

Enter and View Report

Castlecroft Medical Practice
Unannounced Visit
31st May 2019



**Engaging
Communities**

Inspiring Change, Improving Outcomes

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

Address: Castlecroft Medical Practice, Castlecroft Avenue, Castlecroft, Wolverhampton, WV3 8JN
Manager: Diane Hill, Practice Manager
Service type: GP Surgery

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 Friday 31st May. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Authorised Representatives

Emily Lovell, Lead Authorised Representative
Dana Tooby, Authorised Representative
Josie Slater, Authorised Representative, Observing

Who we share the report with

This report and its findings will be shared with Castlecroft Medical Practice, Wolverhampton City Council, Local Councillors, Wolverhampton Clinical Commissioning Group (CCG) and Care Quality Commission (CQC). The report will also be published on the Healthwatch Wolverhampton website.

Healthwatch Wolverhampton details

Address:
Regent House
Bath avenue
Wolverhampton
WV1 4EG

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 patient's 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 main purpose of this visit was to gather patient experiences and feedback of the services provided by the medical practice in response to local intelligence gathered by Healthwatch Wolverhampton. We also observed the environment and the information that was provided to the patients.



Castlecroft Medical Practice

What we did

Upon arrival at Castlecroft Medical Practice we observed the exterior environment of the practice. Then entering, we introduced ourselves to the receptionist and senior member of staff on duty. We handed a letter to the senior member of staff and explained the purpose and circumstances of the visit.

We were given a guided tour of the practice and then spoke to two members of practice staff and the practice manager. We also spoke to 10 patients of the practice prior to their appointments in the communal waiting areas.

Summary of Findings:

Overall, it was a positive visit and experience at Castlecroft Surgery. Staff were all pleasant and helpful during the visit. The patients we spoke to expressed that they felt they are treated fairly with respect and compassion. The majority of patients felt that staff met their individual needs but expressed difficulty in accessing appointments when they needed them.

Recommendations have been raised regarding information displayed in the practice, online appointments and translator services.

Findings:

Environment

External

The exterior of the building was clean and well maintained. There was a large car park with plenty of disabled spaces by the entrance of the building, with a dropped curb for wheelchair and pram access. We also observed CCTV on the exterior of the building looking out on to the car park.

Internal

The interior of the building was also clean and well maintained, with sanitising hand gel readily available throughout the medical practice. There was clear signage throughout the practice to all amenities and services. There were three communal waiting rooms, two downstairs, with a separate waiting room for nurses, and one waiting room upstairs which had lift access, as well as a set of stairs with a contrasting coloured handrail. However, there were no handrails on the corridors between the waiting rooms.

The TV screens displayed information intermittently and had no audio which meant that patients had to continually make visual checks to see if their name was being called to attend their appointment.

Furnishings throughout were all in a good condition and some chairs had arms to aid people standing up.

All private or staff only doors were kept locked or keypad coded.

Essential services

Most patients expressed that they were able to access appointments when they needed them, however, struggled when accessing same day appointments. When asked if they have ever been offered out of hours or extra appointments at another practice 80% said no. Staff told us that they notify patients about the unity hubs in Pennfields and Wednesfield as well as the Phoenix walk in centre and NHS 111.

Most patients stated that they had received referrals from their GP to other services and when speaking to the staff it was clear that patient's choice and interest when accessing other services is upheld.

Access

All 10 patients engaged with felt treated fairly and that they could be themselves, nor have they ever felt discriminated against in anyway. Staff highlighted that interpreters were available and could be arranged at the time of booking an

appointment. Staff also emphasised that all patients were treated equally, and should a patient have a request, they will do their best to meet it.

When asking the staff about how they meet the needs of patients, they told us that they get to know their patients and escorted them if they needed assistance. Staff also told us that there aren't really any patients that have specific communication needs and often bring family members with them but could request an interpreter if they need one.

“Not sure if they offer interpretation services”

Safe, dignified and quality services

All patients that we engaged with during our visit felt treated fairly, with respect and compassion. They also felt that their privacy and dignity were maintained. When speaking to staff that told us that everything was confidential, and they had a clear desk policy in the office. They also told us that there was a private room behind the reception desk so should a patient want to speak to a member of staff in a confidential environment they could do so.

The majority of patients felt that staff met their specific needs, however, one patient made a comment that they felt that the doctors didn't listen.

Information

The majority of patients we spoke to during our visit had not been asked if they had a preferred method of communication, nor had they been asked if they had any communication needs such as a hearing or visual impairment.

All patients asked said they had observed information contained on the notice boards and felt they were kept up to date. However, only two patients had any information on the practices patient participation group (PPG).

Staff communicated practice information, such as; opening times over bank holidays, weekends etc. through posters on the doors and notice boards and on the website. All but one patient said they didn't feel they needed any extra information about the practice. With one saying they just **check the notice boards**. Authorised Representatives found there to be vast amounts of information displayed in the practice for patients to read, with themed boards on the PPG and Diabetes.

Choice

From the questions that were asked by our authorised representatives, there seemed to be a lack of patient choice. Two thirds of patients stated that they didn't feel they could have any choice in the treatment they received. Only half of patients felt they had a choice of GP. And all patients said that they felt they

didn't have a choice in terms of; GP appointment date and time, which hospital they were referred to and which consultant they saw.

“Service would be improved if patients had more say regarding the above. I would certainly like to choose which hospital I receive treatment in. No more choice over appointment times or date, this is annoying when working full time. If you do choose a date, it's weeks down the line”.

Staff told us that patients can request to see a GP of their choice, but if they weren't in that day, they would have to see someone else. In terms of hospital referrals, patients are offered first available appointments. They can request to see a particular consultant if they wish but it may take longer, otherwise they get the soonest appointment available.

When speaking to staff, we were told that the phone lines for same day appointments open at 8am, and that they also offer next day and 48-hour appointments. But general appointments are a four week wait.

They also offer online appointments, and information for this is kept on the front side of the reception desk, opposite to the self-check-in screen. However, on observation the promotional materials were obscured by other leaflets and materials which meant that patients only accessed the application forms on request.

We acknowledge that accommodating patients appointments at their preferred dates and times can be challenging.

Being listened to

PPG meetings are held every quarter with hit and miss attendance, different times for meetings have been trialled but the practice have settled on the afternoon as this suits the core attendance group. There is a PPG notice board in the waiting room that gives information, a member of staff told us there was a pull-up banner advertising the PPG but this wasn't displayed.

A patient survey is completed annually, and forms are left for a couple of months to collect large numbers of patient feedback. The most recent report was displayed on the PPG notice board. However, more than half of the patients asked felt that staff don't actively seek the views of patients.

Half of patients asked didn't know how to raise a complaint, but all felt they would be able to if one was needed and that it would be taken seriously by staff. There was a complaint leaflet available in reception that detailed different ways that patients could raise a complaint and details of each, with a form on the back to fill in, however these were expected to be handed in at reception and then acknowledged by the practice manager.

There was an NHS friends and family test available which allowed patients to leave feedback anonymously and staff said they encouraged patients to complete these.

Being involved

Most patients said they felt they had enough time to raise medical concerns with GPs. However, most patients' appointments were running either 10 to 20 minutes late. We did notify the practice manager of this comment and their response was felt to be unprofessional in light of their patients' experiences.

“GP's are attentive - doesn't seem like a 10 minute, quick, appointment.
Frequently go over - which causes longer waiting times”.

Authorised representatives asked the staff members how they minimise loneliness and isolation concerns. They were told that an organisation called Silverline had recently come in to have a meeting around this and in the future will be coming in to talk to the patients. They were also told that doctors do refer to social prescribing for patients that need more social support, however this response was prompted by authorised representatives.

Recommendations

1. Display the PPG pull up banner in the main reception area to encourage patients to join or enquire.
2. Encourage the use of online appointments by displaying posters in the waiting rooms.
3. Introduce more themed notice boards and group the patient information together, for example; carers board, heart health, out of hours appointments etc. to avoid poster blindness.
4. Consider making all patients aware of translator services so that they have equal opportunities of access to information and care.
5. Improve staff attitudes towards experiences of patients.

Questions

1. Do you refer patients to use the Urgent Care Centre at New Cross Hospital if they can't get an appointment at the practice?
2. Do other health professionals refer to social prescribing or just the doctors?
3. What is the protocol if patients being are late for their appointments?
4. What is the protocol for when GP's are running late with appointments?

Provider feedback

In response to your report we accept some of the recommendations but take exception to number 5 - all persons who have read the report and that includes members of our PPG feel that the attitude of staff towards patients is on the whole excellent.

There are also a few points we would like to raise

Essential services - you say that 80% of patients said no to being offered appointments elsewhere eg urgent care - essentially if the patient is offered an appointment at the practice and had accepted then why would we then offer appointments elsewhere? If our capacity is such that we feel it is appropriate to direct patients elsewhere then we do.

Introduction - most patients had difficulty in accessing appointments when needed - then states in essential services most patients expressed they were able to access appointments when needed but struggled to get a same day appointment (these are usually for those patients who have an acute problem and need to see a clinician quickly)

Choice - patients can choose which GP / nurse they wish to see - however the majority of patients do prefer to see their 'usual' GP unless of course they were not available. I am unable to comment on the choice of treatment as this would be decided between the clinician either here or within secondary care and the patient. Those patients who do have a preference as to whom they are referred to and where make that known at the time of referral.

The sound or lack of it on the patient call system was rectified within 2 days - our provider for this system had been made aware of the problem as soon as it arose.

In answer to your questions:

1. Yes we do refer patients to urgent care but only if absolutely necessary - our priority is to see our patients here
2. Primarily it is the GP who refers to social prescribing - other staff are aware of the service e.g community matron / ANP / practice nurses / admin team
3. Our system is set to mark a patient as DNA if they are 15 minutes late for their appointment - if patients are running late they will very often let us know and we can advise them accordingly after clarifying with the person whom the appointment is with. If they arrive late without informing us then again we ask the clinician if they will still see otherwise they are asked to rebook their appt.
4. GP's can run late with their appointments - "GP's are attentive , doesn't seem like a 10 minute appointment" - if it is more than 20 minutes then we inform patients - they are given the choice to continue to wait or rearrange - on occasion we have asked other GP's in the practice to see patients in order to reduce waiting times. However, we can say that the majority of patients do not complain about the waiting time.

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