ordering patient access service. They may also use easy read or large print and can request an interpreter if necessary. The Practice Manager told us that there had not been any demand for other forms of communication such as electronic/ manual note taking or speech to text recording. There is a folder for staff giving information about to how to access specialist help. For example, Language Line Solutions are usually able to help with interpreter services.

The patient access online booking system is offered to all patients who have internet access. Not everyone is familiar with using such services, especially older people. We asked if there is a dedicated member of staff who could help patients to use the system. The Practice Manager said that the new PPG representative will shortly be trained to do this<sup>12</sup>. Currently one of the admin staff helps patients if they have problems. For example, a patient may not fill in the details correctly, which will be flagged up to staff on the screen when processing the request, or the patient may telephone to say they are having difficulties completing the forms. The Practice Manager told us that there had been some problems with telephones at peak times. After monitoring numbers of calls over each day of a working week, she was able to improve the situation. However she said that further improvement was necessary and she was looking into it with her IT colleagues.



The Practice Manager said that she sees promoting good communication and relationships between patients and staff as central to her role. She was keen to share with us some new ideas and good practice that she had put into place since taking over in her new role.

- She has re-designed the practice newsletter by going “back to basics”. By giving clear, simple messages, thereby reducing the amount of information included, patients might be more likely to read it. Staff profiles are included, so that patients can get to know more about the people who work in the practice. She hoped this might encourage them to feel more comfortable talking to staff or seeking advice.

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<sup>12</sup> Since the visit the Practice Manager has explained that the PPG representative ‘would only be able to describe how to use the system, she would not be allowed onto the computer system as she is not employed by the surgery’.



- The practice has had good general feedback from patients on the NHS Choices website and the Practice Manager regularly responds to their comments.
- The flu vaccination process was very well attended with queues of patients highlighting it to the wider public as a ‘big event’ at the practice.
- The practice has developed ‘A-B-C letters’ (A=Asthma, B=long term conditions, C= COPD) for patients, to help appointments for specialist clinics to be booked with the appropriate clinician. When patients telephone to book an appointment the receptionist asks the patient whether A, B or C is at the top of the page and then can make an appointment with the appropriate clinician.

As well as the Practice Manager, we also spoke to two other members of the practice staff team. Neither were aware of the AIS.

One said they had attended disability awareness training and that it was updated annually. She said training was useful, as it “freshens your mind”.

One member of staff told us that she had received some training on visual and hearing impairment via an online training system called Bluestream. For learning disabilities, autism and other communication problems such as aphasia, she would use interpreters or pen and paper.

Training was usually via E-learning, in-house or by discussion with other staff in the practice.

Both of the staff felt that it would be useful to know more about the AIS and that it was important to be kept up to date.

We asked if they know how a patient that has a specific communication need is identified, i.e. if they had hearing impairments, visual impairments or a learning disability. Both staff we spoke to said that it would be flagged up on electronic records or picked up by talking to patients. One staff member said she is aware of the need for showing that she understands them when dealing with such patients.

These staff told us that all new patients have information recorded about their communication needs electronically when they register. Patients registered some time ago are also now having their information updated on the system. There is also an automatic system for sharing this information (including seeking patient consent) with an external organisation such as a hospital.

Both of the staff were aware of the plug-in hearing loop in reception, but neither knew how often it was tested. One thought it might be done annually when other electrical equipment was PAT tested.

We asked the staff if they knew how a patient with a hearing impairment would know when called for their appointment. One said that if the loop was working, they would hear. The doctor or nurse also calls the patient from the front of the reception desk. They would know beforehand that the patient was deaf as it is indicated in their records (yellow box). The other said that the doctor or nurse would call the patient's name and, if no response, would ask the receptionist if the patient was booked in.

We asked if the fire alarms were appropriate for those with hearing impairments. Both staff were not sure, but one said that staff check that no-one is left in the building and described the evacuation procedure. They told us that the practice has fire drills every three or four weeks and, as far as they knew, there had been no problems and everything had run smoothly.<sup>13</sup>

One staff member also told us that one of her specific roles is to develop the signs within the practice.<sup>14</sup>

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<sup>13</sup> In response to this the Practice Manager has said: 'The visitors asked the Practice Manager and two staff members if the fire alarms were appropriate for the hard of hearing. To clarify: our alarm is tested weekly, with full evacuation every six months. The Fire Officer has passed our evacuation process and assured us that a visible flashing alarm is not required. The system we have is a set of fire cards which, on hearing the alarm, staff pick up and distribute amongst themselves. The cards contain clear, quick instructions which are followed to the letter, ensuring no patients are left in the building. Our Fire evacuation record shows that the two drills undertaken in 2017 had an evacuation time of 3.5 minutes.'

<sup>14</sup> The Practice Manager has said 'there is some uncertainty about a staff member stating she has a specific role to develop signs within the practice as this is not the case; we will however have a new focus to ensure that a variety of formats and fonts are made available in the future when providing information.'

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## Additional Findings

There was an electronic screen in the waiting room which the Practice Manager told us was installed by a company to provide advertising from them on health related topics and which the practice could use to advertise their own items. The Practice Manager was not happy with some of the adverts and has ended the contract with the company. The screen will be removed. She said that they would still like to use a screen as a notice board for patients.



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## Summary of Findings

- The eight patients we spoke to were very happy with the way the practice was run and the way staff communicated with them.
- Patients said that the information they received from the practice was clear and concise and that nothing needed changing.
- The staff we spoke to were all aware of the importance of clear communication with patients.
- A system of flagging patients with communication needs was in place within the electronic patient records. All staff were aware of the flagging system
- There are good relationships with others involved in the practice such as the Community Care Coordinator and the PPG, both of which provide additional support to people with communication needs.
- There had been some problems with telephones at peak times. The Practice Manager said that the system could do with further improvement and she was currently looking into the technology with her IT colleagues.
- The practice had developed a simple coding system on patient letters for clinic appointments.

- There was some confusion by all the staff we spoke to about how and when the hearing loop needed testing.
- Some waiting room notice boards were cluttered, with a lot of relevant information for patients and carers. The print was also small (12 point) in most instances.
- The recently appointed Practice Manager described herself as a “people person” and was very keen to develop a community feel to the practice, promoting good relationships within the practice and with patients. She believed that clear, simple information was important in achieving this and to reduce any misunderstandings.
- Letters referring patients to clinical services outside the practice automatically include information (if any) about communication needs. Patients are asked for their consent to the sharing of this information.
- None of the staff were aware of the term 'Accessible Information Standard', but the staff we spoke to said they would welcome more information about it.

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## Recommendations

- To continue to collect information from patients and their carers about their communication needs in the context of the high priority this practice puts on communication.
- To train all staff on the requirements of the 'NHS Accessible Information Standard'
- To consider installing another electronic screen in the waiting area to give information to patients. This might reduce the amount of information on notice boards.
- To ensure that the hearing loop system is checked regularly.

- To consider providing a folder of information for patients who find it difficult to look at, or read from, a screen.
- To continue to work with IT colleagues to improve the telephone service.
- To continue to provide extra support for patients with communication needs using, for example, the Community Care Coordinator.

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## Service Provider Response

Healthwatch Shropshire has received the following response to the Enter & View visit and report from the Practice Manager, Radbrook Green Surgery on 8<sup>th</sup> February 2018.

The Healthwatch visit and subsequent report was valued by the Practice and will play an important part in assisting us with the ongoing development of communication with our patients in order to provide a high class service to them in the delivery of healthcare to meet their needs.

We were particularly pleased to find that patients felt that we already communicated well with them and took steps to try to identify and meet their needs should they have communication difficulties. It was felt that information was generally clear and concise. This positive feedback from the patients that were interviewed will be shared with all of the staff.

There were a few factual areas in the report which we have clarified and we have commented on some areas where there may have been some misunderstanding.

The Practice Manager's clarification / comments have been added to the report as footnotes throughout.

We would like to take this opportunity to thank you for selecting to visit us and for your valuable feedback.

It is always helpful to receive comments from others in order to review the practice and how others perceive us. We are always striving to improve our patient experience and care and this helps us greatly.

The Practice Manager has also provided the following information and actions in response to our recommendations:

**To continue to collect information from patients and their carers about their communication needs in the context of the high priority this practice puts on communication.**

We have now implemented a system using MJOG (a secure messaging system). All adult patients with mobile telephone numbers have been sent the message:

*'Message from Radbrook Green Surgery. We are improving how we communicate with patients. Please tell us if you need information in a different format or communication support. Let the receptionist know, when you arrive for your next appointment, or call us on 01743 231817.'*

This message is coded so therefore is added to Care History on the patient's records.

The standard is now also showing on our website [www.radbrookgreen.co.uk](http://www.radbrookgreen.co.uk) together with the message.

This is being overseen by the IT manager.

This will be ongoing due to new registrations and new telephone numbers being supplied by patients. Admin staff are checking telephone numbers with each patient contact.

**To train all staff on the requirements of the 'NHS Accessible Information Standard'**

All staff are now aware of this standard and where to find it on our shared drive. Scenarios have been handed to reception staff for them to be able to obtain the correct information from patients.

The Practice Manager and Reception Supervisor have incorporated the NHS AIS into protected learning sessions at the Practice to promote team discussions and to help embed this into ongoing behaviour.



**To consider installing another electronic screen in the waiting area to give information to patients. This might reduce the amount of information on notice boards.**

This is now fully installed as was discussed on the day.

**To ensure that the hearing loop system is checked regularly.**

Practice Manager to contact the company and check the system as soon as possible.

Update: The system engineer will visit site on 12.02.18 to test the system and replace signs.

**To consider providing a folder of information for patients who find it difficult to look at, or read from, a screen.**

We already have a folder which will now be updated in alignment with NHS AIS as soon as possible.

This will be overseen by the Practice Manager.

**To continue to work with IT colleagues to improve the telephone service.**

The telephones have already improved and are being monitored and audited.

This is being overseen by the Practice Manager.

**To continue to provide extra support for patients with communication needs using, for example, the Community Care Coordinator.**

We have recently been provided with statistics re our C & CC activity and these show that out of 40 practices we are currently 7th on the list with 117 referrals (1.25% of our practice list) being made to her.

The report acknowledged that we are already doing a great deal to provide our patients with communication and we will continue to do so and develop it further.

This is ongoing and will continue to be overseen by the Practice Manager.

## Acknowledgements

Healthwatch Shropshire would like to thank the practice, patients, carers and staff for their contribution to this Enter & View.

## Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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