

Enter and View Report

Duncan Street Primary Care Centre
Unannounced Visit
17 December 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: Duncan Street Primary Care Centre, Blakenhall, Wolverhampton, WV2 3AN
Manager: Jacqui Squire
Service type: GP Surgery
Client type: Patients

Acknowledgments

Healthwatch Wolverhampton would like to thank the Practice Manager, staff and all the patients and family members 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 17 December 2019. The report does not claim to represent the views of all patients, only those who contributed during the visit.

Authorised Representatives

Tina Richardson, Lead Authorised Representative
Emily Lovell, Authorised Representative

Who we share the report with

This report and its findings will be shared with Duncan Street Primary Care Centre, local Wolverhampton Councillors, City of Wolverhampton Council, Care Quality Commission (CQC), Clinical Commissioning Group (CCG) 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
Free phone: 0800 470 1944
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

An unannounced visit was undertaken at Duncan Street Primary Care Centre by Authorised Representatives due to issues raised by members of the public to Healthwatch Wolverhampton around access to appointments.

Authorised Representatives tried to conduct Enter and View visits on two separate occasions prior to this visit. On both occasions neither the practice manager or deputy were on duty. Practice staff were unaware of when the manager would be returning and, on both occasions, offered to pull doctors out of surgery so the visit could be conducted. Authorised Representatives explained that this was not appropriate, and they would return at a later date.



Duncan Street Primary Care Centre

What we did

Authorised Representatives introduced themselves to a member of staff at reception, who took them round to see the practice manager. The Authorised Representatives explained to the practice manager the purpose, timeframe and reason for the visit. After a tour of the premises, Authorised Representatives engaged with members of staff, patients and family members.

Summary of Findings:

The practice was well located and close to the centre of Wolverhampton. The patient demographic was extremely diverse, and the practice endeavours to support the varied health and communication needs of their patients.

Recommendations have been made to the practice manager around; accessibility, Patient Participation Group (PPG), staff communication and additional/out of hours appointments.

Findings:

Environment

External

The entrance to the surgery was well signposted. There was a small carpark with allocated disabled bays and occasional parking on the side road. The practice manager did express that parking could sometimes be difficult for patients as the temple across the road got thousands of daily visitors who sometimes used the practice car park. The practice manager explained that if this occurred, staff would go out and ask non-patients to refrain from using the car park.

The surgery was wheel-chair accessible via a large ramp with handrails that lead from the carpark to the front door.

On our first attempt to visit the surgery, Authorised Representatives observed a large group of patients waiting outside for the doors to unlock for the afternoon appointments to begin.

Internal

Entering the surgery from the outside ramp there was a porch area with a box for patients to drop off their prescriptions, the doors were heavy but not automatic. The reception area was an open L-shaped room, the desk had both a reception desk and computer check in area. The staff were separated from patients by a piece of Perspex. Wooden benches ran around the edge of the whole room for patients to sit on whilst waiting for the appointments, chairs did not have arms to aid patients to stand up. There was only one antibacterial hand gel available, located on the reception desk.

The reception area was covered in posters and leaflets, however some of these were unreadable or not visible from different areas of the waiting room. There was also a television that played a presentation of self-help information, opening times and pharmacy videos from the Clinical Commissioning Group (CCG).

The surgery was very large and benefited from 15 consulting rooms across two floors. The upstairs was wheelchair accessible via a lift, however this had boxes and chairs in it at the time of the visit. The upstairs level was not lit, which sent the lift in to complete darkness as it reached the first floor. The practice manager claimed that staff must have been moving items around the surgery, but all wheelchair patients were kept on the ground floor.

The surgery had one Advanced Nurse Practitioner, one Practice Nurse and 4-6 part time GP's. They also had seven full time trainee doctors and 10 medical students on a Wednesday that shadow other GP's.

On arrival to the surgery Authorised Representatives were not prompted to sign into the visitor's book or use the hand gel by reception staff. Authorised

Representatives asked the practice manager if they could use the visitors book, to which they replied “we will do that then we go through”, this was not completed.

Essential services

Patients that we engaged with had never been offered out of hours or extra GP appointments at another GP practice. Authorised Representatives observed an out of hours appointment poster in the waiting area, however this was barely readable due to a dark purple font on a black illustration.

Only one patient had been referred to other services by their GP such as the hospital but had to cancel the appointment. Staff told Authorised Representatives that when a GP refers to services such as; hospital appointments, patients could use ‘Choose and book’ and staff were able to support them to make these appointments. GP’s could also fast track to the hospital if needed.

The surgery also offered;

- Domiciliary visits to house bound patients
- Care home visits by a GP or nurse
- Weekly clinics for dressing and treatment by nurses
- Direct access to mental health services; mental health clinics were held weekly within the surgery with the support from Penn Hospital
- Children’s health visitor clinic and immunisations
- Flu injection clinics
- COPD/Asthma clinics
- Diabetic clinics
- New patient checks

A social prescriber is also present in surgery once a week.

Access

Patients felt that they were able to access appointments when they needed them, some said they were able to access same day, emergency appointments.

The surgery was open from 8:30am - 12:45pm and 2pm - 6pm daily, on Wednesday the practice was also open from 6:30pm - 8pm for booked appointments only.

Appointments were either made by phone, in person or online. A quarter of all appointments are booked online and there were posters in the waiting room to encourage more patients to do so. There were 100 slots per week for patients to book on-the-day emergency appointments via the phone line from 8:00am. Staff told Authorised Representatives that there was high demand for these appointments which are always taken very quickly. Patients could also pre-book slots which can be booked up to two weeks in advance depending on the GP they wanted to see.

Staff also told Authorised Representatives that there was a GP on call daily who was able to call patients to discuss urgent concerns, patients can request this service. The surgery had also introduced a new online consulting programme.

Most patients felt that there was enough time in appointments to raise medical concerns, however one patient expressed that their appointments were only 5/6 minutes, which wasn't enough time. Authorised Representatives observed a poster within the waiting room that instructed patients to only discuss one medical problem per consultation. Authorised Representatives also observed patients going up to the reception desk to ask how much longer their appointment would be after a delay.

A patient's relative told Authorised Representatives that their family member always had positive experiences, however there had been an issue on the day of the visit but this was resolved promptly.

Safe, dignified and quality services

Patients expressed that they felt safe at the GP surgery. However, when asked if patients felt like they were treated with respect and compassion, patients gave mixed responses. "Yes - very much", "Yes definitely" and "It's alright". All patients felt that staff were friendly and helpful "Yes, always have been, no trouble" and that their dignity and privacy were continuously maintained. The surgery was able to provide a private room for patients to discuss concerns and talk to staff and other agencies privately, in a safe and independent place.

All staff received training updates and were also regularly updated on changes being made to services. The surgery was a 'dementia friendly environment'.

Information and Education

Not all patients were sure if they had been asked about their preferred method of communication or communication needs and one patient felt that their needs weren't being met and more could be done.

Half of patients told Authorised Representatives that they read the notice boards regularly and found them helpful. Displayed on posters was lots of selfcare information including; Wolverhampton Information Network (WIN), Embrace Sexual Health, Smoking Cessation, Flu, Measles and Contraception. There was also surgery information displayed including; the PPG, Christmas opening times, online access banner and complaints procedure, however not all of these posters were visible from all areas of the waiting room and most of them were written in English.

The surgery had a very diverse patient demographic. At the time of the Enter and View visit there were 10,040 patients on the books, 64% of which were non-English speaking. The practice also worked very closely with the Refugee and Migrant Centre (RMC) to look after 70 Syrian families.

Due to the diversity of patients on the surgery register, an interpreter was available on the reception area between 9am - 11:30am and 2pm - 4:30pm. Staff also spoke different languages and the practice also had access to language line - a translation tool, however there was no reference to BSL. Staff told Authorised Representatives that most patients brought family members to appointments that were able to translate for them.

Choice

Patients felt that they were able to have a choice in the GP they saw for their appointments and mostly got choice around dates and times, however, some said; “have what’s available”. One patient felt that they didn’t have a choice in the treatment they received.

Being listened to

All patients felt that they would be comfortable asking questions should they not understand something. One patient told Authorised Representatives; “reception staff are very rude - everyone says the same”.

All patients felt that they would be able to raise concerns with staff, but not all knew how to make a complaint, with one saying “no - tell me how”. Some patients felt that staff actively seek the views of patients, and only a couple had ever been asked to leave feedback.

Patients felt that their concerns and views are listened to and acted upon, but their needs are not responded to quickly by staff; “no - never”.

Being involved

Patients felt involved in their treatment and care and that the practice does enough to involve patients. However, no patients that Authorised Representatives engaged with had ever heard of the PPG or had received updates via PPG.

Staff told Authorised Representatives that PPG meetings were held every 6-7 weeks. The practice also had a newsletter which they used to communicate with patients. Any changes to the service, patients are informed via newsletter, GP appointments and text message.

Recommendations

1. Consider making the front doors automatic to improve access.
2. Consider adding arms or chairs with arms to the waiting area to aid patients standing up.
3. Add more hand gel dispensers to the waiting area, particularly by the self-check-in screen.
4. Ensure that items are removed from the lift and this is always left empty.
5. Ensure that the lights are turned on upstairs for lift users.
6. Ensure patients are offered the option of additional appointments available within the Primary Care Network.
7. Ensure that the out of hours appointment poster is readable.
8. Ensure that reception staff are communicating with patients about delays to their appointment time.
9. Ensure all patients are asked of their preferred communication methods and needs.
10. Ensure posters such as the PPG and complaints procedure are visible from all areas of the waiting area, perhaps by putting them on the front desk.
11. Increase awareness of the PPG group.
12. Ensure that posters are written in languages that reflect patient demographics.

Questions

1. Are patients aware of the GP who is able to call them to discuss issues over the phone?
2. Are patients aware of the new online consulting service?
3. Considering patients are only allowed to discuss one medical issue per consultation, are they able to book double appointments should they need to?
4. Are patients encouraged to be an active partner in their health decisions and treatment choices?

Provider feedback

Thank you for your report of which we received on the 7th January 2020 further to your unannounced visit on the 17th December 2019.

As a practice we have discussed the report both internally and with our PPG and would like to make the following points:

Page 6 (purpose of the visit) - We are sorry that you had visited the practice on two previous occasions and the PM was not available , however, given the nature of a PM role and these were unannounced visits there would be a chance that the availability at the time you called would be reduced . The staff also has a desk diary which confirms the PM's my whereabouts if not in the practice and a contact for any reason they are required. There is no deputy PM in Duncan Street surgery. We understand at the time of the visit you were offered the time of a GP to help you.

Summary of Findings

Page 7 - External. We would like to confirm if there is bad weather then the surgery doors are opened for patients to come inside and wait until their due appointment time.

Page 7, (Environment - internal)

You mentioned that the staff was separated with a piece of Perspex. Our comments are that the reception desk used to be fully open until a couple of years ago when a pattern of aggressive and abusive behaviour towards members of staff was increasing.

Naturally the staff felt very vulnerable and therefore a design was completed incorporating glass panels as a barrier to protect the staff as is customary in most banks. To date we have

had no patient complaints regarding this, on the contrary several patients have commended the practice for our approach to staff welfare.

In your report one of your recommendations is that we have arms on chairs to aid patients to stand up. The waiting room is designed to seat many patients given our list size of over 10000 patients and if we were to change the layout to accommodate chairs with arms we would not have the capacity to accommodate so many patients to sit down in the waiting room and funding this would be an issue for the practice at this time.

You stated that there was only one antibacterial hand gel on the reception desk at the time of your visit. If we increased this to more than one our experience shows these would be taken and therefore we think one is sufficient in that area and we have many more dotted around the surgery if required.

Your report stated that the reception area was covered in posters and we assume you mean the waiting area as the reception area of glass is clear so staff can recognise anyone that needs urgent help. The waiting area does have lots of information for patients and they will not be totally visible from all areas of the waiting room as the waiting room is "L" shaped and on occasions we do display more than one of the same posters to cover each area.

With reference to the lift having boxes and chairs in it at the time , we take this comment on board and for future reference if used for the purpose of moving things around it will be immediately emptied and not left for any length of time with obstructions inside the lift. Unfortunately, on your visit the light bulb had failed but when noticed was immediately reported to the H & S advisor and replaced that day. As stated to you any wheelchair patients do tend to use the consulting rooms on the ground floor and we will always accommodate this if requested.

With regard to the comments regarding staff numbers the correct numbers: 1 x Advanced Nurse Practitioner, 2 x Practice Nurses, 3 x full time GPs, 3 x part time GPs and at the time of your visit we had 5 x Registrars, 2 x Foundation Year 2 doctors and 6 x Medical Students in the surgery alternative weeks for a 6 week period.

Page 8 - with reference to signing the visitor's book this was an oversight at the reception desk, but after you introduced yourselves and the whole team were aware of your presence in the practice a note was made in the book that you were in the building and again when you left. The book is for H & S and security purposes and your time in the practice was noted.

Page 8 - Essential Services -We are unsure how many patients you engaged with on your visit and if you used the interpreter present , but we can assure you patients are offered out of hours appointments if we are unable to accommodate them in our own practice. These appointments are booked in advance and on the day and are always fully booked. Our

figures show that Duncan Street Primary Care Centre have the highest usage for this service in the PCN , but we do take on board your comments regarding the standard issue of the out of hours appointments poster and we have re-designed one ourselves which is a little clearer to read.

Page 8 - Access The report stated that the surgery is open from 8.30am - 12.45pm and 2pm -6pm daily. We would like to confirm that the surgery telephones are answered from 8.00am - 6.30pm daily and we do not actually close during the lunch hour. The doors are closed so that staff and GPs can complete any outstanding administration tasks and undertake home visits and telephone calls etc. but with the exception of the doors being closed during 12.45pm - 2pm the surgery telephone is manned and appointments are utilised throughout this time. The report states that we offer 100 slots per week for patients to book on the day this is in fact 100 slots PER DAY (not per week) and pre bookable appointments can be booked up to 4 months in advance and not 2 weeks as stated in the report.

Page 9 - All our GPs appointments are 10 minutes in time and nurses appointments can be between 15 mins and 30 mins due to the nature of the requirement of the appointment. Patients can book double appointments if they feel they need more time with the GP; however this will inevitably decrease the number of available appointments on the day. If for any reason the GP or Nurse is running late which can happen on occasions as some patients will take up a little more time than the 10 minutes allocated or an emergency ambulance is called for a patient the GP will have to deal with this issue within the appointment session and the reception staff will apologise to the waiting patients for the delay.

Page 9 - Information and Education - You correctly pointed out in your report we have a diverse patient demographic and we cannot possibly cover all posters and notices in all the different languages, but where possible we endeavour to do so with reference to printed versions if they are available. We do of course have an interpreter based in the reception desk daily for any queries.

Page 10 - There is a poster in the surgery regarding BSL and offering interpreter services if required, perhaps you missed this? We have also invited the RNIB to visit the surgery to complete an assessment a couple of years ago and we undertook their recommendations and made changes to various things around the building including larger Font for notices and colour decorating schemes.

Page 10 - being listened too We understand that one patient told you the “reception staff are very rude” we were sorry to hear this comment as our PPG representatives were indignant that this comment was made and felt that our reception team were always, polite

, extremely helpful and professional in the way they conduct themselves. None of our complaints in the last year have highlighted the rudeness of the reception staff.

As mentioned in the report the “complaints policy notice is displayed in the waiting and room and we have complaints and comments forms available on the display holders.

Page 10 Being Involved- The PPG having read this comment disagreed with this as they continue to have a presence in the waiting room throughout the year talking to patients and raising the profile of the PPG . There is also a PPG notice board in the waiting room; minutes are displayed in the waiting room and on our website. We currently have 34 members on the PPG list. The PPG meet quarterly as a group throughout the year. Although the January meeting is only a possibility as we bear in mind the bad weather conditions.

Questions -

As promoted on our website and newsletters etc. patients are informed of the services we offer to include telephone consultations

Online consulting Services has only been implemented Friday 10th January 2019 and therefore in its early stages to date

Patients are allowed to book double appointments if they wish to discuss further issues with the GP

Patients are encouraged to be an active partner in their own health decisions and treatment choices.

We hope that the above feedback confirms that the issues you raised in your report has either been addressed or noted and although the PPG and the whole practice team thought it offered a negative response to the hard work and commitment the team undertake in meeting the needs of our patients, we have an optimistic view that the majority of our patients are happy and satisfied with the service Duncan Street Primary Care Centre provide for them.

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