

## GP Practice Enter and View visits 2018

### Executive Summary

Part of the Healthwatch programme is to carry out Enter and View visits to health and social care services. Enter and View visits can happen if people tell us there is a problem with a service, but equally, they can occur when services have a good reputation meaning we can learn about and share examples of what they do well from the people who experience the service first hand.

We ran a successful pilot with two GP surgeries in 2017, Silverdale Family Practice and Great Lumley Surgery, where we used 'appreciative questions' to explore what was working well in surgeries as well as identifying areas for improvement. Key themes that were important to patients were shared with all practices in the county and Enter and View visits were identified by the Clinical Commissioning Groups as a positive way to gather independent patient feedback.

To expand this valuable work in 2018, we wrote to all Practice Managers and Patient Reference Group Chairs to offer them the opportunity to request an Enter and View visit, to gather overall patient feedback or explore a particular topic.

There were responses from two GP practices,

- Lanchester Medical Centre
- The Medical Group, which is made up of five practices across County Durham:
  - Mackenzie House, Esh Winning Surgery
  - Sir Bobby Robson House, Langley Park Surgery
  - Meadowfield Medical Centre
  - Charlton House, Tow Law Surgery
  - Millyard House, Ushaw Moor Surgery

From May to July 2018 we visited the 6 practices and produced individual reports for each visit. However we thought it would be valuable to pull together a summary of some of our key findings. Listed below are some of the common themes from our conversations with patients and observations from our representatives.

### Things that worked well for patients;

**Staff** - Patients really valued staff members including receptionists, nurses and doctors, who were caring, friendly, approachable and patient. Patients said they felt well informed and listened to. Seeing the same nurses and doctors created trust and gave patients more confidence.

**Services** - Some patients were happy with appointment systems, feeling the practices had flexible opening hours. Never feeling rushed in an appointment was valued by patients. Practices which offered good support for Mental Health, offered specialist clinics and had good links with the local pharmacies.

**Physical environment** - Practices that were bright, airy, clean and tidy. Music or TV in the background. Good management of publicity and information. Receptions that were “dementia friendly” and that did not make social interaction difficult, such as impersonal screens. Accessible seating for frail or disabled patients. Well-equipped areas for children to play. Clear and effective methods of calling patients to the consulting rooms.

**Interaction** - Representatives witnessed positive interaction between patients and staff. Staff were friendly, treating patients with dignity and respect.

### **Things that could be improved;**

**Environment** - Screens at practice receptions making communication more difficult. Publicity and information leaflets overwhelming and as a result having less of an impact. Limited or poorly laid out car parks.

**Appointments** - Difficulty getting through on the telephone to make an appointment and/or not knowing where you were in the telephone queue. Not being able to see your preferred GP or having a practice which frequently has locum doctors.

### **Outcomes achieved**

The reports were shared with each practice and Healthwatch was delighted with the positive response to our observations and recommendations. Individual practices were pleased with the positive feedback about their practices but were also quick to seek solutions to some of the issues identified. Some of these actions were;

- ❖ A review of screens in a particular practice to make reception more accessible
- ❖ Changes to carpark bays to make it more accessible for people with disabilities
- ❖ A named member of staff to take responsibility for the layout and update of publicity materials
- ❖ A practice employing more nurse practitioners to reduce the time patients have to wait for an appointment

### **Key recommendations for GP practices to consider**

- ❖ Look at your entrance and reception area, is it welcoming and accessible. Does the reception have the right balance of offering confidentiality, being a safe working area and minimising the barriers for patients to communicate with reception staff? Are the public areas in the practice dementia friendly? Is the seating accessible for frail or disabled patients? Is there a play area for children? Is there radio/TV for patients?
- ❖ Is it easy to read the information on the notice boards? Is it relevant, tidy and up to date? Does someone have responsibility to update the information?
- ❖ Do you get positive feedback about the staff team? Do your reception staff have the right balance between professionalism and friendliness?
- ❖ Have you reviewed your appointment system? Is it an area of concern for patients, are they struggling to make appointments? Is your telephony fit for purpose, does it provide patients with information whilst they are on hold?
- ❖ Has your practice reviewed its website recently? Is the information up to date and relevant? Do you provide patients with information on how they can compliment, comment or complain about the practice?

---

**Thank You**

We would like to thank these practices for inviting independent patient feedback and acting on it.