



Enter and View

Bridge End Surgery
19 September 2023

healthwatch
County Durham

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Details of visit

Location:

**Picktree Lane
Chester-le-Street
County Durham
DH3 3SL**

Date and time of visit:

**19 September 2023
10am-12.30pm**

Authorised Enter and View representatives:

**Paul Stokes
Mervyn Hockin**

Healthwatch Volunteer Supporter:

**Claire Sisterson
claire.sisterson@pcp.uk.net
07756654223**

Registered provider:

Bridge End Surgery

Type of service:

**GP Practice
Practice Manager
Paul Dodds**

Acknowledgements and context

Healthwatch County Durham would like to thank the management, staff & patients for making us feel welcome and taking part in the Enter and View visit.

An important part of the work local Healthwatch does is to carry out Enter and View visits. The purpose of this Enter and View Visit was to hear from patients and record their experiences at the surgery.

Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations about where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn and share examples of what they do well from the perspective of people who experience the service firsthand.

Healthwatch Enter and View are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about, they need to inform their lead who will inform the service manager, ending the visit.

Purpose of the visit

Since 2020 the Enter and View programme at Healthwatch County Durham had been paused because of the Covid-19 pandemic. When we decided it was safe to start visiting again, we chose GP surgeries as the first services to visit. We did this because access to GP surgeries was one of our main work plan priorities and so the visits would link to the work we had already completed.



“In our opinion, the Enter and View visits are a great way to break down barriers, give practices an independent view on the success of their service and help them highlight areas for improvement. We would recommend an Enter and View visit to any practice.”



Brian Woodhouse, Practice Manager, Enter & View

To try and get a balanced picture of access to GP services we wrote to a selection of Practice Managers across the county to offer them the opportunity to request an Enter and View visit. The aim was to gather patient feedback focusing on areas such as access, services offered and specific requirements. Bridge End Surgery was one of 6 who requested to be included in the visits.

Because this Enter and View visit, is linked to specific work around the access to GP services it does not include any observations about the premises, equipment etc. that we normally include in our Enter and View visits.

This report relates to this specific visit, including feedback from patients received during the two hours of the Enter and View visit and feedback from a survey left for completion at the surgery before our visit. Therefore, it is not representative of all service users, only those who contributed within the restricted time available, through interviews and other feedback.

Description of the service

Bridge End Surgery is located at Picktree Lane, Chester-Le-Street, DH3 3SL.

There are 8000 patients currently registered at the practice.

The practice is made up of 3 partners, 3 retained GP's, 1 long standing locum and a part time nurse.

Planning the visit

The questions used were carefully put together (appendix A) beforehand to reflect the approach we were taking. Previous Enter and View visits have used 'appreciative questions' to understand what is working well in GP services.

These questions were agreed with staff and authorised volunteer representatives and were also sent to the identified staff member before each visit.

We met with an identified staff member individually to plan the visits, agree the process, and make sure it would work for patients and staff.

We realised that there might be people who would like to make a comment about the service who were not going to be around on the day of the visit, so the surveys were left two weeks before the visit in the waiting area, on a Healthwatch display table, with a box for completed surveys to be left in.



We advertised the visit in advance (appendix B) and Paul Dodds, the practice manager, briefed the staff before the visit.

We carried out a preparation visit before the Enter and View. This was to do a risk assessment and consider areas such as layout, introductions, venue space and safety procedures and the process for taking photographs. We agreed to use a private space for conversations if needed.

How was the Enter and View conducted?

Two of our trained Enter and View Authorised Representatives carried out the visit with the Volunteer Supporter. Representatives approached patients during the visit and asked a series of questions about their experiences and understanding of the processes at the surgery. We carried out 20 individual interviews with patients and staff.

We also left surveys in the reception area prior to our visit and 7 were completed and an additional 3 comments left on postcards.



Feedback and findings

The Enter and View representatives completed the survey with patients. The representatives also made note of any other relevant information the patient wished to give about the surgery. All the surveys were anonymous.

The full survey results can be found at appendix C

Patient feedback

ACCESS

Getting an appointment

Eight patients told us they made or are making appointments on the telephone. Five of these told us they got straight through and were able to get an appointment on the day. Seven told us on the day of the visit, that the surgery had made the appointment for them. Two patients told us they had come into the surgery to make an appointment.

“Patients can make appointments by phone, at the desk, E Consultation—two ways and by email”

How quickly did you need to be seen?

Four patients told us they felt they needed to be seen on the same day. Three told us either today, tomorrow or this week.

Three patients said the surgery had contacted them as the doctor was concerned and advised that they needed to come in to be seen.

One patient was concerned because of a potential serious symptom and was being pro-active in needing to be seen quickly –
“Neighbour prompted me to come—he has prostate cancer and if he’d acted earlier could have recovered, so driven by this”.



Did you see another service if no appointment was available?

Three patients said they had not used another service if no appointment was available. Seven patients said they had used NHS 111, one said they went to Accident & Emergency on two occasions, only one said they used a pharmacy. Three said they would just, or had, come to the surgery and waited.

“E consultations have increased—a lot of patients are happy to use” – Staff.

If there was no appointment available how would this affect other parts of your life?

Some patients told us they struggled, were worried (as they had two small infants) and angry when unable to make an appointment. Patients sometimes were frustrated when having to redial, especially when they just needed reassurance, not necessarily an appointment, about something. One patient said sometimes we just have to wait longer but another was concerned about taking time off work, when no appointments were available.

SERVICES OFFERED

Do you know which staff are available and what they can provide?

Eleven patients said no and five said yes, they did know which staff were available and what they could provide. 2 patients said they knew how many nurses and what they did and two said they 'had an idea'.

Does the surgery have a website page and is it on Facebook?

Website – 15 patients knew of the website and 5 did not. 9 had used the website and 10 had not.

"We do mention the website as E Consult is there along with registrations" – Staff

Facebook – seventeen patients said they did not know if the surgery had a Facebook page, two said they thought they did but staff confirmed the surgery does not have a Facebook page.

"Older people can't access online and often don't have devices, texting is best for me!"

Do you have any additional communication or information needs?

Fourteen patients told us they did not have any additional needs, however one said he depended on his wife because of hearing loss. Two said they did, one feeling that they struggled mentally, especially if getting 'continual knockbacks'.

"Texts are best for me"

During the visit, we saw a lady who did not speak English use a translation app on her phone – this seemed to work.

"One time I had a meltdown on phone as I needed to see a doctor. I was asked to stay on the phone and they squeezed me in!"

How do you order and get repeat prescriptions?

Nine patients told us they ordered online by using NHS App, Patient Access and three patients also had other Apps on their phones (Superdrug/Boots/Lloyds pharmacy) which they used. Six either posted their prescription in the box at the surgery or called in to organise.

"I get an update reminder by text – this is great!"

SPECIFIC REQUIREMENTS

If you did, who and why did you expect to see a specific person?

Three patients said no they were "happy to see anyone". Six patients said, on this occasion, the surgery had made the appointment for them so they had not asked for a specific person.

“Happy to be guided by the reception staff”

All the patients that said they had asked for a particular person (eight people) said this was for continuity-“because I have seen them before”.

“Some patients do-I feel they do this so they have continued care with a certain clinician”-Staff

“Continuity is relevant-Getting your point across and considered. This surgery has not scrimped of services and support to/for me!”

Did you get to see who you asked for?

Seven patients said yes, they did, and no one said no they did not. Five suggested that this was not relevant on this occasion and three said they were happy to see whoever was available.

Three people said they were happy to wait (a week or two) to see who they asked for.

Did or do you have to wait longer to see who you want to?

Two patients said no they didn't have to wait and 2 said yes they did, but only for two days.

Were you offered an earlier appointment with a different person?

Three patients said yes, they were and three said no they were not. “That was because I was referred back to a specific GP for current treatment review”

Four said this was not applicable to them

“We need more information on how the system works, don't know this”



Recommendations/Highlights

Below are our recommendations/highlights from our visit.

Although a third of the people we spoke on the day had appointments made by the surgery for them, two thirds still were ringing up to make appointments. Almost half of these said they got through and secured an appointment for on the day. A third of patients also told us when they rang up to make an appointment, it was not necessarily urgent.

Two people told us they came into the surgery to make an appointment, so the telephone lines must come under pressure early in the morning because of this. **Can the process of how appointments can be made using E Consult, be further promoted/supported to help disperse the telephone pressure?**

A third of patients told us they had used NHS 111, but only 1 said they had used their pharmacy for help. **Could the benefits of using local pharmacies be promoted? Does the surgery make patients aware of the fact NHS 111 has a number of allocated GP appointments for emergencies every day?**

People said to us that they found themselves 'struggling, worried, angry, frustrated, needing reassurance, having little choice and having to wait longer than they expected' when trying to make appointments.

We were told "I would always choose to see a nurse instead of a GP, as GP's use different language-answer questions differently so sometimes I don't understand"

Can the surgery do anything to reassure these patients and can this comment be shared with GP's, to think about how they communicate more effectively?

More than half the patients we spoke to did not know the makeup of the staff structure and what the staff could do at the surgery. **Could the surgery provide more detailed information and publicity about this?**

The Surgeries website seems to be quite well used. More than three quarters of the patients we spoke to were aware of the surgery website, and half of those had used it.

Several people told us they were happy to see anyone but a third told us they wanted/expected to be able to see a GP. Based often on the idea of needing 'continuity of care', patients felt more confident seeing the same person for appointments. There are cases where this might be appropriate. **How does the surgery manage this?**

More than half of the patients we spoke to get to see who they wanted to and were happy if that meant a slightly longer wait

Prescriptions procedure seemed to be managed well-no issues whether ordered online, at the surgery or automatically generated

When we asked people about additional communication, information needs, three quarters of patients told us they did not have any. However within the discussions people also said that this was because they had help or 'relied on someone else'. Several people said they appreciated text messages and reminders. **What do you have in place to help patients who have additional specific needs (hearing, sight, language etc.)?**

Equally patients told us yes they were offered an alternative appointment with someone other than they'd asked for, and no they were not (three of each). One stating "we need more information on how this part of the system works-I don't know this!"

Can the surgery promote, in a simple format, how booking appointments happens?

Service provider response

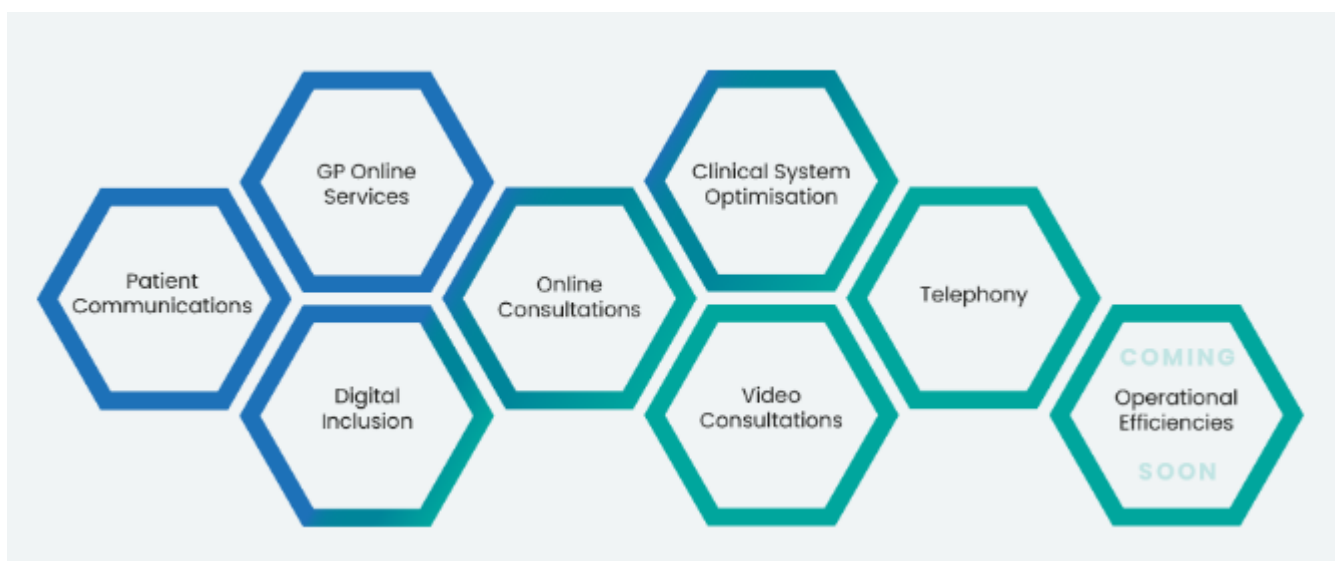
It is always useful to get an external perspective of how we are working as it is only through feedback that we can adjust services to meet the needs of our patients and so are grateful for Healthwatch in taking the time to assist us.

A number of the issues appear to be focussed on either enhancing content already on our website or the promotion of currently available information. We will ensure new developments are included on our website and will revisit but perhaps need to see if we should restart our practice newsletter, in order promote developments generally Once we have made changes we can replicate this for those patients who do not use the internet.

With regard to how appointments can be made including using E Consult, we are always looking to improve the explanation of our appointment booking system on our website <https://www.bridgeendsurgery.com/> and will expand the explanation of the e-consultation option which is already on our home page.

The NHS App is already being promoted on our website home page, and will continue to promote this in other ways as we are aware that a significant number of patients that applied for online access use the Patient Access App as this was the only App available when online access really increased at the start of the covid pandemic.

We appreciate that the NHS Digital agenda impacts our practice population in different ways depending upon their personal preferences but to help us deliver the NHS Digital agenda, we have a completed a Digital Journey Planner baseline appraisal of how we are delivering in a range of areas shown below



And in doing an assessment we have been able to develop an outline Improvement Plan and this should, once delivered, help patients and staff.

An up-and-coming development that patients may or may not be aware of is that is one of these modules, is telephony, we are actively looking to change the telephone system to be able to offer a call back feature to save patients waiting on the phone during busy times.

Capacity is an ongoing issue/difficulty for us as well as all other primary care providers and being able to Care Navigate can be an issue with patients who only want to see a GP when another health care professional is better placed to resolve issues.

We normally deal with requests to see a specific member of staff by explaining to patients which staff are in on a particular date in the coming weeks, we are extremely conscious that we have no full time GP's or nurses, which is through their choice.

All of our staff and their roles are shown on our website, we can promote this further, but we are currently limited on the website layout but happy to expand on what is already available.

We have discussed and decided not to publish rotas on the website as holidays and sickness absence can seriously affect the accuracy of this information. GP instruct reception staff as to whether a patient needs to see them personally in follow up appointments or if another GP can deal with an outstanding issue, again this is something we can add onto the website.

We are more than happy to share this report with the staff and will be highlighting to the whole team, where people have said they 'struggled, were worried, angry, frustrated, needed reassurance, had little choice and had to wait longer than they expected' when trying to make appointments. We will reiterate with all staff to ensure they use language that patients understand when explaining medical matters.

Paul Dodds (Practice Manager)

Appendices

Appendix A

Questions (Enter & View 2023) Service.....date.....

ACCESS

How did you get your appointment today at the surgery? How do people get an appointment at the surgery, usually?

Either on this occasion or in the past when you have tried to make an appointment yourself-how quickly did you feel you needed to see someone and why?

If you were unable to get an appointment, did you use any other services in the meantime (for example 'A & E'/'Pharmacy'/'111'/E Consult')?

- If yes, which one/s (please expand)?
- If no, why not?

If you were unable to get an appointment, how did you feel about that and did this affect other aspects of your life?

SERVICES OFFERED

Do you know what staff the practice has available to see and what they can do?

Are you aware that the surgery has a website?

Have you ever used/looked at the website?

Are you aware that the surgery has a Facebook page?

Have you ever used/looked at the Facebook page?

If yes you are aware but don't use them, why not?

When booking appointments do you have any additional communication, information or other needs?

If yes, what are they and how is this managed when either booking or accessing appointments?

If you require repeat prescriptions, how do you order and get them?

SPECIFIC REQUIREMENTS

If you asked for a specific person/professional, why did you do that?

Did you, or would you say you normally, get to see who you ask for?

If you got to see who you requested, did you have to wait longer to see them?

Were you offered an earlier appointment with another member of staff/professional?

Monitoring Details

<u>AGE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>FIRST PART OF POSTCODE</u>
<u>Under 16</u>			
<u>17-25</u>			
<u>26-49</u>			
<u>50-65</u>			
<u>Over 65</u>			

Appendix B

Talk to us about GP appointments

**Tuesday 19th September 10am-
12.30noon Bridge End Surgery**

Healthwatch County Durham is your local, independent health and social care champion. We would like to hear from patients and staff about access to GP appointments, specific services and meeting particular needs.

If you can't come along on the day, please complete a survey and leave it in the box so you can still share your views!

www.healthwatchcountydurham.co.uk

healthwatchcountydurham@pcp.uk.net

Tel: 0800 3047039 Text: 07756 654218

Whitfield House, Meadowfield Industrial estate,
Durham, DH7 8XL



Appendix C

To access the full notes click the link as below



[Bridgend Full Notes E & V 19.9.23.pdf](#)

If you would like a hard copy of the full notes these can be requested by contacting Claire Sisterson
Claire.sisterson@pcp.uk.net 0191 3787695.....



healthwatch

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