

Hivewatch

Enter and view report Concord Medical Centre

14 March 2019

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Concord Medical Centre Braydon Ave Little Stoke South Gloucestershire BS34 6BQ
Service Provision	General Practitioner and Family Medical Services
Date and Time	14 March 2019 10.30 - 12.30pm
Authorised Representatives	Dominic Box Christine Eden Joanna Parker Chris Butler Alison Head
Contact details	Bex Loveys Patient Services Manager

1.2 Acknowledgements

Healthwatch South Gloucestershire and the Hivewatch authorised enter and view representatives wish to express their gratitude to the staff at Concord Medical Centre, who generously participated in conversations with us during our visit.

We would like to thank Bex Loveys, Patient Services Manager, who was willing and able to engage and answer our queries. The members of staff were welcoming and helpful.

1.3 Purpose of the visit

The enter and view (E and V) visit to Concord Medical Centre, is part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire and The Hive to understand the quality of experiences for people with learning



disabilities within local health and care services. This programme of work, funded by the South Gloucestershire's Learning Difficulties Partnership Board is called 'Hivewatch'.

Healthwatch South Gloucestershire and Hivewatch volunteers undertook the enter and view visit during March 2019 with the purpose of understanding the experience that a patient with a learning disability would have when visiting the Concord Medical Centre.

1.4 How this links with the Healthwatch South Gloucestershire strategy

A key priority laid out in the Healthwatch South Gloucestershire work plan for 2019/20 is to engage with people with learning disabilities, and in partnership with The Hive, to undertake enter and view visits to health and care services across the district. Enter and view provides an ideal tool to identify the experiences and views of service provision by people with learning disabilities.

Full details of the work plan for Healthwatch South Gloucestershire are available on the website: www.healthwatchsouthglos.co.uk

2 Methodology

2.1 Planning

A planning meeting was held by The Hive and Healthwatch South Gloucestershire on 20 September 2018. Training has been given to The Hive members to enable them to become authorised enter and view representatives. All enter and view volunteers have a DBS check and are given an identification badge to wear during visits. Healthwatch volunteer authorised enter and view representatives have been 'buddied up' with the trained Hivewatch volunteers to assist them to observe health and care services in action, and to agree questions to use during visits.

2.2 How was practice observed?

On 14 March 2019 2018, Healthwatch and Hivewatch authorised enter and view representatives visited the Concord Medical Centre. Information was gathered from the Healthwatch and Hivewatch representatives' observations and through interactions with the staff.

Observations were gathered by the Healthwatch and Hivewatch authorised representatives working in pairs. Conversations with staff were semi-structured and



underpinned by the use of a checklist template and list of prompt questions in easy read format developed collaboratively by Healthwatch and Hivewatch volunteers.

The checklist covered areas to consider such as:

- Outside the building
- The entrance to the building
- Inside the building
- About the service
- Staff questions
- Implementation of the Accessible Information Standard

Observations and conversations were recorded during the enter and view visit.

2.3 How were findings recorded?

Notes were made by the Healthwatch authorised representative, who worked closely with each Hivewatch representative during the visit. Using these notes, the Healthwatch South Gloucestershire Volunteer Support Officer compiled the report. This report was then shared in draft form for all representatives to discuss and agree before the report was shared with service providers to agree any factual changes required.

3 Findings

Executive summary:

- **An impressive range of services and facilities at the surgery**
- **The overall ambience of the surgery was quiet and calm**
- **There was the facility for patients to buy food and drink**
- **It is possible for more complex cases to book double appointments**
- **There are spaces available for individual consultation and support which could be valuable for those with learning disabilities who may need privacy and longer contact with healthcare professionals**

3.1 First Impressions

Concord Medical Centre has approximately fourteen thousand, five hundred patients; Eighteen General Practitioners (part time working), a team of registered nurses, health care assistants, receptionists, administration staff and call handlers. The website for Concord Medical Centre highlights GP areas of special interest and a practice newsletter with a hard copy available in the reception area.

Care Quality Commission Report 2015 rates Concord Medical Centre as Outstanding

In the 2015 Care Quality Commission report the practice has been rated as outstanding for the care of patients whose circumstances may make them vulnerable. The practice has a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a disability. The practice has carried out annual health checks for patients with a learning disability and 60% of these patients have received a follow up appointment in the previous year. The practice also offers longer appointments for patients with a learning disability. The practice regularly works with multi-disciplinary teams in the case management of vulnerable people and have informed vulnerable patients about how to access local support groups and voluntary organisations. Staff do receive customer care training, but do not have specific training in helping people with a learning disability. Staff know how to recognise the signs of abuse in vulnerable adults and children and are aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice offers development opportunities to staff that could benefit patients with disabilities. A receptionist and healthcare assistant have been trained in British Sign Language which enables them to provide support to patients who use this language.

The practice does not have a Patient Participation Group, but fosters the concept of Patient Champions although there is not a Patient Champion for people with a learning disability.

The practice offers social prescribing such as health walks.

Outside the building:

Concord Medical Centre is a large building; facing the main entrance it is possible to see to one side the single story 'old' surgery building, now attached to a newer three story building painted cream and white and looking very clean and modern.

The car park is small, in view of this street parking around the medical practice was also busy however it is accepted that the practice would be unable to do more to increase this parking, despite a very large car park at the rear of the building



belonging to a social club. Concord Medical Centre would be charged for patients and staff using this. It should be said that there did not appear to be difficulties for patients parking, quite possibly because of the booking system which sees a continuous flow of patients arrive and leave and not have to wait any length of time.

There are three disabled parking bays close to the entrance with a dropped kerb however this was not obvious when cars were parked in the bays, It would be ideal if another dropped kerb be positioned at another location in the car park.

The pavement to the left of the medical centre was in good condition except for an area by a tree where the pavement was cracked and uneven. It was thought that this may be an issue for people unsteady on their feet or with mobility issues

There are multiple services using the site and it wasn't immediately obvious which entrance to use, however after a little prompting the Hivewatch volunteers found the entrance to the GP surgery. Other health and care services at Concord Medical Centre include podiatry, diabetic eye screening, physiotherapy, chiropractice, and Oncology Centre, a mental health consultant and there is a patient room.

There were automatic doors to the building which worked well

Inside the building:

The building is quite new and therefore the condition is very good, it was clean and tidy and very accessible. The entrance area is light and airy and smelt clean and the reception is well signed. The reception and staff looked welcoming and there was a sign showing people where to wait before checking in which is in a good place and easy to read.



There are also two reception screens allowing people to check-in themselves. Due to the open plan nature of the reception and waiting area it was unlikely that patients would receive a great deal of confidentiality if the waiting area were busy and people were waiting. There is a quiet room available to the side of reception for people to have a private or confidential conversation.

To the side of the waiting room volunteers were shown into a side room currently used as an office which will be changed to use as a patient services hub and can offer space for one to one patient checks. This is a great idea and something which would greatly benefit all patients.

A hearing loop is available at Concord Medical Centre.

Waiting Rooms:

There are two waiting rooms one on the ground floor, the other on the first floor. During the visit there were very few people waiting in the waiting rooms and it felt a quiet and relaxed waiting area, no one appeared to be waiting very long.

There are TV screens on the wall showing adverts and information. The screen has a yellow background and blue type with large font, so suitable for those people with a visual impairment.

When someone was called their name appeared on the board and their name was also called out. The waiting area was clean tidy and smelt ok but there were no magazines/books to read while people were waiting and we were informed that this was done to prevent infection. There were notices on display which had been laminated, these were difficult to see due to the shiny nature of the lamination.



There were a selection of leaflets on display none of which were in easy read.



Notices were in large font but not in easy read.

Other areas within the Medical Centre

All the doors to the rooms were easily marked with the name of the doctor on the door and a number above the door. As all the doors were in a pale wood and the walls are bland the Hivewatch volunteers found the layout confusing and thought that it would be easy to get lost. Even though each wing was nominated a different colour; for example red or blue or yellow, the colours did not appear to be part of an easy to use signage system nor was an easy read floor map available.



On walking around other areas of Concord Medical Centre it was noted that most of the signs were not in easy read. Most of which were typed and laminated and in large enough font but were not in easy read except one designed for staff regarding where to park the emergency trolley. One sign (not photographed) at the medical centre reception desk, for the Diabetic eye screening service was hand written in biro the font was small and was very difficult to read.

There was small stair lift in the corridor between the GP waiting area and the medical centre, the sign for this could not be understood by one of the Hivewatch volunteers due to the wording used.

The patient refreshment room had vending machines to get hot and cold drinks and a food machine with sandwiches and cakes. The room has a sofa and a table and is a very comfortable and an excellent patient facility.

The lifts to go upstairs were large and clearly displayed and easy to use. There were refuge points on each floor with emergency call points in case of a fire, however there were no signs to say that these areas were refuge points.



3.2 Questions to staff

After the tour of the building the visiting team spoke with Bex Loveys, Patient Services Manager

Question: Do all staff get training to deal with people with learning disabilities?

As far as Bex was aware staff do not get specific Learning Disability awareness training, although staff do receive dementia training that includes how to communicate with people who find communication difficult. Bex did say that she felt that staff can support people with learning difficulties. The receptionists and people answering the calls for appointments are good at identifying when people need extra help and would offer it. Staff have a system where they can look at the patients record and see if there is an 'Alert' to highlight if a patient has any particular needs.

Question: Can patients see a named GP?

Because of on the day appointment booking this may depend on the availability of the doctor and the urgency of the problem.

Question: Can patients see a female GP if preferred?

There is always a female GP on duty.

Question: Can patients book nurse appointments?

These are pre bookable appointments for anytime and includes appointments for early morning and late evening clinics as well as clinics on Saturday.

Question: Can people book double appointments?

Due to the booking system operated in the surgery double appointments are not allocated, however if a patient needs longer with the doctor due to additional needs then they will get the extra time.

Question: Do you have a list of patients with Learning Disabilities?

Denise the HCA safeguarding lead has a list of people who need extra care

Question: Are you able to help people fill in forms?

Staff can help if needed

Question: Are your forms and leaflets in easy read?

The Practice does have leaflets and there are some that are very wordy and are not in easy read

Question: What changes have you made in light of the Accessible information standard?

Our leaflets and posters are not in easy read and this is something we need to look at.

Question: What happens if a patient is delayed?

I would expect that receptionist would give an explanation to the patient to explain the delay and how long they are likely to have to wait. Although I have not seen this happen.

4 Conclusions

The NHS England Accessible Information Standard policy does not seem to have informed the presentation of information in the surgery. There was almost no information available to patients in 'easy read' form and the practice appears to assume that information is available to patients at reception. The access to



reception is clear and obvious. Having ‘easy read’ information gives those with learning disabilities greater independence and understanding of a range of clinicians and other services available at the practice and helps them feel they can control their own healthcare.

5 Recommendations

Disclaimer

- This report relates only to a specific visit on Thursday 14 March 2019 for 2 hours from 10.30pm to 12.30pm.
- This report is not representative of all service users and staff (only those who contributed within the restricted time available.)

- Recommendations summary

Recommendations	Comments from the service provider
The practice review all patient information in light of the Accessible Information Standard and use Easy Read.	All practice leaflets are now available in Easy Read format. A poster is on display in the waiting room, both on the Jayex TV screen and in hard copy, informing patients that the Reception Team can provide copies of these.
Display general information signs in easy read namely small words, big font use of smaller words, simple language, large font and use of pictures.	General information signs needed for patients are provided in Easy Read format. Signs which are not, such as location of emergency trolleys, are for staff and are not relevant to patients.
All signage is reviewed and reasonable adjustments are made; for example use of language, use of colour, height of signs, easy read floor map developed.	Providing an easy read floor map of the surgery would be very difficult given the sheer size of the building. Floor maps are viewable by main entrances. Signs have been added in the Old Building, directing patients to the main surgery reception. Signs have been adjusted to be at a level which could be read by people standing as



	<p>well as people in wheelchairs. Signage to the Old Building entrance, which is a flatter route and easier for some patients with mobility needs, is currently being reviewed and the Practice is investing in improved signage to make this entrance clearer to patients, as well as painting the Old Building entrance white and purple so that it is more conspicuous.</p>
<p>The use of matt lamination sheets on signs or move the signs to an area which would reduce glare</p>	<p>There are cost implications associated with sourcing matt lamination sheets, and to not laminate is deemed a fire hazard by the Care Quality Commission. Posters have been positioned in areas to minimise glare, and electronic signs are displayed on the Jayex TV screens in the waiting room, which are clearly visible from waiting room seating.</p>
<p>The patient services hub acts as an area where patient can get additional privacy and a sign is displayed to state that this service is available.</p>	<p>Clear signage will be produced once the room is up and running (including on Jayex TV screens), which will be by the end of May 2019.</p>
<p>Display signs highlighting refuge point in easy read format.</p>	<p>Signs have been produced and displayed next to all three refuge points in Easy Read format, so that people know how to use them and in what circumstances.</p>
<p>A patient champion for people with a learning disability is developed, with appropriate support provided by the practice</p>	<p>We have recently made two Patient Services Team staff members Patient Champions, whose focus will be all patients including those with learning disabilities. In addition we have a Safeguarding Lead who maintains a catalogue of patients with learning disabilities. At present we feel this is adequate, along with having a staff member acting as the 'Patient Voice' in all practice meetings and discussions, to</p>



	<p>ensure patient care remains at the heart of what we do. Efforts to recruit a Patient Participation Group and Patient Champions have not been successful, and Patient Champions recruited would be intended to champion for all patients. Our Concord Ramblers walks invite all patients to take part to help people be sociable and get to know other people, as well as friends, family members and carers not necessarily registered with the practice. The route was risk assessed and chosen in part due to its flat and even surfaces, which would make it suitable for patients with a variety of walking abilities. Furthermore, due to our appointments system whereby most patients' medical needs are met over the phone, the presence of a Patient Champion would not be used as much as it would be in GP surgeries where a larger proportion of patients enter the surgery.</p>
<p>Staff should be given learning disability awareness training ideally such training should include the involvement of people with learning disabilities in the planning and or delivery of such training.</p>	<p>One of our GPs is currently producing a training session to provide training on learning disability awareness to all staff. The GP in question has a special interest in patients with learning disabilities and has extensive experience of working with patients with learning disabilities.</p>
<p>If double appointments are unable to be allocated patients who need extra time to communicate and understand the Doctor, should be reassured that they will be given enough time on the day to talk with the doctor.</p>	<p>If patients are invited to visit the doctor, they will be given as long as they need during the appointment.</p>
<p>Consideration is given to the installation of an additional dropped kerb within the car park</p>	<p>This is not feasible at this time due to the significant cost implications this would incur to the practice, particularly considering that there is one dropped kerb already in place so this is not essential.</p>



6 Appendices

6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include¹:

- promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known to providers;
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;
- providing advice and information about access to local care services so choices can be made about local care services;
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

¹ Section 221(2) of The Local Government and Public Involvement in Health Act 2007



Each Local Healthwatch has an additional power to enter and view providers² so matters relating to health and social care services can be observed. These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.^{4 5} Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services.

Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is to observe the service, talk to service users, visitors and staff (if appropriate), and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report aims to outline what volunteers saw and make suitable suggestions for improvement to the service

² The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

³ The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

⁴ The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

⁵ The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts, NHS Foundation Trusts
- Primary Care providers
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

6.2 Enter and View Aim and Objectives

The aim and objectives of enter and view visits:

Aim

To find out about and understand the quality of the patient experience for people with learning disabilities within local services .

Objectives

- To visit for a minimum of two hours for each visit.
- To have a minimum of two pairs of authorised representatives visiting, to ensure that as many residents who wish to speak to Healthwatch South Gloucestershire have the opportunity to do so.



- **To observe the overall service provided for patients, including any structured activities using a template as an ‘aide-memoire’.**
The above 2 bullet points apply to E&Vto Care Homes
- To engage patients in conversation about their experience using the using the template and prompt questions.
- **If possible to engage patients, families and friends in conversation to elicit their views about the service. (Not with Hivewatch visits)**
- To produce a report of the findings from the observations and conversations.
- To make comments on the findings and make recommendations for change if appropriate.
- To share the final report with the Concord Medical Centre, as the provider, the Patient Services Manager, staff and patients; and appropriate organisations and agencies such as South Gloucestershire Local Authority, the Care Quality Commission and Healthwatch England.

6.3 Enter and View Methodology

- A.1 The Healthwatch South Gloucestershire (HWSG) enter and view (E and V) planning group, comprising all HWSG E and V authorised representative volunteers, have discussed, agreed, and tested an approach to collect relevant information. The process was developed to enable a structured approach to gathering information but without being so prescriptive that it inhibits the E and V authorised representatives from responding to what they see and hear and thus pursue further information if necessary. The following was agreed:
 - which observations should be made
 - how to record the observations
 - how to initiate and maintain conversations with patients (residents when we visit Care Homes)/their relatives
 - what questions were important to ask patients
 - how to record the conversations with patients
 - what questions were important to ask members of staff
 - how to record the conversations with members of staff
 - how to collate all the data gathered and write a final report
 - ensuring a ‘debrief’ session and an opportunity for learning and reflection for the E and V authorised representatives.

A.2 An aide-memoire observation record sheet was developed by HwSG and The Hive with Hivewatch E&V volunteers. The headings for the observations and



questions cover the following categories (in no particular order, nor are they exclusive or exhaustive):

- Outside the building
- The entrance to the Concord Medical Centre; outside and inside the building
- Inside the building
- About the service
- Service user / staff questions
- Implementation of the Accessible Information Standard
- Any other comments or observations.

A.3 Not applicable.

A.4 North Bristol NHS Trust is informed in advance by email of the E and V visits, and dates and times are agreed.

A.5 Enter and view authorised representatives also spend time observing the service provided and the environment, and considering what impact these would have on patients.

A.6 All the authorised E and V volunteers have received the initial Healthwatch England approved E and V training and some subsequent training sessions in areas such **Equality and Diversity, Safeguarding Adults, Dementia Awareness, Deprivation of Liberty Safeguards and Dual Sensory Loss. Working in pairs, they are able to structure their questioning to ensure depth, and to converse within the specific abilities and needs of those to whom they were speaking. Each pair of E and V volunteers introduce themselves to patients and explain the purpose of their visit. Some patients are also given leaflets about HWSG which includes information about ‘how to tell your story’ in case any of them, or their relatives, wish to send HWSG further information, or send it anonymously.**

A.7 The data collected are the E and V representative volunteers’ subjective observations and notes from conversations with patients, where possible, their families/carers, and members of staff. Observations are gathered by all the E and V representatives, are recorded contemporaneously and then collated afterwards and used to inform the report. The conversations are semi-structured, using the template and prompt questions. The notes taken during these conversations were collated and also used to inform the report. A quick debrief session for the E and V volunteers is held on site after each E and V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final ‘wash-up’ session is held separately.

