

# Severn Fields Medical Practice

## Enter and View Report

Visit date: 24<sup>th</sup> July 2018

Publication date: 16<sup>th</sup> August 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

**Service** Severn Fields Medical Practice, Severn Fields Health Village,  
Sundorne Road, Shrewsbury, Shropshire SY1 4RQ

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**Commissioner** Shropshire Clinical Commissioning Group / NHS England

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**Date of visit** Tuesday 24<sup>th</sup> July 2018 9.00am - 12.00pm

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**Visit Team** Two Healthwatch Shropshire Enter and View Authorised  
Representatives

## Purpose of Visit

To engage with service users and staff to understand:

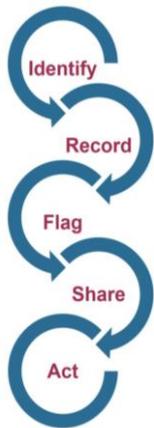
- The level of satisfaction with the quality of service provided
- The ways in which the surgery communicates with patients

### 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

Healthwatch Shropshire receives comments about health and social care services from members of the public. Since this practice opened in 2016 we have received a number of comments. During this time the NHS had introduced the Accessible Information Standard (AIS) and so we decided to visit the practice to speak to patients / carers about their experiences of using the practice and find out what progress the practice has made in implementing the AIS.



## The Accessible Information Standard

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).

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

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

Our visit to Severn Fields Medical Practice was announced, and, as the practice does not currently have a Practice Manager, the Patient Services Manager was 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

During the visit

- The Authorised Representatives (ARs) observed the environment and completed a checklist.
- The ARs spoke to patients in the waiting area and asked them if they were happy to complete a questionnaire (Appendix 1). They were told that their answers would be recorded anonymously and they would not be identifiable in the report.



On our visit to Severn Fields Medical Practice we spoke to

- Fourteen patients who each completed a questionnaire with an AR
- One member of staff
- One member of the Patient Participation Group (PPG)



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## What we found out

### Practice information

There are 17,000+ patients registered at the practice, which was formed on '1<sup>st</sup> April 2016 when Haughmond View Medical Practice and Mount Pleasant Medical Practice merged to form a new surgery which was named Severn Fields Medical Practice. When the practices first moved into the building they continued to operate under their own identities and had their own patient lists until the merge of their clinical databases on the 6<sup>th</sup> May 2016'<sup>1</sup>.

We were told that the practice has patients from the surrounding rural area as well as part of the urban area of Shrewsbury. It has a wide-ranging demographic, including rural elderly and urban patients, some of whom are relatively disadvantaged. There are small Polish and 'other East European' communities.

The practice has joined the consortium of local Shrewsbury practices, which will provide an extended hours service at a Shrewsbury GP Practice one weekend a month and every weekday evening from 1<sup>st</sup> September 2018 (including Severn Fields). A member of staff told us that currently Severn Fields offers a few Saturday morning appointments every other week. The practice used to offer an early morning and evening surgery each week and regular Saturday morning appointments; however, the staff offering these times no longer work at the practice. There has been a 'run of ill-health' with doctors, and a lot of change in the GP team. They are hoping to appoint a new partner soon.

Current staffing levels are:

- Two GP partners (it is hoped a third will be appointed shortly). There are three salaried GPs<sup>2</sup> (one of whom is new to the practice) and three other GPs. Five of the GPs are female.
- Three advanced nurse practitioners
- Six nurses
- Three health care assistants
- Two managers

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<sup>1</sup> Information taken from the practice website.

<sup>2</sup> A salaried GP is a general practitioner (GP) who is employed by an organisation and receives a salary; salaried GPs do not have an independent contract with the NHS.

- Thirteen administrative staff
- Fourteen receptionists
- One pharmacist

Other clinics in the building include:

- mental health team
- sexual health clinic
- fertility clinic
- physiotherapy
- phlebotomy
- counselling
- chiropody

## Observation

The purpose built Severn Fields Health Village building has three floors, with Severn Fields Medical Practice situated on the first floor.



Various mental health services and a pharmacy are on the ground floor and the second floor is used by community health clinics, a sexual health clinic, The Shropshire and Mid Wales Fertility Centre run by the Shrewsbury and Telford Hospital NHS Trust (SaTH) and audiology services.

The building is surrounded by car parking facilities with four disabled spaces clearly marked next to the entrance, which has an automatic door. Two lifts and a staircase lead to Severn Fields Medical Practice.

On the day we visited, building work was being done in the large practice waiting area and some rooms. The Patient Services Manager told us that rooms on both sides of the waiting area are used by doctors and nurses. The Patient Services Manager also told us that they have just introduced one central reception desk and were going to be introducing zoned seating so that people know where to sit to wait for their appointment. The waiting area currently has colour-coded carpets- there is a green side and a blue side, reflecting its history as the waiting area for two practices.

The administrative team, who answer telephones, has been moved permanently to a room behind the reception desk.

We observed that the length of the queue for reception varied between 0 and 15 people, but most of the time there were less than five people queuing. We saw that when the queue was long people were standing in the seating area and we were told by a patient that people who have been called to their appointment sometimes have difficulty getting through the queue of people.

#### RECEPTION



Treatment rooms are on corridors leading off both sides of the waiting area. The doors we saw in the corridors were marked with a number and the role of the clinician using the room. The signs above the corridors where the patients are seen by doctors and nurses were small. Notice boards and leaflet racks in the waiting room, which had not been cleared in preparation for the building work were tidy and contained relevant current health information.

On entering the waiting area, a large white board said that on 4 July 2018, the practice had received 1000 phone calls and 348 visitors.

The fire exits are clearly identified in words and pictures. Staff told us that fire alarms are audible and visible, and tested every week.

Toilets are available, two are accessible to wheelchair users.

There is an electronic check-in system, which we saw being used by many patients. Patients can also choose to check-in at the Reception desk, which is also used by non-practice patients attending clinics in the building e.g. an ophthalmology clinic. There were two receptionists on the desk one of whom was in uniform. Some staff wore name badges.<sup>3</sup>

Staff told us that there is one fixed and one portable hearing loop system. These had not yet been fitted in the new reception area. Staff told us they were tested regularly as part of the Portable Appliance Testing programme. We did not see a

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<sup>3</sup> Since the visit the Patient Services Manager has told us: 'I had my name badge on at the time as did others. Management and GPs/ANPs wear business attire with name badges, but all other staff have uniforms. At the time of the visit, there was a heatwave and the air conditioning had not yet been fitted during the works. Therefore staff were, as a gesture to the difficulties of working in these conditions, allowed to wear plain white cotton shirts instead of the uniform blouses provided as these are very hot. This would have been explained at the time, had anyone asked.'

sign telling people there was a loop but it was not clear to us if this was temporary due to the building work taking place.<sup>4</sup>

Clinicians come to the waiting area to call patients. We saw that several patients did not hear their name being called. Patients told us that one doctor uses a 'Tannoy'<sup>5</sup> system to alert patients and they found this helpful. However staff told us that when the new phone system is installed later this year, there will no longer be a Tannoy facility.

There are four electronic screens and a television. However due to the building the screens were not in use during our visit. The television was showing the news. Staff told us that screens will be used to alert patients to their appointment.

We did not see a complaints policy on display.<sup>6</sup>

## What patients told us

We used a questionnaire (Appendix 1) to guide our discussions with each patient. However not all questions were relevant to all 14 patients - for example two patients were waiting for appointments at the ophthalmology clinic, and were not registered at Severn Fields Practice.



Six patients had been registered with the practice for 20 years or more, two for between 10 and 19 years, two for between five and nine years, and two for three years or less.

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<sup>4</sup> Since the visit the Patient Services Manager has told us the 'sign was on the reception desk. It is fixed to the front. This will be relocated to a more prominent position in due course, as explained on the day.'

<sup>5</sup> A 'Tannoy' is a loud speaker / public address system

<sup>6</sup> Since the visit the Patient Services Manager has told HWS the complaints policy is in the leaflet stand.

## Phoning for an appointment

The majority of patients (9 of 12) registered with the practice had phoned to book their appointment. Most (5) of these said they waited between five and ten minutes for the call to be answered, with one saying they waited two - three minutes. Several patients said it was difficult to get through to the surgery on the phone.

Two patients who worked said it was impossible for them to ring and stay on hold while at work and one asked another family member to ring for them.

The following comments were made about booking appointments by phone:

- 'The doctor phoned me back 15 minutes after I had spoken to the receptionist this morning. I have an appointment this morning. Top class service today.'
- 'I can wait between two and 20 minutes to get through. Sometimes it is easy. It is the same throughout the day.'
- 'I find I have to ring a few times.'
- 'They do answer eventually. It is usually better later in the morning.'
- 'Trying to get an appointment is horrendous.'
- 'The recorded message takes 1 minute 17 seconds to play, so that always takes up some of the time.'
- 'It's impossible to get an appointment. They haven't thought the process through properly. They take on too much.'

## The receptionists

All patients said the receptionist was fairly or very helpful, with seven out of nine saying the receptionist was very helpful.

One patient said that 'the receptionist might benefit from training so that those patients booking blood tests can arrange them at the right time intervals'.

Six patients said the receptionist asked them to describe their symptoms. None of the patients found this intrusive and two said it helped the practice work better.

## ● How to book appointments

No patients could describe the process for booking appointments in detail, though many knew that some urgent appointments could be booked for the same day if they phoned in early. Patient comments included:

- 'I can get an appointment when I need it. I have to wait 2-3 weeks for a particular doctor, but it is usually 2-3 days if I don't mind who I see.'

Only two patients were aware that appointments could be booked on line. They said:

- 'No appointment was available [on line].'
- 'Two years ago I got an ID to book on line. It never worked. I contacted the Practice Manager - no response. I have sent several emails over the last two years and received no response.'

Many patients were aware that the practice offered an out-of-hours service. Two patients had used the Saturday morning service.

Seven out of 12 patients were 'very happy' with the length of time they had to wait for an appointment, three were OK or quite happy, and two were not happy.

## ● Seeing a preferred clinician

Five of the six patients who asked to see a particular nurse/GP were able to make an appointment to do so. One of the five patients who didn't ask to see a particular member of staff said 'I would have to wait too long to get an appointment'.

Most patients were aware that they could also make appointments with a doctor in training, advanced nurse practitioner or nurse. One patient had received advice from a doctor over the phone and said that 'it is easier and quicker to do this, rather than make an appointment'.

Half of the 12 patients we spoke to had used a walk-in centre when they hadn't been able to get an appointment. One patient said they had used Shropdoc.

## 📌 Communication needs

Eight patients said they had not been asked if they have a communication need e.g. due to hearing or sight impairment; one said they had been asked. Half of these patients said they do have a hearing or sight impairment. Two said they had been asked if they wanted text reminders of appointments.

### Other patient comments:

- 'I get on well with all staff. I am very satisfied. I've been a patient here for 40 years.'
- 'It is harder to make appointments since the merger.'
- 'The practice is getting better - doing well.'
- 'It would be good to be able to get a drink of water or a coffee while we are waiting.'
- 'It's hard to hear the name called by the doctor when they come to collect you. It is also a waste of their time when they have to look for you.'
- 'I was asked to sit in the green area, but the consulting rooms lead off the blue area<sup>7</sup>. I wouldn't be able to hear my name being called if I sat in the green area.'
- 'Staff are very overworked - too many patients.'
- 'They do a good job.'
- 'I always see a different doctor and have to describe things from the beginning again.'
- 'There are very few Saturday morning appointments.'
- 'Reorganise the queuing area for reception - like they have at airports - so that the queue does not get in the way of people moving around the waiting area.'

Two patients said they were unhappy with the ability of some of the doctors and made sure they saw other doctors in the surgery.

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<sup>7</sup> The Patient Services Manager has told HWS this is incorrect; 'consulting rooms are used on the Blue and Green side, and reception will advise you to sit in the relevant area for your clinician that day.'

## What the patient group told us

We spoke to one member of the patient participation group (PPG) who told us there are nine people in the group and the Chair has been in post for two months. They have had many challenges e.g. moving into a new building, merging two practices, repeated staff vacancies and complaints about the booking system, which has led to the practice 'losing its soul'. The PPG is aware that some patients say the appointments system does not work, and that car parking can be difficult at times. They have been involved in discussions about the remodelling of the waiting area.

The PPG has talked with the practice about their role in improving communication within the practice and making the building a 'hub of the community'. Their ideas, some of which have already been initiated, focus on improving communication and links with the community, and include:

- producing a video to show what happens when a patient phones the practice for an appointment
- updating information about the PPG available to patients
- launching a closed Facebook group, open to staff and patients only, so that the practice can easily respond to patient queries
- updating and improving the website
- organising monthly meeting for staff and patients, with refreshments, each one focusing on a topic e.g. men's health, early years nutrition, arthritis, to encourage different groups of people to come into the practice
- developing a community hub and 'social prescribing'<sup>8</sup>

## What staff told us

We spoke to one member of staff who had worked at the practice for three years and who told us the following:

- The plan for the redesign of the waiting area had been undertaken by the Practice Manager who has now left.
- They are aware that some patients are dissatisfied with the appointments system. Recently they reduced the period in which patients can book

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<sup>8</sup> Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. (Kingsfund 2017)

appointments to 2-3 weeks, and this has reduced the number of patients who do not turn up for appointments to less than 1%.

- Very few patients use the on-line booking facility for appointments. This needs to be promoted and developed so that it includes blood test appointments with the nurses as well as the doctors.
- Receptionists have done 'active signposting' training recently, and have experience advising patients if they need an urgent appointment. Patients do not always appreciate why they are being asked about their reason for needing an appointment, but there are very few complaints about this.
- The PPG come in to the practice from time to time for meetings.
- There is a compliments book in reception.

The member of staff was not aware of the term 'Accessible Information Standard', but was able to tell us about how the practice arranges for the annual health check for patients with learning disabilities. These patients are seen by nurse and doctor together.



They also told us that they had recently raised a query with the IT provider as to why the alert function, used to alert health professionals if a patient has a specific communication need (e.g. hearing or sight loss) disappears when patient records are transferred between providers.

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## Summary of Findings

- The practice has faced several challenges in the recent past including moving to new premises, being formed from the merger of two practices and having a high staff turnover.
- The waiting area and adjacent rooms are currently being remodelled.
- The PPG have been involved in the new design of the waiting area.
- The PPG and staff are aware of a number of negative comments about the appointment system in the practice. They are keen to improve communication with their patients and to develop the waiting area as a community hub.

- Staff have recently produced a video so that patients can see the work of a receptionist.
- The number of 'did not attend' appointments has reduced recently.
- Some patients are very happy with the service provided by the practice.
- Some patients are dissatisfied with the length of time it takes to speak to a receptionist when phoning for an appointment. The practice is aware of these concerns. Most patients we spoke to said they waited 5-10 minutes on the phone.
- Most patients who had phoned for an appointment said the receptionists were very helpful. Patients did not mind being asked the medical reason for their appointment.
- The length of the queue for reception varied during the time we were there and extends into the waiting area.
- Staff told us that very few patients use the on-line appointment booking system. Most patients we spoke to were not aware that they could book appointments on line. The two that had tried were unsuccessful.
- Some patients could not hear their name being called for appointment.
- The number of extended hours appointments available has reduced recently due to staff leaving the practice. However the number will increase from 1 September 2018 when patients will be able to book appointments through the extended hours consortium.
- Staff were unaware of the Accessible Information Standard.
- Physical access to the premises for wheelchair users is excellent.
- The staff we talked to did not all wear name badges or uniforms.
- Some patients said they would like to be able to get a drink of water whilst they are waiting.
- The visit team did not see signs telling people about the hearing loop.

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## Recommendations

We suggest that the practice:

- continues to develop and implement its ideas for improving communication with patients and becoming a community hub
- continues to monitor and seek to improve the telephone appointments system

- promotes and supports patients to use the on-line appointments system
- considers implementing a queuing system which does not obstruct movement around the waiting area
- considers and implements a more effective way of informing patients when they are called for appointments e.g. using electronic screens, zoning the waiting area
- trains all staff on the requirement of the Accessible Information Standard (AIS), and in partnership with the PPG develops and implements an AIS policy for the practice
- considers whether staff should wear name badges/uniforms
- considers whether a cooled water dispenser can be provided for patients
- displays signs to promote the hearing loop
- displays the complaints and compliments procedure

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## Service Provider Response

The Patient Services Manager has provided comments on the report that appear throughout as footnotes, and the following response to our suggestions for improvement:

**We suggest that the practice:**

**Continues to develop and implement its ideas for improving communication with patients and becoming a community hub**

We are working with our PPG and new Chair to develop this.

A schedule of community health events and meetings has been provisionally drawn up and a new Facebook page for the practice created. A new desk has been created in the waiting room for the use of the PPG, local interest groups, charities and our Care and Community Coordinators.

This is being overseen by the Patient Services Manager and Chair of the PPG.

The Facebook page will be up and running by September 2018. Community events are also planned to start in September 2018. The new desk area will be in place when the renovation work has been completed (September 2018).

**Update:** Meetings and events have been planned until February 2019.

### **Continues to monitor and seek to improve the telephone appointments system**

- Planned staffing changes will be taking effect from October 2018 to address waits on the telephone. Another staffing change will take effect from 1<sup>st</sup> January 2019.
- A new phone system will be in place (provided by Shropshire Clinical Commissioning Group) from September. It is unknown yet what sort of facilities this will give the practice in terms of call monitoring & improvements.
- A patient questionnaire is in development to obtain feedback on the appointments system. This will be disseminated in September / October 2018.

This is being overseen by the Patient Services Manager.

There will be a review of the responses to the patient questionnaire and call times with the PPG in December 2018.

### **Promotes and supports patients to use the on-line appointments system**

- Promotion via website is already available.
- When TV screens are operational, the information is also displayed there.
- EMIS Access leaflets and forms are provided to all new patients when they register.
- We will feature the service in the forthcoming patient newsletter (October 2018)
- We will suggest the PPG promotes it when they are supporting the practice in flu clinics and at planned Health Events.
- We will monitor any increase in requests for EMIS online access.

This will be overseen by the Reception Team Leader and be ongoing.

**Considers implementing a queuing system which does not obstruct movement around the waiting area**

The waiting room is currently under development and this will be addressed once renovation is complete. It will be overseen by the Reception Team Leader and completed September 2018.

**Considers and implements a more effective way of informing patients when they are called for appointments e.g. using electronic screens, zoning the waiting area**

This will be happening via TV screens, which are currently out of action due to building work. Zoning the waiting area is also the next step of the planned renovation work.

This will be overseen by the Operations Manager / Patient Services Manager and is planned for September 2018.

**Trains all staff on the requirement of the Accessible Information Standard (AIS), and in partnership with the PPG develops and implements an AIS policy for the practice**

This has been suggested as a topic for the next practice meeting (these occur on a monthly basis) and will be overseen by the Patient Services Manager and Operations Manager.

**Considers whether staff should wear name badges/uniforms**

All of our staff wear name badges and uniforms, however due to the heatwave at the time of the visit, staff had been given permission to wear cooler, plain cotton shirts in white if they found the heat impacted their comfort at work. This is only done with permission of management in particular conditions and at all other times uniforms are worn.

### **Considers whether a cooled water dispenser can be provided for patients**

We are unable to provide a water dispense in the waiting room due to health and safety regulations. However we are discussing whether a vending machine with sealed bottles and wrapped food can be provided as a joint venture with other tenants of the building from December 2018.

### **Displays signs to promote the hearing loop**

Signs are on our reception desk. These desks were in the process of being moved at the time of the visit and signage has followed.

### **Displays the complaints and compliments procedure**

This is available in the 'complaints & comments' leaflet in displays in the waiting room. It is also shown on the TV screens, which are currently out of action due to building work. Staff also have access to this if patients request it.

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## **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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