



Enter & View Report

Rushey Mead Health Centre

7 December 2018

Report Details

Details of visit: Rushey Mead Health Centre

Service Address	8 Lockerbie Walk, Leicester, LE4 7ZX
Service Provider	Spirit Healthcare Limited
Date and Time	7 th Dec 2018 at 8.30am
Authorised Representatives undertaking the visit	Kim Marshall Nicholls Chris Bosely

Acknowledgements

Healthwatch Leicester and Leicestershire would like to thank the service provider, volunteers, 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

Our Authorised Representatives (volunteers who have undergone specialist training and are DBS checked)

- attend and make observations.
- where possible, talk to residents about aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- where possible, talk to relatives, if they are available to ask if they are happy with the care provided to their relatives 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 residents, staff, manager and visitors

Findings

General description

The centre serves an area in the North East of Leicester city, with a varied demographic. There are 4700 patients.



Staff Numbers

We were told that there are 1 Practice Manager Hinal Sihra (who was away on leave) 1 Assistant Practice Manager, 4 Administration Assistants, 2 Receptionists 2 Salaried G.P.s, Regular Locum Doctors, 1 Practice Nurse, 1 Health Care Assistant & 1 Phlebotomist.

The Visit

We arrived at 8.30am and were invited to meet with the Primary Care Operations Director Maxine Rowley and representatives from the Patient Participation Group.

External Environment

The surgery is a single-story building located near to shops, a pub and a library within a residential part of the city. There are public parking spaces serving these businesses including 2 disabled spaces, 80 metres from the surgery. The centre was not visible from the car park and I did not spot any signposting to it.

Internal Environment

Internally there are 3 waiting areas with plastic seating. The main seating area had a table with reading materials.

A leaflet stand had a collection of fresh leaflets. The reception desk had a high-level front. No low-level reception for wheel chair users. It was positioned 2 metres from the nearest seating.

It was very warm throughout the building.

We did not see any wheel chairs available for patients. We did not see any hand sanitiser gel.

Patient Feedback

We carried out a short survey with 20 Patients, who commented that they disliked the phone system, they thought that there were not enough appointments online, some receptionist are very abrupt and rude, and that they would prefer to see the same Doctor but this very rarely happened.

Concerns reported by the Manager

Spirit took over in Oct 2017 and merged the two GP practices that operated from the Health Centre. They manage 3 surgeries in Leicester under the same clinical lead, who currently is the only salaried GP. Other GPs at the practice are locums, some being part-time. The manager was not very forthcoming about numbers.

Appointments mainly via telephone. A growing number are using online and a few in-person. They are planning to use triaging by receptionists to direct patients to practice nurses where appropriate.

The practice looks after the medical care of two local care homes with 128 beds. This includes a weekly 'ward round' and individual visits by the salaried GP.

PPG have quarterly meetings and have helped at two community health promotion events.

They recognise that there have been problems with repeat prescriptions. They are holding conversations with the local pharmacy to investigate where the problems arise and how they can improve the service.

We were told that long term health conditions such as diabetes are a particular challenge. This is a real concern, patients should have this condition properly managed and supported by their clinician.

Concerns reported by the PPG

We met with representatives of the Patient Participation Group who expressed concerns regarding prescriptions, telephone queueing, customer service skills of some receptionists (cold or abrupt), high turnover of staff.

They feel that both admin and clinical staff are under time pressures that result in some of these problems.

There are messages on phone encouraging patients to divert to the Hubs when it is difficult to get an appointment.

Delays in prescriptions can be 10 days and sometimes the items are wrong (missing or items not requested). Target 48 hrs. Backlog has been 120 and 140 on occasions and then sent all together to the pharmacy. It was thought that prioritizing some prescriptions causes delays in others.

One person reported that when her taxi was late and she asked if she could be seen that day, a receptionist refused without checking with the doctor concerned (who later said he would have seen her).

Concerns reported by staff

We spoke to a member of the medical staff, who felt the key problem in the surgery was the lack of a core team of doctors with long term contracts to provide the clinical leadership. This means there is no consistent relationship with patients, that doctors are not familiar with patients' past conditions. Extra time is needed to read patient records both with appointments and with repeat prescriptions, which takes away time for face-to-face. Extra time is also needed for patients with a relative translating for them. The staff member was concerned that time pressures mean potential for missing signs of other factors, such as abuse.

Additional findings

We were signed in the visitor's book and provided with a Visitors badge, we noticed that the Fire Safety signs were in date and had regular fire drills.

Recommendations

We recommend that:

1. Urgently review staffing with a greater number of salaried GPs to ensure quality (for patients with Diabetes for example) and continuity of patient care.
2. Urgently review of the prescription system to ensure that patients receive prescriptions within 48 hours, that there are no backlogs.
3. Review the system for patients telephoning to make appointments and aim to meet nationally agreed acceptable levels
4. Take actions to ensure quality in customer service at reception, with regard to: respect, privacy and confidentiality,

Given that the management and staff appear to be aware of the poor performance in these areas we would expect those to be rapidly remedied.

Service provider response

The Service Provider provided the following responses to the report.

Background information provided at a meeting on 7 December

Two practices merged in November 2017, bringing together two patient registered lists (managing patients expectations, implementing improved processes, implementing one phone system etc) and two practice teams who had been working independently of each other, whilst immediately alongside one another, the only synergy they had was the same clinical system being used. The Beaumont Leys practice manager was in attendance as Hinal Sihra was on annual leave and knew of the practice history as had been employee of the previous provider; representatives from the Patient Participation Group also met with both Healthwatch representatives on the day of the visit.

Insight provided into the areas still requiring attention and improvement included:

- repeat prescription service adding that Rushey Mead has to engage with some 20 chemists each having a different process and I had recently had a meeting with the local pharmacy.
- longer waiting times for patients phoning for on-the -day appointments, which were inhibited by receptionist attitudes and Spirit was continuing to address training issues and staff disciplined to improve customer care.
- I made reference to recent Friends & Family Test to demonstrate the practice is submitting monthly data and the number of responses greatly increased, as under the previous provider there were sporadic submissions.
- Staff recruitment included discussion around types of GP contracts and how more GP's are choosing portfolio careers and working part-time. Locum GP's

who worked for Spirit Healthcare had been working long term at Rushey Mead to provide continuity for patients.

Suggested alterations to the report

1. 'The visit' - meeting with Maxine Rowley and Amy Underwood had been prearranged and did not report the concerns listed in the report but could demonstrate areas still requiring attention and improvement and commented in the report under the heading of 'concerns reported by the manager'.
2. 'Internal environment' - there is a practice wheelchair available and hand sanitiser is available on reception by the patient check- in touchscreen
3. 'Patient feedback' - I was informed at the feedback meeting with Kim on 13th December there were 16 responses of which three were poor but majority were good comments.
4. 'Concerns reported the manager' - The clinical lead was in December the only salaried GP at Rushey Mead, being a very experienced GP, he was supportive across all three practices as clinical lead. Other GP's working at Rushey Mead were in December long term locums, all part-time. I do not recall being asked numbers but this would have been supported by sharing the December rota.

There is no plan to use reception triaging, this is for clinicians only. Reception staff to be provided with further training ask patients the reason for their appointment to signpost patients to the most appropriate clinician, this would include further staff training to view the patients medical records when having this discussion with the patient, either on the phone or in person.

The care homes weekly ward rounds is carried out by nurse practitioner, supported by clinical lead where a patient requires a care plan and relatives are invited to attend. Homes visits are carried out by GP's. A meeting is being held with Pickford's closest pharmacy to further improve communication and improve prescription services for the patients. There are additional diabetes clinics being run by a diabetes nurse specialist to improve care.

5. 'Concerns reported by the PPG' - the phone message promoting the Hubs is an approved CCG communication, which we have been commended for good patient communication. Whilst I cannot comment on the quantity and delays to prescriptions, a member of the PPG is a delivery driver for Pickford's. Comments regarding unhelpful and rude reception staff has led to staff being disciplined, as this behaviour is completely unacceptable.

Response to the Recommendations

Since the Healthwatch visit in December a new salaried GP has started and is being mentored in his role as Clinical Lead for Rushey Mead by Medical Director.

The nursing team has seen the return of a practice nurse supported by a Healthcare Assistant. At the beginning of March the clinical team was further enhanced by a nurse practitioner.

There continues to be regular long term locum GP's working at Rushey Mead who have been working for spirit Healthcare for more than six - twelve months. Some of the clinical team has attended diabetes training run locally by the Diabetes Centre to enable the practice to commence enhanced diabetes service this year.

The new admin workflow lead who has previous pharmacy dispensing experience has improved the repeat prescription process and trained reception staff to enable the practice to turn the majority of prescription requests around within two working days and are in regular communication with local pharmacies.

The manager is reviewing the phone system waiting times and looking at ways to improve patient waiting times. Access to online services has been promoted to patients at recent community events, increasing the percentage of users to 12%. The number of online appointments available will increase as the % rises. In addition to address the high DNA rate (did not attend) an option has been added to the phone message allowing patients to leave a message and cancel their appointment, this will continue to be monitored.

There are notices at reception asking patients to stand back from the desk to provide patients with respect, dignity and a degree of confidentiality. The aesthetic of the high reception desk was mentioned in Kim's feedback to me and I have raised the concerns with NHS Property Services.

Overall the three Healthwatch visits have been a good experience and we have welcomed the feedback on the day.

Distribution

The report is distributed to the following:

Spirit Healthcare

Care Quality Commission (CQC)

Leicester City Council

Leicestershire County Council (LCC)

Leicester City Clinical Commissioning Group (LCCCG)

East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)

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