

**Details of visit****Service address:****Service Provider:****Date and Time:****Authorised****Representatives:****Contact details:****Review of Trafford GP Practice****130 Davyhulme Road, Urmston, M41 7WJ****Davyhulme Medical Centre****Friday 29th May 2015- 10am-1.00pm****Sandra Griesbach , Jean Rose and Alister Rowe****Healthwatch Trafford, Sale Point, Sale, Trafford M33 6AG**

Acknowledgements

Healthwatch Trafford would like to thank the management, staff and representatives of the Patient Participation Group of Davyhulme Medical Practice for their contribution to the Enter & View programme.

Disclaimer

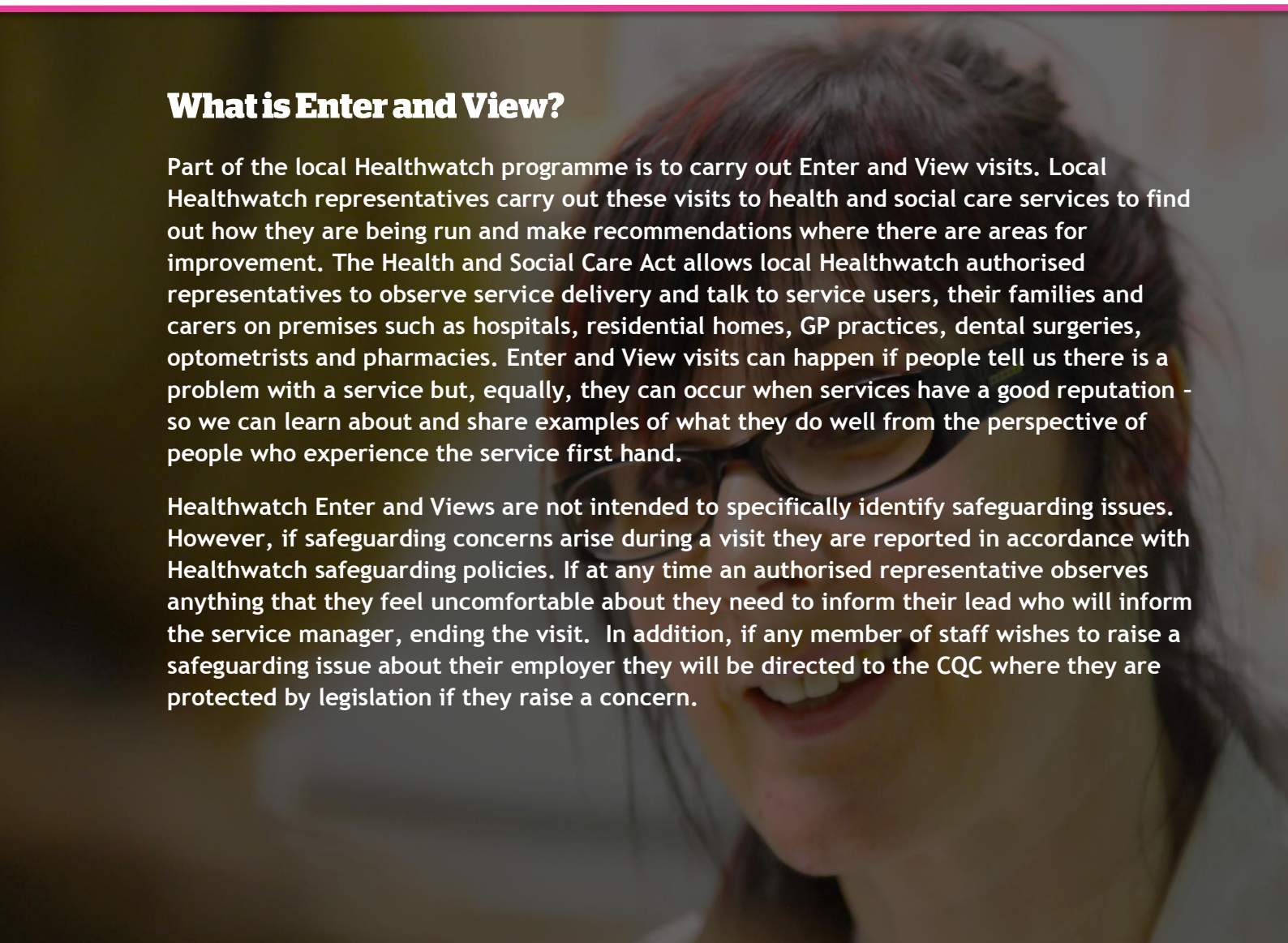
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local 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 about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views 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. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



Purpose of the visit

- Observe & identify good practice in the provision of primary care in Trafford
- Engage with management, staff and service users to understand how primary care is delivered and managed
- Observe the management and delivery of emergency appointment system
- Identify channels available to all service users for routine interaction with management



Strategic drivers

- Promotion of Good Practice in Primary Care
- Quality Integrated Care in the Community
- Reduction in Hospital Admissions
- Health & Wellbeing of Ageing Population

Methodology

This was an announced Enter and View visit.

Contact was made with the GP Practice Manager explaining our reasons for wanting to visit their medical practice in Trafford and an explanation of the areas for engagement.

Information was gathered from recent Care Quality Commissioning report and other statistical details. The visit comprised of viewing premises that included: consulting rooms, minor operations, staff rooms, clinical areas and patient areas and to observe the interaction between staff and patients and the routine operation of the practice.

Information was provided by the Practice Manager and Patient Service Manager with contributions from members of the Patient Participation Group (PPG) to gain the patient perspective. Some predetermined questions were available to the Enter and View team for us

e during the visit and these can be found at Appendix 1.

It was agreed with the Practice Manager that the visit would last approximately two hours and that the Enter and View team would have a tour of the premises including speaking to PPG members.



Summary of Service

Davyhulme Medical Centre is a large General Practice comprising eight Doctors providing primary care for approximately 11,800 patients from a purpose built premises in Davyhulme, Manchester. The Medical Centre is a registered Training Practice and has support from Nursing and Allied Health Professionals, Registrars and a large Administrative team. An independent Pharmacy is integrated within the premises.



Summary of findings

The Healthwatch Trafford Enter and View Team felt there was a strong sense of leadership within the Davyhulme Medical Centre with processes in place to promote quality care for patient in a calm and efficient way.

Evidence includes:

- Davyhulme Medical Centre is a purpose built surgery on two floors. Ground floor contains all clinical areas, including consulting room, minor operation room, and treatment room; there are 22 consulting rooms on the ground floor. The First floor is for administration. The building is clean and welcoming and has its own car park spaces for 20 vehicles.
- The reception area is well managed in a calm and efficient manner, the environment is accommodating and accessible to patients with disability.
- The Centre operates an open urgent surgery daily from 10.30am - 11.30am and a GP will triage priority where patients are allocated a five minute appointment.
- A nominated GP is 'on call' to answer queries from patients and staff.
- Safeguarding and Chaperoning of patients is available on request or if it is felt necessary by Medical Centre.
- The Centre appears to have an active Patient Participation Group (PPG)

First Impressions



There is an 'L' shaped, well maintained Car Park directly outside the Centre. On the day of the visit the car park was full and patients park on the road abutting the Centre. Entry to the premises is through automatic-opening doors leading to a wide, bright and airy vestibule with the names of the resident GPs displayed on the wall. The premises look clean and welcoming on entry, with a glass walled small room on one side with a TV screen and seating for patients. A large, glass partitioned patient waiting area was adjacent with two TV screens, one used to notify patients when and where a doctor will see them the other with BBC transmission, sound off. The smaller room had a facility for patients to monitor their own Blood Pressure and have the results checked whilst on the premises and a patient was observed using this facility during the visit.

The reception area is directly in front and comprises a self-enclosed counter with open top access for patients and visitors to speak to receptionists. At the time of the visit one receptionist dealt with a two queuing procedure. Patients waiting in the queue wait behind a designated point before being called forward, we observed the receptionist dealing with patient's requests calmly, confidently and quickly. Phone calls are dealt with in a back office, this protects patient's confidentiality and enables the reception area to appear quieter. We observed the back office with two members of staff very busy dealing with calls. Leaflets and information are displayed for patients. During busy periods reception staff managing the phones in the back office, come out to help as the reception desk is filmed by a live feed camera into the back office.

When special clinics run alongside pre-booked appointments a queueing system diverts patients to the appropriate receptionist and this is monitored by the Patient Experience Manager during peak periods. All walkways to consulting areas, doorways, standing and waiting areas and toilet facilities were all good width and could easily be accessed by patients with mobility aids. Hand sanitiser were available in the waiting area.

At the time of the E&V visit the urgent appointments clinic was in progress and the waiting area seating 46 patients was full. The surgery appeared calm and efficient as patients waited to be called in to see the GP; the general noise level was very low so the call through of patients could easily be heard as well as seen on the TV monitor.



Operational/patient focussed



The E&V team found the premises clean, décor subtle with plenty of natural light and the corridors free from hazards; the 22 consulting rooms on the ground floor displayed permanent signage clearly marking the way.

The E&V team observed that patients with pre-booked appointments could use the 'fast check in' facility if centre was busy or book in at reception. It was noted that minimum conversation could be heard between patient and receptionist whilst in the waiting area, the glass wall ensuring a reasonable high level of confidentiality. The team also observed a patient enter and use the Blood Pressure equipment available for patients in the smaller room.

Davyhulme Medical Centre operates an open clinic for urgent, on the day, appointments between 10.30am and 11.30am after morning surgery. All patients report to reception at 10.30am, details and general symptoms listed. A doctor triages priority, all colleagues share urgent clinic list, patients have five minute appointments.

It was noted that some patients, on the day of the visit, complained loudly to each other about long wait. The E&V representatives noted that the information tag-line on the visual display screen informing patients of waiting times was not operating during the Urgent Clinic session.

Babies and young children are seen as priority when presenting at urgent clinic. As part of the team, Practice Nurses under a 'Red Nurse' slot see patients with minor conditions at these clinics, allowing doctors to concentrate on the more urgent cases.

Patients can book advance appointments directly with reception, via telephone or Vision online. Waiting times are approximately one week to see a GP, or longer for a specific doctor. Patients can telephone the Centre for a consultation with the doctor on their test results; the Centre nominates a GP as 'on call' to answer queries raised during the day from patients and staff, this is done on a rota basis. Home visits are carried out after morning clinics.



Quality and Safety:

Policies covering Safeguarding and Chaperoning of Patients are available and closely observed by all staff that have undergone the appropriate training and Disclosure and Barring Service (DBS) checks. Chaperones can be provided on request if the Centre feels this is necessary. Meeting between all relevant staff is held on a quarterly basis by the Practice Manager and on a monthly basis for the Administrative and Secretarial support with the Patient Experience Manager. Agenda topics included concerns and incidents raised by patients and staff for open discussion and resolution. Friends and Family questionnaire for patients to complete are available at reception; feedback on the patient experience can also be left on-line.

The numbers of 'do not attend' (DNAs) is recorded on the patient display screens in the waiting area, patients who accrue three DNAs lose the ability to book appointments on-line. Fire Alarms are tested frequently and the E&V team noted Fire Extinguishers were prominently placed on corridors as well as in the consulting areas (details were not checked).

Patient Experience

Currently the Centre use Vision On-line to enable patients to book appointments, submit repeat prescription requests and access test results. However, the Centre will shortly be changing to the Egton Medical Information Systems (EMIS) system, which is an electronic patient record system that will provide greater on-line access for patients. The Practice Manager has offered simple workshops for patients less familiar with new technologies who want on-line access.

To ensure continuity for patients with mental health concerns, appointments are made with the same GP where every possible. The Centre does not offer double appointments as routine. Double appointments are available where a patient is known to have a learning disability, communication problem or a clinical need. The Centre currently text messages to Deaf patients only. Interpreters are booked in advance for Deaf patients. Frail elderly patients who have a clinic need are visited at home.



Additional findings

Patient Participation Group (PPG)

As part of the visit a representative of the E&V team contacted a member of the Davyhulme Medical Centre's PPG to gain a patients view of the practice. When asked 'what the Davyhulme Medical Centre does well and what might be improved', the PPG member stated that the children services delivered by the Centre were excellent and that members of her family have commented on the speed and caring nature of this service; and that all Davyhulme Medical Centre's staff are helpful, friendly and the doctors approachable.

On a personal level the PPG member expressed her exasperation at the centralisation of services. For example, she finds it frustrating having to go the hospital or other GP surgeries for blood test when it could possibly be carried out at Davyhulme Medical Centre by the Practice Nurse.

Service provider's response

In response to the individual PPG member's comments on accessing phlebotomy services at Davyhulme practice, the Practice Manager stated that, 'such a service would require additional funding and resources from Trafford Clinical Commissioning Group (CCG) and though the Davyhulme PPG have lobbied Trafford CCG, funding has not been forthcoming'.

Recommendations

To keep patients informed of unavoidable high volume delays during the 'urgent clinic' we suggest using the information tag-line at the bottom of the visual display screen informing people of anticipated delay time.



Appendix 1

Predefined Questions Whilst on Visit

- **Environment for example:** Where it is situated in the locality i.e. for access to transport, shops, medical facilities. Walking through entrance, access for family & friends public, security day & night
- **Facilities:** Admission policy; How do they maintain the balance of the schemes residency when apartments become vacant?
- **Wellbeing:** How do management get residents feedback? If residents need to see a GP how easy is it to do? Is there one GP practice for the facility?
- **Care packages**
How do the care packages work, do they (do scheme managers get any communication back from agency workers?)
- **Residents**
What activities take place - do public get involved?

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