



# Broseley Medical Centre

## Enter and View Report

Visit date: 14<sup>th</sup> March 2018

Publication date: 7<sup>th</sup> June 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>	Broseley Medical Centre, Bridgnorth Road, Broseley, TF12 5EL
<b>Commissioner</b>	Shropshire Clinical Commissioning Group / NHS England
<b>Date of visit</b>	Wednesday 14 <sup>th</sup> March 2018 9.30 - 12.30
<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

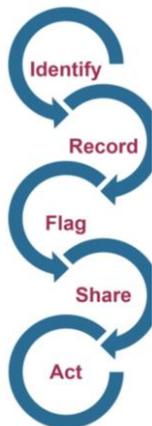
Our aim was to:

- 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 said to us 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

Accessible Information Standard: Post-Implementation Review - Report  
NHS England, July 2017

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 Broseley Medical Centre we spoke to

- Thirteen patients
- Three staff



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## What we found out

### Practice information

The GP practice serves 4,600 patients. It is in a convenient location in the centre of Broseley next to the Library. There are two GP partners and two part-time locum GPs, as well as a team of nurse practitioners, practice nurses and administrative staff. The practice is open every weekday from 8am to 1pm and 2pm to 6pm. There is no late evening opening, but arrangements for other local late opening health services are advertised. The senior partner and several other staff have worked in the practice for many years. Other doctors and the practice manager have joined the practice within the last 12 months. There are weekly sessions provided in the practice by the Community Care Coordinator<sup>1</sup>, a Counsellor and the Citizen's Advice service.

### Observation

The practice is in part of an old Victorian building, which also houses the Library and Council Offices for the town and is on a main road. Although the Library is well signposted in the town, the Health Centre is not. This is not a problem provided patients and visitors know to follow the Library signs. There is plenty of free parking behind the Library and three parking spaces for the disabled by the door into the practice. The ramp from the pavement to the practice entrance is quite steep, but the entry from the car park is a much gentler slope. The words Health Centre are on the front of the building and can be seen from the road, while the name of the practice over the entrance is harder to see.



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<sup>1</sup> A Community and Care Co-ordinator is based in a GP practice and can refer patients with social, emotional or practical needs to a range of local, non- clinical services, often provided by the voluntary and community sector.

Reception is located behind a clear plastic sliding screen in the waiting room. There is a notice on the screen asking patients to wait if the receptionist is on the phone. There was relatively loud music playing throughout our visit. We were told this is to prevent patients overhearing others' conversations. There is a 'log-in' screen on the wall by reception which most patients used. We saw one patient sign in at reception instead.

During our visit several patients called in briefly to drop off repeat prescription forms into a labelled post box; others spoke to the receptionist.

The waiting room had a variety of chairs to meet different needs, e.g. they were of different heights and some had arms. No one had to wait more than 10 minutes before being called to their appointment. The chairs are arranged in narrow rows facing an electronic screen so that patients have to edge past other people to reach some of the furthest chairs. We saw a water dispenser just off the waiting room area, although there was no sign to it.

The electronic screen in the waiting room showed a series of local and national slides about health services and advice, including information about Healthwatch Shropshire. On some screens the text is too small to be easily read. Below the screen there is an A4 folder prominently labelled 'Useful Information' with copies of these slides.

This rolling programme is interrupted by a plain screen which shows the patient's name in large letters, the clinician they are to see and in which room. The message is in white text on a blue background. There is a 'beep' to alert patients when a patient is being called. At the time of our visit the waiting room was not very busy and we observed that all patients saw their names come up on the screen.

A large notice board, extending the length of the entrance corridor, displays a number of notices and contact details. We were told this board is kept up to date by the 'very active' Patients Participation Group (PPG). These notices are grouped by theme and include local community news. The board is uncluttered and the notices are mostly in a large text. In the waiting room there are several racks of leaflets, including some about local (health-related) charities and healthy living. Another notice board has information about local residential care homes. The overall impression was that the medical centre maintains close links with the local community.

At the main entrance and on several walls, there are notices about the two fire escape routes, with instructions about what to do. These had pictures but some words are in a very small font. Staff told us the fire alarm is 'very loud' and has a flashing light. They said the practice holds fire drills every six months and that there had been no issues during the latest one.

Signs to the toilets include words and pictures and there is a large room for the use of the disabled or for baby changing. Consulting rooms are numbered and have a removable notice with the name of the clinician using it at that time.

During our visit there was a noticeable temperature difference between the waiting area and the staff offices. The waiting room was quite cool and the staff offices were very warm. Staff told us that this is one of the problems with the age and nature of the converted building.

## What patients told us

We spoke to 13 patients, using a questionnaire to make sure we asked everyone the same questions. Three people told us they had a communication need e.g. a hearing difficulty, including one person who had both impaired hearing and vision.



All but one of the patients had been with the practice for many years and they could not remember whether they had been asked if they had a communication need. None of the people we spoke to had been asked recently. The one person who registered three years ago did not think they had been asked about any communication problems. The three patients with hearing problems said the staff knew them well and there were never any face to face communication problems:

- “The practice communicates by letter and by texts (to confirm appointments and send reminders). I rely on my wife to read the letters. The print is not very large. I normally call in to make an appointment, but if it's urgent someone will always see you. I am very satisfied”.
- “I will call in to make an appointment. I will phone to obtain test results. I have never had any problems with communication. My hearing aids work fine. It's been an excellent service since I moved up here - they sorted me out.”

- “The practice sends letters and texts, but I have to phone for results. I will usually phone for an appointment, sometimes I do it on-line. The patient access account was easy to set up. [My condition was worse this morning] so I phoned and was given an immediate appointment with the nurse practitioner”.



Six of the 13 patients we spoke to said they call in to the practice in person to make an appointment. When asked why they did not do this by phone most said they cannot get through easily, and they lived nearby anyway.

One woman told us “I have three children and go to work. I get very frustrated in trying to get an appointment if my child is ill, since it is a very short window to get through by phone. It seems permanently engaged in the morning. Online access to book appointments is not advertised. I don’t remember having received any communication from the practice. Most reminders (e.g. vaccinations for the children) come from Shropshire, rather than the practice, I think. Getting an appointment is the big issue for me. Today I am accompanying my mother. She arranged the appointment herself.”

An older patient said “The practice did ask me how I would like communications sent. I don’t want texts, and I receive letters or phone calls”.

Several patients we spoke to were at the practice to see one of the nurses and all said they received an excellent service. One said “I find them (the practice team) absolutely superb. The nurse this morning was really helpful”.

## What the patient group told us

The practice manager had passed our questionnaire to the chair of their Patient Participation Group (PPG). A representative from the PPG came into the practice on the day of our visit to speak to us but we were not made aware of their arrival and so did not have the opportunity to speak to them. However, we did receive the completed questionnaire which included the following information:

- The PPG works with the practice to improve services for people with disabilities: including installing automatic doors for disability access, new chairs of various heights and styles and disabled toilet refurbishment.

- The PPG carries out a patient survey every two years and shares the feedback with the practice team.
- The PPG also organises an event in alternate years on a health topic. These have included diabetes and dementia. This year it will be mental health.

## What staff told us

We spoke to the practice manager and two reception / administrative staff. The practice manager has only been in post for a few months but has previously worked in a large GP practice.



The senior partner and many administrative and nursing staff have worked at the practice for many years, but staff changes in the last 12 months have resulted in the need to employ locum doctors. As a result, initiatives such as training student doctors have been put on hold. The practice is no longer able to offer a weekly late-night surgery.

We were told that there are not as many appointments as before to book in advance. Patients who contact the practice on a Monday, the most popular day, are encouraged to have an appointment with the locum who works all day Wednesday. The practice does have appointments on the day with the nurse practitioner and the GPs and some slots are kept available for patients that need to be seen urgently on the day.

The practice manager told us that few appointments are booked online, but that more patients use the online repeat prescription service. They explained that local broadband reception is not very good and that, together with the aging population, might make it more difficult for some to make use of the on-line facilities. A staff member helps patients access the on-line system.

The practice manager also told us that they prefer not to use email to contact patients due to security issues.

We were told that since two GPs left the practice about a year ago, there has not been a female GP. However, the practice has recently appointed a second nurse practitioner. Both nurse practitioners are women and have helped in providing primary care for patients wishing to see a female clinician. Although some patients were at first wary of seeing a nurse practitioner, the practice and PPG produced a

leaflet explaining the wide role of a nurse practitioner. This seems to have reassured patients and reduced the pressure on GP appointments.

We were told that due to the national shortage of GPs at the moment it is unlikely that another GP will be available or appointed in the near future.

The practice offers a phlebotomy service so patients do not need to go to a hospital for a blood test.

We asked whether patients are asked about their communication needs when they first register at the surgery.

We were told that the questionnaire for new patients asks these questions. The general practice electronic clinical system (EMIS) captures this information and a 'pop-up' flags the specific need every time the patient attends. We were

told that the system also flags that a patient has a carer. If the carer is also a patient, their own record flags that they are a carer for the named patient and if they have any communication needs.



When we asked members of staff whether they were familiar with the Accessible Information Standard, although they were familiar with many of the requirements of the standard, they were unaware of the actual legislation. One particular member of staff usually inputs the registration details, including communication needs, onto the system. The staff we spoke to told us they would not feel comfortable about asking a new patient in a face to face situation about communication needs<sup>2</sup>. They also said it is a small community and they know the regular patients well and most patients will volunteer information of this sort.

Staff told us that letters referring patients to clinical services outside the practice include information about communication needs.

The electronic system can be accessed by all staff, so everyone is aware of an individual's needs. For example, if staff know a patient has poor vision and cannot read the electronic screen they will include a note for the clinician to go to the waiting room to collect them.

The practice manager told us there are no profoundly deaf patients registered at the moment. There are however a number of patients with learning disabilities and staff do consider if they have any communication needs. A nurse practitioner, who

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<sup>2</sup> Since our visit the Practice Manager has told us: **Staff would not like to ask patients about any communication problems they had unless the patients wanted to share this information as the reception desk is in the waiting area and some patients would not feel comfortable with this.**

has worked at the practice for many years, does the annual reviews for these patients and knows them all well.

We saw the symbol for a hearing loop at reception, but we were told only one consultation room is fitted with the loop because a clinician has hearing problems. Staff told us a hearing loop at reception would be useful because of the background music.<sup>3</sup> One staff member we spoke to was not aware that there was a hearing loop available in the building.



The practice manager told us the GPs will often print out relevant information, especially for patients whose memory is not good, to take away with them.

Staff told us they complete a regular programme of on-line learning, which includes customer service, disability equality, dementia awareness etc. and that they all have annual appraisals when training is discussed.<sup>4</sup>




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## Summary of Findings

The practice's approach to delivering primary care services and any barriers they face

- Many staff are long-serving and told us that they know their community and the patients well.
- There have been changes of GPs over the last 12 months, resulting in a higher proportion of sessions run by locum GPs, although all GPs have now worked at the practice for several months.
- Changes in staffing have meant there is not a weekly evening surgery at the moment.

<sup>3</sup> Since our visit the practice manager has told us: **Staff don't feel the need for a hearing loop in reception and earlier in the report it does state that 3 patients who had hearing problems did not have any problems with face to face communication and as I said, if a patient did feel this would be needed we would be more than happy to take all their comments on board.**

<sup>4</sup> Since our visit the practice manager has told us: **The staff complete eLearning and there are many modules that they have to complete and they do address patients different communication needs.**

- There is no longer a female GP at the practice. The practice has recently employed a second nurse practitioner to offer greater access to primary care for urgent cases and to a female clinician. Five of the 13 patients we spoke to told us they had appointments to see a nurse and all were very satisfied with their care.
- Several patients told us it was difficult in the morning to make appointments by phone. Some patients did not seem to be aware that appointments could be booked on line.<sup>5</sup>
- Evening appointments are no longer available.

### The practice's compliance with the NHS Accessible Information Standard (AIS)

- The practice manager was aware of the AIS before HWS contacted them, but the staff we spoke to were not aware of the term 'Accessible Information Standard' and its legal status.<sup>6</sup>
- The practice **identifies** patients' communication needs from a health questionnaire when a new patient joins the practice. We were told that most patients are well-known to the staff, and staff are aware when communication needs change over time.
- None of the patients we spoke to could remember being asked about their communication needs. Three said they had impaired hearing but did not feel they had any communication needs that were not met adequately. One patient said that larger print in letters sent from the practice might help.
- Specific communication needs are recorded using codes on the patient record system (EMIS).

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<sup>5</sup> Since our visit the practice manager has commented: **It is mentioned in the report about online bookings and that we need to make patients aware of the facility, we do already have this on our website it is on NHS choices on the TV in reception and there is a notice on the notice board in reception also in the practice leaflet and staff do tell patients about the facility so we are not able to do much more than this.**

<sup>6</sup> In response to this point the practice manager has said: **I feel it is unfair to say that the staff are not aware of AIS as they are aware that patients communication needs are taken into account and they try to meet all the communication needs of the patients and I think this is clear in what the patients have said and the alerts that we use and also the clinical staff print off information it is just the fact that they are not aware that is the official name.**

- The system **flags** any communication needs through pop-up alerts every time a patient attends the surgery.
- All staff were aware of the EMIS flag used to record various needs and explained how they would respond to specific communication needs, especially when a locum doctor did not know the patient well.
- The practice **shares** communication information when a referral is made to another NHS organisation through the clinical summary generated by the patient record system.
- Staff training is done by e-learning, but this does not specifically address the Accessible Information Standard.<sup>7</sup>
- Staff told us a hearing loop at reception would be useful for people with hearing aids, particularly because of the background music played to prevent waiting patients overhearing others' conversations.<sup>8</sup>
- Patients told us the practice generally communicates by letter and by texts (to confirm appointments and send reminders). One patient told us he relies on his wife to read the letters because the print is not very large.
- The practice has developed a 'Carers' flag to ensure their communication needs are also identified and addressed.
- A large television screen in the waiting room has a continuous loop of information slides. Some of the information is too small to be read easily. Slides are reproduced in an A4 folder for patients to look at to get more details if they missed something of interest in the rolling display.
- A wide range of leaflets is available and information on general health topics and local services is clearly displayed on notice boards. We were told specific information may be printed for patients to take home after a consultation.

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<sup>7</sup> Since our visit the practice manager has told us: **The staff complete eLearning and there are many modules that they have to complete and they do address patients different communication needs.**

<sup>8</sup> See footnote 3

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## Recommendations

We suggest that the Practice:

- Ensures they are collecting, recording and meeting the communication needs of all their patients in line with the NHS Accessible Information Specification 'conformance criteria'.
- Considers installing a hearing loop at reception.
- Considers developing a clearly labelled section about communication on the website, which includes a form which patients can complete giving their communication needs and submit electronically, by hand or by post.
- Considers other ways to make sure that all patients know about the support the practice can give to aid communication. For example, ensuring letters to patients have a statement at the bottom in larger print, saying that patients can ask for letters to be in larger print, notices in the waiting room
- Ensures all patients are informed about how to make appointments on line while telephone access remains challenging at times.

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## Service Provider Response

Throughout the report comments from the practice manager have been added as footnotes. In June 2018 we received the following information from the practice manager in response to our suggestions:

**We suggest that the Practice:**

**Ensures they are collecting, recording and meeting the communication needs of all their patients in line with the NHS Accessible Information Specification 'conformance criteria'.**

The practice is currently in the stages of developing a new Patient Registration form to capture more information; we are also looking to add more information about this on the Practice website.

This will be overseen by the practice manager and is ongoing.

**The practice considers installing a hearing loop at reception.**

Staff don't feel the need for a hearing loop in reception and earlier in the report it does state that 3 patients who had hearing problems did not have any problems with face to face communication if a patient did feel this would be needed we would be more than happy to take their comments on board.

**The practice considers developing a clearly labelled section about communication on the website, which includes a form which patients can complete giving their communication needs and submit electronically, by hand or by post.**

The website will be updated in due course. This will be overseen by the practice manager.

**The practice considers other ways to make sure that all patients know about the support the practice can give to aid communication. For example, ensuring letters to patients have a statement at the bottom in larger print, saying that patients can ask for letters to be in larger print, notices in the waiting room.**

The practice will look at options to help with communication.

**Ensures all patients are informed about how to make appointments on line while telephone access remains challenging at times.**

It is mentioned in the report about online bookings and that we need to make patients aware of the facility, we do already have this on our website it is on NHS choices on the TV in reception and there is a notice on the notice board in reception also in the practice leaflet and staff do tell patients about the facility.

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## Acknowledgement

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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