



Enter and View

Ushaw Moor Surgery

11 May 2023

healthwatch
County Durham

Contents

Contents	1
Details of visit	2
Acknowledgements and context.....	3
Purpose of the visit	3
Description of the service.....	5
Planning the visit.....	5
How was the Enter and View conducted?	6
Feedback and findings.....	6
Recommendations/Highlights	10
Provider response.....	11
Appendices.....	13

Details of visit

Location:

**Millyard House
Durham Road
Ushaw Moor
DH7 7QH**

Date and time of visit:

**11 May 2023
10am-12.30pm**

Authorised Enter and View representatives:

**Jean Ross
Anne Glynn**

Healthwatch Volunteer Supporter:

**Claire Sisterson
claire.sisterson@pcp.uk.net
0191 3787695**

Registered provider:

The Medical Group

Type of service:

GP Practice

Lead Receptionist

Joanna Simpson

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 first hand.

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

The Enter and View programme was paused in 2020 because of the Covid-19 pandemic. When it was safe to start visiting again, we chose GP surgeries as the first place 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, Ushaw Moor Surgery

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. Ushaw Moor Surgery was one of 6 who requested to be included in the visits.

As 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 or equipment etc. that we normally include in our Enter and View visits.

This report relates to this specific visit and includes feedback from patients received during the two and a half hours of the Enter and View visit. It also includes 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

Ushaw Moor Surgery is located at Millyard House, Durham Lane, Ushaw Moor, DH7 7QH. The practice is one of 5 surgeries which are part of The Medical Group.

There are **4427** patients currently registered at the practice.

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 at the surgery 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. With this in mind, 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 Joanna Simpson, the Lead Receptionist, 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, 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 understanding and experiences of the processes at the surgery. We carried out 11 individual interviews with patients. We also left surveys in the reception area prior to our visit and 1 was completed.



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

During the 2 and a half hour visit, 11 surveys were completed with patients and 1 survey had been completed in advance of our visit. **Below are some of the key findings from patients.**

Getting an appointment

Most patients are still making appointments on the telephone, but the telephone lines are under pressure early in the morning. One patient told us- **“8am this morning (no. 10 in the queue), got in okay.”**

33% (4) of patients told us their appointment was made by the surgery for them, 1 person said **“yes- they’d got an appointment no problem”**. 1 person said it **“was really difficult to get an appointment”**. Another told us **“it took a while-kept ringing.”**

How quickly did you need to be seen?

16.5% (2) patients told us they felt they needed to be seen on the same day (one said **“because he needed pain relief”**).

16.5% (2) patients said they didn’t need to be seen quickly (**“today was for a check-up.”**)

1 patient said they had to be seen regularly, not necessarily quickly. One Patient told us **“he had an ultra sound in February gone but had heard nothing since”**.

Did you see another service if no appointment was available?

33% (4) of people said they had either used or considered NHS 111.

8% (1) said they went to Accident & Emergency.

8% (1) said they used a **“pharmacy”**.

40% (5) said they’d **“not used any other service”**.

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

Three patients told us they had to stop working as this would extend their issue.

Two said, **“My health itself would have been badly affected”**.

One said it would have affected the whole family.

One person said it would have had no other effect.

How did you make the appointment?

Most patients, 50% (6) said they used the telephone, no one had booked online, none had used e-consult and there were 4 pre-arranged appointments.



Who did you ask to see?

50% (6) patients wanted or expected to see the GP. 16.5% (2) people said they would have seen anyone and 1 person had requested to see the nurse.

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

24% (3) patients said no and 16.5% (2) said yes (of which, 1 was a member of staff). 3 patients mentioned the staff Board but were not aware of individual tasks or things each person could do other than blood pressure and minor things, task based. **“Staff roles against names would be useful”**

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

8% (1) patients knew the surgery had both, 24% (3) did not know whether the surgery had a website or Facebook page. 1 used the website, 24% (3) said they don't use modern technology. **“Found the website difficult to access”**

Do you have any additional communication or information needs?

Whilst 6 people (50%) told us they didn't have additional needs, the other 50% said they did due to poor hearing or eyesight. Information given or displayed in a larger print would be useful.

Staff told us that patients with English as a second language tend to use a translation app, although it may not always be suitable. Staff also said that deaf patients may use BSL or host a three way call, but this can be time consuming and not straight forward.

“Yes-letter is better for me, the telephone is getting confusing as there's too many appointments”

How do you order and get repeat prescriptions?

4 (33%) patients told us they ordered online, 2 said they telephone the surgery and have them delivered, 1 called into the surgery and 3 told us their prescriptions are automatically ordered and sent out.

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

Some of the reasons people gave were:

“GP-continued care”, “GP used to me as a patient so I like to see the same doctor”, “the surgery decides and contacts me”. A staff member said **“sometimes people book in with a nurse for things that can't be done by her-there is a difference between what**

a practice nurse and a nurse practitioner can and cannot do, and people don't understand the difference".

Did you get to see who you asked for?

6 (50%) patients said yes, they did, and no one said no they did not. 3 people said this was not applicable as the surgery decided who they were to see.

A staff member also commented: **"Volume of patients has increased since Dr. Khan retired (Brandon), demand is so high"**.

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

6 (50%) said yes they had to wait longer to see who they wanted to and 4 (33%) said they waited quite some time. 1 patient said they had to wait until the next day because of Dr. sickness and another said yes but it was **"the best outcome achieved as he knows me so well"**. 2 (16.5%) said they didn't wait long. A patient told us they sometimes have to wait due to staff holidays.

Were you offered an earlier appointment with a different person?

3 (24%) patients said yes, 2 (16.5%) said they couldn't make the appointment due to other commitments or they wanted to see the doctor. 2 said no they were not. A patient commented that they **"Would have [taken an earlier appointment] if offered but wasn't"**.



Recommendations and Highlights

Below are our recommendations and highlights from our visit.

The telephone lines are under pressure early in the morning and people see it as “first come-first served” **Can the process of how appointments are allocated be promoted? Including explaining, how appointments that are urgent, non-urgent, referrals etc. are managed.**

Two patients told us they felt they needed to be seen ‘regularly’ rather than ‘quickly’ because of a condition. When they were unable to be seen regularly an appointment became required more urgently because of this. **How is this situation monitored so that people do not miss required ongoing care?**

Where we asked people if they’d used another service, whilst 4 people said they had, only one person had used the pharmacy, and 5 said they had not used another service. **Could there be a further promotion about what other services can offer and specifically the local pharmacy?**

"3 patients (25% of people we spoke to on the day) had to stop working because of a health issue, so getting an appointment was crucial in hopefully getting back to work". **Is this considered/looked at, when allocating appointments?**

50% of people had booked appointments on the telephone and none had booked online/used E-consult. **Is this an ongoing general reflection of how appointments are made and if so, is there a reason why people are not accessing appointments in an alternative way?**

Quarter of 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 staff roles against names on the notice board inside the surgery and further publicity about this?**

Quarter of the patients were not aware of the surgery website or Facebook page. **Could this be promoted?**

continued

Several people said they had additional communication or information needs, including poor eyesight and hearing loss. **Can/does the surgery offer communication in larger print and alternative formats where required?**

Staff told us that patients with English as a second language, as well as patients who had other communication needs, required a longer appointment sometimes and that these appointments are not always straight forward. **How is this requirement managed?**

Prescriptions procedure seemed to be managed well. No issues whether ordered online at the surgery or automatically generated.

Based on several reasons patients felt more confident seeing the same person for appointments. Staff also suggested that patient's book in with someone who cannot carry out the required task because they do not understand the different job roles. **If patients were more aware of job roles and what staff could do, they might feel more confident to see someone else in the surgery. Could this be looked at?**

Half the people we spoke to said they did manage to get an appointment with the person they had asked for. However, a member of staff said that the pressure has increased since a local doctor retired. **This is likely to become more difficult, how will the surgery manage this?**

Half the patients told us they waited longer to see who they wanted to and were happy to do so. **This seems to suggest that people are starting to understand this is part of the process if they opt to see the same person.**

25% were offered an appointment with an alternative person, 16% of these said they could not take them due to other commitments. 16% also said they were not offered an alternative appointment with another person but would have taken up this option.

Service provider response

Detailed information follows that is provided in the new patient pack regarding appointments. When a call is answered, we ask what the nature is. This enables us to

care navigate to the appropriate service, as the appointments released on the day are for people who need to be seen as a medical emergency, that day.

It is not the case of first come first served. Care Navigation enables us to refer to Pharmacies, Minor Eye Conditions, extended services, Social Prescribers and 'In house' Pharmacists.

Appointments can be booked by telephone, internet or at reception. Patients booking appointments online require a password – available from reception. Appointments can be booked up to 4 weeks in advance. If patients have seen the doctor and been asked to come back; these appointments should be made before leaving the surgery.

Morning and afternoon appointments are available if patients need to be seen on the day.

Telephone advice can be around anything from simple questions or answers to progress to be monitored, without face-to-face consultation. This is not recommended though if a patients needs an examination.

Emergency appointments are for medical needs, unable to wait for next available appointment. Please consider whether needs would be better met by ringing 999 or NHS Direct.

House call requests need to be requested before 10.30am – we cannot guarantee the doctor of choice. We ask that patients please try where possible to come to the surgery. In the time it takes to see one person at home, a GP could see between two and four patients at the surgery.

Patients can book up to 4 weeks in advance for the appointment. However, a proportion of patients do not attend review appointments. Reminders to the patients are sent out to remind them about upcoming appointments. These appointments can also be viewed on the NHS APP.

When the patient contacts us, we care navigate to the pharmacy if it something they can help with and at the same time we educate the patients as to what they can deal with. Patients have got into a habit of contacting the surgery first before contacting the local pharmacy to see if they can help. Perhaps a sign in the waiting area promoting the pharmacist is something that could be looked in to.

Patients can access E-Consults online. Patients can log onto The Medical Group after 8.00pm in the evening and the following morning- these are allocated by the office. We always offer an appointment at the extended service which is based at Meadowfield or Belmont. Patients have access to see a GP, Nurse Practitioner, Practice Nurse or Health Care Assistant over the weekend. This service is available on a Saturday

The booking of appointments is something that is being promoted at present.

Reception staff also promote the NHS App and the website and E-Consults. The key part is educating the patients on alternate methods of booking appointments.

Staff structure is in progress at the present. The staff notice board will be updated in due course as Ushaw Moor has staff changes. There are always changes in the surgery and we are currently advertising for positions.

The surgery website and Facebook page could be promoted in the surgery waiting area. Will discuss this at the next meeting.

The surgery provides a hearing loop, and we have patients with poor eyesight where we place a reminder on their record and issue all letters in a larger font. We also provide interpreters whether it be on demand or in person. The service provider sometimes may let us down as they don't always have an interpreter at hand for appointments. Notice is always given to this service, however if a patient needs to be seen on the day we use 'on demand'. When a patient has communication needs, we always double the appointment time up.

Reception cannot always accommodate the same person for appointments, this may be due to staff sickness or holidays. We will always endeavour to book for continuity for the patient, but this is not always possible.

Patients are happy to wait to see the preferred GP. This is a positive for continuity. Patients will be offered alternatives, as part of Care Navigation we have to offer the patient an appointment and not to have to ring back. The call must be dealt with that day.

I would recommend an E&V visit to another practice.

Joanna Simpson (Lead Medical Receptionist)

Appendices

Appendix A (Questions):

ACCESS

1. Have you been able to get an appointment recently at the surgery?
2. How quickly did you feel you needed to see someone? Expand/explain
3. If you were unable to get an appointment, did you use any other services in the meantime, how did you manage? (i.e., Pharmacy, walk in centre, A&E, Ili, private company)
4. If you were unable to get an appointment did this affect other aspects of your life? (Work/family/finances/leisure etc.)
5. How did you make or try to make your appointment with the surgery? I.e.-in person/telephone/online

SERVICES OFFERED

6. Who did you request to see?
7. Do you know what staff the practise has available to see? Who are they and what do/can they do (who can prescribe, refer, and sign sick notes?)
8. Does the surgery have a website and a Facebook page? (Can you access online?)
9. Booking/accessing appointments-Do you have any additional communication or information needs e.g., do you need a letter in large print/translator.
 - If 'Yes', can you tell me what you need, are those needs being met?
10. If you require repeat prescriptions, how do you order/get them?

(RESPONDENTS) SPECIFIC REQUIREMENTS

11. If you asked for a specific person/professional, why did you do that?
12. Did you get to see who you asked to see?
 - If yes, do you feel you got the 'best' outcome by seeing that person? Explain/expand
 - If no, do you feel you got a 'good enough' outcome by seeing the person you saw? Explain/expand
13. If you got to see who you requested, did you have to wait longer to see them?

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

- If yes, why did you turn that appointment down?
- If no, would you have taken an earlier appointment with someone else, if offered?

Thank you so much for your time.

Claire Sisterson (Volunteer Support) – HWCD claire.sisterson@pcp.uk.net 07756 654223

Appendix B

Talk to us about GP appointments

Wednesday 26 April 1.00-3.30pm

Meadowfield 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



Full Notes 11.5.23 Ushaw Moor Surgery Enter & View.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 or 07756 6542230



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