

# GP Appointments Systems: Follow Up Report

November 2015



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# Executive Summary

The purpose of this report was to follow up on our March 2015 report into GPs appointment systems in the East Riding of Yorkshire in order to see what progress has been made and to, briefly, look into the service being provided by GPs more generally.

To do this we conducted four main strands of research; writing to all GP Practice Managers in the East Riding of Yorkshire Council area, conducting a survey which was handed out to patients at a selection of surgeries as well as being available online, conducting an examination of GPs websites and viewing their NHS Choices page, and conducting seven prearranged 'Enter and View' visits to GP surgeries spanning the East Riding.

The feedback from the Practice Managers was that they recognised the recommendations we made in our previous report and, wherever possible, were acting upon them. They also highlighted areas of concern that they had, such as added difficulties when patients wanted to see a preferred doctor.

Our follow up survey was significantly smaller in scale than our original survey making direct comparison difficult. Though, from the results, it does seem that GPs are making a greater mix of appointment types available and increasing the amount of appointment bookings that are made online. However, the difficulty of making an appointment with a specific doctor was highlighted by patients again.

Through our desk research we found that the quality of information available to patients online has improved. We still found some GP practices without a website and the quality of websites that are available varies significantly from practice to practice. All of the GP practices in our area are listed on NHS Choices and none of them are using premium rate telephone lines.

We were pleased with the standards we found in the seven surgeries that we visited during our 'Enter and View' visits. All provided a clean and safe environment and, in general, the patients we spoke to were happy with the service they received. We did, however, observe some issues regarding patient privacy and, again, some patients expressed to us difficulties in obtaining appointments with a doctor of their choosing.

Overall we are happy to report that improvements are being made to both the appointments systems used and to the GP service more generally. In this report we have made five recommendations:

- 1) Make efforts to increase the availability of appointments with the same GP.**
- 2) Continue to improve the general standard of websites and for GPs without websites to set one up.**
- 3) To be alert to the needs of patients in the ratio of urgent to routine appointment availability.**
- 4) Improve the levels of privacy in reception areas.**
- 5) Increase the availability of evening/weekend appointments subject to patient demand.**



# Background

## Why did we do this?

Towards the end of 2014 Healthwatch East Riding of Yorkshire (HWERY) undertook a large-scale review of appointments systems at GPs surgeries within the East Riding of Yorkshire Clinical Commission Group (CCG) area. Many GP practices contributed to this review by distributing and collecting surveys and/or by responding to our consultation either directly or via their patient participation groups (PPGs). We would like to thank those GPs for their support.

We published our findings from that review in March 2015 and sent the report to all GP practices within the East Riding CCG area. The executive summary of that report can be found at Appendix A and the full report, as well as the East Riding CCG response, can be downloaded from our website:

[www.healthwatcheastridingofyorkshire.co.uk/resources/general-practice-appointments-systems-report](http://www.healthwatcheastridingofyorkshire.co.uk/resources/general-practice-appointments-systems-report).

The report made nine recommendations, which were:

- 1) **Improve coordination of patient involvement exercises to avoid duplication and 'over-surveying' of the same patients.**
- 2) **Ensure minimum standards of information are met for all practices.**
- 3) **End the use of premium rate telephone numbers in GP surgeries.**
- 4) **Improve methods of rationing and release of appointments.**
- 5) **Ensure a sufficiency of appointments.**
- 6) **Explore the increased use of telephone appointments.**
- 7) **Consider the needs of patients for weekend/evening appointments.**
- 8) **Work to ensure more equitable access to urgent appointments.**
- 9) **Make best use of limited resources through better internal reviews.**

In the report we stated that we would conduct a follow up exercise. We concluded that it would be good practice to leave roughly a year between the reports and conduct our research in October and November 2015, which, we hoped, would demonstrate some of the improvements that have been made following our earlier report. We also hoped that it would highlight any areas where we can improve the way we carry out our investigations to ensure they have the maximum benefit for patients and the public.

Though our earlier report did concentrate on GPs appointments systems it also looked into the service being provided by GPs more generally. Likewise this report has the same dual remit.

One of the key learning points from our original research was that it only considered GP practices within the East Riding of Yorkshire CCG area.<sup>1</sup> Healthwatch East Riding of

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<sup>1</sup> This was a considered decision by the Healthwatch East Riding Board and the task group who oversaw the original investigation into GP appointments systems in order to focus the resources of Healthwatch in relation to this topic on one CCG area in order to maximise the report's impact.



Yorkshire has a remit to cover the whole of the East Riding of Yorkshire Council area, which also includes part of another CCG area: Pocklington Group Practice, which is part of the Vale of York CCG. This follow-up report therefore looks at the whole of the East Riding area that Healthwatch East Riding operates within.

It is important to note Pocklington's omission from the previous report and therefore it is not possible to draw any comparisons.



# Methodology

Our follow-up work involved four key elements and was conducted during October and November 2015. It included:

1. Feedback from Practice Managers
2. Follow-up survey
3. Desk research
4. Enter and View visits

## Feedback from Practice Managers

In October 2015 we wrote to the Practice Managers of all GPs (Appendix B) in our region. This was to give them an opportunity to share with us the details of any improvements they had made either as a direct result of the recommendations in our report or independently of it, since January 2015. In particular, we enquired regarding recommendations 4, 5, 7 and 8 (which referred to the sufficiency of appointments, their rationing and release, availability of weekend and evening appointments and access to urgent appointments) as these were the areas we identified that they had the most influence over.

We requested that they respond to us within four weeks if they wished for their views to be incorporated into this report. We had a total of five responses from Practice Managers. Whilst we would have liked this to be higher, we fully understand the time constraints Practice Managers are under and we thank those that did respond.

## Follow up survey

We conducted our own survey of patients' views during October and November 2015 (Appendix C) via our website, social media, and existing networks using a sub-set of the questions used in our initial survey.

It is important to point out that our survey size was much smaller than in the first report<sup>2</sup> and also that in the second survey the majority of our responses came via an online survey page, rather than being distributed to GPs. This means they could be more susceptible to a self-selection bias.

## Desk Research

We conducted our own research to highlight any changes that may have taken place over the period, particularly around recommendations 2 and 3, which refer to minimum standards for information and telephone charges.

This involved visiting each GPs page, if available, on the NHS Choices website as well as visiting each GPs, if available, own website. Each GPs website was assessed using a checklist (Appendix D) on either 14<sup>th</sup> or 15<sup>th</sup> October 2015.

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<sup>2</sup> We received a total of 110 responses to our survey this time, the survey for our original report received a total of 1474 responses.



## Enter and View

We conducted seven 'Enter and View' visits to GP surgeries around the county in October and November 2015.

Under the Health and Social Care Act 2012, local Healthwatch organisations have a statutory right to Enter and View any premises providing publicly-funded health or adult social care services. It is important to stress that Enter and View is not an inspection, but rather focuses on enabling patients and the public to share their experiences and views of services. During the visits our trained representatives:

- Spoke to patients and families/friends to gather their views on the services provided.
- Spoke to managers/staff to gather information on the services available.
- Observed the services and premises.
- Collected and collated information in order to produce an evidence-based report.

We contacted GPs in advance to arrange the visit, rather than carrying out unannounced visits, in order to minimise the disruption to staff and patients.



# Key Findings

The following section of the report uses the evidence we gathered in order to examine what, if any, progress has been made against each of the recommendations made in our previous report. This is not an exhaustive list of all changes that have taken place in the past 12 months, but rather it provides an overview of what we have found through our research.

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## ***Recommendation One: Patient Involvement & Feedback Exercises***

*We want to see safeguards in place that will; avoid proliferation of unsound, disconnected user involvement exercises with little likelihood of securing significant benefits, avoid duplication and over surveying the same people, and that will make the best use of the limited resources of the organisations involved.*

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This is an area where Healthwatch East Riding of Yorkshire can make a big difference. As a relatively new organisation, we are always striving to learn and improve.

Our report into GPs appointments was one of the first we conducted and certainly, at the time, the largest in scale. As an organisation we learnt a lot from the process that we have sought to implement in this and other subsequent research projects.

In our previous report some GP practices did not wish participate because they had recently conducted surveys themselves and/or they believed that patients were over surveyed. Since we conducted our original report, Healthwatch has been working to strengthen our relationships with the organisations we monitor in order to further improve our partnership working and coordination amongst different organisations. We recognise that they work in often difficult circumstances and we do not want to be a hindrance to them or their patients.

With the above in mind, we prearrange all of our 'Enter and View' visits in order to minimise disruption. Under the law we do not have to do this and there is an ongoing debate in the Healthwatch community as to what is best practice. In our opinion, over the long term we gain more valuable information through prearranging than through unannounced visits. Over time, as we do more reports, this opinion may change and we certainly do not rule out conducting an unannounced 'Enter and View' if we believe circumstances warrant it. We are also improving our coordination with the Care Quality Commission (CQC) and commissioning organisations so that we can avoid duplication of effort and putting too much pressure on organisations by visiting immediately after/before a CQC inspection.

From our feedback from Practice Managers it was clear that, in the surgeries that replied to us, there were good and evolving relationships with Patient Participation Groups (PPGs) and that the concerns raised in our previous report are being listened to. Healthwatch East Riding will continue to work closely with Patient Participation Groups (PPGs) to jointly plan engagement that will benefit local patients.





Finally, Healthwatch East Riding has recently created a biannual Stakeholder Forum event, which we believe will improve relationships between organisations, specifically between those individuals involved in patient/public engagement to ensure our efforts can be better coordinated in the future.

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### ***Recommendations Two & Three:***

*Minimum Standards for Patient Information Online  
An end to the use of Premium Rate Telephone Lines.*

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We noticed that even before our last report was published many GP had begun updating their websites and for this they should be commended. We are also happy to confirm that no GPs in our area use a premium rate telephone line.

Despite this good work, our research showed that there are still differences between GPs in both the amount of information available to patients online as well as its quality. Three GPs still have no dedicated website. Whilst this is half the number in our previous report, we believe that all GPs should, by now, have a website.

All of our GPs are listed on NHS Choices but, of the 34 with dedicated websites, nine (26%) do not have the website address listed on NHS Choices. This compares with 39% from our previous report.

As you would expect, the vast majority of the websites (91%) contain a section on appointments and how to book them. This represents a slight improvement.

The number of websites with translations services has remained broadly the same (nineteen in this assessment compared with eighteen in our last report.) Whilst we would like to see this number increase we also have concerns regarding the clarity of this services' availability. This also applies to the websites availability in other formats, such as larger fonts. Again we saw a slight increase in the availability of the service (ten websites compared to eight) but with a similar lack of clarity that such an option is on offer.

There has been no discernible change since our last report in the number of websites informing patients the correct procedures to follow during an emergency, how to book an urgent appointment, or if the surgery operates a triage system for certain appointments.

During our 'Enter and View' visits we collected Practice Leaflets and are satisfied with the standard of information they contained.

Overall we are pleased with the improvements made to the information that is available to patients online however, as well as the observations made above, we would like to point out the following:



The information regarding branch surgeries is, in most cases, not as detailed, either on NHS Choices or on GPs own websites, as the parent surgery. Patients who use branch surgeries should not be at a disadvantage because of this.

When a GP's surgery is closing or changing hands this is, obviously, a period of concern for patients. The GPs website would be the perfect place to disseminate information and updates quickly and efficiently. Unfortunately, it seems, that when a surgery is in a period of transition the maintenance of the website is something that is forgotten. This should not be the case.

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#### **Recommendation Four:**

*Work is needed to find a way of managing appointments to ensure that patients who need to be seen on the same day are, patients who need to see a particular clinician can do so, patients do not needlessly go to A & E, and that patients are not restricted by the rigidity of systems operated in their practice.*

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From our survey, it is important to point out, that the vast majority (81%) of patients we asked said they were happy with the general care they receive at their GP. This was also true of those we spoke to on our Enter and View visits.

In terms of how appointments are managed and patients' experiences of the appointments systems, we found overall that some areas have improved whilst others have stayed the same or deteriorated slightly.<sup>3</sup>

#### **Routine appointments**

In our survey 11% of respondents found it 'very difficult' or 'almost impossible' to book a routine appointment with a doctor not of their choosing. This compares with 8% in the previous survey. When seeking an appointment with a specific doctor, this rises considerably. In this survey, 37.5% of respondents reported that it was 'very difficult' or 'almost impossible' to get a routine appointment with a doctor of their choosing. This compares with 12% of respondents in our previous survey.

Through both our 'Enter and View' visits and our survey it is clear that there are still issues regarding booking an appointment with a GP of a patient's own choosing with 38% of patients finding it very difficult or almost impossible to do so. We received comments such as:



“Make it easier to get one with a GP of my choice.”

“I should be able to see my own doctor.”



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<sup>3</sup> As we mentioned at the outset it may be problematic to make direct comparisons due to the small sample size and sampling method, therefore, these figures should be read within that context.



One of the Practice Managers who responded to our letter referred to this a “favourite doctor” issue. This creates an issue generally with patients having to wait longer to see an in demand doctor and can cause larger problems if the doctor is on leave. One Practice Manager expressed great concern regarding an upcoming period of maternity leave and the effect that this will have on patient satisfaction. There is, of course, very little that Practice Managers can do about situations like this though efforts are being made to reassure and inform patients that all GPs share the same information and that every effort is made to ensure the quality of care does not diminish when visiting a different GP.

### **Urgent appointments**

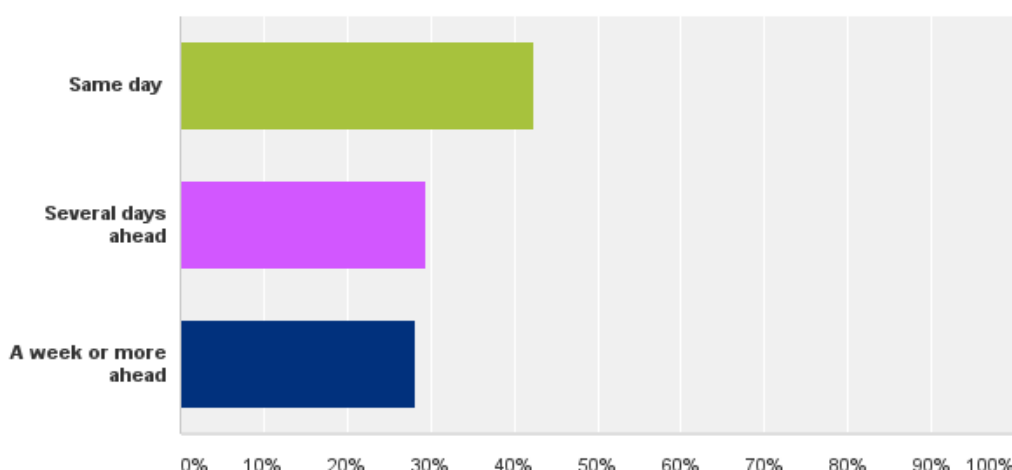
Over three quarters (77%) of patients reported being able to book a same day appointment if they needed to. This compares to 58% in our previous study, which would suggest an improvement in the availability of urgent appointments.

It was clear by the feedback we received from Practice Managers that there is a constant struggle to manage the needs and wants of patients, which are often contradictory, with the resources available. This has led to a mixed approach in most surgeries with some ‘book on the day’ appointments available as well as a number of pre-bookable appointments, the ratio being dependent on circumstances. The way in which these are rationed, however, differs from place to place. Some surgeries, such as the Pocklington Group Practice operate a Duty Doctor system, whereby a dedicated physician is available all day for urgent cases. The duty doctor team assess and triage patients when they call allowing for a relatively swift response and also for appointments to be made throughout the day. Similarly, at Market Weighton Group Practice GPs are responsible for assessing whether urgent appointments can be offered and patients can talk directly with a GP if necessary on a direct GP/patient line. One practice we visited (Hessle Grange) told us that same day appointments are “released” in three stages throughout the day to try to avoid the need for people to call at 8am.

The move to a more mixed approach, rather than patients being forced to call at 8am on the day, was confirmed by our survey.

### **Q4 If by telephone, how far in advance do you call before your appointment?**

Answered: 92 Skipped: 18





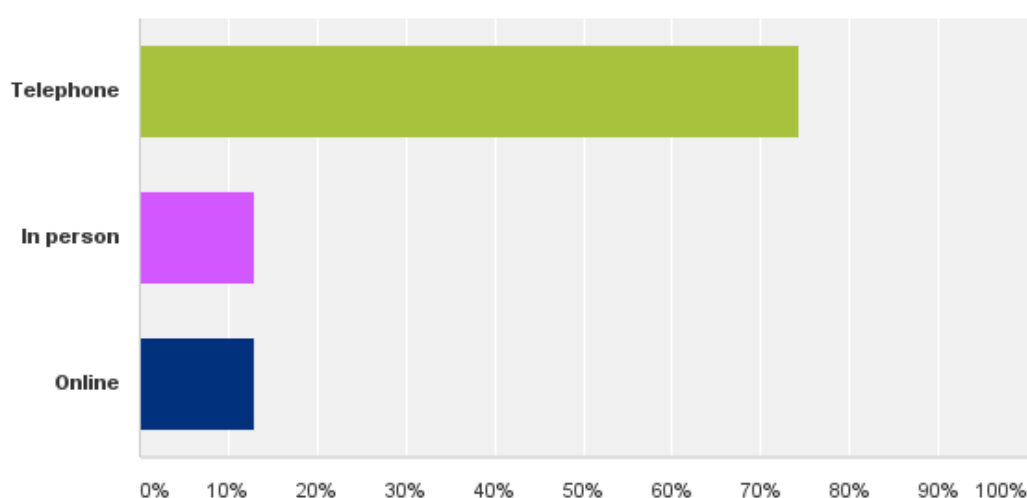
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This showed that, while the largest group of patients (42%) still book appointments on the same day, there has been a move towards booking further in advance since our previous report.

Our survey also showed an increase, since our last report, in the use of online booking of appointments. 13% of respondents to our recent survey compared with 8% on the previous survey said they usually use online booking.

### Q3 How do you usually contact the surgery for routine appointments?

Answered: 109 Skipped: 1



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Whilst the majority of patients (74%) still book appointments over the telephone, the increase in online booking is welcome and is an area that was highlighted to us by Practice Managers as an example of increased flexibility.

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#### **Recommendation Five:**

*Further work is needed with practices to examine how they determine the number of appointments they provide and whether a system can be developed to give more equitable levels of access to patients throughout the East Riding.*

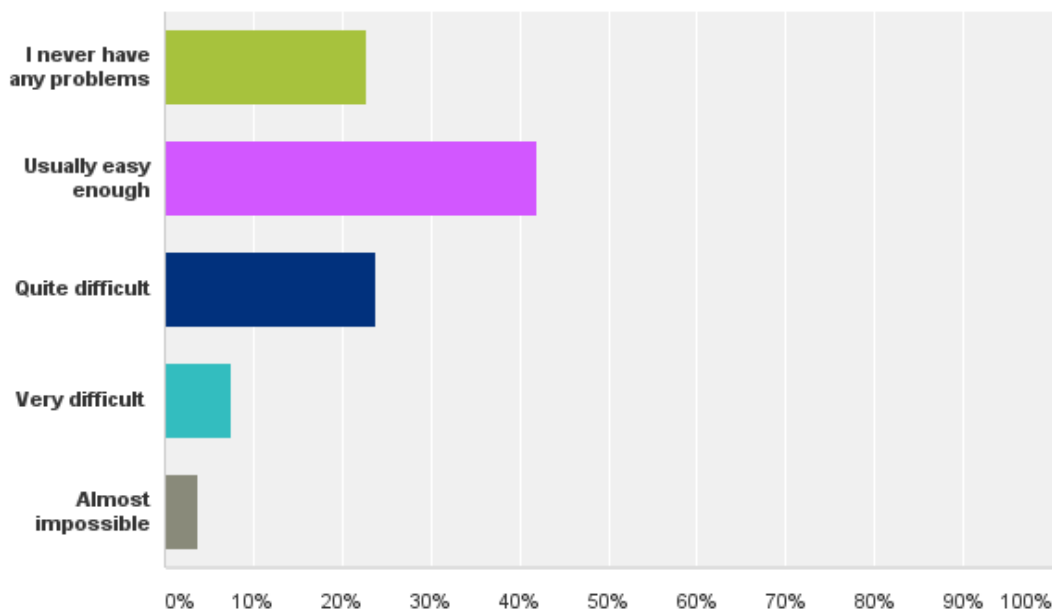
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Tying in with Recommendation Four, progress does seem to have been made in regards to the volume of appointments available. 65% of our survey respondents found it easy to get an appointment in general.



## Q7 Overall, how easy is it to get a routine appointment with a doctor not of your choosing?

Answered: 105 Skipped: 5



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As noted above, however, there continue to be differences in the ways in which practices manage appointments and wait times differ from one surgery to another. All of the Practice Managers, who replied to us, highlighted the importance of feedback and flexibility in the running of their practice. For example, the addition of an extra appointment slot for each GP on any given day if it is deemed necessary.

Further work may be required to quantify the different experiences across the county to ensure no area is significantly disadvantaged compared with any other.

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### **Recommendation Six:**

*Further explore the use of telephone consultations.*

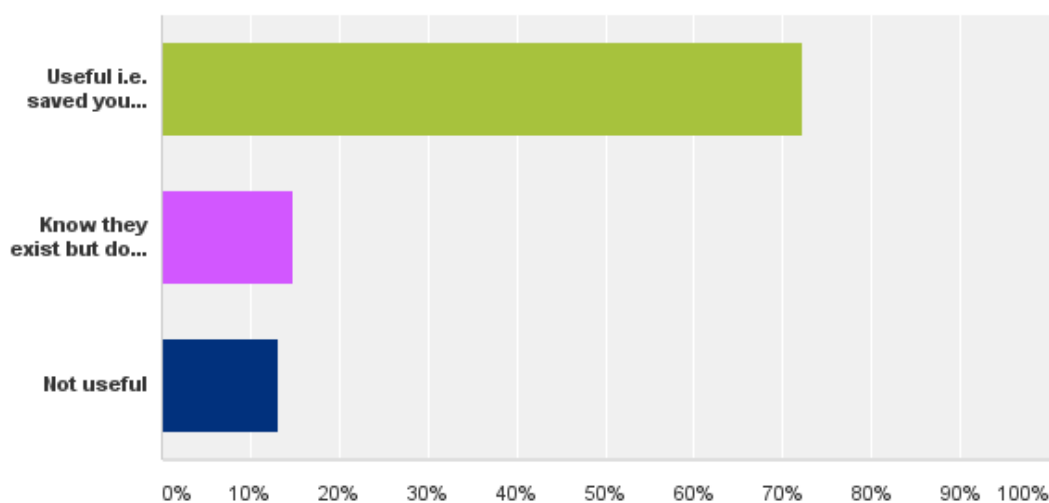
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Telephone consultations were identified by Practice Managers, in our feedback, as an option that they were encouraging patients to use. The majority of patients (62%) knew that their GP offered such a service and 72% of those found the service useful.



## Q15 If you answered 'yes' how useful is the service?

Answered: 61 Skipped: 49



From our discussions with Practice Managers and other staff during our Enter and View visits it is clear that telephone consultations are becoming more mainstream and more widely accepted as an integral part of the GP offer. This is very much welcomed by Healthwatch East Riding.

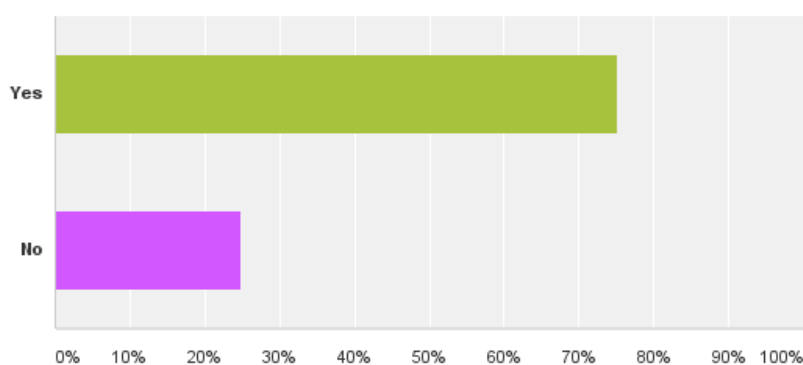
### **Recommendation Seven:**

*Increase surgery opening hours with consideration to patients work and domestic arrangements.*

Unfortunately this area remains an issue for some patients and GPs. One in four patients stated that surgery opening hours do not meet their needs.

## Q2 Do the surgery opening hours meet your needs?

Answered: 109 Skipped: 1





During our ‘Enter and View’ visits, and through our survey, we received comments such as:



“We need an evening or weekend surgery.”  
“Weekend cover. Not necessarily my own doctor but some cover.”



Our Practice Manager feedback did recognise this as an area of concern and reassured us that GPs are making efforts to increase the amount of evening/weekend appointments available for those that struggle with other commitments, even if it is just one evening per week.

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***Recommendation Eight:***

*Work is needed to achieve more consistency in access to urgent appointments.*

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As previously stated the majority of patients (77%) could get an urgent appointment if needed. In fact, the main concern now, as shown in our survey and ‘Enter and View’ comments, is that too much emphasis is given to urgent appointments to the detriment of routine appoints. We received comments such as:



“Get seen quickly if urgent”  
“Not easy to get routine appointments.”



A number of people in one ‘Enter and View’ visit praised the service they received if the appointment was urgent or for a child but showed concern regarding routine appoints.

A Practice Manager we spoke to at an ‘Enter and View’ recognised this as a problem but assured us that the ratio of urgent/routine appointments is reviewed on a weekly basis and is highly adaptable for changes in circumstances.



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***Recommendation Nine:***

*We hope to see active consideration of alternatives to resource driven development.*

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From all of our research, it is clear to see that many issues facing GPs surgeries revolve around lack of resources. Given that this situation is unlikely to change in the short term we are satisfied that GPs surgeries are increasing their efficiency wherever they can.

We have seen greater cooperation from GPs with organisations such as Healthwatch East Riding of Yorkshire, as well as between different GPs themselves.

Our ‘Enter and View’ visits showed that the staff we spoke to were well trained, motivated in their jobs, and well led.

In our feedback from Practice Managers it was clear they valued the cooperation they received from Patient Participation Groups.





## Enter and View Summary

In addition to the other avenues of gathering information and patient views, we also conducted Enter and View visits to seven GPs surgeries around the East Riding of Yorkshire area in order to hear first-hand from patients about their experiences of GP services in their area. We conducted these visits during October and November 2015. The seven surgeries we visited were:

<b>South Holderness Practice</b>	St. Nicholas Surgery, Queen Street, Withernsea, HU19 2PZ	15 <sup>th</sup> October 2015
<b>Market Weighton Group Practice</b>	Wolds House, 10 Medforth Street, Market Weighton, YO43 3FF	3 <sup>rd</sup> November 2015
<b>Hessle Grange Medical Practice</b>	The Grange Hessle Primary Care Centre, 1 Hull Road, Hessle, HU13 9LZ	5 <sup>th</sup> November 2015
<b>Pocklington Group Practice</b>	The Beckside Centre, 1 Amos Drive, West Green, Pocklington, YO42 2BS	9 <sup>th</sup> November 2015
<b>Driffield Medical Centre</b>	Cranwell Road, Driffield, YO25 6UH	11 <sup>th</sup> November 2015
<b>Field House Surgery</b>	18 Victoria Road, Bridlington, YO15 2AT	11 <sup>th</sup> November 2015
<b>AJ Sykes, Leven and Beeford Practice</b>	29 High Style, Leven, Beverley, HU17 5NL	17 <sup>th</sup> November 2015

We would like to thank all of the staff and patients for their cooperation and assistance during these visits. The full 'Enter and View' report for each surgery can be found below.<sup>4</sup> What follows is a brief summary of some of the key themes that emerged from our visits.

In general, all of the surgeries provided a clean, safe, and comfortable environment for patients, either in modern, purpose built buildings, such as Pocklington Group Practice and Market Weighton Group Practice, or with practical adaptations being made to much older buildings, such as Leven and Beeford Medical Practice which operates in a 19<sup>th</sup> century, grade two listed, former jail.

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<sup>4</sup> Please note: one of the reports is still undergoing fact-checking and is therefore not reproduced here. When it is approved for publication it will be published on our website and included in a re-printed version of this report:

<http://www.healthwatcheastridingofyorkshire.co.uk/resources/gp-practice-enter-view-reports>



In all cases there seemed to be good cooperation and communication between staff members of all levels. Many individual staff members we spoke with praised the management of their practice and all of those we spoke to were happy with the levels of training and support they receive.

With regards to appointments, in general the patients that we met were happy with the system at their surgery and the ease of booking, however, some specific concerns were raised. Patients at a number of surgeries raised concerns with us about the difficulty of booking an appointment with a doctor of their choosing. At Field House Surgery, several patients raised concerns with us about a lack of consistency when they saw a different doctor every time they visited. At some surgeries, patients asked to see more evening/weekend appointments, but this was not universal and the majority of patients we spoke to were happy with the opening hours of their surgery. By and large, patients were happy with the availability of urgent appointments, but some patients felt the wait for non-urgent appointments was too long.

All of the surgeries had efficient systems for repeat prescriptions with multiple options being available to patients. This was particularly evident at the practices which offer their own in-house dispensary service, which was widely praised by those patients using it.

Aside from some minor concerns at one surgery regarding bathroom cleanliness, the facilities at all seven practices were praised by our representatives. The additional services that practices such as the Pocklington Group Practice, Hessle Grange and Market Weighton Group Practice are able to provide demonstrates the benefits of having purpose-built premises. In particular we were impressed with the ways in which practices are responding to recent government policy and thinking around best practice in health and social care integration. For example, Pocklington is piloting a new way of working with a range of partners including a local residential care home to help elderly patients avoid unnecessary hospital visits, in addition, they built their new premises in preparation for moving more services into the community and out of acute (hospital) settings.

The only real area of concern observed by our representative relates to privacy and confidentiality. This is in regards to both privacy at reception area i.e. discussions with staff being overheard by other patients, and privacy in the waiting area i.e. patients details being displayed when called into see a clinician. Most patients did not raise this as a concern with us, however, we recommend that practices consider what actions they might be able to take to improve confidentiality further still.

We spoke to the Practice Managers at all surgeries and are satisfied that the storage and confidentiality of patient records is up to standard.

Overall, we were happy with what we saw during our visits and feel confident that, on the whole, GPs are providing good quality services to people in the East Riding. We have made recommendations to each surgery which can be found in the detailed individual reports below.

[Enter & View Visit Report](#)

Premises visited:  <b>South Holderness Practice</b> St. Nicholas Surgery, Queen Street, Withernsea, HU19 2PZ	Date of Visit: 15 <sup>th</sup> October 2015	HW Reference: 20151015
	Duration of visit: 2 hours	
	HWERY Representatives: Denise Lester Steven Mottershaw	Staff met during visit: Business Manager Receptionist Finance Admin Health Care Assistant

**PURPOSE OF VISIT**

The visit was part of a HWERY programme to review the quality of General Practice provision in the East Riding of Yorkshire.

**INTRODUCTION**

South Holderness Group Practice is housed in the purpose built St. Nicholas Health Centre next to Withernsea Hospital in Withernsea which is on the east coast of the county. South Holderness Health centre houses 1 GP practice and community services as well as its own Dispensary.

The practice has access to consulting rooms, offices and facilities on the ground floor of the health centre. Upstairs there are administration, meeting rooms and staff rooms, this section is for staff only.

There are currently 8 GPs active in the practice with 6 of those being partners. The surgery cares for 12,357 patients and runs plenty of clinics to ensure patients are regularly cared for, particularly those with chronic conditions. Each GP appointment is scheduled for 10 minutes with an option to request a longer appointment.

**ENVIRONMENT**

The Practice is well maintained outside; the car park and surrounding area were tidy. Inside the building was clean and tidy throughout.

There is a main waiting area for GP appointments to the right of reception and a second waiting area to the left of reception for the dispensary.

There is electronic signage to let patients know when it is their turn and this flashes up in the main waiting area. The sign indicates which room to go to. All the rooms are clearly marked.

The toilets were clean and in good condition. Drinking water is provided if asked for at reception.



The building is spacious and provides every facility needed from treatment rooms to theatres and office space, storage and parking. The staff all appeared friendly and caring.

### **PRIVACY/CONFIDENTIALITY**

Patients can register their arrival at reception or by using electronic monitors. The reception is very big. There is a children's area and assorted information about health services such as the health trainers. On the day we attended the Patient Champion was present to help any patients. The electronic signage flashes up the person's name when they are called to see the GP or Nurse. There is a separate waiting area for other clinics and the Dispensary.

Patients' data is kept on the computer system but there are filing cabinets for old paper records upstairs in a locked room. The surgery use System One as their main system. Staff indicated this system works well and is easy to operate.

The practice has its own guide to complaints which is available on reception. It tells you how to complain to the practice and where to go next if you are not satisfied.

### **STAFF / RESPECT FOR PATIENTS**

The staff we spoke to were all friendly, positive and upfront. Julie Withey who showed us around was pleasant and very forthcoming in answering all of our questions.

There are a number of staff who work at the practice including 8 GPs and 7 Nurses.

The staff appeared relaxed and friendly. Several had worked there for a number of years, one for 22 years. The staff we spoke to all said that they were a close team and that if anyone had any problems they would speak to the practice manager who they found very approachable.

All the staff spoken to said that they felt adequately trained to carry out their role (dementia trained, first aid trained etc.) and that if they wanted additional training they would just speak to the Practice Manager who has an "open door" policy.

Training is always provided when new systems come in and there are monthly workshops provided by the CCG which they are able to book on to. In addition they have regular training such as Fire and Health & Safety where the practice is closed for the afternoon.

### **EASE OR DIFFICULTY GETTING APPOINTMENTS**

The surgery is open from 8 am to 6 pm Monday to Friday. Appointments between 8 and 8:30 are emergency appointments only. They do not open on a Saturday except when running the flu clinic.

Patients can contact the surgery by phone or call in and book an appointment with a Receptionist. Patients can also access and book appointments on line. The practice offers a same day service and sees a high number of patients this way. They also offer same day telephone consultations.



It can take up to a week to get a non-urgent appointment but most are seen on the same day.

### EASE OR DIFFICULTY GETTING REPEAT PRESCRIPTIONS

The practice employs trained dispensers to dispense the patient's medicines and to manage repeat prescriptions at its dispensary. This service is available to patients who live more than a mile from the Practice. They use a "manage repeat" system and also electronic prescriptions.

Patients can request repeat prescriptions by:

- Calling into the surgery and leaving a form at the dispensary.
- Calling the dedicated telephone number at the surgery
- Order them on-line but they have to come to the surgery with ID and sign up in order to have access to this.

### SERVICES AVAILABLE AT SURGERY

The surgery provides a wide range of clinics including Well Man and Well Woman, Chronic Disease, Bloods, Family Planning, Travel Vaccinations, Minor Surgery.

### CONCLUSION

This is a well-run surgery offering an impressive range of services to patients. There is a good team spirit and positive atmosphere. The building is clean and purpose built with some excellent facilities. Training is easily available and well received.

Signed on behalf of HWERY	<i>T. Smith</i>	Date: 19/11/2015
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Disclaimer: This report relates to the service viewed on the date of the visit and is representative of the views of the people we spoke to who contributed to the report on that day.

[Enter & View Visit Report](#)

<b>Premises visited:</b>  <b>Market Weighton Group Practice</b> Wolds House 10 Medforth Street Market Weighton YO43 3FF	<b>Date of Visit:</b> 03/11/2015	<b>HW Reference:</b> 20151103
	<b>Duration of visit:</b> 1.5 hours	
	<b>HWERY Representatives:</b>  D Lester P Wakelam	<b>Staff met during visit:</b> T Robinson - Practice Manager Office Manager Admin staff member

**PURPOSE OF VISIT**

The visit was part of a HWERY programme to review the quality of General Practice provision in the East Riding of Yorkshire.

**INTRODUCTION**

This practice is housed in a purpose built new build approximately one year old, replacing an older facility. It is the only General Practice in the town of Market Weighton and is unfortunately situated a little out of the main town in a new housing estate. The overall environment was well presented inside and out.

**ENVIRONMENT**

Since it is a new build of less than a year old the building is in a good state of repair and looks very inviting from the outside as well as inside. Car parking facilities are available next to the practice and this is managed by the practice and they ensure it is gritted in the winter if needed. You are greeted in a welcoming bright and airy reception.

The names of the main partners are displayed in the front lobby.

All disabled facilities are catered for from disabled parking spots, automatic doors at the main entrance, easily accessible pharmacy from the main lobby and a dual height reception desk to allow access for wheel chair patients. There is a Hearing Loop facility though the notice advising of this was difficult to find at first.

*<sup>1</sup>Staff made aware of this at the time and they repositioned the notice.*

A lift to the first floor is easily accessible.

Signage throughout is clear and accessible directing clients to the relevant area of the building. TV screens in the waiting areas provide information on the practice opening hours, telephone numbers etc. plus health related issues and it is also used to call patients to the relevant health care professional. They also use voice to call clients in, catering for those unable to access the screens.



Baby feeding and changing facilities are provided and are well signposted.

Health related printed information is provided on the reception desk and on notice boards. The issue of information in other languages was discussed with the Practice Manager as none could be found. She advised that the practice's clientele did not warrant such a need. She could identify the one family on the practice list who were from a non-English speaking background and they were able to cater for that family when required. Large print leaflets can be provided if requested.

The reception areas provided water for drinking though on the day of the visit these were being changed from bottled water to mains water so some were out of action. This would be a better solution as bottles would not need to be changed etc.

The reception provides some magazines to read while waiting as well as health related literature however there was little for children to do. The Practice Manager advised that they were commissioning the making of wall installations for children to play with/on so this should improve this situation.

No payphone is provided but the reception staff will always ring for taxis if clients need them.

Overall the entire environment appeared to be very safe for those using it. All of the corridors were wide so allowing wheelchair access and the signage was well presented. The availability of a lift provided easy access to all areas.

One of the toilets was found to be in need of cleaning (by the Healthwatch Representative who used it) and on reporting this to the reception the need was actioned.<sup>2</sup>

<sup>2</sup> *Suggest a regular hourly check of toilet facilities by use of a signed check list to prevent this happening and a notice in the toilet advising clients to report issues to the reception desk.*

## **PRIVACY/CONFIDENTIALITY**

Clients can register their arrival at the desk or by use of electronic monitors so allowing them to do so in private. We discussed with the Practice Manager the use of TV screens to request clients go to the appropriate consulting room. This has so far not been found to be a problem (reference complaints) and it is recognised that calling clients names out in surgeries is a common practice though the Practice Manager did acknowledge the need to be aware re: data protection.

As per the Practice Manager's questionnaire submission, client data is held on computer via a programme known as SystemOne and also some is in paper form held in Lloyd pockets. These are kept in a locked filing room (witnessed by the Healthwatch Representatives) that has fire proof doors. Some staff have also been sent for training on the new Health care system 'Lorenzo'.

## **STAFF / RESPECT FOR PATIENTS**

Few patients/clients attended while we were present however all who did appeared to be addressed and assisted with respect.





## EASE OR DIFFICULTY GETTING APPOINTMENTS

Clients can book appointments on line and by telephone. The telephone automated system allows for urgent needs to be prioritised. Patients can talk directly with a GP if necessary on a direct GP/patient line. If this is busy and if very urgent a receptionist will call through to the GP to take the call. GP's are the ones to take responsibility for the actual urgency of the clinical situation.

Urgent appointments can be facilitated usually within 1.5 hours and non-urgent within 2 working days. The surgery keeps approximately 30 slots available in the day for urgent need.

Requests can be made for a GP to call the patient/family back.

## EASE OR DIFFICULTY GETTING REPEAT PRESCRIPTIONS

The practice has a dedicated prescription clerk each day to deal with repeat prescription requests. A number of staff have been trained for this role. Repeat prescriptions can also be ordered online. There is an onsite pharmacy accessed via the lobby or reception which is wheelchair friendly.

## SERVICES AVAILABLE AT SURGERY

The practice provides a wide range of services as outlined in the Practice Managers questionnaire. GP services, Clinics for Diabetic /COPD/ Hypertension/ Sexual health/ minor ops/ vaccinations/ phlebotomy/ dressings. They have a wide variety of health care professionals including GP's, visiting consultants from a variety of specialties, district nurses, midwives and physiotherapists.

While there is no mental health service at this time 2016 will see one GP available with a special interest in this aspect of health care.

When asked about Podiatry services, the Practice Manger advised that they would be happy to add this service if anyone was willing to provide it but so far no one had come forward.

A number of the staff have recently undergone Alzheimer's awareness training which they all enjoyed and found beneficial.

## CQC AREAS

### *Responsive*

Where possible, complaints are dealt with at the time. In the event of a written complaint an acknowledgment is sent immediately and the Practice Manager seeks to resolve the issue within 14 day.

Observations in the reception area gave evidence of a responsive administration team who sought to help patients immediately they arrived.





## Well Led

The two administrative staff spoken to commented on the good team spirit in the practice ably led by the Practice Manager. Both felt that the training needs were well met and requests welcomed. Training was mainly covered by 'Blue Stream' which is an e-learning facility covering standard training requirements such as Health and Safety, Fire, Emergency issues. The practice ring fences dedicated times in the year for training when the surgery is closed to patients by arrangement and they are referred to the out of hour's service. They also arrange for a visiting trainer (paramedic) to train on the practical aspect of resuscitation. One admin officer relatively new to the practice had been given good shadowing and buddying training for her specific role in the practice. As previously mentioned Alzheimer's awareness training had recently been offered and was well received.

## RECOMMENDATIONS

1. Hearing Loop - <sup>1</sup>Staff made aware of this at the time and they repositioned the notice.
2. Toilets - <sup>2</sup>Suggest a regular hourly check of toilet facilities by use of a signed check list to prevent this happening and a notice in the toilet advising clients to report issues to the reception desk.
3. Ensure the planned improvements for children are carried through.
4. Possibly seek to improve the road signs to the practice as one HW representative found it difficult to locate as the post code is not yet registered.

The following are outside the ability of the practice to improve as they would be part of the original build:-

- more automatic doors would assist disabled people and those with pushchairs e.g. the inner door to reception.

## COMMENDATIONS

This practice is bright and airy and purpose-built so benefits from that.

There is a wide range of services and the Practice Manager appeared open to new ones being available if need dictated and professionals could be found to deliver.

Staff seemed very in tune with the needs of the patients as they arrived.

Training seems to be well planned and received.

The site was clean and well presented



## CONCLUSION

This is a successful practice with proactive management. They provide a comprehensive range of health care services in a bright and welcoming environment. Further attention to small detail will only serve to further improve the service.

Signed on behalf of Healthwatch East Riding of Yorkshire	<i>T. Smith</i>	Date: 19/11/2015
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Disclaimer: This report relates to the service viewed on the date of the visit and is representative of the views of the people we spoke to who contributed to the report on that day.

[Enter & View Visit Report](#)

Premises visited:  <b>Hessle Grange Medical Practice</b> The Grange Hessle Primary Care Centre 1 Hull Road Hessle HU13 9LZ	Date of Visit: 5 <sup>th</sup> November 2015	HW Reference: 20151105
	Duration of visit: 2 hours	
	HWERY Representatives: Steve Mottershaw Caroline Frost	Staff met during visit: Practice Manager Prescriptions Clerk Medical Secretary 2 Administrators 1 GP Receptionist

**PURPOSE OF VISIT**

The visit was part of a HWERY programme to review the quality of General Practice provision in the East Riding of Yorkshire.

**INTRODUCTION**

The practice is situated in a large purpose built building around 10 years old. The building is in good condition and has a large car park. There is easy access for patients with wheelchairs or prams with 2 wide opening, automatic double doors. The doors are not staggered but open together. There was a young child playing near the open doors who could have run out into the car park when Healthwatch staff visited. The waiting area is around the corner from the entrance so it is not easy to see the doors from there.

**ENVIRONMENT**

The Surgery is spacious, clean and welcoming with hand cleaning facilities immediately inside the doors and a large reception desk.

The building is on 3 floors and there is lift access to the 1<sup>st</sup> and 2<sup>nd</sup> floor. There is also a pharmacy actually situated in the building with the counter adjacent to the patient waiting area. The building has a hearing loop, a baby changing room and plenty of toilets.

There was no signage indicating surgery hours, although there is a sign showing the opening hours of the pharmacy.

There is a main waiting area for GP appointments next to Reception and a second waiting area for Nursing staff appointments.

There is electronic signage to let patients know when it is their turn and this flashes up in both waiting areas so no one misses their turn. The sign indicates which room to go to. All the rooms are clearly marked.

Literature provided in other languages is available upon request to the surgery.

There was plenty of health literature to read but no toys/activities to keep children amused. The surgery told us they decided not to supply toys and activities due to the risk of infection. The practice follow the Health and Social Care Act 2008 code on prevention



and control of infections with says we should “Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections”.

Blood pressure monitors were available in both waiting areas for patients to take their own blood pressure.

### **PRIVACY/CONFIDENTIALITY**

Patients can register their arrival at reception or by using electronic monitors. The reception is situated very close to the main waiting area so it is possible that personal/medical details could be overheard. The electronic signage flashes up the person’s name when they are called to see the GP or Nurse.

Patients’ data is computerised and paper records are held in storage cupboards located in the ground and first floor offices. The cupboard on the first floor was open at the time of the visit. The surgery use SystemOne as their main clinical system. Staff indicated this system works well and is easy to operate. The surgery have access to the new “Lorenzo” system (secondary care data) as well now and this is causing some problems. In particular only 2 staff have access to this system so if another member of staff need to access it they have to go to the Practice Manager or a senior Administrator.

### **STAFF / RESPECT FOR PATIENTS**

All the staff were friendly and approachable and the Reception staff were polite and helpful. Administration staff and the Practice Manager spoke about patients with respect.

### **EASE OR DIFFICULTY GETTING APPOINTMENTS**

The surgery is open from 8 am to 6 pm 5 days a week. In addition the surgery is open for GP appointments until 8.15pm on Mondays and Thursdays. They do not open on a Saturday except when running the flu clinics.

Patients can contact the surgery by phone or call in and book an appointment with a Receptionist. Patients can also access and book appointments on line.

Requests for urgent appointments are triaged by the Medical Secretaries. A member of the admin team had said that the Secretaries received training in how to do this, however when spoken to the Medical Secretary said she’d had no special training, she just knew from experience. Same day appointments are “released” in three stages throughout the day. If an appointment is not available for an urgent case they will be offered a telephone appointment with a GP who can then make them an appointment if the GP feels they need to see them.

It can take up to 2 weeks to get a non-urgent appointment. Each GP has their own “list” and this helps to provide continuity of care as GPs tend to see the patients on their list. If an urgent appointment were required the patient would need to see which ever GP was on call.

Most patients spoken to about the appointments system indicated that they’d had no difficulty getting a same day appointment when they needed one, although one indicated they’d had to wait 2 days. Patients indicated that it could take several days to see a GP of their choosing, but two patients said they never had any difficulty getting to see their own GP.



One patient said they had to see 3 different GPs (with the same complaint), but said the locum they saw was very good.

### EASE OR DIFFICULTY GETTING REPEAT PRESCRIPTIONS

The practice has a bespoke Prescription Clerk who was training up another member of staff on the day of the visit.

Repeat prescriptions can be requested by phone between 10 am and 2 pm for housebound and elderly patients only. Patients can order repeat prescriptions any time if they order them on-line but they have to come to the surgery with ID and sign up in order to have access to this. Prescriptions requests can be brought in to the surgery, via a local pharmacy or can be requested via fax and post too.

Patients can have their prescriptions collected by a local pharmacy of their choosing or they can be collected in person from the surgery. Prescriptions can also be sent electronically to the patients chosen pharmacy.

### SERVICES AVAILABLE AT SURGERY

The surgery provides a wide range of clinics including Well Man and Well Woman, Chronic Disease Monitoring, Phlebotomy, Family Planning/Contraceptive service, Travel Vaccinations. They also have 2 purpose built theatres which are used for minor surgery procedures. In addition there are well equipped treatment rooms, including two with ECG monitors.

In addition there is Counselling, Physiotherapy and Dermatology clinics being held in the practice, by other providers.

The following services are held in the same building but not provided by the Hessle Grange Medical Practice; physiotherapy, dietetics, podiatry, district nursing, school nurses, midwives, health visitors, speech and language therapy and mental health.

### CQC AREAS

#### *Well Led*

There are 31 members of the practice team including 5 GPs, 1 GP registrar and 7 nursing staff. The rest are administration staff.

The staff appeared relaxed and friendly. Several had worked there for around 18 years. The staff spoken to all said that they were a close team and that if anyone had any problems they would speak to the practice manager who they found very approachable.

All the staff spoken to said that they felt adequately trained to carry out their role and that if they wanted additional training they would just speak to the Practice Manager who has an “open door” policy.

Training is always provided when new systems come in and there are monthly workshops provided by the Commissioning Support Unit which they are able to book on to. In addition they have regular in-house training where the practice is closed for training afternoons.

The practice are currently recruiting for another GP but finding this difficult due to a lack of GPs, particularly in the East Riding. The GP we spoke to said that the BMJ were



making this particularly difficult by limiting the salary advertised to a minimum of £83,000.

### *Effective*

The building is spacious and provides every facility needed from treatment rooms to theatres and office space, storage and ample parking. The staff all appeared friendly and caring. The surgery cares for 13,200 patients and runs plenty of clinics to ensure patients are regularly cared for, particularly those with chronic conditions. There is a pharmacy on site and the provision of a bespoke Prescriptions Clerk frees up reception staff to deal with patients promptly and ensures that the repeat prescription service runs smoothly.

### *Caring*

Most of the patients spoken to indicated that they were happy with the care provided, although one lady felt that her husband's heart condition could have been picked up on by the GP sooner if he had done an ECG straight away.

All the patients spoken to said they felt that GPs listened to their concerns and explained their condition and any medications needed.

### *Responsive*

The Practice has a Patient Representative Group (PRG) that is active and is advertised in the surgery and on the website.

## RECOMMENDATIONS

- Staggered entrance doors so that it is not so easy for small children to leave the building
- A sign indicating surgery hours to be displayed prominently outside or just inside the entrance.
- Chairs in the waiting area to be placed a little further from the reception desk to avoid patients overhearing other patients' details.
- Access to the "Lorenzo" system sorted out so that all the admin staff who need to can access it without having to go to the Practice Manager or Senior Administrator.

## CONCLUSION

This is a well-run surgery offering an impressive range of services to patients. There is a good team spirit and positive atmosphere. The building is clean and purpose built with some excellent facilities. Training is easily available and well received.

Signed on behalf of HWERY	<i>T. Smith</i>	Date: 27/11/2015
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Disclaimer: This report relates to the service viewed on the date of the visit and is representative of the views of the people we spoke to who contributed to the report on that day.

[Enter & View Visit Report](#)

Premises visited:	Date of Visit: 09/11/2015	HW Reference: 20151109
Pocklington Group Practice The Beckside Centre, 1 Amos Drive, West Green, Pocklington, YO42 2BS	Duration of visit: <b>2 Hours (2.00pm - 4.00pm)</b>	
	HWERY Representatives:  M Fawcett L Cunningham	Staff met during visit:  B Judge (Managing Partner)  P Cox (Assistant Practice Manager)

**PURPOSE OF VISIT**

The visit was part of a HWERY programme to review the quality of provision of GP Practices in the East Riding.

**INTRODUCTION**

The Pocklington Group Practice moved to a new purpose-built building in May 2015. It is the only General Practice in the town of Pocklington and serves many of the surrounding villages (from Stamford Bridge in the west to Shiptonthorpe in the east) with around 15,500 people on its patient list. The practice houses its own dispensary, which is able to dispense medication to patients living more than a mile away from the practice. The building also has two retail units one of which is currently occupied by Boots pharmacy, the other is currently empty. The overall environment is very well presented both inside and out.

**ENVIRONMENT**

When we arrived at the venue we were instantly impressed with the building and the car park. The car park is large and spacious and has 4 disabled bays and 4 parent/child bays.

The main entrance has large automatic doors, which are easily accessible to people with wheelchairs or buggies. There is a dual height reception desk to allow access for wheelchair users and wide corridors with few internal doors. There is a lift to access the upper floor, which can accommodate a stretcher if required. There are several accessible toilets available, which are well signposted and clean when we visited. We could not find any evidence of a hearing loop being used in the building.

For patients with young children, the practice provides baby changing facilities and a baby feeding room close to the main waiting area.

Upon entering the building, you are faced with a waiting area on the right and the dispensary and reception on the left. The waiting area is colourful and pleasant. There are screens on the walls, which are used to call patients to the relevant room when it is their turn. They also display a range of health promotion messages. There is a small activity table in one corner for young children to play with. Drinking water is not provided in the waiting room.



The practice has a health education room, which opens out into the main waiting area. This room has several notice boards, an area for the practice's Patient Participation Group (PPG), a wide range of health-related literature and a BMI/vital signs POD, which the practice currently has on a trial basis. They also use this area for health promotion and awareness raising activities, such as a recent event run by the Stroke Association.

The building has a number of areas that are not currently in use, including the second retail unit and a minor surgery suite; however, plans are in place for the Humber NHS Foundation Trust to move into the building and provide some of their community services onsite.

The building itself is very accessible and caters well for those with reduced mobility or additional needs. However, it is situated a little outside the centre of the town. One patient we spoke to raised concerns that the surgery was too far from the nearest bus stop and so it was difficult for her to get there.

### SERVICES AVAILABLE AT SURGERY

The practice offers a wide range of services including GP services, practice nurse, ultrasound, phlebotomy (blood taking), substance and alcohol services, ENT/audiology, retinal screening and services for the elderly. They also have a minor surgery unit which they are hoping to expand in the near future.

### PRIVACY/CONFIDENTIALITY

Patients can register their arrival at the reception desk or by using an electronic check-in monitor by the main door, allowing them to do so in private. However, when a patient is called through for their appointment their full name is displayed on the screens requesting they go through to the relevant consulting room. There may be patients who do not want that information broadcast so perhaps a number system would be beneficial.

Several of the patients we spoke to in the waiting area expressed concerns about "lengthy questioning" from the receptionist when calling to make an appointment. Another patient suggested that "a private desk when [I] can speak privately" would be an improvement to the practice.

Patient records are stored electronically using the EMIS system and hard copies are kept in a secure records store on site.

### EASE OR DIFFICULTY GETTING APPOINTMENTS

The practice operates 8am - 6pm, Monday to Friday and offers a limited number of routine appointments on Saturday mornings (8am to 12 noon). Out of hours services are provided at York hospital. Appointments can be made online or via telephone.

The practice operates an on call team to manage urgent appointments. The duty doctor and/or nurse working with them offer a call-back system. They aim to call the patient back within 30 minutes of their original call and can then offer a telephone consultation or a same-day appointment as necessary throughout the day. The duty doctor is available throughout the day and there is no need to call the surgery at a certain time. Urgent appointments are allocated on the basis of need as assessed by the duty doctor.





The phone line is closed between 12.15 and 1.15pm but callers are redirected to a mobile number. One of the patients we spoke to in the waiting area commented that she frequently gets an answering machine when she calls. She also told us that she usually tries to call during her lunch break.

Non-emergency appointments are normally available within 3 working days.

We spoke to a number of patients in the waiting room during our visit. Most told us they generally call about a week ahead to get a routine appointment but can wait longer if they wish to see a particular GP. One patient we spoke to praised the urgent appointments system as excellent for getting appointments for children but told us that “adult appointments take a long time”.

All of the patients we spoke to who had used the telephone consultation service were pleased with it and said it was useful.

## **EASE OR DIFFICULTY GETTING REPEAT PRESCRIPTIONS**

Prescriptions and a dispensary are available at the practice and the method for repeat prescriptions is either through drop in or online order. The practice try to discourage phone calls for repeat prescriptions (as this increases the likelihood of errors being made) however, they will process orders over the phone when necessary.

## **CQC AREAS**

### ***Safe***

Overall the environment is very pleasant and appeared to be safe for those using it. The assistant manager, who met us on arrival, highlighted all fire exits and the fire assembly point to us.

### ***Well Led***

The practice seems to be in good hands and moving in the right direction. The Managing Partner has some big plans for the surgery and they are currently working with the Clinical Commissioning Group (CCG) and local authority on a pilot project to provide intermediate care (step-up, step-down beds) for elderly patients in conjunction with a local residential care home.

The practice is very inclusive of patients and has had a Patient Participation Group (PPG) since 2010. They are committed to ensuring the PPG is representative of the whole community and work with local schools to encourage involvement from young people. The PPG are heavily involved in making relevant decisions with the practice; for example, a sub-group of the PPG was involved in designing the new building.

### ***Effective***

The practice has impressive facilities and their use of a duty doctor system for emergent care certainly seems to be effective.

### ***Caring***

All of the patients we spoke to on the day said that in general they were happy with the care given at the practice.



## Responsive to Need

The practice has a clear policy for handling complaints and has a nominated GP for overseeing the complaints process.

## RECOMMENDATIONS

- Consider reviewing the system for calling patients into appointments to one that does not display patients' full names in order to improve confidentiality and privacy and ensure patients are aware that private rooms are already provided for reception and the dispensary should they wish to use them.
- Install a hearing loop and clearly signpost its availability
- Improve promotion of appointments system to patients, specifically explaining the duty doctor set up so there is a clear understanding of why there is a need to ask questions in order to make an urgent appointment.

## CONCLUSION

The practice even though it has been established for a number of years has recently moved into a bigger facility. This is a massive step forward and will increase the range of services available for the public. The long term success of this move is yet to be seen. The venue is immaculate and the staff seem to be able to manage the large caseload in the new building very well. Early signs point towards the move being a huge success at the new venue and the practice delivering outstanding care. Overall we saw an outstanding practice with great ambitions for its community.

Signed on behalf of HWERY	<i>T. Smith</i>	Date: 27/11/15
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Disclaimer: This report relates to the service viewed on the date of the visit and is representative of the views of the people we spoke to who contributed to the report on that day.

## Enter & View Visit Report

Premises visited:  The Medical Centre Cranwell Road Driffield YO25 6UH	Date of Visit: 11 <sup>th</sup> November 2015	HW Reference: 20151111
	Duration of visit: 2 hours	
	HWERY Representatives: Eric Botheroyd Caroline Frost	Staff met during visit: Practice Manager 2 Practice Nurses Trainee Nurse Dispensary Staff

### PURPOSE OF VISIT

The visit was part of a HWERY programme to review the quality of General Practice provision in the East Riding of Yorkshire.

### INTRODUCTION

The surgery is in a 2 storey brick building. It is around 35 years old but is in good condition. There is a ramp provided for patients with wheelchairs or prams and the door has an assisted opening button but the space is tight and wheelchair users have to turn in a limited space to get through the door.

The surgery is adjacent to a communal car park which was nearly full when we visited.

The opening hours are displayed on the door and the reception area is open. The waiting area is in front of reception. It is pleasant and clean with a fitted cushioned seating area and a few chairs at the front. There is, however, limited space for prams and wheel chairs.

### ENVIRONMENT

The surgery is clean and well lit. The waiting area opens onto a staircase leading to the first floor. There is no lift but if a patient is unable to get up the stairs a GP will come down to see them. In this case the GP would have to use a room downstairs and as space is very limited this may result in delays for patients seeing a nurse.

Next to the staircase is a play table set into the floor with a bead and wire game for young children. Unfortunately this is out of sight of some of the waiting room so young children could go up the stairs unnoticed by parents, as one young toddler kept doing whilst his mother was answering a patient survey.

There is a small toilet at the bottom of the stairs. The toilet floor had splashes around the toilet at the time of the visit.

There is another toilet on the ground floor for disabled patients. This also has a baby changing facility. This toilet was in better condition but had to be accessed through a fairly narrow hallway.



There is a good sized notice board in the waiting room with some useful information for patients, for example conditions that would be considered urgent and those that could be seen by a nurse. There is also a TV which gives health information e.g. steps you can take to lower your blood pressure, or hygiene information. This is a free service that also includes adverts for local goods and services.

There is a further waiting room upstairs. This is pleasant, clean and airy with fitted cushioned seating. There was a rack with magazines and a play table set in the floor with a bead and wire game for young children.

There are some GP rooms upstairs and a treatment room, a room for the Medical Secretary of whichever GP is on duty and a room for the Practice Manager.

The building is clean and pleasant but space is very limited. There is no hearing loop in place. There is no payphone but Reception staff call taxis for patients if needed.

Because of lack of space the administration staff work in a separate building approximately 200 yards away from the surgery.

## PRIVACY/CONFIDENTIALITY

There may be confidentiality issues as the reception area is open and faces the waiting area. There are chairs for patients very close to the reception desk. In addition the dispensary is open and sited immediately behind the waiting area so conversations could be overheard by other patients or dispensary staff. There is an electronic register if patients prefer to use this.

GPs go into the reception area and call their next patient's name when it is their turn. We were told that they had to soundproof one of the GP consulting rooms as it had been possible to hear conversations taking place in there.

All patient records are kept electronically and the system is backed up regularly. Some paper records are kept locked up at the branch surgery in Wetwang.

## STAFF / RESPECT FOR PATIENTS

All the staff were friendly and approachable and the reception staff were polite and helpful. Interactions between staff and patients were conducted with courtesy and respect.

## EASE OR DIFFICULTY GETTING APPOINTMENTS

The surgery is open between 8.00 am and 6 pm with the last appointment being 5.30 pm. There are no early, or late clinics available and the surgery do not open on Saturday. The surgery has 5 GPs who are partners and one salaried GP.

Although the surgery would try to offer an appointment with a GP of a patient's choosing this is not always possible.

Requests for urgent appointments are triaged in accordance with a Triage Protocol which is used by reception staff to prioritise appointments. Urgent cases can be seen within 2 hours. There are 24 slots per day available for urgent appointments and 14 for



non-urgent appointments. The EMIS-web appointments system opens appointments up over the day so that urgent appointments are available throughout the day.

There are also telephone appointments available for patients unable to get an appointment with a potentially urgent condition. Non-urgent appointments take around 1 day to 1 week.

In addition there are 2 nurse practitioners who are able to see patients with minor ailments.

In addition to telephoning and calling into the surgery, patients can book appointments online.

Those patients interviewed seemed content with the surgery opening hours, accepting that on occasion they would have to take time off work to attend.

Those patients who answered the question said it was not easy to get a routine appointment with a GP of their choosing.

The concerns that were expressed had to do with two main dissatisfactions:

1. It was very difficult to contact the surgery first thing in the morning when 'on the day' appointments became available. One lady said that she inevitably had to spend 10-15 minutes with the phone to her ear even to speak to the surgery.
2. Patients with less urgent need said they were unlikely to be able to get appointments with the doctor of their choice in the first instance or indeed for follow up.

We were told it is easier to contact the surgery by phone later in the day but by that time the same day appointments have often been taken. The Practice Manager told us that each GP has a PA so they can arrange follow up appointments themselves.

## **EASE OR DIFFICULTY GETTING REPEAT PRESCRIPTIONS**

Repeat prescriptions can be requested on line, on the phone and they have a box for prescription requests on paper.

The surgery run a dispensary for patients who live more than a mile from a pharmacy and deliver medication to post offices in Middleton on the Wolds and Hutton Cranswick. Patients who live closer can pick up their own prescriptions or have them collected by a Pharmacy of their choice.

The surgery require 48 hours notice and will generally only prescribe one month's supply of medication at a time. The dispensing hours are 8am until 6 pm.

The dispensary is located immediately behind the reception desk and is severely limited for space. Although the amount of shelving means that medications are very well organised, there is little room for the dispensary staff to move about. Some hot desking takes place, with dispensary staff using available offices where possible.

One Enter & View representative noticed that some medication boxes were kept very close to a window which was open at the time of the visit. Although there are bars on the window they are quite widely spaced.



## SERVICES AVAILABLE AT SURGERY

There are 2 nurses who run minor illness clinics, a Healthcare Assistant carries out phlebotomy, INR checks etc. and delivers these out in the community as well as at the surgery. Nurses also carry out baby clinics and vaccinations and travel vaccinations including Yellow fever. There is an Acupuncturist who comes to the surgery twice a week and an Osteopath once a week although these have to be paid for privately.

## CQC AREAS

### *Well Led*

The practice appears to be well run and staff spoken to were positive about the training provided and felt supported. They said they had received more training there than in a hospital environment. All nurses that run clinics must have a formal qualification and then undertake update training.

At the time of the visit they had a Student Nurse from Hull University who was being mentored by the 2 practice nurses. We were told GPs also mentor medical students.

The staff said they were happy and found the Practice Manager approachable. The only thing they found difficult was the lack of space, particularly for storage of medical supplies which had to be distributed around the building as there was no space for a supplies room.

The Practice Manager seemed very knowledgeable about the practice and her team and has made the best of the limited space available to her and her team with some ingenious rotation of room allocation and hot desking. They are currently in the process of recruiting a new GP but are experiencing difficulties with this in line with other practices in the East Riding.

### *Caring*

All patients who completed the survey said that they were happy with the care provided by the practice. Those who answered the question also felt that the GPs listened to their concerns and fully explained conditions and medications.

### *Responsive*

There is a complaints procedure outlined in a leaflet available at the surgery. Alternatively patients can ask to speak to the Practice Manager.

The Practice Manager said they had surveyed patients and that most were happy with their current opening hours. They are in the process of setting up a virtual patient participation group and have put up signs in the surgery.

It is possible to get translations done if necessary as the CCG provide this as a telephone service.

## RECOMMENDATIONS

- A child gate at the foot of the stairs adjacent to the downstairs waiting room.
- Closer bars or grilling at the dispensary windows.



- Hold evening appointments once or twice a week or open on Saturday mornings for more flexibility for working patients.

## CONCLUSION

The practice is pleasant, clean and airy with cheerful, courteous staff. The practice is well run with a committed workforce struggling to keep up with the demands of a busy rural surgery with severe space limitations.

Signed on behalf of HWERY	<i>T. Smith</i>	Date: 24/11/2015
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Disclaimer: This report relates to the service viewed on the date of the visit and is representative of the views of the people we spoke to who contributed to the report on that day.

## Enter & View Visit Report

Premises visited:  AJ Sykes Leven & Beeford Practice 29 High Style Leven Beverley HU17 5NL	Date of Visit: 17 November 2015	HW Reference: 20151117
	Duration of visit: 2 hours	
	HWERY Representatives:  Gillian Perry Caroline Frost	Staff met during visit: Terri Wardwell - Business Manager Joan Etherington - Reception Supervisor

### PURPOSE OF VISIT

The visit was part of a HWERY programme to review the quality of provision of General Practice provision in East Yorkshire.

### INTRODUCTION

The Practice is a rural Practice, with Surgeries across 2 sites at Leven and Beeford. The Leven Surgery is housed in a Grade 2 listed building from the 1800s, which was formerly a goal; the Surgery at Beeford is in a more modern 1960s building. There are six partners and one salaried GP, providing medical care for approximately 11,000 patients and covering an area of approximately 250 square miles around the villages of Leven and Beeford.

### ENVIRONMENT

Although the building is old it is well maintained. However, its listed status imposes limitations on what adaptations can be made. There is a gentle slope into a small front foyer and handrails, but the front and internal doors are manual. In the foyer, there is a bell beside the door into the waiting room which can be pressed for assistance because the door is heavy. The hand sanitiser in the foyer is also placed a little too high for wheelchair users.

There is parking for 2 cars and 1 disabled parking space only at the front of the building, so patients have to park on the road outside the surgery.

There is no lift to the upper floors because of the age of building but all consulting and treatment rooms are on the ground floor. The Administrators and Business Manager's office are all upstairs along with a meeting room.

There is a disabled toilet with a grab rail and baby changing facilities which is clean. However it could be difficult to access for people in a wheelchair or for mothers with prams because of narrow doorways which cannot be altered. A hearing loop is available, with a clear notice to this effect. Staff are aware that both access and internal layout presents problems for people with disabilities. Where appropriate, patients are advised to use the Beeford Surgery, which is housed in a modern, accessible building.

The entrance foyer has a good display of health and social care leaflets and there is also a dedicated patient information area in the main waiting area with display noticeboards





and leaflet dispensers. Information is up-to-date and can be requested in alternative formats. The Practice's website includes information in a wide range of languages. There is also an interpreter procedure in place if needed.

On the suggestion of the Patient Participation Group, a member of staff has been designated 'Signposting Champion' and she specialises in assisting with further information on request. There is a notice about this service, although it is not very well displayed. The Practice Manager has also upgraded the Practice's website, particularly on topics for new mothers and young people.

The waiting room is large and open with chairs but plenty of room for wheelchair users or prams. The reception staff are friendly and welcoming and prompt to assist.

Signage throughout is clear and accessible directing clients to the relevant area of the building

There is a feedback/comments box in reception and a Magazine rack. Acting on feedback from patients, the practice has recently purchased a music licence so that patients can listen to music whilst they wait. There was no music on the day of our visit.

Water is not available in the reception area but will be provided on request.

No payphone is provided but the reception staff will always ring for taxis if clients need them. The Practice also operates a twice weekly taxi service, fully funded by the practice, to assist patients who live in Skirlaugh and Long Riston as there is no public transport available in those areas.

## **PRIVACY/CONFIDENTIALITY**

There is no electronic register but the reception is behind a glass barrier to prevent patients overhearing details. Reception staff try to keep questions to a minimum, knowing that there is a possibility they may be overheard from the waiting room, but they do have to clarify whom they are speaking to. There is no self booking-in system but feedback from patients suggests that this personal touch is preferred.

There is an electronic call system but some GPs prefer come into waiting room to call patients when it's their turn.

Patient records are kept on EMIS Web which is a secure system and staff are trained in best practice with respect to confidentiality and Data Protection. Older Lloyd records are kept in a locked cupboard.

## **STAFF / RESPECT FOR PATIENTS**

All the staff were friendly and approachable and the Reception staff were polite and helpful. Interactions between staff and with patients were conducted with courtesy and appropriate respect. The Business Manager explained that it was a very friendly surgery and that Doctors and many of the staff had known each other for some time so the atmosphere at the surgery was often like a family.

## **EASE OR DIFFICULTY GETTING APPOINTMENTS**

The surgery opens at 8.00 am for phone calls and appointments run from 8.30 am to 6 pm, with a break across lunch time. A recent patient survey found no demand for longer opening hours. The attitude of the GPs is that if someone feels they need to see a doctor that day, then they shouldn't be turned away. The Business Manager increased the number of available same day appointments earlier in 2015 by reducing the number



of routine appointments booked the day before or week before. This means that patients have no problem making an urgent same day appointment, although they may have to wait. GPs will also provide telephone appointments with patients but usually prefer to see them face to face where possible.

In addition there is a Nurse Practitioner who is able to see people with more minor ailments and appointments can be offered with her in the first instance if appropriate, except in the case of children or patients with mental health problems. All patients have a named designated GP and many prefer to wait for appointments with their own GP if the problem isn't too urgent.

The Business Manager reported that GPs will carry out home visits at the weekend to check up on palliative care patients and give these patients their mobile numbers so they can contact them direct.

All patients said they had no difficulty getting appointments although if you rang in the morning the phone could be busy. Most patients surveyed said they did not have much difficulty seeing a GP of their choice, although 1 lady patient said that she sometimes had to wait a few days because she liked to see a female GP and there was only one at the practice. She said it would be better if they could get another female GP but now they had a female Nurse Practitioner it was better. The surgery, however, told us that they do have 2 female partners at the practice.

### **EASE OR DIFFICULTY GETTING REPEAT PRESCRIPTIONS**

Patients can request prescriptions on-line, by telephone or by placing paper requests in a box in the lobby. There is a pharmacy next door who carry out home deliveries and drop offs at local shops for patients who live farther afield and the Beeford branch is a dispensing surgery.

### **SERVICES AVAILABLE AT SURGERY**

As well as general medical services, the following services are provided: Family planning, cervical smears, childhood immunisations, travel vaccinations including yellow fever, INR and other blood testing, wound dressing, child health, minor surgery and cryotherapy. Clinics for long term health conditions include: Asthma, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease (COPD) and Diabetes. Health Trainers also visit the Surgeries and provide smoking cessation and weight management advice.

In addition, the Practice undertakes annual full health check clinics for the residents at 2 local care homes for people with learning disabilities and provides for their ongoing medical care.

One patient spoken to indicated that they would like to see a chiroprapist at the surgery.

### **CQC AREAS**

#### ***Well Led***

This is a well-run practice. The Business Manager is particularly pro-active about actioning changes requested by patients and its PPG, as has already been noted. The Patient Participation Group is very active, currently has 23 members and is trying to get young people involved.

The staff appear friendly and well-motivated and there is a positive atmosphere, despite the lack of space. The staff member spoken to said she feels supported in her role and



would feel comfortable approaching her Business Manager to request training. There is no formal process for this, although staff have regular appraisals.

The staff member started in January 2015 and had come from a hospital where they operated a different system. She had received training for her Role.

In addition, the Business Manager told us that there is a formal process for all staff to receive mandatory training via the e-learning Blue Stream Training Academy. There is protected time for learning when the surgery is closed for staff training. This is normally 4 - 5 times a year.

There was not as much training for the Administration staff (arranged locally on the protected learning times) as for GPs and Nurses so she arranged for administration staff to be given Dementia Awareness training.

### *Effective*

The surgery carries out regular “Family and Friends” surveys to check that patients are happy with the service and are regularly rated 5\*.

### *Caring*

All patients surveyed on our visit said they were happy or very happy with the care provided, one patient said it was “excellent”, another patient described services as “superb.”

Patients said they felt the GPs listened to their concerns and explained things well. One patient said his GP even drew him pictures. All the patients said they felt appointments were long enough with 2 patients saying they never felt rushed.

### *Responsive*

The Business Manager is very responsive to need carrying out frequent surveys with patients in order to change things in accordance with their wishes where possible. For example, as previously noted, by providing more information for young mums on their website and obtaining a music licence, so patients can listen to music while they wait.

The Practice’s website includes a section entitled ‘You said - We Did’ which demonstrates the good communication between the Practice and patients.

In the event of a problem, guidance on how to make a complaint is available as a printed leaflet and on the Practice’s website. Letters of complaint are acknowledged within 3 working days and a formal reply sent within 28 working days.

If a patient wants to move to another Surgery, there are reciprocal arrangements in place with Surgeries in Beverley and Hornsea.

The GPs seem to be very flexible and willing to fit in urgent appointments same day.

The surgeries care for a static population of about 11,000 patients, but also cater for temporary patients who visit the area as holidaymakers every year. There were 366 temporary patients this year and 396 the year before.



## RECOMMENDATIONS

- Additional staff parking elsewhere would help to provide more patient parking, including a disabled space.
- Subject to available space and availability, other health professionals, such as Chiropractors or Osteopaths could be available to treat patients at the surgery, perhaps one day a week.

## CONCLUSION

This is a very well run surgery, which is making the best of a building which is filled to capacity with limited possibilities for modernisation. The Business Manager is extremely pro-active and has introduced many positive changes since her recruitment in May 2015. The atmosphere is welcoming and the staff appear caring, flexible and very responsive to patient needs.

Signed on behalf of HWERY	<i>T. Smith</i>	Date: 02/12/15
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Disclaimer: This report relates to the service viewed on the date of the visit and is representative of the views of the people we spoke to who contributed to the report on that day.



## Conclusions

Overall, we are happy to report, there has been no deterioration of GP service for patients in the East Riding of Yorkshire since the publication of our last report. We are also satisfied that a number of the recommendations that we made have been listened to and acted upon.

There has been steady improvement in the standard of information available to patients with an increase in the number of GPs with websites, as well as an increase in quality of information on both GPs own websites and on NHS Choices.

As far as we are aware, no GPs in our area still use premium rate telephone numbers.

Surgeries seem to be becoming increasingly responsive to the needs of patients and we congratulate them for this. With a greater mix of appointment types available i.e telephone consultations, the ability to book further ahead increasing, the increased use of online booking systems, and moves to make surgery opening times more in keeping with patients domestic and work situations, there is much to be positive about in this report. There also appears to be increased availability of urgent appointments, although some patients were concerned that this may be at the expense of routine appointment availability, particularly the ability of patients to see a specific doctor.

## Recommendations

Whilst we are happy with the progress that has been made our message to GPs is “well done, but keep going.” We have identified five areas where improvements could be made.

One issue which came up throughout our report was the difficulty of obtaining an appointment which a GP of the patients choice. One Practice Manager referred to this as a “favourite doctor” issue and we understand that, in reality, there may be very little a GPs surgery can do to solve this.

- 1. Make efforts to improve the availability of appointments with a specific GP/clinician (especially for patients with long term conditions who would benefit from greater continuity of care). If this is not possible, make efforts to manage expectation and reassure patients that there will be no deterioration in service through seeing a GP not of their choosing.**

GPs surgery websites have improved however there is still some range in quality. Whilst a translation service, and other format services, are available on many websites it is not always clear that this service exists or how to use it. When a surgery is a branch surgery there seems to be a drop in information quality.



- 2. Those GPs still without websites to make efforts to rectify this. GPs with websites to keep improving the amount and quality of information on their websites, especially in relation to branch surgeries, as well as making translation/accessibility services more visible.**

It does appear that efforts have been made to increase the availability of urgent appointments, however some patients expressed concern that this was at the cost of the amount of general appointments available.

- 3. Make efforts to find a balance between the need for urgent appointments and routine appointments and ensure these ratios are kept under constant review.**

A topic which was mentioned in both our 'Enter and View' visits and our survey was privacy, with some patients feeling uncomfortable with the amount of information they had to give in reception areas and the possibility of it being overheard.

- 4. Minimise the amount of sensitive information patients are required to give in reception areas and, wherever possible, change the reception/waiting area layout to avoid other patients overhearing information. Where questions need to be asked to triage urgent appointments, ensure that the reasons for this are clearly explained prior to asking such questions.**

There are still a large amount of patients who expressed concern that surgery opening hours do not meet their needs.

- 5. Surgeries that already offer evening/weekend appointments to explore possibilities of extending this service. Surgeries that do not offer such a service to investigate the feasibility of doing so, even if it is just for one night per week.**



## Appendix A

# Study into General Practice Appointments Systems in East Riding of Yorkshire March 2015

## EXECUTIVE SUMMARY

### Who

Healthwatch East Riding of Yorkshire (HWERY) as the consumer champion for health & social care in the East Riding of Yorkshire, undertook a study of general practice appointments systems during 2014.

### Why

The Study was undertaken in response to concerns from patients, by a 'Task & Finish' group comprising HWERY board members and volunteers, supported by HWERY staff.

### How

We looked at the whole appointments process with regard to:

- |                 |   |   |
|-----------------|---|---|
| <b>Patients</b> | - | <b>Knowing how</b> to make appointments                         |
|                 | - | <b>Being able</b> to make an appointment                        |
|                 | - | Being able to obtain an <b>urgent</b> appointment               |
|                 | - | Having <b>arrangements that fit their circumstances</b> & needs |

### By

- Assessing the information for patients on appointments arrangements, in practice websites and leaflets, against good practice criteria
- Asking patients to complete a questionnaire giving their views on the systems in their practice
- Asking practices for their views and experiences, to find out what influences how they organise appointments
- Asking patient participation/reference groups, as the links between practice management and patients, to say what their practice had done to improve appointments and to highlight any problems that prevented improvements

## What We Found & What We Want to Happen Now

### 1: Patient Involvement & Feedback Exercises

Some practices would not participate in the study because they considered that patients were 'over-surveyed', or they had undertaken surveys themselves.

**Recommendation 1:** We want to see **safeguards in place** that will:

- Avoid proliferation of unsound, disconnected user involvement exercises with little likelihood of securing significant benefits
- Avoid duplication and over-surveying the same people
- Make the best use of the limited resources of all the organisations concerned



Safeguards need to work on two levels:

- i. Health & social care agencies in the East Riding to commit to sharing their intentions to run surveys and other user involvement research, at an early stage.  
All agencies being open to the inclusion of other organisations' questions in the surveys they propose, and prepared to share the results with partners.
- ii. The quality assurance of surveys and any other user involvement work undertaken outside this arrangement within individual practices, where it is unrealistic to expect there will be specialist expertise in user research techniques.

## 2: Minimum Requirements for Patient Information on Practice Websites & Leaflets

We found variations in the information provided on websites and practice leaflets. Patients are more likely to use their practice's service effectively if they have up to date, accurate information about how it operates.

### Recommendation 2: Minimum Standards for Patient Information:-

- All practice website addresses should be included in the practice details on the NHS Choices website.
- All information appearing on NHS Choices and practice leaflets should be accurate, up to date and reviewed regularly.
- All websites should include information on the practice's appointments arrangements
- All websites and leaflets should advise patients on what to do in an emergency.
- Guidance on how to obtain information in other languages and formats should be included in all patient information media.
- All websites and leaflets should advise patients what to do in cases of urgency and advise how the system will operate e.g. undergoing triage for 'same day' appointments.
- There is scope for patient information to encourage those whose need for an appointment is not urgent to phone later in the day and enable those with a more urgent need to get through.
- Where practices offer the facility to speak to a clinician on the phone and/or to ask for a longer appointments if necessary, their websites and information leaflets should make this known to patients.

## 3: Telephone Charges:

We found that some practices still used premium rate 0844 numbers. Patients should not be disadvantaged by paying premium rate call charges to telephone their practice.

**Recommendation 3: Plans for remaining practices to change to local rate phone numbers for patients to access the surgery should proceed without delay.**

## 4: Management of Rationing & Release of Appointments

The vast majority of negative comments from patients comes from frustration with the way practices ration and release appointments; giving rise to a wide range of undesirable outcomes





**Recommendation 4:** Work is needed to find a way of managing appointments to ensure that:-

- Patients who need to be seen on the day are able to be seen.  
If they cannot be seen, they need to have a clear reason why, clarity about when they can be seen and what to do in the meantime
- Those patients who need to see a particular clinician because of ongoing issues are able to do so - for continuity of their care and more effective consultations
- Patients are able to plan their lives and are not bound by the rigidity of the systems operated in their practice, through being tied to the phone or computer from 8.00 a.m. onwards, with no certainty of securing an appointment
- Patients do not go to A&E inappropriately because they cannot be seen in their practice within an appropriate timescale

### 5: Sufficiency of Appointments

Patients tell us there are not always enough appointments to meet patient demand.

There is a marked variation in the ratio of appointments practices offer, in relation to

- i. list size
- ii. the number of clinical hours in the practice

**Recommendation 5:** Further work is needed with practices to examine how they determine the number of appointments they provide and whether a system can be developed, to give more equitable levels of access to patients throughout the East Riding.

### 6: Telephone Consultations

Some practices offer the facility to speak to a clinician on the phone. 69% of patients who used this facility felt it was worthwhile and on occasions saved an appointment.

**Recommendation 6:** Further exploration is needed of the scope for actively bringing this option into the mainstream of practices' operation and to develop telephone consultations for minor issues and situations where patients are seeking clarification and information, rather than needing to be seen face to face.

### 7: Surgery Opening Times

10% of our respondents did not find appointment times fit with their domestic or work situation and asked for sessions to be offered at weekends and evenings.

**Recommendation 7:** We would like to see consideration by practices of more flexible opening times.

### 8: Urgent Appointments

The arrangements for patients to be seen urgently vary significantly across the area, as does the likelihood of obtaining an urgent appointment.

**Recommendation 8:** Work is needed to achieve more consistency in access to urgent appointments across the East Riding.



## 9: Resources

Several practices said they would like to do more to accommodate patients' needs, but consider they are unable to do so because of a lack of resources - be it funding for improved telephone technology, more staff, or the availability of clinicians.

**Recommendation 9:** Given the uncertainty and unlikelihood of additional funding or an influx of available practitioners, we would hope to see active consideration of other alternatives to resource-driven developments:-

- i. The provision of temporary additional support to free up time to allow reviews of current appointments arrangements to take on board the views of patients.
- ii. The facilitation of focused opportunities to share expertise, experiences and ideas between practices to enable the development of more effective ways of operating.

## CONCLUSION

Having identified the issues listed above, HWERY will be discussing how its recommendations can be progressed with our partner organisations in East Yorkshire. We intend to conduct a follow-up exercise to determine the extent to which they have been acted upon and whether patients have noted improvements in the way appointments systems work for them.

## CIRCULATION

The full report has been circulated to:-

- East Riding of Yorkshire Clinical Commissioning Group
- Overview & Scrutiny Committee, East Riding of Yorkshire Council
- NHS England North Yorkshire & Humber
- Healthwatch England
- Local Medical Committee
- East Riding of Yorkshire Council
- Care Quality Commission
- Health & Wellbeing Board, East Yorkshire
- General Practices in East Yorkshire
- East Riding of Yorkshire Rural Partnership
- Individual reports from patient survey to practices with over 25% response rate
- Local Commissioning Groups & Forums

### Note:

The documents used in the study and summary results are contained in the full report, which is available on the Healthwatch East Riding of Yorkshire website: [www.healthwatcheastridingofyorkshire.co.uk](http://www.healthwatcheastridingofyorkshire.co.uk) or in hard copy from the Healthwatch office at: Unit 18, Brough Business Centre, Skillings Lane, Brough, HU15 1EN. Telephone: 01482 665684



## Appendix B

Healthwatch East Riding of Yorkshire  
Brough Business Centre,  
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Brough,  
HU15 1EN  
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Fax 01482 666654  
enquiries@healthwatcheastridingofyorkshire.co.uk  
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**healthwatch**  
East Riding  
of Yorkshire

7 October 2015

Dear

As I hope you will be aware, Healthwatch East Riding of Yorkshire undertook a large-scale review of appointments systems at GPs surgeries last year. Many of you contributed to this review by distributing and collecting surveys and/or by responding to our consultation either directly or via your patient participation group. First of all, I would like to thank you on behalf of Healthwatch East Riding for your support.

Our report was published in March this year and forwarded to all GP practices within the East Riding CCG area. I have enclosed a copy of the executive summary for reference, the full report can be downloaded from our website:

[www.healthwatcheastridingofyorkshire.co.uk/resources/general-practice-appointments-systems-report](http://www.healthwatcheastridingofyorkshire.co.uk/resources/general-practice-appointments-systems-report).

Over the next 6-8 weeks, we will be conducting a follow-up review on this work, which we hope will demonstrate some of the improvements that have been made following our report. We hope that it will also highlight any areas where we can improve the way we carry out our investigations to ensure they have the maximum benefit for patients and the public.

This follow-up work will involve four key elements and will be conducted during October and November 2015:

5. Feedback from practice managers
6. Follow-up survey (smaller sample)
7. Desk research
8. Enter and View visits

Firstly, we would like to give you an opportunity to share with us any improvements you have made to your appointments systems, either as a direct result of the recommendations in our report or independently of it, since January 2015. I would like to draw your attention, in particular, to recommendations 4, 5, 7 and 8; are these areas that you have considered as a practice and are there concerns you have around these or any other issues raised in the report? I would be grateful if you could please respond to us within the next four weeks (by Friday 6<sup>th</sup> November) so that your views can be incorporated into our report.



Please reply by email to \*\*\*\*\*. Late submissions will not be able to be included in our report. If you would like any further information about the original survey returns for your practice or the individual suggestions that were made by patients at your practice, we would be happy to share this information with you wherever possible.

Secondly, we will conduct our own survey of patients' views over the next four weeks, via our website, social media and existing networks using a sub-set of the questions used in our initial survey.

Thirdly, we will conduct our own research to highlight any changes that may have taken place over the period, particularly around recommendations 2 and 3, which refer to minimum standards for information and telephone charges.

Finally, as part of this review work, we will also be conducting a number of "Enter and View" visits to GP surgeries around the county. Under the Health and Social Care Act 2012, local Healthwatch organisations have a statutory right to Enter and View any premises providing publicly-funded health or adult social care services. It is important to stress that Enter and View is not an inspection, but rather our focus is on enabling patients and the public to share their experiences and views of services. During the visit our trained representatives will:

- speak to service users, patients and residents to gather their views on services provided
- speak to carers and relatives of service users to gather their views and opinions
- observe the services and premises
- collect and collate information in order to produce an evidence-based report

We will contact you in advance to arrange the visit, please feel free to suggest an alternative time/date if what we suggest is inconvenient. We would like the Enter and View experience to be a positive one for all involved. We believe Enter and View offers a number of benefits to GP practices, for example, it gives you an opportunity to demonstrate to the CQC inspectors and commissioners that you are supporting patient engagement; gives you the opportunity to share best practice and activities that work well as Enter & View Representatives report on the positive and gives service users the opportunity to give their views and opinions in order to improve service delivery. You can find more information and reports of other health and care providers we have already visited on our website: <http://www.healthwatcheastridingofyorkshire.co.uk/content/enter%26view>

Should you have any queries in the meantime, please feel free to contact me.

Yours sincerely

Linsay Cunningham

Healthwatch Delivery Manager

Healthwatch East Riding of Yorkshire

Phone: 01482 665684



## Appendix C

### Healthwatch East Riding of Yorkshire Patient Survey

We would be most grateful if you would complete this short survey. The results will be used as part of a report we are conducting on GP services in the East Riding. Any opinions you share with us will remain anonymous and will not be traceable to any individual.

In general, are you happy with the care provided?	
Do the surgery opening hours meet your needs?	
How do you usually contact the surgery for routine appointments? Telephone In person Online	
If by telephone how far in advance do you call before your appointment? i.e. same day, day before, week before	
If by telephone at what time do you normally phone? i.e. early morning, at a time you think will be quiet, any time. Do you generally get through?	
If you need to see a GP urgently are you usually seen the same or next day?	
Overall how easy is it to get a routine appointment with a doctor not of your choosing?	
Overall how easy is it to get a routine appointment with a doctor of your choosing?	
What do you like about the appointments system in your practice?	
What improvements would you like to see to the appointments system in your practice?	



During an appointment do you feel the GP listens to your concerns and fully explains conditions/medications?	
Do you feel the appointments are long enough? Can you book longer appointments if needed?	
Have you ever had a telephone consultation? If so did you find it useful?	
Is there anything else you would like to see provided at the practice?	
Do you have any concerns about your treatment?	
If you did would you know who to go to or what process to follow?	
Any other comments?	
Gender (please circle)	<div style="display: flex; justify-content: space-around;"> <span>Male</span> <span>Female</span> </div>
Age (please circle)	<div style="display: flex; justify-content: space-between;"> <span>Under 18</span> <span>18-25</span> <span>26-35</span> <span>36-45</span> </div> <div style="display: flex; justify-content: space-between;"> <span>46-60</span> <span>61- 75</span> <span>over 75</span> </div>
First half of postcode i.e. HU15	



## Appendix D

### Tool for Assessment of Practice Websites

	<u>Answer</u>	<u>Comments</u>
Website address		
Is website address on NHS Choices?	Yes                      No	
Does it contain a section on appointments?	Yes                      No	
Does it say how to get an appointment?	Yes                      No	
Is the website available in other languages?	Yes                      No	
Is the website available in other formats?	Yes                      No	
Does it say how to get an urgent appointment?	Yes                      No	
Does it say what to do in emergencies?	Yes                      No	
Does it say if the practices uses a triage system for urgent/same day appointments?	Yes                      No	
If triage is used does it explain how it works?	Yes                      No	