

Enter & View of Priory Avenue Surgery, Caversham, 2015

About this report

This is the full report of three Enter and View visits carried out by Healthwatch Reading to Priory Avenue Surgery, 2 Priory Avenue, Caversham, Reading RG4 7SF, during April 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 go to 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 Priory Avenue Survey

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 that local people had been coming to Healthwatch Reading concerned about the future of Priory Avenue Surgery. The surgery was placed in 'special measures' by the Care Quality Commission in January 2015. At the time, the service was run by a private company called Specialist Health Services (SHS). On 1st June 2015, Priory Avenue was placed under temporary management of Berkshire Healthcare NHS Foundation Trust (BHFT), which already had experience of primary care, through its running of the Westcall out-of-hours GP service.

How we did this work

The authorised Enter and View representative (Healthwatch Reading staff member Catherine Williams) visited the surgery waiting room, after pre-agreeing dates with the surgery manager, on 29 April, 1 June and 17 June, 2015.

Each visit lasted for about two hours. Visit one also included assistance from the chair of the Priory Avenue Surgery Patient Participation Group, and another authorised representative and Healthwatch Reading staff member, Rebecca Norris.

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.

Our findings

We spoke to 31 patients in total, mostly women, but a wide age-range from 20s to 80-plus. Of those who described their ethnic background, 21 were white British - see Appendix 2.

Overall, most people found it easy to make an appointment at the surgery. But there was concern about the use of locum GPs who did not know patients' medical history, and with seeing different doctors every time people went to the surgery. Concerns were raised mostly by people who visited the surgery a lot.

Below is a detailed breakdown of patients' responses to questions.

Patient experience	29 April	1 June	17 June	Total
People who said that they were able to make an appointment easily or fairly easily	13 people out of 14	6 people out of 7	6 people out of 10	25 people out of 31
People who said that the doctor not knowing you and your 'history' as a patient is a problem	8/14	3/7	5/10	16/31
People who mentioned problems now or in the past with not seeing the same doctor at each visit	6/14	5/7	3/10	14/31
People who said that they don't expect to see the same doctor and can accept this	2/14	2/7	4/10	8/31

Other patient feedback:

- people praised doctors and receptionists for coping with the difficult circumstances of recent months, with several people saying the reception staff had worked hard to keep cheerful;
- people we spoke to had low awareness of the NHS Family and Friends Test (a 2-question feedback tool) and also of the Patient Participation Group;
- some people were completely happy with the surgery's service.

Healthwatch Reading's own observations

- We found two non-English speaking people who had brought a relative to act as an informal interpreter. They were unaware, when we asked, that the surgery could arrange for free, an independent interpreter for them, even thought they had been patients at the surgery for some time. (A separate past project by Healthwatch Reading has found that using family members as interpreters can stop some people raising deeply personal issues with their GPs, such as gynaecological or mental health symptoms, although the families we spoke to at Priory Avenue did not say they had been affected this way).
- An elderly patient who asked at reception: 'Do I have an allocated doctor?' was told 'Could be Dr [name], or just Priory Avenue Surgery at the moment', with no further explanation. The patient left without asking for more detail. (In 2014-2015, the GP contract was changed to require every over-75 year old to have a 'named GP' with 'oversight' of their care; this is being extended to all patients by the end of March 2016).
- Reception staff greeted patients pleasantly and knew several older patients by name as they arrived.
- Notice boards were well-ordered and contained useful information, including the recent change of management, how to make a complaint, general health information, and a display about the Beat the Streets campaign. There was a separate, prominent noticeboard for the Patient Participation Group and its latest work. A box for Family and Friends test forms was clearly displayed, with a notice asking for 'Your view please.'

Patients' suggestions for improving the service

- More permanent doctors
- Seeing the same doctor at each appointment
- To see a GP the first time, instead of a nurse
- Locum doctors need good English
- To be offered an interpretation service where needed.

In their own words

Patient views on whether they get to regularly see a doctor who knows them:

‘No. It’s a bit of a shame - over the last few months - I don’t feel a sense of security. I’ve seen 10 different doctors the last 10 times [patient is monitored regularly]. It’s not up to my expectations.’

‘Seeing different people [at each appointment] and telling your story is awful’.
Patient, who has Asperger’s Syndrome, which affects social interaction

‘Saw one locum I liked but they didn’t stay. As long as the GP is good, doesn’t matter about seeing the same one.’

‘They should go back to having a named doctor for every patient like they were doing. My husband has four different things [conditions] but they never query about those other things when he goes for an appointment about one thing.
‘Please get doctors who stay - a doctor who knows about you.’

‘Feels a bit dodgy [with an ongoing health problem] retelling your history.’

‘The locum’s English is not good. I had to repeat to the locum what I was coming about. I cannot understand this business of seeing a different doctor every time.’

‘I had a good 6 months when Dr [name] was here. I feel sorry for the staff. They’re trying their best. We need permanent doctors. I’m thinking about moving [surgery]. I’m going to give them a month.’

‘It’s all gone downhill since old doctors left. Thank goodness for the ladies on reception.’

Other comments:

‘Better parking - more disabled spaces. Kerb outside the surgery is a problem.’

‘I’ve never found anything wrong with them’

‘[They are] very good with children’

‘[Service is] perfect.’

‘I would like appointments later in evening, 8-9pm. Or during weekends. Had to take time off today [Wednesday morning] to come to appointment [and] can’t see why it takes them three days to get a prescription sorted. Seems too long.’

Recommendations and responses

Healthwatch Reading (HWR) recommendation 1:

Take steps to ensure that the most vulnerable patients see the same GP each time they come to the surgery.

Berkshire Healthcare NHS Foundation Trust (BHFT) response:

Action: Stabilising the workforce has been a key piece of work since BHFT took over the surgery in June 2015. A recruitment drive to secure permanent doctors started earlier in the year, together with ensuring that a handful of regular locums were offered shifts up to three months in advance. This allowed the surgery to send out letters in August to all patients over 75, giving them a named doctor. This news has been well received by the Patient Participation Group as it was one of their key areas of concern.

In addition to this, two per cent of all vulnerable patients who are on the surgery at-risk register, have separate care plans which are uploaded onto a generic IT system called Adastra, so information can be seen by district nurses and doctors. The next step is for the doctors to write up the patient care plans. This will involve a face-to-face consultation with each patient and will be done by the team of doctors at Priory Avenue. This action is minuted and reported in the clinical meetings held with the practice manager, clinical lead, and doctors at the surgery, weekly.

HWR recommendation 2:

In making plans about services:

- a) involve the Patient Participation Group (PPG) at an early stage when plans to develop or change the service are being made;
- b) support the PPG in their work asking other patients for their views about those plans;
- c) communicate developments to patients before changes are made.

BHFT response

Action: Monthly meetings are held on the premises of the surgery each month with the PPG. The first half of the meeting is always attended by a representative from BHFT, either the practice manager, deputy locality manager, clinical lead, or project lead. This gives BHFT the opportunity to report back on any items from the previous meetings, feed back or update on current or future plans together with the chance for members of the group to ask any questions. BHFT has attended four meetings since June and one prior to take-over. Regular contact is kept with the chair of the PPG and BHFT aims to continue to build a good, sound relationship with this group.

BHFT are always looking for new ways of getting the group to make contact with the larger patient group.

1. The PPG has recently been invited to attend the flu clinic for patients, giving them the opportunity to engage with more patients so that they can raise their awareness and have more patient feedback.
2. The PPG website link is www.prioryavenuesurgery.co.uk/ppg.aspx. This website is up to date with minutes from the previous meetings (since January 2015) and newsletters from February, March and July 2015. Patients are also encouraged to join the group by emailing prioryavenueppg@gmail.com or by filling in a website contact form.
3. The website is managed and maintained by the surgery so any changes required are instigated in a swift manner. Patients are kept informed via the website with current news and updates. For those patients that do not have access to the Internet, communication is done within the practice on the noticeboards and on the TV monitor within the main reception area. The PPG has an allocated notice board in the main reception area and this is kept updated with any current news.
4. A surgery newsletter. The PPG has a newsletter that is publicised on the website, but it is uncertain as to how many patients access it. Some work with the PPG is underway to expand this newsletter to a quarterly surgery newsletter that could be combined with more information and with better distribution to patients.

HWR recommendation 3:

Ensure that GPs and reception staff:

- a. know how to arrange an interpreter for a patient
- b. offer the service even when it seems that a patient is using family support, because that family support may not be meeting the patient's needs - they may be assuming that there is no alternative
- c. audit use of the interpreting service: assess against available demographic information for the surgery area and/or patient list and by doing so check whether you are meeting the need for interpreting services for consultations. Also ask the PPG to advise and help with checking that the service is available to all who need to use it.

BHFT response:

Action: All staff are now aware of where to find the information for the interpretation service and how to go about arranging this for the patient. Although at times it may appear that the family member or carer wishes to deal with these themselves, the offer still will be made, bearing in mind this could be a sensitive issue.

Raising awareness by advertising within the reception areas of the practice will also help with those patients/family members/friends or carers that are accompanying the patient.

Work is underway to improve the list of carers within the surgery; this will allow the surgery to be more proactive in dealing with some of the more sensitive areas of patient care.

An audit has been run demonstrating the number of patients the surgery has on the register for requiring an interpreter. This information, together with an action plan, will be taken to the PPG for discussion, opening up ideas and suggestions on how to improve the availability of this service to patients and their carers. A quarterly report will be produced that will allow for monitoring and continuous improvement in this area.

HWR recommendation 4:

Review how the Family & Friends Test is promoted and ensure that reception staff mention that feedback can be given.

Response from Berkshire Healthcare Foundation Trust

BHFT response:

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

- 1. The surgery website: <http://www.prioryavenuesurgery.co.uk>*
- 2. Patients can also do this via the text message service of which we get the highest responses, since March 2015, a total of 414 responses have come in with 174 of these 'extremely likely' to recommend family and friends*
- 3. Cards are available within the practice on the reception desk and in the waiting room. The numbers could be increased with the reception staff, including and all the clinicians proactively handed 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 practice manager.*

Acknowledgements

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

1. How did you make your appointment for today? Was it easy to make?
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. When you last saw your GP/saw your GP today was the GP familiar with your history? Was s/he up to date with results of any recent hospital visits or medical tests? Were there any parts of your medical story that you needed to explain? *[Not asking for medical history or details]*
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?

Appendix 2: Demographic information

	Visit 1	2	3
Number of patients interviewed	7	14	10

Age	18-24	25-34	35-44	45-54	55-64	Over 65
	0	2	4	1	4	14

Gender	Female	Male	Transgender
	19	8	0

Ethnicity					
Asian or Asian British		Mixed		White	
Bangladeshi		White & Asian		British	21
Indian		White & black African		Irish	
Pakistani		White & Black Caribbean		Scottish	
Any other Asian background	1	Any other mixed background		Welsh	1
				Any other White background	1
Black or Black British		Other ethnic group			
African	1	Arab		Prefer not to disclose	
Caribbean		Chinese			
Any other Black background		Any other ethnic group			

Awareness of PPG and Family & Friends Test

	Yes	No
Aware of PPG?	3	16
Aware of Family & Friends Test?	9	13

Note: not all patients 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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