



Enter and View Report

Holycroft Surgery - GP Practice, Keighley

1st September 2014



Pictured: Patient Participation Group Chair Ken Hargreaves, and Customer Service Manager Joanne Towers of Holycroft Surgery GP Practice.

What is Enter and View?

- Healthwatch authorised representatives carry out visits to health and social care services in our district, to see how a service is being run and make recommendations where there are areas for improvement.
- Visits can happen if people tell us there is a problem with a service, but they can also happen when services have a good reputation - so we can learn about and share examples of what they do well.
- Any publicly funded service can be visited like care homes, hospitals, GPs and dentists.
- Members of the public volunteer to become authorised representatives, carrying out visits on behalf of Healthwatch. They receive training to deal with sensitive situations and confidential information, and are checked by the Disclosure and Barring Service.

Disclaimer

Our report relates to a specific visit to the service at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Bradford and District.

Enter and View Visit Report

Date:	1 st September 2014
Authorised Representatives:	Abbas Ali, Irene Cyhanko, Jean Hepworth
Healthwatch Staff:	Marcella Celli, Afsana Aslam
Primary Care service visited:	Holycroft Surgery, Keighley
Surgery staff:	Andrew Haigh, Joanne Towers

Background and Purpose to the Enter and View visit

Healthwatch wanted to carry out visits to GP practices to validate the intelligence from the report 'Invisible at the Desk' and gather patients' and carers' experiences from 2 or 3 selected GP practices in Airedale, Wharfedale and Craven.

Holycroft was selected as an example of a larger practice in an urban area (central Keighley).

The purpose of the visit was to:

Work in partnership with the individual practices to make recommendations to address some of the issues raised in the report and by the patients and carers on the day of the visit.

- Gather additional views from patients, carers and staff on one of the themes identified in the Healthwatch report 'Invisible at the Desk': Person-Centred Care (patients being treated according to their individual needs)
- Work in partnership with the individual practices to make recommendations to address some of the issues raised in the report and by the patients and carers on the day of the visit.

How was the visit prepared and conducted?

Prior to the visit the authorised representatives had received background information on the practice available on the practice's and on NHS Choices websites.

On arrival, the representatives were greeted by Andrew Haigh (Practice Manager) and then spent about 45 minutes with Andrew and Joanne Towers (Customer Service Manager) to hear about person-centred care at the practice. Later Ken Hargreaves, the chair of the practice Patient Participation Group, joined in to talk about how the group works on promoting patients' and carers' involvement in the running of the service. The rest of the time was then spent in the waiting room, gathering patients and carers' views on the service they receive at the surgery. In between conversations with patients and carers, the representatives also had the opportunity to ask questions to other members of staff (receptionists, pharmacists).

Holycroft Surgery

Holycroft Surgery has over 10,000 patients and 7 GPs. It is located in central Keighley, on Oakworth Road, next to the Keighley Health Centre.

Upon arrival the main reception area was well lit, looked accessible and fairly spacious. Throughout the reception there are displays with information about local events, leaflets on health topics and information on Self Care (various leaflets on how to manage long term conditions). We noticed that whilst we were looking at literature near the entrance, some patients were unclear whether there was a queue or where the queue was.

The self service check in system (the SystemOne screen) at the main entrance is accessible and is not placed too high.

The smaller waiting room at the back seemed to have more information targeted at children and families.

Registering with the practice

The NHS has a very rigorous process and strict guidelines for registering new patients: 2 forms of ID are required. Everyone is entitled to access primary care, but not secondary care and it can often cause complications when someone is not registered. The practice implement an immediate but necessary policy which allows people who are not residents to be seen, therefore no one is turned away.

The practice also have a 'temporary residency policy' allowing people to register temporarily if they are going to be living locally for a short period of time.

The practice work with voluntary and community sector organisations like Project 6, Women's Refuge and other local support services who are able to confirm identity and residency details of individuals they support. This allows the practice to be flexible about temporarily registering new patients who might not meet the ID and residency requirements.

Repeat Prescriptions

The review of patients' medication is carried out by the GP. The frequency varies depending on the condition and the type of drug (3, 6 or 12 months).

Repeat prescriptions are checked every time they are issued by a GP who signs the form. There is a renewal date on the repeat prescription and it's the patient's responsibility to request the renewal by contacting the practice.

Patient Participation Group

The practice has a very active Patient Participation Group (PPG) which meets regularly. The PPG has been working with the practice to find ways to improve access to appointments and reducing the number of missed appointments (Do Not Attend - DNAs). They recognise that the appointment system will probably never be 'solved' as improvement in one direction detracts from another. The group also does health promotion around self care and the Chair of the PPG visits other practices to share good practice around setting up and running PPGs.

They also have a virtual network of 40 people (younger than the average PPG member) who are contacted three times a year and feed into the PPG work, a way of involving people who cannot attend the meetings.

The practice also consults with all the patients by having questionnaires available at reception. From what we heard from the staff on the day, the main issue raised by patients is access to appointments, particularly non-urgent/on the day appointments.

Person-centred care

It seems that the practice knows about patients' needs because they tend to have patients who have been registered with the practice for a while, and they have got to understand what they need.

The electronic system used by office and clinical staff (SystemOne) uses symbols to flag up patients' needs: different symbols appear on the screen against patients' details for example if someone has a disability, language need or other needs connected to their health (e.g. pregnancy). The symbol only identifies the condition but does not tell staff the support required to help improve access for the patient. However the tool acts as an aid to prompt staff to identify what support might be needed.

The practice tries not to rely on family members for interpreting. They have introduced a new Telehealth system (a kind of video link) and have contracted Enable2 interpreting services, based in Bradford, to provide support with interpretation. This means relying less on booking of interpreting staff and the need to have interpreters physically present on the premises. Interpreters can be pre-booked when requested by patients. The Telehealth system requires Wi-Fi connection which has been installed across the practice now and allows staff to make contact with interpreting services through a video call. They are the only practice using Enable2 and have made a financial commitment to pilot this service. They use Telehealth also for patients unable to come in.

Annual Health Checks are currently offered to patients with long term conditions (LTC), carers and people with a learning disability. Anybody who has not been to the doctors for a year is entitled to an annual health check. The update of annual health checks for people with a long term condition has improved year on year. There is a leaflet on one of the boards in the waiting area to promote annual health checks to help people manage their long term condition. The annual health check establishes goals and actions that need to be taken. There are leaflets with details of community organisations that the practice works with and patients can be signposted to for additional support. The practice has also arranged medical students from Leeds to come in and work specifically with people with diabetes to help them to manage their condition (self care). Students will be using this experience as part of their development on their course.

The practice has 35 patients with a learning disability registered at the practice. There is a 30-40% uptake of annual health checks out of the patients registered. The practice are currently working with a local voluntary sector organisation, People First Keighley and Craven, to plan and run an open day at the practice over a two day period which will encourage the checks to be completed. The checks will be led by nursing staff due to their better knowledge of how to support people with a learning disability.

Access to appointments

Although the focus of the visit was not access to appointments, we felt it was useful to hear from the practice staff how they manage the appointment system and what the work they are doing to offer more urgent appointments/appointments bookable on the day.

We heard from staff that the practice have a 3-day booking cycle. Currently phone lines open at 8.30am. For same day appointments patients have to either call in personally or try getting through by phone. The Practice Manager told us that he trialled the phone booking system and it took him roughly 40 calls before he managed to get through.

‘Urgent/on the day’ appointments are available through the week. The number of appointments made available by the practice is regularly reviewed and it’s adjusted to meet the demand for urgent, non urgent and check up appointments.

Opening up more ‘urgent/on the day’ appointments results in fewer slots for pre-bookable appointments as the new system does not allow for that. GPs could actually do the pre-booking but they don’t often use this option.

Telephone appointments are also available. These appointments are 5 minutes, therefore increase the number of contacts overall. However the practice feel that this is not being used by the right people or for the right conditions and is generally taken up by minor ailments. In addition GPs are not as keen on telephone consultations because they feel that 5 minutes is not enough time and in reality they tend to last longer anyway.

Missed appointments (DNAs) are a problem at the moment. An average of 250 appointments are lost over the course of a month. From experience they have found out that 40-50% of pre-bookable appointments are not kept. As a consequence the practice has introduced a ‘3 strikes and out policy’ which means that if a patient misses 3 appointments they can be taken off the register. When the policy was introduced the practice strictly adhered to the policy. They have moved on about 150 patients, they are however much more lenient now.

From October 6th the practice will be introducing more pre-bookable appointments to help people manage long term health conditions.

Interviews with patients and carers

During our visit we spoke to 18 patients and carers (13 females, 5 males) while they were waiting to go in for their appointment. Some patients and carers spoke to us also after they had been seen.

Out of the 18 patients and carers we spoke to, 13 were White British and 5 British of South Asian descent (of Pakistani and Bangladeshi origin). 14 patients were over 55 years old, two between 30 and 55 and two under 30 years old.

Some patients told us that they found it difficult to explain to reception staff why they were calling because of a language barrier. Not being able to communicate with reception staff can make it even more difficult for some patients to get an appointment. They feel if someone bilingual is available at reception that would make it easier for them to make appointments.

General experiences with doctors and the nurse practitioners have been good although a few felt consultations have been rushed at times. Some patients also talked about preferring to see the same doctor every time as they feel they get better care.

One patient mentioned they felt there are not enough sexual health clinics/doctors available and was difficult to get appointments with the current 2 practitioners.

The majority of patients and carers we spoke to felt the information regarding what would happen next was good, but this depended on the doctor you see and weren't too sure on the different options of treatment available.

Most patients feel it can be difficult to get appointments, particularly urgent/on the day appointments. They feel they have to dial many times before they can get through to reception. Once they have, they are often been told that no more appointments are available on that day.

Patients and carers we spoke to feel that the staff in general are helpful. Some mentioned that when talking to reception they have been asked what the exact nature of the illness is. They have found this uncomfortable as it might have been of sensitive nature. Some patients have been confused by the receptionists' enquiries about what's wrong with them as they thought that was the reason for seeing the doctor, i.e. to be diagnosed.

Case Study A

Elderly lady, 81 years old, of South Asian background, attending the appointment with her daughter, told us she had been a patient with this practice only for 7-8 months. She changed from another GP practice in Keighley as she was not happy with the access to the services there, i.e. not being able to get urgent/on the day appointments.

Her carer spoke about the problem with interpreting: "They just assume because I am present that I will do the interpreting for my mum, she can never come on her own because there is no staff member who speaks the language. So I have to come with her which means I have to make arrangements for my kids and family. It can get hard. She is thinking she wants to go back to the old GP practice now because she could at least speak to staff there even if getting an appointment was hard, she is experiencing the same here".

"The doctors here are really good, one lady doctor is very good she listens and explains everything to us". "We hardly ever get to see the same doctor, it is always someone different".

"It's really hard to get an appointment they always say they are fully booked, the doctor tells you to make an appointment for next week but when you call you can't get one".

"They also don't do home visits, once my mum was really unwell and we wanted someone to come out to her but they insisted she visits the practice. At the old GP practice they were very good like that, the doctor would come and visit her at home".

Case Study B

Elderly female patient, of White British background, told us she has been a patient with the practice since Dr. Partridge came [check with practice].

On the day of our visit, her appointment had been made by one of the nurses. She said it is sometimes hard to get one.

She talked about feeling comfortable when talking to the staff, who are all very nice and "look after me". She feels listened to but never sees the same doctor as the one she normally sees is on long term sick.

She is offered an annual health check because of her long term condition and she has her insulin levels checked every 3 months.

She is registered blind/visually impaired but had to tell the practice herself. Bradford Royal Infirmary had referred her to the Resource Centre at Morley Street but nobody had informed Holycroft, where she is registered as a patient.

Case Study C

Female patient between the age of 30-55, White British, has been a patient at Holycroft since birth. She finds she can get access to appointments although it is not always easy. On the day we visited the practice, she rang at 9.10am that morning and she got an appointment on the same day.

She feels mostly comfortable about talking to staff at the surgery however she does have a 'problem' at times when asked questions at reception when she tries to book an appointment.

She feels treated as an individual and respected but she feels she can look after herself. She has seen the nurse practitioner on numerous occasions and would be happy to see her again. She was told by staff and given information about what support is available outside the practice, in the community. She feels staff do not always consider patients' needs, like in her case, people who have work commitment.

After having seen the GP that day, she told us she felt she was listened to but only up to a certain extent. She saw a new GP who made a 'judgment' and gave her a prescription based on cost. She had to explain the situation: she can't take tablets - medication has to be liquid form. Her own GP prescribes her liquid medication and has never brought up the cost of liquid medication vs. tablets.

She felt everything was explained to her during the consultation but she already knew what was needed and what medication would be prescribed.

She was told she would need a further appointment in 2 weeks time but couldn't make one at the time of the visit. This does of course cause a problem as she works and to get follow up appointment can interfere with work. She would like something to be done around improving equality of access to appointments for those who work full time.

Conclusions

The Healthwatch Enter and View representatives would like to thank Andrew Haigh, Joanne Towers and the rest of the staff for the warm welcome given to the Enter and View Team and for their time. We also would like to thank Ken Hargreaves, the Chair of the Patient Participation Group for his contribution.

Generally from what we saw and experienced on the day we were impressed by the service offered at this GP practice. The surgery had a friendly atmosphere and people seemed comfortable there. People were listened to and treated with respect. Access to appointments and lack of continuity of care seemed again to be the main problems, as for other primary care services. From our conversation with staff members and the Chair of the PPG, we felt that staff were very open and honest in answering our questions. They did not seem at all stagnant but enthusiastic about change and improvement.

Enter and View representatives' recommendations

- We would encourage the practice to continue working with local organisations and groups (e.g. People First Keighley and Craven) on promoting and therefore improving the take up of annual health checks for patients who are entitled to.
- We feel it would be beneficial for the practice to review the language needs of their patients and look at improving the experiences of patients accessing and using interpreting services.
- We acknowledge the practice's work on improving access to appointments and we recommend a continuous monitoring and review of the booking system.

Abbas Ali, Irene Cyhanko, Jean Hepworth

22 January 2015

For more information about this visit and Healthwatch Bradford and District Enter and View activities please contact Marcella Celli on 01535 6625258 or email marcella@healthwatchbradford.co.uk