



Enter and View Report

North Street Surgery
GP Practice, Keighley
12th August 2014



*Pictured: North Street Surgery
GP Practice, Keighley*

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:	12 th August 2014
Authorised Representatives:	Ann-Marie Bentley, Katie Matthews, Val Mills
Healthwatch Staff:	Marcella Celli, Safeena Ali
Primary Care service visited:	North Street GP Practice, Keighley
Surgery staff:	Shirley Hindle (Practice Manager)

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 to gather patients' and carers' experiences from 2 or 3 selected GP practices in Airedale, Wharfedale and Craven. North Street was selected as an example of a small practice in an urban area (Central Keighley).

The purpose of the visit was to:

- 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 share examples of good practice and 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 about the practice taken from NHS Choices website and the practice's own website.

On arrival, the representatives were greeted by Shirley Hindle (Practice Manager) and then spent about 2 hours in the waiting rooms talking to patients and carers who agreed to be interviewed. As well as speaking with patients and carers, the representatives also had the opportunity to talk to various members of staff (receptionists and the advanced nurse practitioner).

North Street Surgery

North Street Surgery is a small GP practice in the centre of Keighley. It was set up by a local doctor, Dr Alim, as a family practice. When Dr Alim retired a few years ago, the practice was run for a short period by the then Primary Care Trust before being taken over by One Medicare in June 2011. One Medicare also runs the practice on Vale Street in Riddlesden. At present the practice has approx 7,000 patients split between the 2 sites, with 5 GPs based at North Street. The majority of the patients registered at North Street are of South Asian descent.

The practice is open 8am until 6.30pm Monday to Friday with extended hours on Tuesdays and Wednesdays (until 7.30pm).

On the day of our visit we spoke briefly to the practice manager and at length with one of the receptionists (full time, employed by the practice for 8 years) and the advanced nurse practitioner.

The advanced nurse practitioner we spoke to has been at North Street practice for over 7 years. She is aware that when the practice was run by Dr Alim it was run in a different way. Dr Alim, possibly because of his links with the local community in Central Keighley, was also available outside working hours.

Suitability and Access to Building

Staff are aware that the building (still owned by Dr Alim) is not ideal as a setting for a modern GP practice and there are restrictions about the alterations and improvements which can be done to this type of listed building. Adaptations have been made to make the building accessible to people with mobility problems. All three toilets have disabled access (two on the ground floor). However there are still some issues around accessibility. Patients with access needs/mobility needs have to enter through a separate entrance to access some of the consultation rooms. There are no signs in the waiting areas downstairs about disabled toilets being available upstairs and that a member of staff can assist. The door handle (door through to lift at the back) is quite high. It is difficult for a patient in a wheelchair to open it to access the lift at the back of the building.

SystemOne (the screen which patients can use to check in for their appointment) is accessible in lots of different languages, which is a very positive thing. However it is positioned quite high and it can be hard to see and reach for people in a wheelchair, particularly if they are small.

The reception area desk is also very high, which makes it difficult for a wheelchair user to speak on equal terms to the receptionists.

Repeat prescription/medication

There is a pharmacist who works at the surgery one day a week to do medication reviews and to advise patients on taking their medication. Another issue around medication is the fact that some patients bring back medications from abroad because it can at times be cheaper and more accessible. However some medication might not be regulated.

Access to appointments

We heard from the nurse practitioner and one of the receptionists about the procedure for booking appointments. The patients ring in the morning for an urgent appointment or book routine appointments when required. There are always pre-bookable appointments. Patients start ringing at 8am, trying to get an appointment, but many people find that they are all gone (as they are not enough urgent appointments).

Staff are aware that the main issue is access to appointments but it has been difficult to recruit more doctors and have more flexible opening hours. Many of the 'non GP staff' have been with the practice for a long time.

At the time of our visit, we were informed that an average of 84 patients a month (5/6 people a day) do not turn up.

Difficulties in accessing appointments, particularly urgent ones, do at times cause frustration among patients. Some of the staff told us that some patients can get quite agitated if they cannot get an appointment and there have been episodes when patients are seen as abusive towards reception staff. Some verbally abusive patients have been taken off the list but they are given a week's notice. They can therefore continue with any treatment until they have made necessary arrangements with another practice.

According to the members of staff we spoke to, the main issues patients complain about besides access to appointment is their feeling of lack of continuity of care; patients complain about not being able to see the same doctor.

Staff awareness/training/development

In terms of staff training, there is a training matrix but it seems there are not as many opportunities as there were a couple of years ago, at the time of the old Primary Care

Trust. No specific training on dealing with people with different needs (e.g. mental health, autistic spectrum, etc) although it sounds like some staff draw on their personal and professional experience.

Person-Centred Care

In terms of awareness of an individual's needs, the system flags up patients' medical needs and certain conditions (e.g. pregnancy) so that when patients call to make an appointment, the receptionists are aware to a certain extent of patients' needs (access, etc.). Receptionists can see from the system when patients who call to book an appointment have children with severe disabilities/complex needs, or have cancer or have had a stroke.

The staff feel they have a good knowledge of most patients and their needs. Also reception staff think that patients are able to say whether they need additional support/help to access the services when they contact the practice.

We also asked whether various staff members are aware of patients' allergies to certain medication. We were told that the system picks up patients needs, including allergies that show on their record as an alert.

From this booking system staff can also see whether patients have other needs because of a particular condition. We were told that at present 58 patients registered have 'mental health needs' or an official mental health diagnosis.

Patients entitled to regular health checks such as carers or people with a learning disability are identified on the system. Health checks are offered once a year. It seems that the take up on annual health checks for carers and people with a learning disability is poor at the moment.

We heard some positive examples of person-centred care: the practice is aware that some of the patients registered with the practice are young male ex-offenders. Staff are aware of their needs in this regard and try to tailor the care they offer to this particular group of patients.

Another positive aspect of person-centred care reported by patients is that some of the doctors and many staff members are able to speak various community languages and this greatly helps the population that make up the majority of the patients at this surgery, who do not necessarily have English as a first language.

The practice has a comparatively high number of disabled children registered. They can be a heavy demand on services but staff seem to be aware of these children's and their families' needs.

Interviews with patients and carers

We spoke to 6 patients waiting to be seen that morning (late morning) and we received feedback from one patient after our visit.

Key issues reported by the patients are lack of continuity of care (high use of locums) and difficulties accessing appointments quickly. Appointments are gone after 9am. This has led to patients telling us they would use A&E at Airedale General Hospital for urgent treatment and not just for emergencies.

Patient A

Male patient, from South Asian background, has been a patient with the practice for about 20 years.

The main issue for him was that the practice, because of capacity, does not have enough urgent appointments (i.e. appointments you can book on the day when not well), so if you are unwell and need to see a doctor, you call in the morning, all the appointments are gone so he feels the only option left is to go to the hospital.

In terms of person-centred care, he feels that once he gets to see a doctor, there are no problems. There are enough members of staff who speak South Asian languages. He has two children with a sensory impairment. He felt that the staff at the practice have always been very attentive to the needs of his children.

When asked what he would like to change, patient said that more urgent appointments would be helpful. He also said it would be good to see the same doctor otherwise every time you need to tell the staff the whole story.

Apart from difficulties in getting urgent appointments and having to go to hospital in emergency everything else is fine, he is satisfied with the practice and the staff. There are not enough urgent appointments, not easy to get regular appointment or to get prescriptions on time. He feels privacy is respected and he can speak to staff as they speak different languages. He feels staff are aware of his needs as a patient and his family members' needs. He has 2 children with a sensory impairment who can have difficulties with feeling included, but doctors/staff have been with good with them.

Patient B

Lady, in her mid 20s, South Asian background, has been a patient with this practice for 19 years, since she was a child. Today she was at the practice to accompany her husband. She said non urgent appointments are not a problem. The one her husband was here today for was booked two weeks earlier. It is easier to get appointments now that the practice has 2 late evening openings when people can book appointments after work, after 6pm.

The patient said she feels her privacy is normally respected, however there have been times when the receptionist has asked what the appointment is for. She feels staff listen to her and explain to her what is going to happen next in terms of tests, appointments, etc. She says she feels the younger generations are more comfortable in asking staff for explanation.

She said the environment is not ideal. It is an old building and the access to the building is not always easy. However she feels it is ok.

The lady also talked about her mother's experience. The mother is quite happy to be able to see a Punjabi speaking doctor. One thing she would like to change is to extend the opening hours to a Sat morning.

Patient C

Lady, there as a patient, has been a registered with the practice for over 20 years.

Patient said today she was attending an appointment which had been arranged by letter. It was not on the system but she was still seen by the doctor.

She feels her privacy is respected. She feels she can talk to staff at the practice and can speak to various members of staff as they speak Punjabi, Urdu, etc. She feels staff know about her needs and feels treated as an individual. She feels listened to by nurse and doctors. Staff explain things to her during her appointment and she feels she has choices about referrals, etc.

She does not remember being told about getting support outside the practice to manage any conditions, etc. However she has an iron deficiency and she attends the surgery every 3 months to have injections.

She feels the environment is ok. She has seen the nurse practitioner and that was fine, no problems. The only issue she has at the moment is not with the practice but with her medication. She needs vitamin D supplements but she cannot get them on prescription so she has to pay for them.

Patient D

Young man and his mother came in for the mother's diabetes check up. They speak Bengali and they feel they can communicate with staff. His mum has regular check-ups, every 6 months. They feel satisfied with the service offered by the practice. In case an urgent appointment is needed they go to A&E if they can't get an appointment. They have had good experience of nurse practitioner. They would like a better system for appointments whereby they could get appointments at short notice more easily.

Patient E

Female patient, pregnant with 3rd baby, she has been thinking about moving surgery because of problems with appointments, however she likes the service at North Street.

The lady mentioned that her children were registered at a different practice and it was easier for her to join as a patient there too. She did briefly mention about not being able to get an appointment straight away but was also aware that this has also been the case at another practice when making appointments for her children.

She mentioned her main reason for changing practice was for the convenience of all the family being patients at the same practice.

Patient F

Male patient, mid/late 50s, has been a patient at North Street for 18 months, British background. Today he rang up at 8am and got appointment straight away, sometimes he can't get through though. He feels his privacy and his individual needs are respected and he feels he can talk to doctors.

Patient G (feedback received by post after the visit)

Main issues seem to be around not having continuity of care (locum doctors), not having the opportunity to discuss more than one issue per appointment even if there are connected. Patient also reported that appointments made were on a few occasions cancelled by the practice on the day of the appointment.

Conclusions

The Healthwatch Enter and View representatives would like to thank Shirley Hindle and the rest of the staff and the patients and carers for the warm welcome given to the Enter and View Team and for their time.

Generally from what we saw and experienced on the day we thought that the reception and nursing staff have a good awareness of their patients' needs.

Enter and View representatives' recommendations:

- The screen of the self service check (SystemOne) is very high and therefore difficult to reach for a wheel chair user. It needs lowering to improve access to this facility.
- Reception needs a lowered desk so that disabled or smaller people can see the receptionists - this is important for communications.
- Other things which can be done to improve access: a door bell at front of property or a sign showing that accessible access is around the back. Telephone number put next to door bell in case door bell doesn't work or consider intercom system. Door handles on door between the hallway and the lift at the back to be lowered to ensure better independent accessibility, allowing wheelchair users to exit the building on their own. It would be helpful to have a sign displayed to tell patients about disabled access, disabled toilets and how they can get assistance from staff.
- There is no children play area and the waiting area could be made more appealing to young people.
- Liaise with local learning disability advocacy group to raise awareness about Annual Health Checks and work together on ways to increase take up.
- Lack of training opportunities on awareness of people's needs to be flagged up with the Clinical Commissioning Group. Also encourage practice to continue to work with local VCS groups.
- Continue to review and implement best practice on access to appointments.

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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