



Enter & View Report

The Glenfield Surgery

5 January 2015



Report Details

Address	The Glenfield Surgery 111 Station Road Glenfield Leicester LE3 8GS
Service Provider	East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG)
Date and time of visit	Monday 5 January 2015 8.30am-11.30am
Type of visit	Announced visit
Authorised representatives undertaking the visit	1 - Visit Leader 2 - Authorised Representatives 1 - Staff Lead

Acknowledgements

Healthwatch Leicestershire would like to thank the service provider, patients and practice staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report relates to findings observed on Monday 5 January 2015. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicestershire.

What is Healthwatch?

Healthwatch is the independent consumer champion created to gather and represent the views of the public. We have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

What is Enter & View?

Part of the local Healthwatch Programme is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvements.

Enter & View is the opportunity for Healthwatch Leicestershire to:

- Enter publicly funded health and social care premises to see and hear first hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives.
- Observe the nature and quality of services.
- Collect evidence-based feedback.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits.

Enter & 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.

Purpose of the visit

- To gather patient views of the service provided at Glenfield Surgery.
- To capture the experience of patients and any ideas they may have for change.
- To look at a number of key themes; reception and waiting areas, access to services, accessibility, information available to patients and patient facilities.
- To observe patients engaging with the staff and their surroundings.

Methodology

This was an announced Enter and View visit.

We approached the management team before we spoke to anyone in the surgery who advised us that we had access to the patients and the communal areas during our visit.

Authorised representatives asked patients about their experiences of the surgery and completed 56 patient surveys. (The findings of which can be found in Appendix 1 and inform recommendations in this report). They explained to everyone they spoke to why they were there, left them with a Healthwatch Leicestershire leaflet and took notes.

A large proportion of the visit was also observational, involving the authorised representatives observing the surroundings to gain an understanding of how patients engaged with reception staff and the facilities. There was an observational checklist prepared for this purpose.

Summary of the Findings

- Patients arriving at the surgery were checked in for their appointments efficiently and knew where to wait to be seen
- We saw reception staff interacting well with patients
- Patients told us that the appointment system could be improved as it is difficult to contact the surgery over the telephone to make an appointment and many patients we spoke to were unaware of the online booking system
- Patients with limited mobility would find it difficult to access the building without assistance
- Information and notices for patients were not clearly displayed in the waiting rooms or lift and the televisions in the waiting rooms were not being utilised
- Additional facilities such as a children's play area, blood pressure monitor and breastfeeding room would be of benefit to patients

Result of Visit

Environment

This was a large surgery with an extension to accommodate more facilities and car parking spaces. There were 44 parking spaces available at the back of the building and one disabled parking space at the front of the building.

The inside of the building was modern and the surgery was clean with plenty of natural light. The surgery had two waiting areas, one on the ground floor in the reception area and a small waiting area on the first floor. There were ample treatment rooms throughout the building.

There was an onsite pharmacy attached to the surgery that can be accessed from the main waiting room.

Reception and waiting areas

The surgery had two waiting areas, one on the ground floor in the reception area and a small waiting area on the first floor.

The main waiting room had 36 chairs for patients. We noted that none of the chairs had armrests and a couple of the chair seats were ripped. The room was clean and we noted that there were plenty of magazines for patients to read. There were two television screens, one that was not in use and the other was a community network television with adverts.



There was a large reception desk and patients could book in at the desk or they could book in using the electronic sign-in touch screen located near the entrance, away from the reception desk. We observed patients using both systems. There was hand gel next to the touch screen but this was not clearly labelled and the bottle was empty. There was no sign asking patients to use the hand gel to reduce the spread of infections.

Patients were waiting in turn to speak to the receptionists and there was a line on the floor to indicate where they should wait.

We did not observe a clock in the reception area or waiting room.

There were electronic signs to notify patients when they were called to be seen. The rooms were all clearly numbered and there were clear directions showing where each room could be found.

The waiting room on the first floor was very quiet. The walls were all very clean and had handrails attached, again clean to touch. There was no particular smell to the area although it felt quite cold and clinical. Chairs were placed around the walls of the corridor. The hand gel was not prominently placed and we did not observe patients using this.

In both waiting rooms, the television screens were not being utilised and the noticeboards were cluttered.

Access to services

The Healthwatch Enter & View team arrived 10 minutes before the surgery opening time and there were 16 adults and two children waiting outside for the surgery to open. The doors opened on time and the patients were dealt with quickly.

We observed the receptionists checking in patients and answering the incoming telephone calls. The team also observed that patients were using the electronic sign-in touch screen.

Over half the patients that the representatives spoke to told us that it was difficult to contact the surgery to make an appointment, especially in the morning. The majority of patients told us that they booked their appointments via the telephone and some patients were unaware of the online booking system.

We observed that the surgery opened until 6pm and had a Monday evening surgery. The majority of patients told us that they were satisfied with the surgery opening hours.

The surgery had a Patient Participation Group (PPG) and we met the PPG Chair during our visit, however, most of the patients that we spoke to were unaware of the PPG and what the PPG does.



Accessibility

The surgery had disabled access and there was a wheelchair ramp. The access to the surgery was via two sets of doors, which we observed people struggling to open as the doors were heavy. Patients could directly access the surgery through the pharmacy (which had power assisted doors), although we did not see anyone entering the surgery via the pharmacy.

A number of patients with impaired physical mobility told us that one disabled parking space was not enough as the one space is often taken.

The team observed that a wheelchair was available if needed.

Information available to patients

There were ample noticeboards throughout the surgery, however the positions of the noticeboards were not convenient for patients to read as there was no space to stand around them.

The information on the noticeboards was cluttered and did not appear to be themed to help patients access the information relevant to them. We did not observe any patients reading the notices and the notices relevant to patients were not prominent.

We did not observe any patient information leaflets on display for specific health conditions. There were leaflets about the NHS friends and family test and a comment box for patients to leave feedback.

The team observed that some of the patient notices contained information that was no longer relevant or was out of date.

Patient facilities

There was nowhere specifically allocated for children to sit and wait. We observed that parents felt uncomfortable with their noisy children and kept reminding them to be quiet.

The toilets were very clean with an automatic light activated on entry and the disabled toilet had an alarm cord to pull if assistance were required. We did not observe signs giving directions to where the toilets were, however there were big signs on each toilet door.

The lift was clean and easy to use. It was observed that the lift opened very close to the top of a staircase. There was a sign at the bottom and inside the lift informing patients to turn their wheelchair around before exiting. This was presumably to prevent anyone reversing out of the lift too quickly and then plummeting down the stairs. The team observed that this was a potential hazard and would have liked to see bigger notices, just to ensure someone would definitely be made aware of any potential danger.

There was no evidence of a breastfeeding room or health monitors such as a blood pressure machine in the waiting rooms so that patients could check their own blood pressure.



Recommendations

- 1.** The findings did indicate that the telephone booking system is a huge frustration to patients and many were unaware of the online booking system. We recommend that the surgery reviews the telephone booking system and find a way to advertise more prominently, the different ways patients can make an appointment.
- 2.** The doors into the surgery are difficult for patients in wheelchairs or those with limited mobility to open. We recommend that patients are signposted to enter the surgery via the pharmacy automatic doors.
- 3.** The information displayed on the noticeboards for patients throughout the practice be reviewed so that it is more easily accessible, helpful and relevant.
- 4.** We recommend that the televisions in the waiting rooms be utilised to display messages for patients.
- 5.** The practice considers ways of improving privacy for patients who may want to speak confidentially to receptionists.
- 6.** An information leaflet or newsletter for patients be created that include information on the PPG and surgery facilities.
- 7.** The notices in the lift about the possible dangers to patients be reviewed.
- 8.** The findings suggest that a number of additional facilities could be introduced that would be beneficial to patients including a children's play area, breastfeeding room for new mothers and a blood pressure monitor.



Service Provider Response

This report was agreed with the Glenfield Surgery as factually accurate.

They have provided the following responses to the recommendations.

We would like to state that many of the recommendations in the report were actually being considered prior to the Healthwatch visit and we are pleased to confirm many have now been addressed, as detailed below.

Having read through the summary of findings and results we would like to respond to the recommendations as follows:

- 1.** The telephone system - in response to demand we had already initiated improvements to the system. In order to make headway in addressing this, we have now installed an additional computer and telephone line for appointment booking. This will enable us to have more staff handling incoming calls, especially at peak times. We are also undertaking a review of telephony training for our reception staff in order to help them handle calls more effectively.

It was quite surprising to learn that some patients were not aware of online booking and we have, therefore, signposted this again in the surgery. We will also put it on the Community Network television and our Jayex board. Information regarding online booking is already on our website but again we will put notices up to draw patients' attention to this.

- 2.** Regarding wheelchair access - we have now put a sign up outside, on the front entrance of the Practice to advise wheelchair users to access the surgery through the Pharmacy as the Pharmacy has automatic doors.
- 3.** Notice Boards - this was another area, which was already being looked at prior to the visit, and we are pleased to advise that the Notice board in the downstairs waiting area has already been overhauled. The notice board has been sectioned into two specific areas - 'Surgery' and 'General' Information, which we now hope helps give clearer definition for patients. We have updated both with all the current relevant and helpful information and are in the process of updating the upstairs notice board to mirror this.

One comment we noted in the report was about the team having not observed any patient information leaflets regarding specific health conditions. However, we would like to advise that, at the time of the visit, we had limited information on display, as we were and are still in the process of updating the notice boards, therefore, this was and is being rectified. We are also looking at having a wall mounted carrier for leaflets, as there is limited space in which to display all the leaflets we receive.

- 4.** With regard to the television in the waiting areas, again we are currently in the process of getting these up and running and hope to facilitate this within the next few months. It was noted that there was not a clock in the reception area, this has been rectified and hand gel has been placed in prominent positions with corresponding signs.

5. Considering ways of improving privacy - we do have an area round to the side of the main reception desk where the receptionist can direct a patient, should the patient need to have a private and confidential discussion.
6. Regarding an information leaflet - we do currently have a comprehensive Practice leaflet, which is given out to new patients, and we will look at having an abridged version to have on the reception desk. Information regarding surgery facilities is also replicated on our surgery website. From the last Patient Participation Group (PPG) meeting it was agreed that the PPG would look into producing a newsletter for distribution around the locality, not only to heighten patient awareness of the PPG but also help promote surgery facilities, this is currently in progress.
7. With regard to the Lift signage, this has been addressed. The signs are now larger, consisting of bold black lettering on fluorescent yellow card - to draw the patients' attention to the potential hazard. Within the report, under Patient facilities, there was reference to the 'non-existence of directional signage for the toilets'. We can confirm that we will implement directional signs within the next week or two.
8. Recommendations for additional facilities for patients is something we are in the process of assessing. We do have vacant rooms, which patients can be directed to if they need to breast feed, which we will signpost. We will look into acquiring a blood pressure monitor in the new financial year. With regards to a play area and toys for children, we have deliberately decided not to have toys as the cleaning required is impractical. However, we will look into having a 'book bin'.

Overall we were very happy with the report, which corresponded with areas we had already started to assess and address.

Distribution

The report has been distributed to the following:

- The Glenfield Surgery
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
 - Adults & Communities
 - Health & Wellbeing Board (HWBB)
 - Overview & Scrutiny Committee (OSC)
- East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)
- West Leicestershire Clinical Commissioning Group (WLCCG)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network

Published on www.healthwatchleicestershire.co.uk

Appendix 1 - Survey Findings



Q1. Is it easy to get through to your surgery on the telephone to make an appointment?

47% YES **53%** NO

Q2. What methods do you use to book an appointment?



Q3. When making your appointment, are you given the option of seeing the doctor or nurse?

56% YES **44%** NO

Q4. Do you always see the doctor or nurse of your choice?

28% YES **36%** NO **36%** SOMETIMES

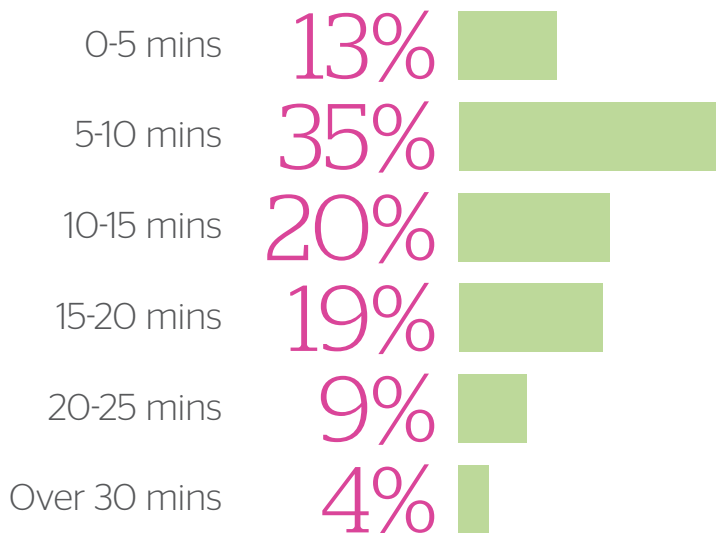
Q5. For urgent appointments, can you normally see the doctor or nurse on the same day?

79% YES **21%** NO



Appendix 1 - Survey Findings

Q6. How long after your appointment time, do you normally wait to be seen?

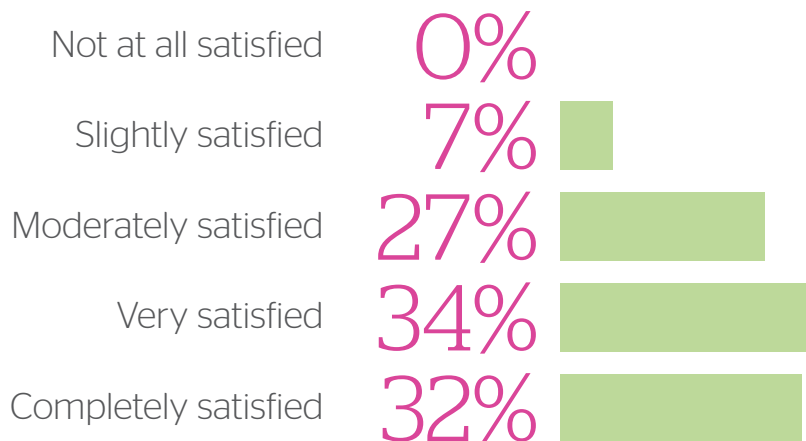


Q7. If you need a test e.g. blood, how do you receive your results? Is there a system?



42 patients were aware of the systems in place for receiving test results.

Q8. How satisfied are you with the practice opening hours?



Appendix 1 - Survey Findings

Q9. Does your GP practice have a Patient Participation Group (PPG)?



48 patients **did not** know if the practice has a PPG Group.

Q10. Are the staff (receptionists/ practice manager) at the surgery helpful and understanding?

On a scale of 1 to 7, 1 meaning extremely unhelpful and 7 meaning extremely helpful, patients rated the staff overall at an average of 5.75.



Q11. Is there enough privacy to talk to reception in confidence?

51% YES 49% NO

Q12. Overall, are you happy with the quality of care, treatment and service you receive at the surgery?

On a scale of 1 to 7, 1 meaning extremely unhelpful and 7 meaning extremely helpful, patients rated the staff overall at an average of 5.61.





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Healthwatch Leicestershire

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