



Enter & View Report

Asquith Surgery

29 January 2019

Report Details

Details of visit **Asquith Surgery**

Service Address	693 Welford Rd, Leicester LE2 6FQ
Service Provider	Spirit Healthcare
Date and Time	29 January 2019, 8.15am to 11.30am
Authorised Representatives undertaking the visit	Chris Bosely, Kim Marshall-Nichols, Moraig Yates, Ana Goncalves.

Acknowledgements

Healthwatch Leicester and Leicestershire would like to thank the service provider, patients and staff for their contribution to the Enter & View Programme.

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 experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicester and Leicestershire.

Purpose of the visit

To gain the patient perception of the service and to use evidence (feedback and observation) to determine if there is room for improvement.

The visit was prompted by intelligence from members of the public to Healthwatch Leicester and Healthwatch Leicestershire. Healthwatch decided to make Enter & View visits to the three GP practices delivered by Spirit Healthcare.

Methodology

The visit was an announced visit. It was noted prominent notices were displayed advising patients of the visit.

Our Authorised Representatives are volunteers who have undergone specialist training and are DBS checked. During a visit they

- attend and make observations.
- where possible, talk to patients present at the time of the visit about aspects of their care and how this is delivered and whether they are aware and feel able to report any concerns/ complaints.
- speak to staff about training, turnover, support and staff levels.
- observe interactions between patients, staff and visitors

Visit Findings

The Surgery

The surgery serves an area in the south of Leicester City. There are 4,000 patients, this number is static. Most patients are from the immediate areas. There are residential homes in the area which are not visited unless needed.

Spirit Healthcare Ltd took over the surgery in 2017 and manage 3 GP surgeries in Leicester - Asquith, Beaumont Leys and Rushey Mead, under the same clinical lead. A new surgery in Rugby is about to open.

Appointment times are 9.00 to 18.30 from Mon to Wed and 7.00 to 18.30 on Thursday and Friday.

The Visit

We arrived at 8.00 and met with the Primary Care Operations Director and the Assistant Practice Manager for the surgery, the Practice Manager was on leave.

Staff

There are 1 Practice Manager, an Assistant Manager, a team of five reception and admin staff.

The clinical team consists of three salaried GP's (2 male, 1 female) which includes the clinical lead, a part-time practice nurse and Healthcare Assistant. A midwife

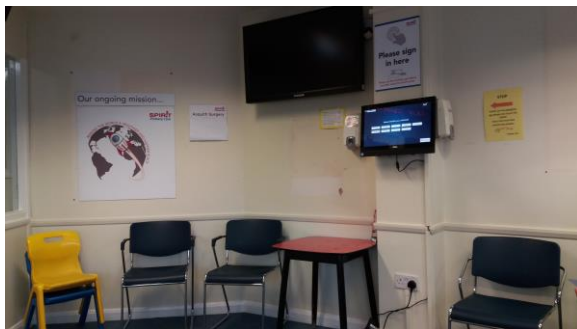
holds a clinic fortnightly. The extended hours on Thursday and Friday are provided by locums.

External Environment

The surgery is in a converted 2 storey house on a busy road junction with limited parking space. The building is leased from NHS Property Services.

Internal Environment

There are 2 clinical rooms downstairs and 2 upstairs. We were told that disabled patients are seen in the downstairs rooms, sometimes requiring clinicians to exchanging rooms. The reception office is near the front door and there is further office space upstairs. The waiting room is opposite the reception desk separated by a door. Conversations at the reception desk cannot be overheard from the waiting area, but there is little space or background noise for confidentiality from other people queuing.



The waiting area is well lit and has low back metal/plastic seats around the sides, some with small arms but no bariatric chairs. A sign-in screen is opposite the door and a TV screen which is not yet operational. 2 notice boards with a range of A4 notices give information about the surgery, PPG meetings and health messages. The font size of some notices was very small for viewing at a distance, or for people with poor eyesight.

The downstairs toilet for patients is equipped for disabled patients. However, it is too narrow for wheel chair use without assistance.

There is no Hearing loop, no wheel chairs for patient use.

An electronic text display informed patients when their clinician was ready and displayed messages, such as appointment times.

Patient Feedback

We used the same questionnaire as used at the Rushey Mead and Beaumont Leys surgeries. Fifteen patients were willing give us their comments on the surgery.

The receptionist was encouraging people to complete the Friends and Family questionnaire. Unfortunately, this made it difficult to ask them to take part in our survey at the same time. Most patients were arriving just in time for their appointments and were called in soon. This also limited some feedback as few had time to complete afterwards. Some patients were too unwell to engage with us.

Most patients we spoke to rated the practice good or very good. No patient rated it poor. Five patients reported no dislikes. Six patients liked the ease of getting appointments, but 2 patients disliked long waits for the phone to be answered. Three patients disliked the inconsistency in the doctors they saw.

Positive comments included “GP approachable and friendly”; “Surgery has improved lately”; “Very convenient”. Negative comments included “So many locums over the last few years”, “Don’t see the same doctor twice” and “Not good at the moment, they need to take a step back and managed more efficiently”.

When specifically asked about appointments, 9 patients thought they were easy to get, particularly online, but 3 did not. Whilst most patients got the doctor they wanted or did not mind who they saw, some did mind the inconsistency, particularly when seen by locums. Most also got the time that suited them and were seen on time.

Eleven patients rated the reception service as good or very good. Comments included: “Very friendly”, and “stable workforce”. One patient thought it was poor as she disliked them triaging patients.

There were mixed views about the prescription service. Three patients thought it was good or very good but two thought it was poor or very poor. Comments were: “Not given enough tablets for the month”, “Communication problems between provider and chemist”, “my husband’s medicine was not available at the Pharmacy”, “Sometimes more medications than I need and sometimes items missing”.

Of the 13 patients responding nine thought the medical care was good or very good. No patient rated it as poor. One thought the care had “Gone downhill since Dr Montgomery left” another said the GP had “upset me at the last appointment”.

Challenges Identified by Management

We were told that appointments are mainly by phone or online (32% of patients use online) with some in person. The peak time for requesting appointments is 8am which, with limited staff, can create frustrating delays, although the average delay is 3.5 mins. The surgery is seeking ways to spread the phone-in times to avoid the peak. Appointment slots are allocated to either online or receptionist use, the numbers of these can be adjusted. Slots are available up to 6 or 8 weeks ahead online.

A high number of non-attenders is seen as a problem which they have recently addressed by making ‘Cancel Appointment’ the first option on the phone menu. This is resulting in more notifications (7 the day before our visit) which have allowed re-use of the appointment times.

Each Receptionist answers telephones as well as dealing with enquiries in person. During the day they can also be working on admin tasks. Receptionists triage to check if a GP or nurse appointment is most appropriate. The Manager said that receptionist ask if the patient can give ‘an indication’ of their need and are not

pushed if they do not wish to do so. If challenged, the Receptionist should explain the reasons for this question.

We were told that they have an active PPG which meets regularly and has supported health events, such as a recent Cytology event. They aim to get 50 'Friends and Family' questionnaires completed each month.

Patients use three local pharmacies, all with electronic prescription notification. The Managers were not initially aware of any difficulties. Following feedback we collected from patients, the Managers said one pharmacist did have problems with the electronic system and the problems reported seem to be miscommunications between the surgery, the patient and the pharmacist. They thought there needed to be more direct communication when problems arose.

We were told that locums have been easy to recruit to cover and to provide early opening times as they often live locally and like the patient range. They aim to engage locums for at least six-month periods. As they have regular days, it is possible for patients to see the same GP if they are consistent on which day of the week they attend. Locums cover the early morning appointment times on Thursdays and Fridays. The Operations Director thought that there was a need for more 'patient education' so that they are aware who they will see. She thought the term 'locum' had an unjustified poor image and should be avoided.

Admin staff training is mainly through the monthly Protected Learning Time (PLT) sessions provided by the CCG.

The managers did not envisage any current major developments but do plan redecoration of the premises. They are always seeking to improve workflow, hold more health awareness events and are considering triaging by GPs.

Recommendations

1. Improve communications with pharmacies, to ensure fewer problems with medicines.
2. Consider staffing with more GPs to improve continuity of care. Provide information regarding GP availability and policies so that patients can better manage for themselves the time they phone for an appointment and who they see.
3. Improve the triaging process to maximise patient confidentiality and speed up the appointment process.
4. Continue to monitor telephone waiting times and the best allocation staff to reduce waits.
5. Improve seating in the waiting room to suit less able-bodied patients.

Service provider response

The Service Provider wished to clarify that under ‘Challenges Identified by Management’:

1. The peak time for requesting appointments is 8.00 in the morning which, can create some frustrations for patients, although the average waiting time on the phone is 3.5 mins.
2. Receptionists do not triage calls
3. Patients use three local pharmacies, all with electronic prescription system. The Managers were not initially aware of any difficulties. Following feedback we collected from patients, the Assistant Manager said one pharmacist did have problems with the electronic system and the problems reported seem to be miscommunications between the surgery, the patient and the pharmacist. This was sorted through direct communication when the problem arose and will continue to work towards improving communication.

In response to the findings and recommendations we would like to thank the Healthwatch representatives for their feedback at the end of the practice visit.

The practice notes the recommendation to advertise the GP’s clinic times and is ensuring the practice website is update regularly so patients can access up to date information regarding clinical team availability, important to add that majority of our clinical team is part-time.

The Managers will continue to review and monitor telephone waiting times and please note the phone infrastructure allows for staff at other sites within Spirit Healthcare to answer phone calls, book appointments and respond to patient queries supporting Asquith reception team during staff holidays and periods of sickness.

Asquith does not currently have a clinical triage system in place, the reception staff do indeed ask patients the reason for their appointment so that patients are directed to the most appropriate clinician for their healthcare needs and at the earliest availability. This may increase the time spent on the phone or at the desk with a patient, but it does ensure the patient is seen by the most appropriate member of the clinical team.

Distribution

The report is distributed to the following:

Spirit Healthcare

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Leicester City Council

Leicester City Clinical Commissioning Group (LCCCG)

East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)

West Leicestershire Clinical Commissioning Group (WLCCG)

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