

# Enter & View Report

Glenfield Surgery

September 2023

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# Report details

Details of Visit	
Service Address	111 Station Road, Glenfield, Leicester, Leicestershire, LE3 8GS
Service Provider	The Glenfield Surgery
Date and Time	Tuesday 5 September 2023, 10am
Authorised Representatives undertaking the visit	Chris Bosley and Kim Marshal-Nichols

## Acknowledgements

Healthwatch Leicester and Healthwatch 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 Healthwatch Leicestershire.

# Purpose of the visit

- To gather patient views of the service provided at Glenfield Surgery.
- To observe the facilities and operation of the service.
- To observe patient access.
- To review our recommendations from our previous visit on 26 April 2019.

## Methodology

This was an announced Enter and View visit.

We contacted the Practice Management Team in advance and had access to communal areas during our visit.

The visit was observational, involving the Authorised Representatives observing the surroundings to gain an understanding of how patients engaged with reception staff and the facilities.

To reach patients, we spoke to the management team before the visit about using the GP text messaging service. The text message was sent to the patients however, we have not received any responses. During the visit, we spoke to four patients.

At the end of the visit, we gave our initial findings to the management team.

## Review of previous recommendations

1. **We would recommend the surgery consider installing a lower counter at the front reception for wheelchair users.**

There is no low desk for wheelchair users. The managers have stated that most wheelchair users come with carers who speak for them, and the receptionists can come around the desk to speak to patients.

2. **We noted that for many patients access to appointments is considered a problem. This is a common issue for GP practices.**

We were told that online appointments can be booked for blood tests and smear tests but all GP appointments are via telephone triage. There is a screen in the office displaying all the statistics and the current situation with incoming calls and queuing times. There is a call-back facility that enables patients to call off without losing their place in the queue.

# Summary of the findings

## Summary

- The practice uses software to monitor the management of incoming phone calls.
- Appointments are not limited to single health issues.
- Weekly reviews of patients by a specific GP at each residential care home.
- Online appointments can be booked for blood tests and smear tests.
- When all GP slots are taken patients can be redirected to pharmacies, and hubs or are asked to call back the next day. For urgent conditions an on-call GP can be available or the NHS 111 service.
- The patients spoken to were 'satisfied' or 'very satisfied' with the practice overall.
- All patients spoken to thought the medical care was good.

## Results of Visit

### The Practice

Glenfield Surgery has 14,500 patients.

A separately staffed surgery at Groby has 3,500 patients. Typically wide suburban demographic spread of age and ethnicity with no high volume of any specific health condition.

The two-story buildings were originally converted houses but have had considerable additions. The main entrance is accessible via a gentle slopping ramp. A lift and stairs lead to an additional waiting area to a clinical room on the first floor.

An ultrasound diagnostic company with its waiting area occupying the ground floor of an extension at the rear of the building.

There are disabled parking slots at the front of the building which were fully occupied. There is a car park at the rear of the building and that was full, with cars temporarily parked blocking others and some circling before leaving.

### Reception and waiting areas

The patient waiting areas and reception desk were unchanged from the previous visit. There is a blood pressure and weighing machine behind a low wall at the back of the waiting area. A lift and stairs lead to an additional waiting area to a clinical room on the first floor.

There was no music or other noise within the waiting area.

The reception desk is not very confidentiality distanced from the seating. However, a side room can be used for patients seeking confidentiality.

### Pharmacy

A separately owned pharmacy adjoins the surgery and has an entrance close to the surgery's main door and via the main surgery waiting area. At the time of our visit construction work was underway to extend the pharmacy.

The pharmacy team manages regular reviews of medication and communication with local pharmacies.

## **Staff**

There are 5 salaried GPs, 2 long-term locums, 2 physician associates, 2 nurses, 5 pharmacists/ pharmacy technicians and 1 social prescriber (3½ days a week).

The physician associates cover most of the urgent but less serious conditions (such as infections) and are seen as a positive benefit to the surgery.

The social prescriber has established contacts with a wide range of local organisations and helps patients at the surgery. They can also make visits to the patients.

## **Appointments**

Online appointments can be booked for blood tests and smear tests but all GP appointments are via telephone triage. There is a screen in the office displaying all the statistics and the current situation with incoming calls and queuing times. There is a call-back facility that enables patients to call off without losing their place in the queue.

Appointment slots are all set for 10 minutes but can overrun. GPs do not restrict a slot to just a single health condition. For on the day appointments, 36 slots are allocated in the morning and 13 slots in the afternoon. Non-urgent/ repeat appointments can be booked 2 weeks in advance.

When all GP slots are taken patients can be redirected to pharmacies or hubs or asked to call back the next day. For urgent conditions an on-call GP can be used or the NHS 111.

The surgery has several residential homes in its area for people with learning difficulties. To manage these, the GP partner has set up a weekly reporting system for the home managers to update the GP partner on any ongoing non-urgent health issues with residents. We were told that by having that single GP focus their conditions can be more effectively and efficiently managed.

A similar approach of having a single GP focus has been taken with some specific patients with high demands due to their life circumstances.

The GPs will assess test results, they will then text the patients with them and comments/ actions.

## **Information available to patients**

The website is maintained directly by surgery administrative staff.

There are noticeboards and leaflets on a rack alongside some of the chairs.

There are prescription request forms and Friends and Family Test available with pens on a shelf just inside the door. A 'post box' is outside for patients to leave prescription request forms.

## **Patient Participation Group (PPG)**

They have a virtual PPG but have had difficulty recruiting people who want to be active and have face-to-face meetings. The Groby surgery does have an active PPG.

## **Challenges**

COVID-19 was a major challenge. The practice is currently planning the Flu and COVID vaccinations including Saturday and evening sessions.

Did not attend (DNA) appointments have been increasing recently particularly for advanced appointments despite two text reminders a week and a day before. The texts include a facility for cancellations.

Pressure on clinical time has been increasing in recent years (as with all surgeries). Higher expectance of what primary care can deliver from other health and public services. Managing patients on secondary care waiting lists.

There have been no problems with any anti-social behaviour.

## Patient feedback

During the visit we spoke to four patients.

- They all were 'satisfied' or 'very satisfied' with the practice overall.
- One patient described appointment booking as 'hit and miss', with not always the right triage decision.
- Another patient thought it was 'fine, but would like to go back to booking specific appointment slots online'.
- One patient had an unsatisfactory telephone consultation during lockdown which resulted in two misdiagnoses.
- Another patient thought it was good as they were able to speak very early (7am) before going to work.
- All thought the medical care was good. One commented on the very caring midwife and phlebotomist.

# Recommendations

We recommend that Glenfield Surgery:

1	Consider all the comments recorded from patients.
2	Consider making GP appointments available for patients to book using the online system.
3	Consider addressing the number of patients who Do Not Attend (DNA) appointments.
4	Consider having a lower reception desk for wheelchair users.

# Service provider response

The report was agreed with the service provider as factually accurate. They had no further comments to add to the report.

## Distribution

### The report is for distribution to the following:

- Glenfield Surgery
- LLR Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network
- Published on [www.healthwatchll.com](http://www.healthwatchll.com)





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