

## Enter & View visit to Cranleigh Medical Practice

#### Service address:

Cranleigh Medical Practice, 18 High Street, Cranleigh, GU6 8AE

Service Provider:

**Cranleigh Medical Practice** 

Date and Time:

Friday 15<sup>th</sup> April 2016, 11.00am to 1.00pm

**Authorised Visitors:** 

Jane Owens, Graham Smith, Robert Hall

**Contact Details:** 

Healthwatch Surrey, The Annexe, The Lockwood Centre, Westfield Road, Guildford GU1 1RR

## <u>Disclaimer</u>

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

# Purpose of the visit

- To engage with service users of the service to understand how their communication needs have been responded to
- Identify examples of good working practice related to the Accessible Information Standard and communication
- Observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change





## **Strategic Drivers**

- Implementation of the NHS Accessible Information Standard
- Seldom heard groups and the way in which they are supported to communicate are of particular interest to local Healthwatch

#### Introduction

Cranleigh Medical Practice is a large modern building situated in the town centre.

The Practice Manager is Jacqueline Stockill and her deputy is Frances Boer. They have both been at the practice since 2011.

The practice has 10 Doctors, 6 nurses and 3 Healthcare Workers and 1 GP registrar. There are approximately 15,000 registered patients at the Practice.

#### Methodology

Approach a member of the management team before speaking to anyone at the service. Take advice on whether anyone using the service should not be approached due to their inability to give informed consent, or due to safety, privacy, dignity or medical reasons.

#### Factual account of visit

Although the Practice is in the centre of the village finding it can be difficult. The Practice is located behind the library and Cranleigh Village Hospital, by the Leisure Centre. However it is not visible from the main road and if you are not local then finding it can be difficult as there is no signage to indicate where you need to turn off the main road. This could delay emergency services if they have come from a different area. (see recommendations)

Once you find the Practice there is ample parking using the public car park and there are a large number of accessible parking bays by the Practice. Entry to the building is flat and the doors open automatically. The reception area is large light and airy with plenty of seating including bariatric chairs. The reception desk is approached using a queuing system and this allows a modicum of privacy for the



person at the desk. There is also a room next to the reception desk if someone wishes more privacy and signs are displayed offering this facility.

The reception desk has different levels allowing easy accessibility for wheelchair users.

There is a loop system for the hearing impaired. On our visit it was found that the system was inoperative and the signage was small and obscured. (see recommendations)

Once patients have checked in they are directed to the nearest waiting area to where their treatment room is located. Theses area are easily identifiable by both colour and number allowing users to easily identify where they need to go even if they have a communication issue. There are 2 lifts which allow easy access to the 1<sup>st</sup> floor. There are designated safe areas on the 1<sup>st</sup> floor in the event of a fire.

The Health staff come out to call the patients in for their appointment, this helps to avoid a patient missing an appointment due to a communication issue. It also allows the Doctor/Nurse see how mobile the patient is. This helps to ensure a better outcome in the patients care.

We spoke to various members of administration staff to establish how they communicated with their patients and users. The following sections are based on what the staff told us.

The reception staff informed us that they know all of their regular patients and are aware of their needs. They act almost as a triage service to direct the patient to the person most able to help with their issue. The Practice covers a very diverse community and many people have difficulties with reading and writing. The staff stated that they will read forms to the patients and help them to complete any forms. It was evident from observing the reception that the staff did not hurry individuals and took their time. Everybody was treated with courtesy and respect and staff were welcoming and friendly.

Booking an appointment can be done in various ways including on line booking. Text reminders are sent to patients who have registered for that service to avoid missed appointments. There is a duty Doctor and Nurse on everyday who can speak to patients by phone and are available for advice to the other members of the Practice team. It also



allows for the question 'What else can we do?' This ensures a better outcome for patients.

When a patient is diagnosed with a condition they are also given information from Patient.co.uk which tells them about, what exactly their condition is and how best to look after themselves and what the medication can do. It is written in plain English.

When a patient registers with the Practice a New patient form is completed and this covers any communication need that they may have. This information is entered onto the Practice computer system which will then immediately alert staff if a patient has a particular communication need. Any person who has a communication need is automatically given a double appointment slot to allow for any extra time that may be required. Also recorded on the system is consent from the patient for sharing of information. Patients with long term conditions have a Care Plan so that should they have to go into hospital then this can go with them and ensure the best outcome.

The Practice covers homes for people with Learning Disabilities and a Doctor visits there once a week to treat any patient who needs to see them as a non-emergency. It also means that the patient receives sufficient time and is less stressful for them than having to come into the surgery, but obviously if it is urgent, then they will come to the surgery and will have a double appointment booked. The Practice also has a clinic at a local complex for older residents.

Staff training is important and all new staff have a 2 week induction and a 6 month probationary period. During this time they will visit every other part of the Practice and either help or observe so that they are aware of what the other members of staff do, this includes the Doctors. There is constant ongoing training for staff which is carried out both on line and in training sessions. There are regular staff meetings to ensure that any issues that have come to notice can be highlighted and dealt with.

The Practice has various methods of obtaining feedback from users about their performance. This includes feedback forms, comment cards, forums and have had Surrey Disability Service visit to look at accessibility.

Whilst the practice is about treating patients with a medical issue, the room by the reception which can be used for privacy, also has a



computer in it. This computer is linked to Citizens Advice and allows users to access information about things which may be causing them stress and upset such as benefits redundancy etc. This allows them to see what help is available to them and it may be that this can reduce their anxiety and therefor help improve their overall wellbeing.

Mobility scooters are not permitted in the Medical Centre but to ensure that persons with mobility difficulties can access the services wheelchairs are available and we witnessed a member of staff assisting someone to transfer between the wheelchair and their mobility scooter.

The volunteers felt that the Practice has a holistic and person centred care approach to treating its patients, to ensure that they reach and serve all sections of the community that they serve.

# Summary of Findings

- The Practice is on two levels with 2 lifts and stairs allowing access to the first floor. The building is designated into different areas and these are numbered and colour coded to make identifying them easier.
- The building has a loop system for the hearing impaired and the reception desk has different height levels for accessibility.
- There is a queuing system to speak to the receptionist and people wait behind a line to allow some degree of privacy to the person speaking to the receptionist. There is also a room available next to the reception desk where users of the services offered by the Practice can meet and talk privately with staff if so wish.
- Once checked in patients are directed to various waiting areas near to the treatment rooms where they will be seen.
- There is a large screen television in the reception area which displays various useful information on lifestyle and medical topics. It also displays photographs of the Healthcare Team and biographies of them. Throughout the Practice there are leaflets available on health issues which are available in different formats upon request.



#### Recommendations

- The availability of a room to allow privacy and also to allow users to access to Citizens Advice should be standard in all Practices and should be highlighted to other practices in order for them to explore the possibility of providing a similar facility to meet the needs of the community that they serve.
- There should be signage placed on the main road indicating where the Practice is, and the Practice should consult with the Highways Authority to try to have this put in place. Since the visit the Practice manager has informed Healthwatch that they have been in touch with the Highways authority and signage has been refused. Healthwatch will support the practice to try to change this decision.
- The signs for the Loop system should be larger and more prominent.
- It should also be tested regularly to ensure that is in a serviceable condition. Healthwatch have been assured that the Loop is now working and procedures are in place to ensure that any malfunction is identified quickly.
- The holistic approach to patient care is to be commended and shared as a potential model to other practices.





#### Response from the provider

The Practice Manager has read the report and provided the following response:-

Each of the waiting areas has a large screen not just the main waiting area, and all display the same information.

Signage to the practice from high street - despite further discussion highways will not put up a sign. They were asked by the Parish Council to remove unnecessary signage from the high street and so they don't want to add to what remains. I have spoken to the chair of our patient group and I hope that they can take this forward with Parish Council and Highways.

Loop system - continues to work and we have asked a patient to test regularly for us. We have also purchased an addition mobile induction loop unit that can be taken into any clinical room and added larger posters with the logo on to all clinical room notice boards to inform patients that it is available. We will also add the loop system logo and information onto our screens for waiting room patients to see. So thank you for highlighting this - I think we have been able to take the system further.

Duty doctor and Nurse - speak to patients on the phone or see them in the surgery (as necessary).

On-line access - patient can book appointments on-line, request medications, see their records, results and immunisations. Prescription are predominantly sent electronically to pharmacies but patient can have paper prescription if they prefer.

Otherwise we are also investigating browsealoud - this tool allows people to hear written text - it is available on NHS England's page <a href="https://www.england.nhs.uk/">https://www.england.nhs.uk/</a> if you would like to see this in action. It is expensive for individual practices but we have approached our Clinical Commissioning Group in the hope that they may be able to fund this for practices in this area. But possibly a good recommendation.

It would be helpful if new information such as the Accessible Information Standard was publicised more broadly so that we would have been aware of the standard at an earlier stage to ensure compliance and promotion of services to patients.

Report reviewed and authorised by;

Robert Hall

Enter and View Co-ordinator, Healthwatch Surrey

