



Enter & View Report

Station View Health Centre

20 June 2016



Report Details

Address	Station View Health Centre Southfield Road Hinckley Leicestershire LE10 1UA
Service Provider	Drs Rowe, Johnson, Howes, Reid, Spencer, Thuthiyil & Bhatti
Date and time of visit	Monday 20 June 2016 8.00am - 11.00am
Authorised representatives undertaking the visit	1 - Team Leader 2 - Authorised Representatives 1 - Staff Lead

Acknowledgements

Healthwatch Leicestershire would like to thank the service provider, patients and practice staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report relates to findings observed on Monday 20 June 2016. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is prepared by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicestershire.

What is Healthwatch?

Healthwatch is the independent consumer champion created to gather and represent the views of the public. We have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

What is Enter & View?

Part of the local Healthwatch Programme is to carry out Enter & View visits.

Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvements.

Enter & View is the opportunity for Healthwatch Leicestershire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits.

Enter & 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.

Purpose of the visit

- To gather patient views of the service provided at Station View Health Centre.
- Capture the experience of patients and carers and any ideas they may have for change.
- To look at a number of key themes; reception and waiting areas, accessibility, information available to patients and patient facilities.
- To observe patients engaging with the staff and their surroundings.



Strategic drivers

- Access to services is a local Healthwatch priority.
- Embedding Carers issues as a Healthwatch Leicestershire commitment.

Methodology

This was an announced Enter & View visit.

We approached the Practice Manager before we spoke to anyone in the health centre who advised us that we had access to the patients and the communal areas during our visit.

Authorised representatives asked patients about their experiences of the practice and completed 37 patient surveys. They explained to everyone they spoke to why they were there, left them with a Healthwatch Leicestershire leaflet and took notes.

A large proportion of the visit was also observational, complemented with the survey activity, involving the authorised representatives observing the surroundings to gain an understanding of how patients engaged with reception staff and the facilities.

Summary of Findings

- The layout of the waiting room made it difficult for patients to navigate to and from the reception desk.
- Some patients used the electronic check-in screen for their appointments.
- There were several information noticeboards and leaflets available to patients.
- Information available for carers was not up-to-date.
- The majority of patients did not know that the practice has a Patient Participation Group.
- There is a Health Awareness Room that patients used to support self-care.
- Patients reported that making appointments is difficult especially via the telephone.
- The clinical team was highly praised by the survey respondents and the non-clinical team was not rated as highly.

Result of Visit

Overview of the Health Centre

There are 12,703 registered patients¹ and the practice covers the following wards in Hinckley; Burbage, Barwell, Castle, Clarendon, De Montfort and Trinity.

The practice is a modern brick built building and there is a pharmacy attached to the practice. There is ample parking and reserved car parking spaces for the disabled, which are situated close to the main entrance. The practice is well signposted from the main road.

Reception and waiting areas

The Enter & View team arrived in advance of the practice opening time - 8am. However, it was raining heavily and by this time there were 20 people queuing outside including a mother with a baby. The practice opened promptly on time.

There are automatic doors into the practice, which lead straight into the reception area. There were several notices on the doors advising the opening times, reception policy and next-door pharmacy.

We noted that there were a number of hand sanitisers located in the reception, including one on the wall upon entry and another near the self-service check-in machine. There is no visible clock in the waiting room.

On entering the practice, patients were directed, past the check-in screen, so that they approached the reception desk from the opposite side to the entrance door.

This led to a queue of patients forming near the chairs in reception and the queue blocked the pathways. We noted one patient with a pushchair had difficulty negotiating a path around the furniture to get to and from the reception desk. When she had finished at the reception desk, the roped off space to exit was too narrow to allow her passage behind another patient at the desk.

The directional signs for queuing were not helping the flow of patients along the patient area. These signs were small and we observed that patients did not always follow the system.

There were long queues with waits of 5-10 minutes approximately. We observed this three times during our visit; when the practice opened, then at 10.30am and at noon.

¹ <http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=44118>



However, once checked in patients were called to their appointments promptly. Throughout our visit a variety of background sounds and music was played into the reception at varying volumes.

In the waiting room there were rows of tightly packed chairs, we noted that some of these were showing signs of wear and tear. None of the chairs had armrests or high backs to support patients with different ailments/ conditions. There was a row of chairs near the reception desk but facing away from it.

There was a child play area with infant sized chairs, which we saw being used by a toddler.

There are two electronic information displays with an audible sound to alert patients the room to go to when their appointment is called. We did observe that the information displays changed very quickly and some patients did not see the room they needed to go to.

All the consulting rooms were on a ground level along a corridor. At the far end of the building there is a smaller waiting area (called the 'Sub Reception'). A number of patients were directed to this area to attend appointments with the nurse. There is a reception desk in this area but this was not in use during our visit. There were two large noticeboards in this area with a variety of health posters and practice notices.

Accessibility

The reception counter is high and some patients commented that this made it difficult to make eye contact with the receptionists. There was a lowered section of the desk suitable for wheelchair users that had a glass screen.

There is an electronic touch screen check-in machine for patients to use with instructions



displayed on the wall next to the screen. We noted that the font size was very small for people with a visual impairment to read. The machine did have the option for changing languages however we did not see any notices throughout the practice for speakers of other languages or translated literature.

The siting of the check-in screen and the width of the walk-through area made it difficult for a wheelchair user to navigate around to and from the reception desk.

We noted that a hearing loop system was in operation.

Information available to patients

There are several noticeboards in the waiting area with a variety of information including; Patient Participation Group (PPG), Carers, Bowel Screening, Stop Smoking, Awareness Week, what pharmacists can deal with and General Health Information. The majority of the noticeboards had large font headings so that patients could easily identify the topic of the board.

The PPG noticeboard had photos and names of the members but no information about how to get involved or meeting dates.

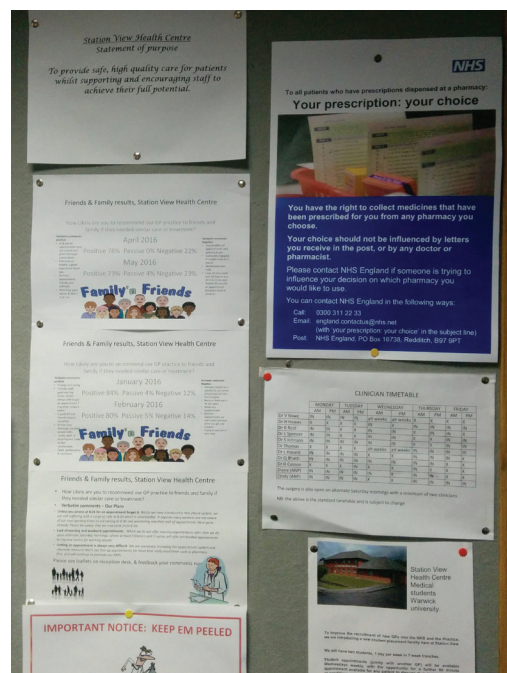
Over half the people (20) we spoke to did not know if the practice has a PPG Group.

The Friends and Family Test (FFT) Box and Suggestion Box were placed behind the glass screen. The related FFT forms to complete were hidden behind another information holder at the other end of the reception desk. None of the patients that we spoke to aware of the FFT and what it is.

The information displayed on the Carers noticeboard was not up to date. One carer who was accompanying her mother commented that she was not aware of any support for carers at this practice. She also felt frustrated at the difficulties at trying to make appointments; she would not let her mother try to make appointments due to the number of attempts she has to make and the resulting raised stress levels when she was unsuccessful.

Patient facilities

To support patients with self care, the practice has set up a Health Awareness Room, which had a blood pressure machine with clear instructions for patients to self-administer and self-record and scales for patients to check their weight.





Inside the room was a large noticeboard with a variety of health notices and leaflets. Some of the leaflets were in small print, which would be difficult for patients with vision impairments to read.

There is a Privacy Room that patients can request to use to talk to receptionists in private. We did not observe the room in use.

There were three Toilets off the corridor from the reception - male, female and disabled/ baby changing facilities. All the toilets were clean. It was noted that the alarm pull cord in the disabled toilet was tied up on the grab handle and out of reach of anyone seated on the toilet.



Patient Comments

Appointments

From the 37 patients who completed the survey, 33 of them told us that it was not easy to get through to the practice on the telephone.

The telephone appointment booking system was described as 'dreadful', 'awful', 'soul-destroying' and 'impossible' to access successfully. The main issue was the difficulty in getting through on the telephone in the morning to secure an on the day appointment. Patients said that the online advanced appointments were not much better as when tried to book most available appointments were already taken.

20 people told us that they attended in person to make their appointments.

Patients therefore felt they had no option but to queue for face-to-face booking even if that meant standing outside well before the practice opening time.

The Practice Manager confirmed that there are six receptionists. Six telephone lines open at 8am and up to six calls waiting are queued. Some of the receptionists are on the telephone while the other receptionists deal with the queue at the desk.

Opening times

Nearly all (35) patients who completed the survey told us that they were moderately to completely satisfied with the practice opening hours.

A number of patients especially those who worked would like to see the Saturday practice reinstated. The Practice Manager told us that the Saturday practice was stopped due to prohibitive costs and high un-attendance rates.



Clinical Team

All of the (37) patients that we spoke to praised the clinical team.
Overall the patients rated the clinical team at an average of 6.00.

6.00



(On a scale of 1 to 7, 1 meaning extremely unhappy and 7 meaning extremely happy).

Non-Clinical Team

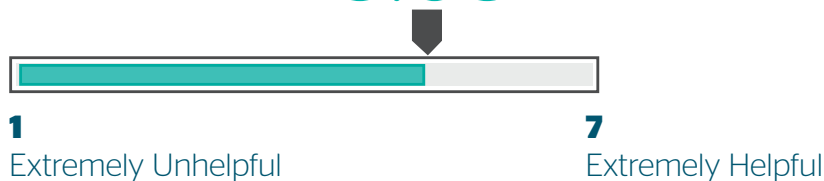
We asked the patients if they felt that the staff (receptionists/ practice manager) at the practice were helpful and understanding.

Patients commented that some of the receptionists showed more empathy than others when they were trying to get appointments. Some patients expressed sympathy for the receptionists doing a difficult task, particularly on the telephone.

Patients did not like that the receptionists asked personal questions about their health conditions and felt that they should not have to disclose this information.

The majority of the patients that we spoke to were unaware of the Practice Manager and their role. Overall the patients rated the non-clinical team (receptionists/ practice manager) at a weighted average of 5.03.

5.03



On a scale of 1 to 7, 1 meaning extremely unhelpful and 7 meaning extremely helpful).

Patient Services

Patients did not fully understand the operation of the blood test clinic and appointments. One patient reported being frustrated that she was forced to make another visit to the practice for blood test when this was requested at the time of her visit with the doctor.

The Practice Manager advised that there are set amount of blood test appointment slots available each day, and that individual doctors have emergency slots for on the day blood tests. Bloods have to be collected by 11am; therefore if the request is after that time then another visit will be necessary.



Recommendations

The following recommendations reflect the findings from the Enter & View visit:

- 1.** Review the appointments system for patients and consider opening the telephone lines before the practice opens.
- 2.** Explore ways of preventing long queues of patients forming during the day. (Possibly having more staff to cover reception when a queue builds or when a patient requires a longer conversation).
- 3.** Consider the layout of the reception area to enable patients with mobility issues to move around easier.
- 4.** Review seating in the waiting room to include high back chairs, chairs with arms and a wide seat.
- 5.** Promote the Friends and Family Test Box and Comments Box and put the comment cards near the box to make them more accessible.
- 6.** Ensure that the alarm pull cord in the disabled toilet can be reached when on the toilet.
- 7.** Consider how patients can be advised about which medical conditions a nurse can deal with without having to disclose personal details to the receptionists.
- 8.** Ensure that all the noticeboards are kept up to date.
- 9.** Review leaflets and information to ensure it is accessible for patients who are vision impaired or speak other languages.
- 10.** We suggest that the practice has a carer's champion. Voluntary Action South Leicestershire (VASL) Carers Health and Wellbeing Service, is available to all practices in Leicestershire to help update the carer's information.

Service Provider Response

This report was agreed with the service provider as factually accurate. Station View Health Centre have provided the following response:

Thank you for this comprehensive report of your findings from a morning at our practice. We are delighted to find that patients praise our clinical team highly, and also find our reception helpful and understanding. We are obviously concerned with the telephone appointment booking system, and are constantly trying to find new ways to change the booking experience in general, but sometimes reach the limit of routine appointments available per week and sadly our main constraint at present is the limited resources provided to general practice.

Station View Health Centre have provided the following response to each of the recommendations:

1. You have asked us to consider opening the telephone lines before the practice opens. This we think is unachievable for a couple of reasons; We have to have the practice doors open from 8.00am-6.30pm, so this would mean extending the phones before these core hours, we would then be entering into an extended hours session, which would also mean changing our door opening to increase the session times. We also felt this would unfairly prioritise any patients that would rather not, or can't phone due to a disability, and limit patient's option of booking in person.
2. We have up to 6 reception staff in any one session, and usually (at busy times), have 2 on the front desk, 3 on the phones, and 1 arranging scripts/ visits/ completing chaperone duties etc. and don't feel as though we can increase the payroll/ staffing further. We will continue to alter staff around, as and when queues build up either on the phones or at the desk.
3. The layout of the reception area, has been reviewed with health and safety to make sure it is wheelchair friendly, but will be reviewed again, to allow wider access, even though this will mean less seating. Whilst the building (rented) is not perfectly designed we do feel we are making the best use of a poor design. The flow has been considered so that patients pass the self check-in screen (to encourage use), and allow for any people queuing at the far end of the reception desk. Previously patients were queuing directly in front of the desk but this triggered the automatic doors opening and we had complaints about the cold. We will however look to improve the signage to make sure this is clearer for all.
4. Seating is being reviewed and all chairs showing signs of wear and tear have been removed, creating room for some new high seating.
5. The Friends and Family Test and comments, are promoted, on the reception counter and in the healthcare room, but we are considering putting these on the chairs in the morning, so patients would have these to hand to complete on different occasions.
6. The alarm pull cord in the disabled toilet has been lengthened.
7. Whilst we have a privacy room for discussing confidential information, we do know that asking patients at the desk can be quite difficult. We do however need to ask this information, to put the patient with the correct Clinician, i.e. Nurse, Advanced Nurse Practitioner or GP. We do respect patient's right to advise if this is private or if they know who they need to see, and are considering other options, such as a list of common conditions, that they could point to (if at the desk) rather than say out loud.
8. Noticeboards are all up to date and are refreshed on an at least monthly basis.
9. Whilst we are unable to get all leaflets printed in every other language, we can and have provided more information about translation services and assistance if needed.
10. We now have a carers champion, have proceeded to code all carers on registration and through knowledge in consultations, the website and noticeboards have been updated accordingly.

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20 June 2016

Distribution

The report has been distributed to the following:

- Station View Health Centre
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
- LCC Health & Wellbeing Board
- Overview & Scrutiny Committee (OSC)
- West Leicestershire Clinical Commissioning Group (WLCCG)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network

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