

Westbury Medical Centre

Enter and View Report

Visit date: 20th February 2018

Publication date 28th March 2018

Contents

Page

2	Contents
3	About Healthwatch Shropshire
	What is Enter and View?
4	Details of Visit
	Purpose of Visit
	Disclaimer
5-6	The Context of the Visit
6-7	What we did
7-11	What we found out
7	Practice information
7	Observation
9	What patients told us
10	What the patient group told us
10	What staff told us
12	Additional findings
12	Summary of findings
13	Recommendations
13	Service provider response
14	<i>Acknowledgement</i>
15	<i>Get in Touch - Healthwatch Shropshire contact details</i>

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

Service	Westbury Medical Centre Vennington Road, Westbury SY5 9QX
Commissioner	Shropshire Clinical Commissioning Group / NHS England
Date of visit	Tuesday 20 th February 2018 2pm
Visit Team	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

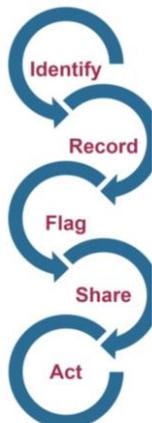
Our aim was to:

- 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 1st 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 Care Quality Commission (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.

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 Westbury Medical Centre we spoke to

- Three patients
- Four staff



What we found out

Practice information

The practice serves a rural area of Shropshire and has a practice patient population of around 2,900 people.

The practice is staffed by:

- a Lead GP (0.7 whole time equivalent hours (WTE))
- four salaried GPs (total 1.1 WTE hours)
- two practice nurses (1 WTE)
- a practice manager
- dispensary staff
- reception and administration staff
- a community and care coordinator

Specialist services provided include:

- contraception and sexual health
- asthma
- diabetes
- lifestyle checks and health advice e.g. smoking cessation
- minor surgery
- childhood vaccination/immunisation
- dispensing service

The practice provides a GP led walk in surgery for patients from 8.30am to 10am, or patients can call before 10am and will be seen by the doctor that day.

Appointments may be booked by calling the practice Monday to Friday between 8.30am and 6pm, or appointments can be booked on-line. Afternoon appointments with a GP are available. Nurse appointments can be booked every morning and afternoon, Monday to Friday. Out-of-hours service is provided by Shropdoc.

On the afternoon of our visit there were appointments with the nurse but no GP appointments.

Observation

There were clear signs from the main road directing us through the village to the surgery. There was enough parking for staff and patients next to the entrance and patients can be dropped off directly outside this entrance. There is a ramp with a rail leading to the entrance and a sign asking patients who require assistance to ring a bell. The ramp has been highlighted for visibility, though the paint is worn and the ramp itself is worn and uneven.

Healthwatch Shropshire posters about our visit were displayed on the front door and in the waiting room. Healthwatch leaflets, NHS Friends and Family test leaflets and a Suggestions, Compliments and Complaints box were placed on a table next to Reception.

The waiting room is opposite the reception hatch and has bench seating around the walls. Patients check in for their appointments with the receptionist.

Consultation rooms and toilet doors are signed with words.

We saw a small hearing loop sign placed high up next to the reception hatch.

Fire exits are clearly identified in both words and pictures. If the fire alarm is sounded, reception staff told us that emergency lights are also illuminated.

There are two large notice boards, several small notice boards and an electronic screen in the waiting room. We saw relevant, clear and easy to read information about health-related matters on the large notice boards, and relevant notices on the smaller boards. The electronic screen displayed large adverts, but the general medical advice was in a small area of the screen and we found this too small to read even when close to the screen.

We were told that clinical staff come into the waiting room to collect patients and we saw a nurse come into the room to collect a patient. They spoke very clearly and were easily heard by the patient. We did not see patients interacting with reception staff, though our conversations with staff were clear and pleasant. One member of staff showed us a small poster for staff about how to communicate clearly with patients. We were also shown the hearing loop.

Staff do not wear badges. They said that they know most of the patients and take care to introduce themselves to those they don't know.

We did not see any information about the NHS Accessible Information Standard in the waiting room, though there was a 'Patient Note' on one of the large notice boards in the waiting room which said:

'If you have difficulties understanding or communicating, please let a member of staff know. We have access to independent interpreters and can supply information in different formats to suit individual needs.'

The medical centre website has a clearly labelled 'accessibility information' section, which includes:

- an 'Accessible Information form' which patients can complete and submit electronically
- information about how to match the website to individual needs (including a button to translate all website information into a wide range of languages)

What patients told us

We spoke to three 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 from 20 to 66 years.



Due to the amount of time they had been with the practice, these patients told us that they had not been asked, or could not remember being asked, specifically by practice staff whether they had a communication need when they first registered. However, one had a medical eye condition when registering, and the practice were therefore aware of this.

One dyslexic patient said they had no problem understanding letters from the medical centre. The other two patients said they communicated by phone with the practice or called in to the surgery. They could leave phone messages and calls were returned.

None of the patients we spoke to had been asked about their communication needs and none said that they had any communication needs. Two patients said that larger print might help.

Patients were asked if they had any comments about the GP practice. Their comments were as follows:

- 'Very good here.'
- 'Frustrating appointment system, especially when working. I suggest working people should be able to book appointments between 8.30am and 10am.'
- 'I can't actually make an appointment at a specific time, unless I can wait for 3 weeks. Otherwise I have to use the walk-in system.'
- 'It is good having a dispensary here. However, it has a limited range of drugs, so some prescriptions are sent to other pharmacies further away. This is not a problem, except that it seems to take a long time between the prescription being written and the drugs being ready.'

What the patient group told us

The practice manager had passed our questionnaire to the chair of their Patient Participation Group (PPG) who had circulated it to the members of the virtual PPG. The group was keen that we understood the appointment system:

'It is extremely important to people registered with the practice that they have open access, every morning Monday to Friday, to a medical opinion from a qualified doctor. The practice has a dual access system i.e. turn up at 8:30 and wait to be seen or phone up for a slot before 10 am and turn up to be seen as soon as a slot is available post 10 am.'

What staff told us

The practice manager showed us that all staff have on-line access to NHS England guidance on the Accessible Information Standard. The reception and administration staff we spoke to were aware of the term 'Accessible Information' and what it means. A member of staff has produced the 'Practice Booklet' in larger print. We saw a copy of this booklet.



Training of staff is done by e-learning. The practice manager oversees this.

The practice manager said that 'they have never made an issue over Accessible Information Standards, but have just implemented it'

We were shown a questionnaire which is completed by all new patients, which includes questions about some communication needs. It asks about:

- any difficulties with sight
- any other sensory impairments
- next of kin/carer

New patients are all also given an appointment to see a GP.

Existing patients have not been sent individual letters asking for individual communication needs. The practice manager told us that 'we know most of our patients and therefore we are very aware of their needs'. We were shown how any communication needs of a patient are flagged up when a member of staff logs on to a patient's records. We were told that around 8 patients have communication needs, 3 of whom are in their 20s. There is no specific register of patients with specific needs.

The practice can communicate with patients by text, email and through the on-line booking system. The practice manager told us how they get interpreter services and Braille translation via Shropshire's Clinical Commissioning Group (CCG). They said that often patients themselves tell the Practice about specific support services.

All letters to patients have a statement at the bottom in larger print, saying that patients can ask for letters to be in larger print, Braille, or a foreign language.

Staff showed us the hearing loop system. A member of staff uses hearing aids and we were told that therefore the practice would know if the loop system was not working.

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

The practice manager helps patients to use the on-line system for booking appointments etc.

We were also told that there was no problem with patients having to wait to get through to the practice on the phone. This was confirmed by a patient.

Additional Findings

- The corridor space by the reception hatch is dark due to the wall colour and lack of windows in this area.
-

Summary of Findings

- The staff we spoke to were all aware of the importance of clear communication with patients. We were told that staff knew most of the patients, and this was evident during our visit.
- All staff we spoke to were aware of the term 'Accessible Information'.
- A system of flagging patients with communication needs was in place within the electronic patient records. All staff were aware of the flagging system.
- The practice includes a larger print statement about communication needs in all letters to patients.
- The two larger notice boards in the waiting room notice boards included eye-catching displays.
- There is a 'Patient Note' in the waiting room telling patients what to do if there are communication difficulties and a poster in Reception for staff about how to communicate clearly with patients.
- The electronic screen showed large adverts, alongside small health information which we found difficult to read.
- Staff told us that letters referring patients to clinical services outside the practice include information (if any) about communication needs.
- The practice website was particularly informative, and included a clear section named 'Accessibility Information' which included a form on which patients could electronically submit information to the Practice.
- There is a ramp leading to the entrance. Its surface is uneven and the paint highlighting its presence is worn and faded.
- Staff and the PPG explained the appointments system. This gives patients 'access to a medical opinion, every weekday, from a qualified doctor'.
- The small sample of patients we spoke to had mixed opinions about the appointment system.

Recommendations

- To continue to collect and record information from patients and their carers about their communication needs in the context of the high priority this practice puts on individual communication.
- To continue to train all staff on the requirements of the 'NHS Accessible Information Standard'.
- To consider how the Practice can share the 'Accessibility Information' section of their website with other Practices.
- To consider renaming the 'Accessibility Information' section on the website as this term might not be understood by all patients.
- To investigate whether the size of the health information provided by the electronic screen can be increased so that it is possible to read the information easily.
- To consider checking the surface and visibility of the access ramp.

Service Provider Response

Healthwatch Shropshire have received the following response to our recommendations from the practice manager:

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

This is an ongoing practice that we automatically do. It is overseen by the practice manager and all members of clerical staff.

To continue to train all staff on the requirements of the 'NHS Accessible Information Standard'.

We have Blue Stream On line learning for our staff training which incorporates this and is done annually. This is overseen by the practice manager and is ongoing.

To consider how the Practice can share the 'Accessibility Information' section of their website with other Practices.

We would need to try and speak to some of the practice managers to see if they would be interested.

To consider renaming the 'Accessibility Information' section on the website as this term might not be understood by all patients.

Is this not the national terminology? We will look at alternative terminology. This will be overseen by the practice manager and completed by May 2018.

To investigate whether the size of the health information provided by the electronic screen can be increased so that it is possible to read the information easily.

We will contact the company who supply and load it. This will be overseen by the practice manager and completed by May 2018.

To consider checking the surface and visibility of the access ramp.

We will look into it. This will be overseen by the practice manager and senior partner.

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.



01743 237884



enquiries@healthwatchshropshire.co.uk
www.healthwatchshropshire.co.uk



Healthwatch Shropshire
4 The Creative Quarter, Shrewsbury Business Park,
Shrewsbury, Shropshire, SY2 6LG