

Enter & View of Circuit Lane Surgery, Southcote, 2015

About this report

This is the full report of Enter and View visits carried out by Healthwatch Reading to, Circuit Lane Surgery, 53 Circuit Lane, Reading RG30 3AN, between March and June 2015.

A shorter, patient-friendly, two-page summary report, is available at www.healthwatchreading.co.uk/reports/

What is Enter and View?

Enter and View is a legal power granted to local Healthwatch under the Health and Social Care Act (2012), to allow them to visit NHS and adult social care services to find out how they are being run, what patients and service users think about those services, and to make recommendations if there are areas for improvement. The legislation requires services to respond to recommendations.

Enter and View can be carried out unannounced, but the normal Healthwatch Reading approach is to pre-agree a visit with staff beforehand, to ensure there are no service issues (such as a ward closure due to an infection outbreak) that would hinder the visit and also to allow staff to ask us any questions about how the visit will be carried out.

The visits must be carried out by 'authorised representatives'. These people are Healthwatch staff or volunteers that have undergone Enter and View training. This covers the need to be courteous and respectful to people we interview, to protect patient confidentiality, and to ensure we do not obstruct staff from carrying out their roles. This training also covers safeguarding, which means that we know how to refer any suspected cases of people being (or at risk of being) abused.

Local Healthwatch must say why they have chosen to carry out an Enter and View. It might be because the public have reported concerns about a particular provider to Healthwatch, but equally, we could choose to visit services that 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.

People who read Enter and View reports should note that the findings are only a 'snap-shot' of a service on a particular date and time. Enter and View is not an inspection or a comprehensive judgement on the quality of the service - that role is undertaken by the Care Quality Commission and people can search their provider's latest inspection report at www.cqc.co.uk.

The benefits of Enter and View

Healthwatch Reading believes the value in Enter and View is the time we spend holding in-depth conversations with people about their experiences. This offers opportunities to:

- identify previously unknown service issues that could be remedied quickly, often by following patients' own simple suggestions;
- collect praise about what staff and services do well;
- explain what rights patients have;
- make people feel valued, when our reports highlight how their concerns have been addressed by services;
- publicise other ways patients can get involved, such as by joining their GP practice's Patient Participation Group;
- signpost people seeking non-medical help or advice, to other statutory services, or local organisations and charities we know;
- identify any systemic issues that Healthwatch Reading can raise in local decision making and scrutiny forums, such as at the Reading Health and Wellbeing Board.

Why we did an Enter and View of Circuit Lane Surgery

There were two main reasons for our visits.

1. The board of Healthwatch Reading agreed that during 2015-2016, our top priority should be examining people's experience of primary care services, because of ongoing concerns and feedback given to us.

The board (made up of local volunteers who act as the 'ears and eyes' of the local community) agreed this should be done by carrying out an Enter and View of every GP practice in Reading, to ensure we were giving different types of people an opportunity to share their feedback, and not just those who had specifically come to us to complain. We also wanted to be able to build up a Reading-wide picture that GPs and commissioners could use to spread good practice, and to develop plans for tackling any common themes.

2. The second reason for our visits was to follow up how people had experienced services during the transition from the previous managers (a business partnership of the surgery's own GPs that had come under strain due to recruitment difficulties and other issues), to the temporary management of Berkshire Healthcare NHS Foundation Trust (BHFT) from 1 February 2015. BHFT, which already had experience of primary care through its running of the Westcall out-of-hours GP service, has been working proactively with Healthwatch Reading and the surgery's Patient Participation Group to monitor patients' experience during this time.

How we did this work

The authorised Enter and View representative (Healthwatch Reading staff member Catherine Williams) visited the surgery, after pre-agreeing dates with BHFT, on the morning of Tuesday 31 March, the afternoon of Wednesday 22 April and the afternoon of Thursday 21st May, 2015. During visits 1 and 3 she was helped by a member of the Circuit Lane Patient Participation Group.

Each visit lasted for about two hours. Question prompts (Appendix 1) were used to guide conversations with patients in the waiting room and we gave every person an opportunity to raise any issues they felt we had not covered. All views collected were anonymous, but some people gave their contact details so we could add them to our regular newsletter list.

During the week of 8th June, Healthwatch Reading's authorised representative also visited two residential homes which are visited by GPs from Circuit Lane, and also a baby clinic at a local children's centre, used by Circuit Lane registered patients. The same questions were used to guide these conversations.

Our findings

At the surgery, 53 patients were spoken to, in total, ranging in age from 18 to 80-plus. Around two-thirds were female. Of those people who described their ethnicity, 34 were white British while nine had other ethnicities (See Appendix 2).

Main findings from surgery visits:

- The majority of people spoken with said they had received written notification about the management change on 1 February 2015
- 24 out of 53 people said they had been able to see the GP (or other practitioner) of their choice; of the remainder, most said they did not expect to see a particular GP or were not concerned to do so
- Some patients said there was a two-week wait to get an appointment with a doctor of their choice, while for on-the-day appointments, most people accepted they would have to see whichever GP was available
- Around half of those interviewed at the surgery had not noticed any changes to the service since 1 February 2015
- Around one-fifth felt that there had been a negative change, such as it being more difficult getting appointments, lack of continuity in GP care, and a couple of mentions of long waiting times in the waiting room.
- A few patients felt that there had been improvements in the service.
- Only nine people spoken to at the surgery were aware of the Patient Participation Group (PPG) and only three people were aware of, or had been asked to complete, the NHS Family and Friends Test

- Comments collected from patients mostly centred around the effort it takes to book an appointment (having to phone repeatedly, hold on the line and/or queue at the surgery first thing in the morning), and a preference for continuity - seeing a GP that they know, and who also knows them
- People also gave praise about GPs and reception staff
- A larger proportion of patients in the May visit, said that they could see the GP of their choice compared to people on the other visit dates, but it should be noted the sample sizes for each visit (16, 17 and 20) is small

Findings from visits to care homes and baby clinic:

We spoke to two residential home managers, two care home residents and three parents at a baby clinic.

The parents told us that the receptionists were helpful and friendly; one new patient had found registration easy; one long-time patient did not feel confident that new GPs or locums know her medical history, but she was flexible about seeing whoever is available.

We heard the service to the care homes was generally good, and that since 1 February 2015 it has been easy to discuss any concerns, and get any queries sorted quickly. The service provided was reported to be good overall.

In their own words

Patient views on seeing a GP of their choice:

'I booked today. Came before 8am. Short wait at 8am.'

'Terrible booking. Mostly have to explain the issue [to staff] - I prefer not to do that [for privacy reasons]. Has been like this for about two years. Much the same now as it has been. Massive queue at 8am - [appointments all] gone by 8.20am.'

'Straightforward. Called maybe half an hour after opening today.'

'Quite hard to see doctor of choice. My preferred GP has retired...lots of changes. Most recent doctor I saw commented about patients seeing so many doctors. To see chosen doctor you must book ahead.'

'Never. You ask and are told you can't get an appointment. My preference is a part-time GP. Have to book two weeks ahead who you want, or take pot luck.'

'Need to book 2 weeks ahead [to see a named GP]. Had a problem this time around.'

'Same day. Asked for a particular GP and got that person. Usually able to get the person I want.'

'Same day. Didn't ask for a named person as didn't know who is here. Booked on phone. Able to get through.'

'Booked the GP I wanted. Booked ahead and specified Dr [name]'

'Recently getting in on the day has been ok.'

Comments on whether they have noticed any changes since 1 February 2015:

'When call in morning at 8, don't get line until 9.'

'Main issue is appointments system. Call and get a queue system.'

'Yes and family members have noticed long waits of about an hour to see a GP on the day - you don't get through on the phone. If a real emergency, pretty good and they find you someone.'

'Last week waited three and a half hours for doctor to call. I was told it 'could take a little while'. Prescribed over the phone [without seeing patient] - it happens a lot.'

'Appointments going later - into the evening - e.g. 6.30pm works well.'

'Got better. Booking appointments easier - can get straight away. Waiting time now better - go in straight on time.'

'[Changes] could have been communicated better - wanted to know because could be major changes or closure or reallocation of patients.'

'Surgery say they are short-staffed. I had tried to get an appointment on the day - not seen that day - had to phone at 8am the next day as all the appointments had gone.'

'Better now. Appointments quicker.'

'No. Happy at the moment.'

'Worse. Trouble getting doctor of choice.'

'A lot harder to get through on the phone - call 8 - get through at 9 - service with doctors not so good'

'Super. Fantastic.'

Other comments giving praise, concerns or suggestions for improvement:

'Pretty happy. Very much happy.'

'Difficulty getting through to book an appointment.'

'When you do get to see a doctor they are all nice - they do a good job.'

'All very polite.'

'Waited 45 mins to be called yesterday - first time that has happened.'

'Locum doesn't know your history.'

'Waiting times.' [Sometimes up to an hour to be called into GP]

'What will happen at the end of this year?'

'Have they considered recruiting [an extra] nurse?'

'Fine. Reception staff very polite. Have recently moved away, but staying here because fantastic doctor. Travel to come here.'

'Awful. Waiting a long time and wait up to one and a half weeks for an appointment.'

'Difficult not to be able to see the same person who knows you.'

'Fine - can be hard to get an appointment - I work 6am to 2pm but have to call at 8am - when I can call, fully booked.'

'They are short of nurses - the stress is showing in how the staff are.' [This patient uses the surgery regularly for a chronic illness - had told staff clearly and with reasons, why they needed a 30 minute appointment but receptionist tried to insist 15 mins would be sufficient with nurse].

'The other day waited 45mins in surgery for GP appointment because of an emergency [causing increased waiting times] - was only told this when I asked at the desk.'

'Waiting to hear about future provider.'

'Fantastic service today.'

'All good.'

'Appointment problems.'

'Would like appointments three weeks in advance.'

Recommendations and responses

Healthwatch Reading (HWR) recommendation 1:

Improve the patient experience of the appointment booking process.

Berkshire Healthcare NHS Foundation Trust (BHFT) response:

The appointment system for this practice has been under review since April 2015. This review has included an analysis of the number of calls received by the practice per hour and per day of the week, the number of GP and nurses appointments offered on a daily basis, improving the function of the 'on duty' GP, the increasing demand for home visits, the telephone system and the resources required to manage the high demand of calls to the practice at various times of the day.

There has also been a big drive to recruit permanent doctors and reduce the use of locums.

The number of GP contacts offered per week at the surgery is almost 25% higher than the average for North West Reading and the number of appointments per head of population is 30% higher. (NW Reading CCG, appointment survey: Jan to March 2014)

The outcome of this work has resulted in a number of changes to improve the appointment booking process:

- 1. Online booking availability for GP appointments on the day and pre-bookable. This was started in May 2015 and currently we have 484 number of patients registered for this service and as of September 2015 we have had 292 active patients using the online booking service. It is the aim of the practice to get up to 30% of the patients using this form of booking as they can choose the day, time and GP that best suits them without having to make a phone call, this also frees up the phone lines for those patients choosing to speak to a receptionist.*
- 2. The triage system was changed in August 2015 following a demand versus capacity analysis that showed that 60-70% of patients having a call back from the on duty GP on the day also required a visit to the GP. Patients also had to wait up to 3 hours for the GP to ring them back due to the demand for call backs. The new system means that the duty doctor will have no pre-booked appointments for the day, start to see patients at 0900hrs and enable the doctor to deal with any urgent cases coming in from Out of Hours at 0800hrs, also offering up to 20 urgent appointment slots for the morning and the same in the afternoon. This will result*

in the opening up of additional appointment on the day and the surgery will offer pre-bookable appointments of up to 4 weeks in advance instead of the 2 weeks that was on offer

3. Telephone system: patients have repeatedly reported that they have had to make a number of calls to the practice and had to wait for long periods before the call was answered. The option of a replacement telephone system is being explored with the view to it making improvements that will ease this pressure. In addition to this we are streamlining staffing resources to match the telephone demand on a day to day basis thereby minimising the frustration patients are currently experiencing

4. Staff training: it is of vital importance that the reception team continue to have training in customer service as the role of a receptionist is demanding and at time difficult due to pressures on the practice. A training program is part of the operational plan for the practice

5. Research: Sharing of best practice amongst practices both locally and nationally is paramount. Circuit Lane Surgery is keen to learn from other practices that have piloted new ways of working to improve appointment booking processes. This networking will continue. Recently a review was done at Melrose Surgery showing how online bookings of appointments for GP's and nurses has eased the pressure and allowed patients to book online

HWR recommendation 2:

Review how the Family & Friends Test is promoted and make all patients aware of the opportunity to give feedback.

BHFT response

The current mode of promoting of the Family and Friends Test is via:

- 1. The surgery website (www.circuitlanesurgery.co.uk) has generated a total of 62 responses since March 2015*
- 2. Cards are available within the practice on the reception desk and in the waiting room. It is apparent that there are improvements that could be made to increase the number of responses by all staff including the clinicians proactively handing out cards to the patients after a consultation. This will be addressed at a staff meeting for both the administration and clinical staff in September and monitored by the Office Manager*
- 3. Raising awareness within the waiting room by dedicating a notice board to demonstrate the number of responses received monthly and common themes and improvements based on the comments. This will be done by way of a thermometer.*

Acknowledgements

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Appendix 1: Question prompts used in the Enter and View visits

1. Do you know that the management arrangements for this GP surgery have changed recently (from 1 February 2015)?
2. When you booked your appointment, were you able to book to see your usual GP/your GP of choice/ other person of your choice?
3. Have you noticed any changes at the surgery since the beginning of February? Anything that has affected your experiences as a patient or carer? If so, please explain. *[Not asking for medical history or details as such]*
4. Do you have any comments or suggestions about your GP surgery at present (whether praise, concerns, suggestions for improvement)?
5. Do you feel involved in/by the surgery? For example, do you know about the Patient Participation Group and how to join it? Have you been asked to complete a Family & Friends questionnaire?
6. Is there anything else that you would like to tell me?
7. Would you like to receive the monthly Healthwatch Reading Newsletter? If so please can we have your contact details.

Appendix 2: Demographic information

	Visit 1	2	3
Number of patients spoken to	17	16	20

Age	18-24	25-34	35-44	45-54	55-64	Over 65
	3	10	5	6	3	13

Gender	Female	Male	Transgender
	28	12	0

Ethnicity					
Asian or Asian British		Mixed		White	
Bangladeshi	1	White & Asian		British	34
Indian	3	White & black African		Irish	
Pakistani	2	White & Black Caribbean		Scottish	1
Any other Asian background	1	Any other mixed background		Welsh	1
				Any other White background	
Black or Black British		Other ethnic group			
African		Arab		Prefer not to disclose	
Caribbean		Chinese			
Any other Black background	1	Any other ethnic group			

Note that not all patients we spoke to answered all questions, leading to some apparent discrepancies in totals above.

Healthwatch Reading
 3rd Floor, Reading Central Library
 Abbey Square, Reading, RG1 3BQ

0118 937 2295

info@healthwatchreading.co.uk

www.healthwatchreading.co.uk

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