

# **Enter and View report**

## **Dockham Surgery, Cinderford**

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14-15 November 2023



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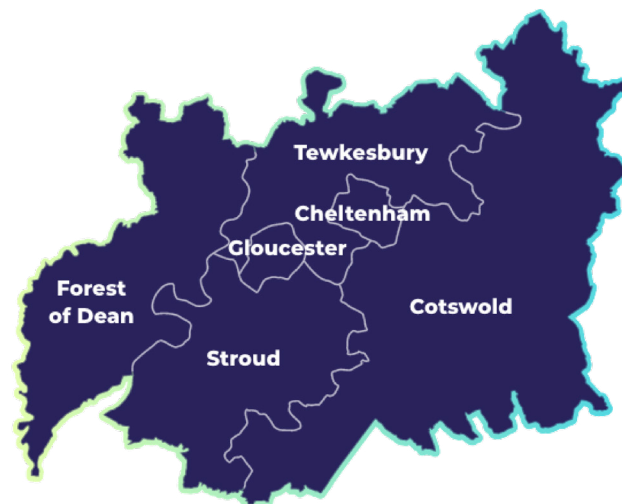
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# About Healthwatch Gloucestershire

Healthwatch Gloucestershire is the county's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.



## What is Enter and View?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action.

During these visits we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service, and by talking to people using the service, including patients, residents, carers and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views, and how we evaluate the evidence we gather and make recommendations to inform positive change, for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

# Details of the visit

**Service visited:** Dockham Surgery, Cinderford

**Visit date:** 14–15 November 2023

## About the service

Dockham Surgery is located in Cinderford. The practice is located in a purpose built premises and is on a single site; they moved to these premises in August 2020. The building is shared with Forest Health Care with shared car parking and access to the building. Inside the building Dockham Surgery is located on the ground and first floors and has its own designated space, including reception and waiting areas. The clinic rooms are on the ground floor with offices located on the first floor.

There is a large car park and four designated disabled spaces.

The practice has circa 6,800 registered patients and is part of the Forest of Dean Primary Care Network.

## Purpose of the visit

This visit was part of our ongoing partnership working with NHS Gloucestershire and the CQC to support improving the patient experiences in GP practices across the county. It is also supporting a wider project being undertaken by Healthwatch Gloucestershire in relation to accessing GP services.

## How the visit was conducted

Dockham Surgery was told about the visit in advance. During the visit, information was collected from observations of the communal areas used by patients, including the accessibility of the premises and by talking to patients. Ahead of the visit there was also a conversation with the Practice Manager to help inform the visit.

## Authorised Representatives

- Helen Esfandiarinia (Staff member and Lead Authorised Representative)
- Fred Ward (Volunteer)
- Jo Storey (Volunteer)
- David Pugh (Volunteer)

## Disclaimer

This report relates to this specific visit to the practice, at a particular point in time, and is not representative of all patients registered with the practice. We recognise the following limitations of our visit:

- We only spoke to patients who attended the practice during our visit, or those who had phoned Healthwatch Gloucestershire ahead of the visit.
- Observations are based only on those parts of the practice that are communal, for example, reception, waiting rooms, patient toilets, car park etc.
- We did not ask patients to share any information about the medical/health reason for their visit.

This report is written by the Lead Enter and View Authorised Representative who carried out the visit on behalf of Healthwatch Gloucestershire.

## Visit overview

Dockham Surgery was advised that the visit would take place and the dates for this. They were therefore expecting us.

Ahead of the visit the Lead Authorised Representative spoke and met with the Practice Manager. The information gained from this discussion helped to inform the visit.

The visit was carried out over three sessions on two different days. Four Authorised Representatives were involved. Across the three sessions we spoke to 55 patients; they ranged from being recently registered to being registered with the practice for many years.

Posters detailing the visit were evident in the practice.

During the visit, information was collected from observations of the communal areas of the practice, including the reception area, and via conversations with patients.

At the end of each session there was a team discussion to review and collate findings and recommendations were agreed. Initial feedback was provided to the Practice Manager in the week following the visit.

## Key findings

The following are the key findings from the visit and should be considered alongside the further information provided later in the report:

- The visiting team was warmly welcomed into the practice.
- On the whole patients felt that once they had managed to arrange an appointment, the service was good.
- During the visit it was observed that appointments were mostly running on time or with only minor delays.
- The majority of patients appeared to like the new premises and found them accessible. Some patients told us that now it is located out of the town centre it is harder to get to, particularly for those patients who have to walk or who have to get a bus into Cinderford.
- There were three key areas of concern raised by patients:
  1. The process for arranging an appointment; this was in relation to both urgent and routine appointments.
  2. The availability of appointments, both for routine and urgent issues and this resulted in patients having to access other services such as NHS 111 or the local Minor Injury & Illness Unit (MIIU).
  3. The difficulty of contacting the practice via the phone, particularly in the mornings, and that patients are not advised where they are in the telephone queue.
- Patients with ongoing health issues reported that they are able to see the same GP and that arranging follow up appointments for this is straightforward. However some patients, particularly those with complex health issues, reported that they were not able to see the same GP.
- While most patients were complimentary about the reception staff, some concerns were raised in relation to their communication style.
- On the whole patients did not raise any issues in relation to being able to access the practice or the facilities within this. We did speak to some wheelchair users and they raised some specific issues in relation to accessibility. (See Observations and findings, Premises and accessibility, pages 8-9.)

- Other general points:
  1. Patients are reminded of appointments by text but no other updates provided, for example, upcoming changes at the practice.
  2. There is no information for patients to understand how they can request chaperoning or have private conversations.
  3. At the entrance of the practice there is a noticeboard but it does not indicate whether it is for Dockham Surgery.
  4. There is a large clock in the reception area. However this cannot be seen from some of the seating in reception.
  5. There is a list of staff on the wall in reception. However this is on a small board and does not indicate the role of the member of staff.
  6. Most patients reported that they had not been asked to provide feedback and there is not a suggestions/comments box available to patients.

## Recommendations

We would like the practice to consider the following recommendations to help improve the patient experience of accessing the practice and services provided. These are based on our findings from the visit.

1. Review availability of appointments for patients and the process for making these, for both routine and urgent matters. To consider:
  - Introducing a morning and afternoon triage list to try and reduce the number of times patients are referred onto other services such as NHS 111.
  - Reviewing the advice given to patients who have an urgent need for an appointment and are being signposted to NHS 111 or other urgent and emergency services.
  - How you can let patients know of other options for either making appointments or seeing other professionals within the practice.
  - Introducing a waiting list for patients needing a routine appointment, to reduce the number of times patients need to call the practice.
  - Updating patients in relation to the new phone system and how this will improve the process and experience of making appointments. Once in place carry out regular reviews with patients to see if this has improved their access.
2. To improve access for patients with mobility issues and/or wheelchair users, and consider:
  - Speaking to the landlord to increase the number of disabled parking bays close to the entrance of the building.
  - Reviewing the issue around the designated disabled toilet. If it is possible, for patients to use the designated disabled toilet in Forest Health Care and ensure there is appropriate signage to advise patients of this.
  - Ensuring that there are mobility aids available in the practice. For example, a sliding board to help with transfer from chair to examination couch.
  - Ensuring that the reception call bell is always placed within reach of all patients.
  - Removing the posters from the lower screen in the reception area to ensure that this can be used for the purpose it is intended for.
3. Recognise the need to support staff to manage difficult conversations/situations with patients. Consider how they can be further supported to ensure that patients are also able to appropriately discuss their own frustrations when trying to access the services provided at the practice.

#### 4. General recommendations for consideration are:

- Introduce ways to keep patients up-to-date with any changes to the practice, taking into account that not all patients have access to mobiles/internet. For example a newsletter that can be published on the website but also available as a paper copy, using the screen in reception.
- Review the information that is available to patients in waiting rooms/reception to include accessing a chaperone and having private conversations etc.
- Consider using the screens to include information about who is working on that day.

## Observations and findings

These are based on what was observed on the days of the visit, the conversations that took place with the practice ahead of the visit and conversations with patients during the visit.

### Appointments

The practice advised us that patients can make appointments by phoning the practice, attending the practice and speaking to reception staff, via the NHS App or by putting a message/question on the dashboard on the website (for non-urgent matters). They also advised that patients do have a choice as to the type of appointment or who they see, but that this may cause delays.

The practice advised that they do hold back a number of GP appointments each day for urgent matters and that they have to allocate some appointments for the NHS 111 service to book patients for. Receptionists are advised to signpost patients to the NHS 111 service for urgent matters when the triage list is full.

The practice also accommodates home visits and the eligibility for this is decided by a GP.

Patients told us that once they had managed to arrange an appointment, the service they received was good and that on the whole they felt:

- Listened to by the professional.
- That they understood what was being discussed and what the possible next steps were. This was also the case for patients where English is not their first language.
- The appointments are long enough and that the GPs will take as long as necessary rather than sticking to the 15 minute appointment time.
- For ongoing issues, patients are able to see the same GP and that follow up appointments are easily arranged.

Some patients also told us that they had tried to access services online, but struggled with this. For example, asking a question on the dashboard, booking an appointment online.

### Phone calls

The practice advised us that there are changes being made to the phone system that should improve the experience for the patients.

Phoning the practice is one of the areas that patients raised the most frustration about. The key points raised by patients are:

- It can take a long time for the phone to be answered. If the line is engaged, the patient is placed in a queue but does not know where in the queue they are; this can be difficult when trying to make a call and manage other commitments, such as work, childcare etc.
- As a result of not being able to get through to the practice, patients reported attending the practice in person to speak to a receptionist.



## Process for making appointments and availability

The practice advised us that when patients contact the practice for a GP appointment they are added to a triage list each morning. A GP will then call the patient back to determine if an appointment is required and whether this is an urgent or more routine need. There are a limited number of slots available on the triage list and if there are no further slots available on that day the patient will be advised to call NHS 111 if they feel their need is urgent.

This is an area that causes significant dissatisfaction with patients. The key points raised by patients are:

- Often there are no slots left on the triage list and a lot of patients we spoke to told us that, for urgent matters, they have been advised to contact NHS 111 and that often this results in an appointment being made at the practice by NHS 111.
- Having to attend other urgent and emergency care services as a result of not being able to get an appointment, for example, local MIIU, Gloucester Health Access Centre.
- The process for making an appointment for more routine issues can result in having to wait for a long time, up to six weeks in some cases, due to having to call the practice back, there being no appointments available and then having to keep calling back until there are. Patients described feeling frustrated and anxious.
- People would like to be able to make appointments online. Some patients reported being able to do this previously, but when they tried recently they thought the option had been removed. The practice told us that this option is still available but that once all the appointments have been allocated that day, patients will not be able to access this.
- A number of patients described the process of making appointments as a 'waste of everyone's time'.

We did hear from patients that appointments seem to be more available for children and for those patients with additional needs.

### Patient choice

Some patients reported having a choice in relation to the type of appointment they could arrange and/or the person they could see. However others felt that there was no choice, with some saying they had to 'fight' for a face-to-face appointment.

When talking to patients about who they would like to see, some said they did not know they could ask to see a specific GP. Patients with more complex health issues told us that they would like to be able to see the same GP to avoid having to spend a lot of the appointment time going through their medical history.

## Premises and accessibility

The car park and initial access to the practice is shared with Forest Health Care. There is good signposting available to support patients to access the car park and practice.

### Parking

The practice advised us that the car park is managed by the site landlord. There is ample parking available for staff and patients. During our visits there was always parking available.

It was, however, noted that there are only four disabled parking bays available and these are shared with Forest Health Care. We observed several occasions during our visit when these bays were all in use. Patients who were wheelchair users also told us that they have experienced this and that this can then cause them an issue if spaces are not available on the end of rows.

### Accessibility

Patients only need to be able to access the ground floor of the premises. All corridors and doorways are wide enough to accommodate wheelchair users, prams, mobility aids etc.

There are the following facilities for patients to use - toilets, baby feeding room and a baby changing room.



On the whole patients did not raise any issues with accessing the practice. However, we did speak to some wheelchair users who raised the following points:

- There is no designated disabled toilet within the Dockham Surgery side of the premises and patients have experienced difficulty with this. The toilets available are too small to move a wheelchair around in, the sink is too high, there are no grab bars, no shelving for patients to put equipment on and there is no alarm cord. We did see a disabled toilet in the Forest Health Care, however it is unclear if this is also for the use of Dockham Surgery patients; if it is there is no signposting to confirm this.
- There are no mobility aids available in the practice, for example, to help a patient move from their chair to an examination couch (in the clinic room).
- The screen for the lower area in reception is covered in posters and so not usable by patients in wheelchairs.
- The bell to alert reception staff is sometimes placed out of reach, particularly for wheelchair users.

### **Reception area and waiting room**

This is a modern, light and airy space and supports those using wheelchairs, prams/ pushchairs and mobility aids to be able to move around safely.

There is some choice of seating available, however one patient did tell us that there is only one chair that they are able to use.

We observed that there are still screens up at the reception desk. The practice advised us that this is to make receptionists feel safer as a result of threats of physical abuse from patients.

There is a self check-in system for patients to use. We heard that to maintain a calm environment at the reception desks, and to support patients attending the practice in person, the phone calls to the practice go through to the admin office behind the reception area.

The following points are noted from the observations and conversations with patients:

- There is a noticeboard at the entrance to the building however it is not labelled as being for Dockham Surgery.
- Most patients used the self check-in option but some chose to check-in via reception.
- The reception desk was mostly staffed during the morning sessions, less so in the afternoon when it was quieter. Patients are able to use a bell to alert reception staff when the desk is not staffed. The bell was observed to be available for all of our visits and responded to in a timely manner. However, some patients reported that this was not always the case and this can be a problem if they need to speak to someone, or the self check-in option is not working.
- There is some information available to patients, however none in relation to chaperoning options or how to have a private conversation. Some patients felt that there is too much information in relation to abusive behaviour in the form of posters and the message on the telephone.
- There are two TV screens in the waiting area (both showing the same information). The screen provides information in relation to other NHS services. We did not observe this to include any practice specific information.
- There is a very large clock over the two reception areas. This could not be seen from all of the seating in the waiting rooms and some patients noted that it would be helpful to have a more visible clock.
- The premises were clean and well maintained at the time of our visit. Patients told us that this is always the case.

## Staff

### Interactions observed during the visit

The limited interactions observed during the visit between staff and patients were mostly managed in a calm and professional way.

### Feedback from patients

On the whole patients were complimentary about the staff at the practice. Some themes of their comments are:

- Staff described as approachable, accommodating, thorough and that they do listen.
- Some patients felt that staff could take some more time to listen and try to understand what people are trying to say.
- Some patients expressed concern with some of the questions being asked by reception staff when phoning up for appointments. Patients understood why this is necessary but that it was often the manner in which questions are asked that can be difficult.
- There is too much focus on the implications for patients if *staff* are not happy with the way they are communicated with. However there is no consideration for how the *patient* can feel when they think staff are not communicating appropriately with them.
- Patients with English as second language described the staff as very helpful, assisting them to understand letters and what has been discussed in appointments.

## General

### Keeping patients up-to-date

The practice advised that they keep patients up-to-date via their Facebook page and website. They also send appointment details and reminders via text.

### Seeking feedback from patients

The practice advised us that they use the Family and Friends Test to seek feedback and that they receive approximately 350 responses a month. They don't routinely let patients know if there have been any changes made as a direct result of this feedback. There is currently no comments/suggestions box available for patients to provide their feedback.

Relatively few patients told us that they had been asked to provide feedback.

### Raising concerns and complaints

The practice advised us that all complaints are overseen by the Practice Manager. If a complaint is received in writing, it will be responded to in the same way and will detail what the patient can do if they are not satisfied with the outcome.

Patients told us:

- If they had a concern they would first speak to reception and if not resolved, the Practice Manager.
- They would look on the website to see how they should do this.
- They would phone the practice or speak to a GP.
- They would feel able to raise a concern or complaint.

# What people told us

Below are some of the quotes from patients under two broader headings.

## **Describe your experience of this practice?**

The positive feedback included:

- "Doctors are great when you get to see them."
- "Very good service and I need more as I get older. Never make you feel like a nuisance."
- "My wife is a nurse and has every confidence in the staff here."
- "It's alright but it takes a long time to get an appointment."
- "Infrequent [attender] but when needed they are here."
- "Relatively good when you can get through the door."
- "Always had a good service."
- "Service is good but getting an appointment is difficult."
- "Once [you] get in, pretty good; have to come in to get an appointment." (Phones busy)
- "Take care of us."

Initial responses from some patients were negative. However, on talking this through to understand the context of this, it was largely in relation to the process and availability of getting appointments. Patients told us:

- "Very difficult to get an appointment."
- "Long wait [on the phone], engaged and have to keep trying."
- "Too much blocking on reception to get to see a doctor."
- "Very busy and telephone system is tricky."
- "Trying to get an appointment, on hold for ages, need to perk it up a bit."
- "Manner of receptionists is not always good."
- "Long waits on the telephone; very difficult to get an urgent or routine appointment."
- "Can't get an appointment with doctor for weeks."
- "Getting through on the phones - say no more."
- "Inconsistent; sometimes great, better for children than adults and depends who you speak to."
- "Getting an appointment is bad."
- "Disappointed with the system, not the people."
- "Have to fight to get a face-to-face' appointment."

## **If there was one thing you would like to change [at the practice]?**

Overwhelmingly the response to this question was in relation to the availability of GPs and appointments. A sample of responses received to this question are:

- "Speeding up availability of appointments."
- "To make doctors more available."
- "To be able to see a specific doctor."
- "Create a list to call back patients rather than appointments being allocated on a first come, first served basis."
- "Biggest concern is the time to wait for appointments."
- "Better service, more GPs; waited 2 weeks for a GP call back, not good."
- "More GPs!"
- "Great facility, but not used to its best."
- "More face-to-face appointments with GPs."
- "To know where you are in the phone queue."

# Acknowledgements

The Healthwatch Gloucestershire Enter and View team would like to thank Dockham Surgery for working with us and enabling us to be able to speak to patients to seek their feedback.

## Provider response

“The GP Partners believe that the report only gives a snapshot of the Practice based on three sessions of clinical time observed and is not fully realistic. The telephone system is under review and has been delayed firstly by changes imposed by NHSE mid 2023 and also the fact that the Forest of Dean broadband is not fully able to support the new telephone system we wish to employ. This is with the Gloucestershire Integrated Care Board, NHSE and BT to find solutions.

“We currently have three GP partners and three part-time salaried GPs, alongside five nursing staff with only 12 clinical rooms; there is no capacity or affordability for additional GPs. We also provide rooms for the following additional services: mental health nurse, midwife, dietician and a pharmacist – maximising the use of available rooms.

“[The NHS] 111 Service is used once all appointments have reached maximum capacity.

“Building was completed in 2020 to regulations and shares between both practice sides one disabled access toilet and one baby changing facility, in addition to practice specific three toilets in waiting area and two in clinical corridor Sign for disabled toilet now shown in reception.

“Signs for chaperone assistance were already in each clinical room – one will now be included in reception. Sign on Dockham noticeboard now evident. Tidying of reception screens now completed.”

## Contact us

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