

Enter and View Report

Dr S K Vij - Whitmore Reans Health
Practice

Unannounced Visit

29th July 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.

Contents:

	Page
1. Provider details	4
2. Acknowledgments	4
3. Disclaimer	4
4. Authorised Representatives	4
5. Who we share the report with	4
6. Healthwatch Wolverhampton details	4
7. Healthwatch principles	5
8. Purpose of the visit	6
9. What we did	6
10. Findings:	
a) Environment	7
b) Essential services	7
c) Access	8
d) Safe, dignified and quality services	8
e) Information	9
f) Choice	10
g) Being listened to	10
h) Being involved	10
11. Recommendations	12
12. Questions	13
13. Provider feedback	13

Provider details

Name and Address of Service: Dr S K Vij - Whitmore Reans Health Practice, Lowe St, Wolverhampton, WV6 0QL

Manager: Mr Suresh Carthigasu

Service type: GP Surgery

Client type: Local residents

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 29th July 2019. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Authorised Representatives

Dr Ranjit Khutan, Lead Authorised Representative

Mary Brannac, Authorised Representative

Who we share the report with

This report and its findings will be shared with Dr Vij & Whitmore Reans Practice, All 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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Wolverhampton
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Website: www.healthwatchwolverhampton.co.uk

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Social media: HWWolverhampton

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

The visit to Dr Vij's Practice was unannounced, it had been selected for an Enter and View visit as we had received several pieces of intelligence from patients about issues they were experiencing. These were around; access to GP appointments, waiting times for appointments and waiting times within the surgery itself. As a result, these were the main focus for the visit.



Whitmore Reans Health Centre

What we did

Upon arrival Authorised Representatives made initial observations of the exterior of the medical centre. After locating the correct reception area, Authorised Representatives introduced themselves to a receptionist and explained the purpose and process of the visit. Authorised Representatives were warmly greeted by the Practice Manager, Mr Suresh Carthigasu, who was friendly and open to the visit. Mr Suresh Carthigasu gave the Authorised Representatives a tour of the practice and its facilities.

The visit began at 08:30 on a Monday and Authorised Representatives were informed by the practice manager that it was relatively quiet compared to a 'normal' Monday, due to school holidays. At the most there was a dozen patients in the waiting area but many administration staff in the reception area.

During the visit Authorised Representatives engaged with six patients, interviewed a member of reception staff and two practice managers.

Authorised Representatives were informed that there were around 8,000 registered patients and, despite the new text reminder service, about 80-100 'Do Not Attends' each week. The practice benefits from 9 consulting rooms, 6 GPs, various practice nurses, 9 receptionists, 2 practice managers and other staff such as counsellors.

Findings:

Environment

External

This was the first visit that Authorised Representatives had made to the practice and the address caused confusion. Lowe Street takes you to the back of the building and, whilst on street parking is available, the practice car park was accessed via Brockhurst Drive. There were no signs observed from Lowe Street indicating that the building was a medical centre or any signs to direct patients to the parking area.

Disabled car parking spaces were available in the practice car park and as the practice is located on one level, there was easy access to the practice entrance from the path from the car park. Wheelchair users or those with prams would easily be able to access the practice from Lowe Street via a dropped kerb.

The outside was well maintained and welcoming.

Internal

Upon entering the building, Authorised Representatives were met with several notices and information posters, and the option of turning left or right. There were no signs to direct them to the GP practice, so they took a left turn. Authorised Representatives spoke to the receptionist in this part of the building who informed them that the GP practice was on the other side and that this reception was for various day clinics. Authorised Representatives approached the entrance to Dr Vij's practice and noticed a row of chairs outside the inner entry doors. Entering the practice, Authorised Representatives found the waiting area to be clean, fresh smelling and spacious, with good spacing between chairs which were fixed to the floor. There were many notices and posters on the walls - whilst these provide helpful information they were mostly in English and felt cluttered as spaces appeared to have been filled with newer notices over the years.

The reception desk was screened off from the waiting area by a built-in wooden/glass wall that was open at either end. The space between this and the reception window was very generous and would allow for those using wheelchairs/prams to easily access the space, it also benefitted from a hand rail. This provided patients with a sense of privacy when speaking to a receptionist, but despite the signs indicating which way patients should enter this area, it was difficult to make these out from the many other signs; in addition, the opaque glass meant that the reception staff could not see what was happening in the waiting area e.g. if someone was in urgent need of medical attention. The reception benefitted from a lower desk for wheelchair users.

There was an electronic booking-in system, but no hand gel next to it. There was no hand gel to be seen anywhere in the waiting area - when entering the area, or when entering the GP consulting room corridor.

Toilet facilities (male, female and disabled) were available just off the waiting room and in the corridor in the main building. The ones off the waiting area had signs on them saying they were out of order. Mr Carthigasu informed Authorised Representatives that these were in working order, but they had to close them and say they were not working as they had been used by non-patients for substance misuse. He informed us that they would open them if a patient requested use of a toilet, but as the signs clearly said they were not working we did not understand how a patient would know if they could request to use them.

Essential services

Patients told Authorised Representatives that they were not able to access appointments when they needed them; “sometimes it is not possible and you may have to wait for a month” “it is very hard, you have to keep ringing them but get no reply at the end”. Some patients were able to access same day or emergency appointments but some patients still found this difficult saying; “not always” and “I keep calling and end up with not being able to talk to anyone”.

The reception staff indicated that they do their best to ensure patients could access services when they required them, but it was a very busy practice and they could not provide appointments in the time limit that patients requested them.

Patients who were engaged with told Authorised Representatives that they had experienced delays and the practice was often very busy and crowded. Staff informed Authorised Representatives that the practice would get busy and patients would often have to wait outside which is why additional seating was provided. Patients without an appointment would also arrive before the practice had opened and tended to queue outside or in the corridor. To help alleviate this they often opened earlier or stayed open later to meet the demand. The practice manager informed Authorised Representatives that they also offered appointments during non-working hours so those in employment could access GP services. However, all patients engaged with during the visit told Authorised Representatives that they had never been offered out of hours appointments or been referred to another GP.

Staff were aware of the different services available to patients; a staff member told Authorised Representatives that patients were supported by the staff team during a referral from the GP to other services such as the hospital. Authorised Representatives were also made aware that patients were kept informed of other local services available to them and patients were provided with information leaflets.

Access

All patients told Authorised Representatives that they felt treated fairly with one saying “they have improved”. However, not all patients felt that they could be

themselves and two patients felt they had been harassed or discriminated against by staff.

Staff informed Authorised Representatives that the practice used a variety of ways to enable equal access such as; online, face to face and telephone appointment booking and home visits. Staff also provided wheelchairs for patients to use whilst in the practice. Authorised Representatives observed these in the reception area and poster to inform patients of the service.

All staff told Authorised Representatives they were aware of the diverse population of patients they serve their health needs and how they could adequately support them. However, on observation all posters displayed in the waiting area were in English. Staff could speak some of the community languages and interpreters were used in other cases.

Staff did not identify any specific needs for patients around sexual orientation and gender identities, although they did cite the case of a patient who they supported through transition from one gender to another by helping them choose a suitable referral service and choice of consultant. They also indicated that a side room was available if anyone wished to speak to a receptionist or member of staff in private (although the screen also provided an adequate level of privacy).

Safe, dignified and quality services

All patients told Authorised Representatives that they felt safe at the practice. However, not all patients felt treated with respect, saying; “sometimes” and “not always”. Patients were also asked if they felt treated with compassion, responses were mixed as half felt they were, but the other half said; “it’s okay”, “it’s okay now” and “no”. There was a general consensus from patients that the friendliness of staff had improved, and all felt treated with dignity and that their needs were met.

GP consulting rooms were accessible by key code entry providing safety to patients and staff members.

Staff informed Authorised Representatives that they were trained regularly, and the Practice Managers kept a record of these courses and when refresher training is required. Staff had also undergone dementia friendly training and indicated that they understood the process for safeguarding and reporting any concerns, although when questioned about specific initiatives and processes to follow, staff who were interviewed were unable to recall these with accuracy and referred to process diagrams on the wall in the admin office.

Information

Patients informed Authorised Representatives that they had not been asked, or could not remember, if they had been asked about their preferred method of

communication or if they had any communication needs. One patient said there was no need to ask about communication needs as their daughter helps with translation. Staff told Authorised Representatives that the building was equipped with a hearing loop and they would discuss specific needs with patients e.g. if English was not their first language.

Only two patients received information about the practice such as changes or how they could get involved and also received a newsletter. Other patients hadn't received this but said that it was something that would interest them.

Choice

Staff told Authorised Representatives that they actively promoted choice and ensure patients saw their GP of choice and by informing patients they had choices when being referred to the hospital or other services. However, not all patients felt they had choice in; treatment they received, GP they saw for an appointment, hospital they are referred to or consultant they see.

“The wish you have is not granted”

Being listened to

On the whole, patients that we spoke to felt that they were listened to and could ask questions if they felt they did not understand anything, they also felt able to raise concerns with staff should they need to but two patients said they would only raise concerns with some staff. All patients felt they would be able to make a complaint if they had to, but only one patient knew how.

Being involved

Staff who were interviewed by Authorised Representatives were unclear about the timing and frequency of the Patient Participation Group and indicated that the details were in the waiting room - but we could not find any details in this area. Only one patient knew about the Patient Participation Group but none had ever received any information from them.

Practice managers were aware of the SMS text feedback service and indicated that many patients provided feedback using this method. They indicated that they received a monthly report; however, the reception member of staff had not seen this. Staff indicated that they made changes based on the feedback, however did not provide feedback to patients (i.e. ‘you said, we did’) and indicated that this was a good idea and something that they will implement. The practice manager indicated that they used to have a complaints box, but removed this because people thought it was a donation box or rubbish bin. They could see how the reintroduction of this

would help those who do not use mobile phones, or who wanted to provide feedback when visiting the practice.

Staff told Authorised Representatives that patients have benefitted from organisations coming in and providing activities - e.g. a health promotion bus and events in the car park. The staff ensure they do their best to reduce isolation and loneliness by referring patients to other services for support and to new social prescribing & intermediate care services.

The reception staff member was interested in physical activity and its impact on health and expressed an interest in developing a staff wellbeing group - the practice managers also indicated that they were aware of the hard work that staff do and were interested in finding ways to help staff reduce/manage stress.

Recommendations

1. Improve signage from Lowe Street - e.g. with practice name and directions for the car park.
2. Improve signage for visitors entering the building - i.e. turn right for Dr Vij's practice.
3. Provide clear signage on toilet doors e.g. for patient use only and a key is available from reception.
4. Provide hand gel by booking in screen and beside the entrance to GP/consulting room corridor and throughout the practice.
5. Ensure posters in the waiting room are relevant and help patients rather than confuse them. Create clear areas for health information, PPG details and practice improvements, and provide information in relevant community languages. This would help provide a more co-ordinated and structured waiting area and make the space more welcoming to those whose first language is not English.
6. Reintroduce a comments box with clear instructions for patients and communicate developments to patients via a 'you said...we did' poster.
7. Review training needs of staff and remind them about key messages e.g. safeguarding, working with people living with dementia and dealing with complaints.
8. Ensure all patients are aware of the complaints procedure and display this in the waiting area.
9. Ensure all new and existing patients are asked of their communication needs.
10. Introduce a patient newsletter or alternative way of informing patients about the practice.
11. Ensure that the PPG times are advertised to all patients.
12. Ensure that information and minutes from the PPG are displayed within the practice.
13. Circulate the monthly report with staff.
14. Consider introducing a scheme to reduce staff stress and increase wellbeing.

15. Ensure all staff are offering out of hours appointments and giving clear information to the patients.

Questions

1. Please clarify the frequency of the PPG as there was inconsistency and confusion between staff interviewed.
2. Are all the clinical staff based at Whitmore Reans or do they work from other branches, if so what staff work at Whitmore Reans at any one time.

Provider feedback

Thank you for your report and the following is our response:

The practice has acknowledged the recommendations and would take steps to comply with it. The replies to your two questions are as follows:

1. Our PPG meets every 4-6 weeks and our next meeting will be on the 26.09.2019. All staff have been informed and updated of our PPG. Compliments and comments are discussed at Practice Meetings and this is a regular agenda item.
2. All of our clinical staff are not based mainly at Whitmore Reans and they do sessions at other branch surgeries. On an average daily basis there are 3 GP's, 1 ANP, 1 Clinical Pharmacist and 1 Practice Nurse on duty at Whitmore Reans Health Practice.