

Enter and View Report

Thornley Street Surgery
Announced Visit
24th October 2019



healthwatch
Wolverhampton

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What is Enter and View

Part of Healthwatch Wolverhampton's remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrist and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

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Provider details

Name and Address of Service: Thornley Street Surgery, 40-44 Thornley Street, Wolverhampton, WV1 1JP.

Manager: Julia Freeman

Service type: GP Surgery

Client type: Patients

Acknowledgments

Healthwatch Wolverhampton would like to thank the Practice Manager, staff and all the patients for their co-operation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit made on 24th October 2019. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Authorised Representatives

Dana Tooby, Lead Authorised Representative

Raj Sandhu, Authorised Representative

Who we share the report with

This report and its findings will be shared with Thornley Street Surgery, Local Wolverhampton Councillors, Wolverhampton Clinical Commissioning Group (CCG), Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

Healthwatch Wolverhampton details

Address:

Regent House

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Website: www.healthwatchwolverhampton.co.uk

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Healthwatch principles

Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

Authorised Representatives undertook a visit to Thornley Street Surgery due to patient experiences Healthwatch Wolverhampton had received in relation to accessing appointments and the CQC report which was completed in 2018 where the surgery was rated as 'good'.



Thornley Street Surgery

What we did

Authorised Representatives (AR) initially observed the exterior of the surgery. After entering they, signed in at reception and sat in the waiting room until introduced to the practice manager who briefly described the lay out of the building before inviting the AR's to have a tour of the building. It was agreed that the Lead AR would spend time with the practice manager in her office whilst the second member of the team was shown around the building by a member of staff and engaged with the patients.

The Lead AR was also invited to speak to the deputy manager for specific information and evidence (such as the staff training matrix etc) and a member of the admin team.

Findings:

The surgery is set in Wolverhampton city centre close to the University of Wolverhampton. The surgery was part of the Royal Wolverhampton Trust Primary Care Network (RWT PCN) and has approximately 10,000 patients. Staff told Authorised Representatives that this increases every October due to an influx of students attending the university, these patients generally stayed on the register for their three-year period of study. The practice has a diverse patient demographic with a large number being homeless, substance misusers or transient. A practice manager and deputy, five GP's, two nurses and nine part time receptionists were employed at the practice at the time of the visit, a mental

health practitioner and social prescriber were also soon to be joining the team one day a week.

Environment

External

The surgery was situated in a run of terraced houses in a city centre location. There was an illuminated 'Surgery' sign above the door and posters in the window displaying surgery opening times. All of the windows had blinds for privacy. There were double yellow lines along the street outside the surgery with limited pay and display car parking spaces. There was also a large public car park immediately opposite. The kerb outside the building was dropped to ensure accessibility to wheelchair users and pushchairs. There were no CCTV cameras outside of the main building which though it had a doorbell, patients did not need to ring to gain access.

Internal

There were two waiting areas and two reception areas on the ground floor all with a variety of different seating - some with arms. Although the reception desks were at different levels to ensure accessibility, it was noted that a patient had to be on tiptoes in order to use the higher desk and the prescription box and various leaflets on the lower desk made it quite an impractical space. Although there is an additional waiting room on the upper floor that can be accessed by stairs or a lift, there was no reception.

Some of the chairs at the entrance were arranged in a line creating a narrow passage for wheelchairs and prams.

Signage for toilets, reception, waiting areas, the nine consulting rooms and other facilities was clear and every door had key pad entry; those that did not have patient access were locked. There was a large display board promoting flu vaccinations, a TV with health information and an abundance of leaflets. Ambient music was playing in the background. Alongside the electronic signing-in system there was hand sanitising gel but there was none by reception for visitors and we were not asked to use it.

Essential services

Authorised Representatives were told that patients were assisted to access other health services by GPs, receptionists or Care Navigators who would inform them of their choice of options and make referrals. Leaflets were given to patients about the Healthy Minds mental health service and they are also able to use Choose and Book, an online service for hospital or clinic appointments. Staff to AR's that being part of the RWT PCN, for those needing to be referred to New Cross Hospital, it was expected to be a much smoother process due to the surgery being part of the

trust. It was anticipated that this would also be part of the role of the Social Prescriber who is due to join the surgery quite soon.

Access

Authorised Representatives were informed that patients could make same day appointments if they telephoned from 8:00am on the day, however, lines were very busy despite having all the phones manned. However, there is also on-line access where patients are able to book their own appointment. There are emergency sessions every afternoon for those patients whose appointment is classed as such. The surgery does not usually make double appointments, but this can be done at the GP's discretion. Those patients who want to book with a specific GP may have to wait several weeks for this.

A patient told us, "To get an appointment here there is at least a 3 month wait. You can never get through in the morning and I have tried dozens of times with no luck".

It was noted that, whilst all four GPs were in attendance only 4 patients were observed over the period of the visit, which took place between 10:10am and 12pm.

A patient stated, "The surgery is normally busy but today- I have never seen the place so empty- could be that they knew you was paying a visit".

The practice manager stated that all staff were trained to RWT standards which includes equality and diversity and were very sensitive to patient needs. If they were made aware of any tension, patients can be directed to a separate waiting room or one of the quiet spaces in the building. As the patient demographic was so diverse and transient it was not uncommon for them to display challenging behaviour and staff had to be able to deal with this in a calm way.

The surgery held fortnightly pre-booked interpretation clinics although there was also access to telephone interpreters and some of the staff also helped when required.

There were large health information posters on the waiting room walls including one specifically around self-care. Patients were told about specific clinics by their GP and MJog (an automated appointment reminder system) was also used to communicate with them.

Safe, dignified and quality services

Authorised Representatives were shown a copy of a training Matrix that indicated that all staff were trained across a number of areas including Safeguarding and Confidentiality. Although Dementia Awareness was also part of the training

programme and the surgery had a Dementia register, staff were not Dementia Friends. The surgery operates strict Safeguarding and Risk Assessment and there was CCTV in both waiting rooms to alert staff to any problems. In addition, there were notices in staff and patient toilets alerting them to Domestic Violence support services so that they wouldn't have ask for it in public. Patients were able to talk in staff in private rooms if necessary. Consultation rooms had keypad locks, blinds on the windows, curtained couches and patients were also offered chaperones. If a safeguarding issue arose, a GP would be involved in determining further action- following RWT procedures -and all evidence related to this would be retained by the deputy practice manager.

Due to the patient demographics, the surgery had a high number of incidents, complaints and safeguarding issues which were all taken seriously. Weekly meetings took place with the GP's to look at all the issues which were closely monitored.

A patient informed authorised representatives, "I have been treated with dignity and respect at all times and have no real concerns. Staff here are friendly and they work to the best of their abilities under the pressure, I would say".

Information

There was a plethora of information in the waiting areas including the JANEX TV information system (which was updated by RWT). All new patients were given information about the Patient Participation Group (PPG) and there was dedicated space in the waiting room too. PPG meetings took place on a quarterly basis, but patients could also request and receive information electronically. It was noted notices concerning the PPG needed to be updated.

Information about changes to opening hours or other relevant information was displayed on the widows, in the waiting areas, on the website and via MJog. If this information related to a specific patient group i.e. diabetes patients would be sent a letter informing them of any changes whereas Minor Operations patients were telephoned.

Provision for those patients with communication needs included the interpretation clinic, BSL interpreters, access to telephone interpreters, staff who speak different languages and a hearing loop.

Choice

Patients were able to see a specific GP if they were prepared to wait- otherwise they could use GP on call. They might have to book up to a month in advance for a non-emergency appointment but that the surgery allocates six appointment slots each day that can be unblocked to accommodate patients. Patients could book

their appointments electronically using Choose and Book system which allows them choices of hospitals, appointment times, etc. and will soon be able to use Egtom which is a video consulting room. GPs informed patients of the options open to them regarding hospital, hearing, optical and other health-related referrals. Where patients had previously been seen by a specific consultant their GP could request for them to be referred to the same one.

Being listened to

Although the surgery had not undertaken a survey for many years, this is something that is being considered for all RWT PCN practices. The number of Friends and Family responses had increased through MJog and patients were also given a Friends and Family form with their appointment cards. PPG members often had a presence in the waiting room and it is anticipated that they will become more active regarding collecting feedback from patients. Patients can also give feedback on the website.

Complaint forms were available at reception but the surgery tried to deal with verbal complaints immediately- otherwise they follow NHS England and RWT processes.

Being involved

Patients were informed about their treatment - and related options- by their GP or other health practitioner at the surgery. There were ongoing promotional campaigns (currently flu vaccinations) using the TV, noticeboards, MJog and website and the PPG held awareness sessions in the waiting room.

The PPG held quarterly meetings which were attended by the practice manager, a GP and member of the reception team. All new patients were informed about the PPG as part of the registration process and there was information in the waiting room too.

Recommendations

1. Install an external CCTV system
2. Consider placing hazard tape on the front doorstep to make the changes to floor height more apparent.
3. Consider putting a magnetic stop on the front door to enable wheelchair users and those with pushchairs to enter and leave more easily.
4. Re-arrange the seating around the entrance to allow more space for wheelchairs and pushchairs.
5. Place antibacterial hand gel near reception for patients and visitors and a tick on the signing in form to ensure that it has been used.
6. Consider reducing the number of leaflets and information on the walls - or focus on specific health issues to avoid information overload.
7. Update the PPG noticeboard.
8. Consider ways for the PPG to have a greater interface with patients to gather their views and concerns.
9. Consider mounting the Prescription box on the wall to free up space on the lower Reception desk.
10. Consider Dementia Friend awareness sessions for PPG members and staff.

Questions

1. Do staff have access to a panic button?
2. Does the surgery have links with relevant voluntary sector organisations?
3. Is the front door the only exit in the event of an emergency?
4. Do patients utilise the online booking system? Is this service made aware to them?
5. Is a patient's double appointment at the discretion of the GP at the time of the appointment or does the receptionist decide this at the time of booking?
6. Are patients provided an information pack at the time of registering? If so, what is included in this?
7. Is there a reason why a patient survey hasn't be done in years? Do you know when these will be circulated?
8. When will the Egtom video consulting room be put in place?
9. How often are PPG members in the waiting room engaging with patients?
10. Please could you clarify what the waiting time of a scheduled appointment with a GP is (of a patient's choice and not)?
11. Was there a reason why only four patients were at the practice at the time of our visit, especially as all four GPs were in attendance?
12. If patients can't access emergency GP appointments for the same day or scheduled appointments for months in advance is there a process of signposting them elsewhere?
13. What is the role of the new social prescriber within the practice?

Provider feedback

Just to note, that there was another hand sanitising machine right by the front desk for anyone to use, it is a foam dispenser.

We have never had anyone complain about the height of the reception desks as far as I am aware, and the lower desk is obviously for anyone of a smaller height or in a wheelchair to be more identifiable.

We hold weekly interpretation clinics not fortnightly. Page 8

We are inviting in a trainer for staff to become Dementia Friends Page 9.

It's a JAYEX TV Page 9.

Patients can request to see the GP of their choice on a daily basis if they are available, these are released at 8am daily; or they can book an advanced routine appointment of their choice, there are 6 daily appointment slots automatically left open for future patient use. Page 9

Recommendation:

No 2 - We have booked a maintenance gentleman to put hazard paint on front door step.

No 3 - The door actually stays open wide if it is pushed open enough.

No 5 - There is also an automatic foam hand sanitizer which I think was missed by the Authorised Representative. It is fixed to the front reception wall.

No 9. The manager has ordered a Prescription box for the wall.

No 10 We are arranging Dementia Friendly training for staff.

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