

Enter and View report

Oakham Medical Practice

9 July 2015



Contents

1	Introduction	3
1.1	Details of visit.....	3
1.2	Acknowledgements	3
1.3	Disclaimer.....	3
2	What is Enter and View?	3
3	Purpose of Visit	4
3.1	Strategic drivers	4
3.2	Methodology	5
3.3	Summary of findings	5
3.4	Results of visit	6
3.5	Additional findings	8
3.6	Recommendations	8
3.7	Service provider response	9
3.8	Results of patient questionnaire	10



1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Cold Overton Road, Oakham LE15 6NT
Service Provider	Dr D A J Ker & Partners
Date and Time	9 July 2015 08:30-10:00 & 15:00 – 16:30
Authorised Representatives	Bart Taylor-Harris, Jennifer Fenelon, Phil Hurford
Contact details	01572 720381

1.2 Acknowledgements

Healthwatch Rutland would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time

2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn



about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

3 Purpose of Visit

- To gather patient views of the service provided.
- 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

3.1 Strategic drivers

The Enter and View visit was organised following an approach from the Oakham Medical Practice.

The practice had been the subject of a significant level of complaints. Some of these complaints are to be found on the Oakham Medical Practice unofficial Facebook page. (We are informed that this page has not been developed by the Practice and we found no comments on it from the Practice.) While the Oakham Medical Practice had taken measures to address the issues raised and noted a decrease in complaint level they were unsure whether this was a true reflection of perceived improvement in the service.

Healthwatch Rutland was asked by the practice if it could undertake an Enter and View visit so as to give the Practice some real independent and live assessment on the services which they provide from the eyes of patients and the assessors, and to give them some guidance about the success or not of their recent changes and help with any future changes that are needed.



3.2 Methodology

Some two weeks before the Enter and View visit the Enter and View team leader met with the business manager of the Oakham Medical Practice. At that meeting agreement was reached about both the timing and scope of the Enter and View visit.

A team from Healthwatch Rutland undertook two one and a half hour visits to the practice over the course of a day. Practice staff were informed of these visits just on the day of the E&V.

The team stayed in public areas and observed how the reception of patients operated. A questionnaire was used when talking to patients so as to gain information about the practice from them.

Observation focused on:

- First impressions when entering the building.
- Notice boards.
- Facilities for disabled people.
- Facilities for those without English as a first language
- Facilities for children, toys, books
- Toilets facilities
- Staff attitudes
- The practice Website.

The patient questionnaire focused upon the patient experience, looking at issues such as the ease of making appointments, relationships with staff, responsiveness to urgent needs and privacy. A fuller description of the questionnaire together with the results is to be found at the end of this report.

When talking to patients, team members explained the purpose of their visit and made Healthwatch Rutland Information available.

Following the visit a meeting had been arranged with the business manager and a senior partner. Key observations were shared with them.

3.3 Summary of findings

- Almost 70% of patients asked were satisfied or extremely satisfied with the quality of care, treatment and service they receive.



- Nearly 80% found staff, receptionists/practice manager, at the surgery helpful and understanding.
- Most patients asked found it difficult to get through to the surgery on the phone to make an appointment.
- Nearly 90% of those spoken to said that for urgent appointments they could normally see a doctor or nurse on the same day.
- Lack of privacy at reception was reported by 60% and observed during the visit.
- Disabled facilities were good but very difficult to find because of poor signage. Signage generally was not good.

3.4 Results of visit

Premises

The building was constructed in the second half of the last century. External signage is partially obscured by attractive shrubbery. Internal areas are characterised by large areas of exposed brickwork. The entrance is through two sets of automatic sliding doors allowing easy wheel chair access. Inside a high, light airy corridor provides the reception area. This corridor has a barrier down the middle in an attempt to improve privacy. A water cooler is to be found immediately opposite the main reception point.

Waiting areas in the main building are also characterised by exposed brickwork but have lower ceilings than the reception corridor. All areas looked and felt clean. Staff were observed removing items, such as plastic cups, left by patients.

When we found the toilets, they were clean. Toilets have signs on the doors but there is no overhead signage to them. Similarly patients who visited the surgery infrequently told us they had difficulty locating their doctor when called for their appointment. There are signs on the doors but no overhead signage.

We noticed a portacabin to the rear of the main building. This was not in use at the time of the visit.

The practice uses part of the adjacent Rutland Memorial Hospital as an urgent care facility. A nurse staffs this but doctor support is available if needed. This is an older building. The receptionist sits behind a hatch. Some patients told us that they had got lost in the hospital trying to find the facility.

Information for patients

There are a number of noticeboards, both in the main building and in the urgent care facility. We were told that work is being undertaken to improve the organisation of information on the boards. We did not observe anyone looking at



the noticeboards. There is a large notice board devoted to the Patient Participation Group immediately opposite the main reception desk. Nearly three quarters of the patients helping us with our survey were unaware of the existence of this group. Some of the notices in the urgent care facility appeared to be out of date, stretch down corridors and were on the back of doors.

The practice has a website. We are told that work is underway to improve this. In its current form it appears to contain a great deal of information compressed into a small space. Some patients told us that it is possible to book appointments through the site, but advanced registration via the telephone is required, and the number of appointments available for online booking is limited.

Access arrangements

Patients told us that if they needed an urgent appointment this was normally available on the same day. A majority of those we talked to told us that making an appointment by phone could be difficult particularly at peak times in the morning. Being kept on hold for more than 15 minutes was reported. We observed people visiting the surgery to book appointments and were told that this was because it was quicker than phoning. The result seemed to be lengthening queues at reception. Automated check in screens have been installed to try to reduce these queues.

While staff are generally seen as very helpful lack of privacy in the reception area is a concern for many. Attempts have been made to address this but conversations at reception desks could be overhead in the waiting areas.

Access to the results of tests seemed to vary. A number of different “systems” were described to us by patients.

Notices in the main surgery informed all that children’s toys have been removed for hygiene reasons. In the urgent care facility toys were available.

We were told that the surgery systematically “tags” the records of patients with specific needs (e.g. language, sight, hearing) and that this system allows reception facilities to be specifically tailored for these patients. A portable hearing loop is available for use by medical staff. Interpreters can be booked or are available by phone.

A number of patients told us that they find the doctor ring back system a barrier to making an appointment. This seemed a particular issue for those who are working as they found it difficult to stay by a phone over an extended period.

People in employment also asked for Saturday and evening opening.





Relationships

Our survey results showed almost 70% overall patient satisfaction. We observed helpful friendly smiling staff. A minority of those that we talked to told us that this is not always consistent and we observed one instance of this.

3.5 Additional findings

We were told by patients that prescriptions can be electronically generated and relayed direct to the privately owned pharmacy using an adjacent building on the same site. A number reported difficulty in picking up their medicines at the pharmacy, as a result they asked for paper prescriptions from reception so they could go elsewhere. This increased the numbers at reception as well as causing concern.

3.6 Recommendations

Overall we found a high level of patient satisfaction when we visited. There are areas where improvements should be considered. We recommend the following activities should be reviewed:

1. Appointment booking, including telephone-waiting times, doctor call back, and internet to make it easier for patients to make appointments and reduce the number visiting reception.
2. Patient privacy and check in arrangements.
3. Signage, especially for toilets, consulting rooms, and urgent care facilities.
4. How patients are informed about the results of tests in order to give patients more certainty.
5. The relationship between the practice and the private pharmacy sharing the same building so as to make it easier for patients to obtain their medication and reduce the numbers using reception.

We were told that work is currently being undertaken to improve the website and notices, and to make even better the relationships between staff and patients.

6. We recommend that this continue apace and that the practice gives consideration to how patients can be encouraged to book appointments using the internet, and approach to the unofficial Oakham Medical Practice Facebook page.



3.7 Service provider response

The Partners and Staff of Oakham Medical Practice were delighted to invite Healthwatch Rutland to conduct an Enter and View assessment on our busy Practice on 09 Jul 15.

Mindful that the delivery of timely, sustainable and high quality care for our community is the foundation for everything we do, we were pleased to receive the very positive views of our patients in terms of patient access (urgent appointments) and clinical output (our core business).

We were also pleased to see the high level of patient satisfaction and very positive comments on our Reception Staff and Administrators who work tirelessly to deliver a responsive but appropriate service to all.

Specifically, the report underlines areas where we might improve the service we offer and over the next 6 months, the Partners and Staff will work towards:

- Improvements to the telephone system.
- A completely new and interactive website.
- Improved signage throughout the Practice
- Greater privacy for patients at Reception.
- Appropriate and proportional adjustments to the tests results service (how our patients are informed).
- Improving the working relationships we have with all the Pharmacy Services that are available to our patients.

Thank you again for your assessment and report.



3.8 Results of patient questionnaire

Forty three (43) patient questionnaires were completed. In some cases it was not possible to complete the questionnaire because the patient was called into their appointment, or a question was not applicable to their situation, e.g. they had never made an urgent appointment. Actual numbers are given below.

Q1	Is it easy to get through to your surgery on the telephone to make an appointment?				
	Yes	18	No	24	
Q2	What methods do you use to book an appointment?				
	phone	32	In person	9	internet 2
Q3	When making your appointment, are you given the option of seeing the doctor or nurse?				
	Yes	33	No	10	
Q4	Do you always see the doctor or nurse of your choice?				
	Yes	19	No	20	
Q5	For urgent appointments, can you normally see the doctor or nurse on the same day				
	Yes	38	No	2	
Q6	How long after your appointment time, do you normally wait to be seen?				
	On time	Less than 5 minutes	5-15 mins	15-30 mins	More than 30 mins
	0	1	22	14	6
Q7	If you need a test e.g. blood, how do you receive your results? Is there a system?				
	Although some people thought there was a system the descriptions given of the system were not consistent				
Q8	How satisfied are you with the practice opening hours?				
	Extremely dissatisfied	2	3	4	Extremely satisfied
	2	0	10	17	14



Q9

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

YES	10	NO	0	Don't know	32
-----	----	----	---	------------	----

Q10

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

Extremely unhelpful	2	3	4	Extremely helpful
1	5	4	12	21

Q11

Is there enough privacy to talk to reception in confidence?

Yes	13	No	26
-----	----	----	----

Q12

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

Extremely dissatisfied	2	3	4	Extremely satisfied
2	2	8	14	15

