



Dr's Reddy & Nunn Enter & View Report

June 2024

healthwatch
East Riding of Yorkshire

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Report Details

Address	Drs Reddy & Nunn, The Medical Centre, Station Avenue, YO16 4LZ
Manager	Janet Peacock
Date of Visit	05/06/2024
Type of Visit	Announced
Healthwatch Representatives	Rhianna Smith, Emily Oakshott

Acknowledgements

Healthwatch East Riding of Yorkshire would like to thank the management, patients, and staff for their contribution to the Enter & View, and for allowing us to attend the practice. The findings from this visit have helped with our understanding of how Dr's Reddy & Nunn deliver their care and services to patients and contributed to the recent Healthwatch East Riding GP Access Project.

Disclaimer

This report relates only to the service viewed on the date of the visit and is representative of the views of the residents who contributed to the report on the date listed above.

What is an Enter and View?

Enter and View is the statutory power granted to every local Healthwatch. It allows for authorised ambassadors to observe how publicly funded health and social care services are being delivered. Healthwatch East Riding of Yorkshire (HWERY) use powers of entry to find out about the quality of services within East Riding of Yorkshire.

Through carrying out Enter and View visits, good practice is identified and celebrated, alongside any issues raised by service users. Enter and View is not an inspection; we do not look at care plans, medicines management, etc. Enter and View gives a voice to the people using a service and asks them what they think of the service they receive and whether it is working for them.

Enter & View allows Healthwatch to:

- Observe the nature and quality of services
- Collect the views of service users (patients and residents) at the point of service delivery

- Collect the views of carers and relatives of service users
- Collate evidence-based feedback
- Enter and View can be announced or unannounced

Methodology

The visit to the Drs Reddy & Nunn, Station Avenue site was carried out on 5th June 2024 with two Authorised Enter and View Representatives. As this was an announced visit, HWERY gave notice to the management of the plans for the visit to ensure that there was a member of staff available to facilitate the visit.

The practice manager facilitated the visit held on this date, who gave a tour of the site and introductions to the other staff. During this tour, observations were made about the environment within the Practice, reception, and waiting area.

This Enter and View was conducted to assist the Bridlington GP Access Project that was being carried out during this time. The recommendations made to the practice in the project report were developed alongside the valuable information and experiences gathered from this visit.

Drs Reddy & Nunn Background

Drs Reddy & Nunn practice offer Primary Care services to over 26,000 patients, where a range of services are available at the surgery including the following:

- Phlebotomy
- Long term Condition clinics
- Enhanced access (Saturday Clinics)
- Baby Immunisations
- Cervical Screening
- Minor Ailments
- Minor Ops
- Face to Face
- Telephone Consultations
- Social Prescribing Service
- MSK
- Seasonal Flu Vaccination Clinics

There are six Doctors who deliver these services with support from other clinicians that include Physician Associates, Nurse Practitioners, Paramedics, GP Registrars, Practice Nurses and Health Care Assistants.

Observations

The site is located at The Medical Centre, Station Avenue, which is shared with the Humber Primary Care Practice and Rowlands Pharmacy. There is minimal car parking available, with some street parking surrounding the practice.

Upon entry to the building, you pass the pharmacy on the right, where people were seen to be queueing for prescriptions. This is through the main entrance

door to the building, which is wide enough wheelchair access if needed. From here, you enter an open area where the Drs Reddy & Nunn practice is located to the right, straight across from the Humber Primary Care entrance. This area is well signposted with many notice boards in use displaying useful medical, health, and social care information that may be of use to patients. There were no Friends & Family Test forms displayed in the area. The space is well-lit with natural light and a comfortable room temperature.

There is a screen for patients to use for self-check-in for their appointments. There is only one available, so patients were queuing to use this alongside the queue for the reception desk. HWERY observed two staff at the reception desk, who were both attending to patient requests and enquiries and provided HWERY ambassadors with visitor passes.

It was also observed by HWERY that there are two separate waiting areas. The Practice Manager told HWERY that patients could make use of both the areas, where clinicians would locate patients for their appointments by coming into the waiting areas and calling the patient through.

Patient Responses

The following is a summary of the responses received from the patients who gave their time to answer HWERY's patient survey during the visit. A full copy of the patient responses can be found in the appendices 1.0.

How did you make your appointment today?

Three out of the four patients who spoke to HWERY said that they booked their current GP appointment **by phone**. The remaining patient said they had booked **via a consultant at the hospital**.

When did you originally contact the surgery for this appointment?

Two patients told HWERY that they had **same day appointments**, with one of these patients having called the surgery only 30 minutes prior to waiting in the waiting room. The other two patients said that they had contacted the surgery **the day before their appointment**.

How easy was it to make your appointment?

Patients who disclosed the ease of booking process with HWERY found this a positive experience, although one patient did have preference of attending the surgery in person.



“Helpful staff”

“Easier to attend the surgery to ask for an appointment rather than call”



“Pretty easy”

What do you do if you can't get an appointment?

Patients discussed with HWERY the alternatives they would engage with if they couldn't book an appointment.



“Try again the next day”

“Attend the Urgent Treatment Centre”

“Can't book an appointment online”



Do you have any improvements that you would make to the practice?

With two of the patients being called for their appointments, the remaining patients gave their views, which were mostly positive. One patient stated they had a negative experience with a receptionist who they felt were “rude”. The full account of this can be seen in the appendices.



“No- has got better over the years”

“Staff at the hospital are friendly and polite”



Overall, how satisfied are you with your GP surgery?

Patients also discussed their overall satisfaction with the surgery, to which they responded with the following:



“Satisfied- always get an appointment when needed”

“Really good today, not the same on other occasions”



Staff Responses

A summary of the responses provided by staff can be seen below, where a full copy of all the responses can be found in the appendices 1.1.

How are patient appointments managed?

Staff said that annual appointments are sent out in order of the month of birth but didn't comment on appointments that are assigned at patient request.

In your opinion, do patients struggle accessing appointments?

“No”- Staff noted that the next available appointment is always offered to patients, where they can access this either online or over the phone.

Is there a time limit on how long appointments should last?

Staff said that this depends on the number of conditions that are being looked at or treated. The total time can range from 20 minutes to 1 hour.

What is the current referral wait times within the practice?

2 weeks is the current waiting time for appointments, with patients who are categorised as urgent being seen within 48 hours.

In your opinion, what would make the referral process easier?

Staff responded with “more secretaries”, where they disclosed to HWERY that there are only three employed at this time, all of which are based at the hospital. Staff also mentioned that one of these secretaries are employed in a part time position. It was discussed that there is currently no advertisement for more secretaries.

Are there currently any delays in carrying out certain procedures?

Staff said that there is currently a shortage of blood appointments due to the large volume of patients that are enrolled at the surgery.

Is the friends and family test regularly promoted throughout the practice and within appointments?

Staff said that the Friends and Family Test is promoted on the surgery's website. It can also be found in the waiting areas of the surgery, patient rooms, and clinicians often inform patients during their appointments.

Have there been any serious/safety incidents within the practice recently?

Staff said, "Not recently" and that they are currently looking into the safety of the practice. This is following incidents of abuse, threatening behaviour, racial abuse, and forced entry that staff disclosed to HWERY with full anonymity of patients.

Are staff encouraged to recommend training and is the training implemented in a timely manner?

Staff responded with “Yes” and said that someone is currently scheduled training that they specifically requested.

Do you receive regular supervision?

Staff responded to this question with “No” and said that they are often left to their own devices.

Questions that related to induction, raising any concerns to a manager, the support received in their roles, and enjoyment of working at the practice were all responded to with “Yes” by the staff. These questions can be seen in the appendices.

Manager Responses

The Practice Manager provided their responses to the HWERY manager survey, which is summarised below. A full copy of the responses can be found in the appendices 1.2.

How many members of staff do you have working on a day-to-day basis?

The practice manager said that this depends on the rota, where both part time and full-time staff are scheduled to work. Staff members also consist of some PCNs.

How many staff overall do you have working at the practice?

There are 98 staff, with some working in the referral team based at the Bridlington Hospital. It was mentioned here that if there is ever a shortage of rooms at the practice, which was described as often, they make use of the rooms available at the hospital.

Do you feel the number of staff working within the practice is an adequate amount?

The practice manager said that they are currently in the process of recruiting more staff members, with two interviews scheduled. One was for a nursing role, and the other to join the admin team.

How do you organise what staff member works on what day?

There is a rota arranged and organised by two of the admin staff. It was also disclosed with HWERY that they get as many people to answer the phone as possible.

How are staff absences managed?

Staff make a phone call in the morning with HR, who if are not available then they call the practice manger. HR call in the afternoon to check on the staff member. There is a return-to-work meeting when the staff member is back.

Do all the staff understand the safeguarding procedures and the actions they must take?

Staff must complete mandatory safeguarding training, and there is also online guidance available to staff around the safeguarding policies.

Is there clear guidance in place to direct staff when there is a safeguarding concern?

The practice manager said that there are folders in the practice that contain the contact numbers for safeguarding, however at the time they didn't know where in the practice they were being stored.

Has there been any serious/safety incidents within the practice recently?

Yes, this can be seen in the appendices for details of the matter.

Have there been any lessons learnt from the incidents?

The practice manager said, “no lessons learnt”. There are panic buttons located at the reception, in all patient rooms and online. All staff are made aware on any incidents, where admin staff who are in the upstairs offices of the building are only notified if necessary.

Are all members of staff made aware of these incidents?

The incidents are documented on the patient records and are displayed for staff when their records are accessed.

Is the friends and family test promoted throughout the practice and within appointments?

The practice manager said that there is a link that is sent out to patients, where they can complete and send the form back to the practice.

How are patients able to access the friends and family test?

Patients can access the test online. Patients can also make use of the QRX platform to complete the test, or via the link that is sent out by text from the practice.

On average how many responses do you receive a month?

The practice manager was unsure of the number of responses that the practice receives per month.

What do you do with these responses? E.g., do you take them into action and learn from them? Are they displayed in the waiting room?

The practice manager said that they raise these responses are raised in meetings to recognise good practice and areas for improvement.

Is there a time recommendation/limit to how long appointments should last?

The practice manager said appointments should be 10–15 minutes long. Although, trainee doctors and nurses often take 15 minutes, where 10 minutes is allocated for the appointment and 5 minutes for a catch up with their supervisor. The practice manager also said that these times are “usually on time”.

Are there currently any delays in certain procedures? E.g., for blood tests.

The Practice manager said there can be a couple of weeks wait for some appointments and procedures. However, the practice is open on a Saturday, with 5 clinicians and 1 admin staff available to get procedures done.

Highlighting Good Practice

During the Enter & View, Healthwatch ambassadors observed good practice in the surgery with the following being highlighted as areas that other practices could adopt to better their own service:

- Staff were observed as being friendly and approachable by patients, carers, and other colleagues in the practice. This was reflected in some of the comments provided by patients in their survey and interactions that the Healthwatch ambassadors engaged in during their visit.
- Patients being seen within 24 hours of their appointment request, due to being deemed as having urgent healthcare needs.
- Staff and management were all aware of the Friends & Family Test and where this is available for patients to fill out. The accessibility for patients to complete this test is diverse, with the documentation being available in person or online.
- The practice makes use of the spaces they have available to accommodate the needs of the high volume of patients they have registered at the surgery. This can be seen through the development of two waiting areas with a sufficient number of seats for patients.

Recommendations

Recommendation 1:

Methods of Booking GP Appointments

Consider patients preferences of how they choose to book their GP appointments and allow them a range of choices in doing this rather than restricting them to for example, using the telephone service.

Recommendation 2:

Awareness of the Importance of Pharmacy First

Creating awareness of the Pharmacy First scheme with patients and staff could create less confusion for patients on why Care Navigators may ask whether patients have attended a pharmacy or may direct them to consult a pharmacist for their health needs.

Recommendation 3:

Peer Supervision

Implement peer supervision sessions to encourage resilience and morale boosting within the practice. This should be alongside regular supervision sessions with managers to ensure staff continue to be supported and any issues are identified at an early stage.

Recommendation 4:

Staff Recruitment

Recruit more staff, specifically secretaries, to decrease the burden and pressure on the existing team.

Recommendation 5:

Safety Features

Training for staff on safety policies and procedures that are in place is needed as a reminder to staff of features such as panic alarms. This will ensure safety of staff and patients in any incident that may occur.

Next Steps

Healthwatch East Riding of Yorkshire will support Drs Reddy & Nunn to achieve these recommendations.

Appendices

1.0 Patient Survey Responses

Question No.	Question	Response
1.	How did you make your appointment today? E.g., by phone, in person etc.	<p>Patient 1: Phone</p> <p>Patient 2: Phone</p> <p>Patient 3: Phone</p> <p>Patient 4: At the hospital- consultant</p>
2.	When did you originally contact the surgery for this appointment?	<p>Patient 1: 30 minutes ago</p> <p>Patient 2: yesterday – was waiting 40 minutes and got down to 3 in the queue and then her phone ran out of charge – tried again this morning and only waited 2 minutes before someone answering</p> <p>Patient 3: 1pm the previous day</p> <p>Patient 4: Same day</p>
3.	How easy was it to make your appointment?	<p>Patients 1 & 2: yes, it was fine staff were very helpful</p> <p>Patient 3: “pretty easy, they gave me an appointment just fine”</p> <p>Patient 4: Easier to attend the surgery to ask for an appointment rather than call. Have</p>

		tried several times but always high in the queue.
4.	What do you do if you can't get an appointment? E.g., try again the next day, go in person, go to A&E etc.	<p>Patient 2: try again the next day</p> <p>Patient 3: Phone the next day or attend the Urgent Treatment Centre</p> <p>Patient 4: Keep trying. "Can't book a GP appointment online"</p>
5.	Do you have any improvements that you would make to the practice?	<p>Both patient 1 & 2 were called for appointments.</p> <p>Patient 3: "No- it has got better over the years"</p> <p>Patient 4: More receptionists and doctors. Had a rude experience with a receptionist (Refer to Extra Comments). "Staff at the hospital are friendly and polite"</p>
6.	Overall, how satisfied are you with your GP surgery?	<p>Patient 3: "Satisfied- always get an appointment when needed to"</p> <p>Patient 4: "Really good today, not the same on other occasions"</p>

Extra Comments:

Patient 4:

- Patient used the self-check-in service on the screen located just outside of reception, but it wouldn't work. The patient then approached the reception desk to ask for help with this but was cut off before they could finish and told to use the self-check-in and not the reception.

Then explained the full situation and was told to take a seat, no apology for the miscommunication.

- “There aren’t any appointments”, “get asked if I’ve been to the pharmacy”, “No one’s let me know when there are any appointments”.

1.1 Staff Survey Responses

Question No.	Question	Response
1.	How are patient appointments managed? E.g., are some a higher priority	Appointments are sent out in the order of the month of birth – have finished sending out all April and May patients and are currently sending appointments out for June. They are currently booking up appointments till July.
2.	In your opinion, do patients struggle accessing appointments? If yes, why do you think this could be?	No Patients now have online access If the phone gets too busy (20 people waiting) the phone, then goes to other staff members phone and are asked to answer and assist the patient. – Dr Nunn: advise patients to stay on the phone. Appointment that is next available is always offered.
3a.	Is there a time limit on how long appointments should last?	Depends on how many conditions are being looked at – 15 minutes Can sometimes be 20 minutes to an hour depending on the condition.

<p>3b.</p>	<p>In your opinion, do you feel as though you get to spend enough time with patients?</p>	<p>Dr Nunn – yes, she caters her time appropriately</p> <p>She finds the phone appointments can be useful/helpful as it can cater to certain patients</p>
<p>4a.</p>	<p>What is the current referral wait times within the practice? E.g., how long does it take from the initial appointment to the referral being sent off?</p>	<p>2 weeks wait. If urgent 48 hours. Doctors send them off the secretaries and then they finish some final details and send them off to hospital.</p>
<p>4b.</p>	<p>In your opinion, what would make the referral process easier?</p>	<p>More secretaries – only have 3 and they are based at the hospital. (1 is part time). There is currently no advertisement for more secretaries</p>
<p>5.</p>	<p>Are there currently any delays in carrying out certain procedures? E.g., blood tests.</p>	<p>No They are currently short on appointments for bloods as they currently have 26,000 patients</p>
<p>6.</p>	<p>Is the friends and family test regularly promoted throughout the practice and within appointments?</p>	<p>On their website. In patient rooms and waiting area. Clinicians can inform patients of this.</p>

<p>7.</p>	<p>Has there been any serious/safety incidents within the practice recently? If yes, how many?</p>	<p>Not recently. However, Dr Nunn does around 3-8 safeguarding referrals a day but cannot share these as these specifically relate to patients and can be things such as not taking their medication or taking too much of their medication etc.</p> <p>Currently looking into the safety of the practice after incidents of abuse and threatening behaviour, racial abuse, and forced entry. The doors are not lockable. There are 'panic alarms' on each computer and under each desk. However, when Dr Nunn went to show us these, she couldn't locate it as she wasn't in her usual room.</p>
<p>8.</p>	<p>Are staff encouraged to recommend training and is the training implemented in a timely manner?</p>	<p>Yes Someone in admin requested medical terminology training and they currently have that scheduled for her</p>
<p>9.</p>	<p>Do you feel as though you had an adequate induction when you first started?</p>	<p>Yes – admin staff has been working there for 13 years</p>

10.	Do you feel confident in raising any concerns to a manager? Are these concerns acted upon?	Yes
11.	Do you receive regular supervision? If yes, how often?	No- "left to our own devices" Regular training every six months, often half day ones.
12.	Do you feel well supported in your role?	Yes
13.	Do you enjoy working within the GP practice?	Yes

Extra Comments:

They are currently looking at safety within the practice – looking at locked doors

1.2 Manager Survey Responses

Question No.	Question	Response
1.	How many members of staff do you have working on a day-to-day basis?	They have part time staff Have some PCN's as some staff members Depends on the rota
2a.	How many staff overall do you have working at the practice?	98 They have some staff working at the hospital in the referral team. PCN's are based in the crown building If there is ever a lack of rooms (often), they make use of the hospital.
2b.	Do you feel the number of staff working within the practice is an adequate amount?	They are currently in the process of recruiting more staff They currently have 2 interviews dated – one for admin and one for nursing
3.	How do you organise what staff member works on what day?	They have a staff rota 2 admin staff deal with rotas Try to get as many staff to answer the phones as possible.
4.	How are staff absences managed?	Ring to HR and if HR are not in then ring the manager. The staff member will ring in the morning and then HR will ring the staff member in the afternoon to check if the staff member is okay. When the staff member is back at work, they will have a back to work meeting to check everything is okay with the staff member.

5a.	Do all the staff understand the safeguarding procedures and the actions they must take?	They have compulsory safeguarding training They have online guidance around the safeguarding policies Nicole Nunn is the safeguarding lead.
5b.	Is there clear guidance in place to direct staff when there is a safeguarding concern?	Yes – they have folders with some safeguarding numbers, not known where.
6.	Has there been any serious/safety incidents within the practice recently?	Yes – a lady tried to self-harm in the waiting room
7a.	Have there been any lessons learnt from the incidents?	No lessons learnt There is a panic button at the reception desk and there is a panic button in all the patient rooms in case a staff member is in danger or needs assistance, which all staff are aware of. Admin staff upstairs are only notified if necessary.
7b.	Are all members of staff made aware of these incidents?	It is documented on the patient records and is displayed first thing when a staff member brings up the patients records.
8a.	Is the friends and family test promoted throughout the practice and within appointments?	They send a link to patients

8b.	How are patients able to access the friends and family test?	Online Patients also receive a text message with a link. QRX platform.
8c.	On average how many responses do you receive a month?	Not sure
8d.	What do you do with these responses? E.g., do you take them into action and learn from them? Are they displayed in the waiting room?	The manager raises the responses in the PLT meetings – the next meeting is 21 st June
9a.	Is there a time recommendation/limit to how long appointments should last?	10-15 minutes Depend on what the patient requires If it's a trainee 15 minutes – 10 minutes for appointment and 5 to catch up with their supervisor. Nurse appointments may vary – 10-30 minutes dependant on the patient requirements.
9b.	Are these times regularly stuck to? Or do appointments tend to be longer/shorter?	Usually on time
10.	Are there currently any delays in certain procedures? E.g., for blood tests.	Couple weeks wait. Usually on time They have Saturday access to get procedures done – on a Saturday they have 5 clinicians and 1 admin staff working.