



The Shifa Surgery, Blackburn, BB1 6DY

Enter and View Report

Tuesday 18th April 2023

8:00am

healthwatch

Blackburn with Darwen

DISCLAIMER

This report relates to the service viewed at the time of the visit and is only representative of the views of the patients and staff, who met members of the Enter and View team on that date.

Contact Details:

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Staff met during our visit:

Sumayya Mayat (Business and Practice Manager)

Date and time of our visit:

Tuesday 18th April 2023 8.00am

Healthwatch Blackburn with Darwen Representatives:

Michele Chapman (Lead Healthwatch staff)
Liam Kershaw-Calvert (Healthwatch staff)
Bia Hashmi (Volunteer)



Introduction

This was an announced Enter and View visit undertaken by authorised representatives from Healthwatch Blackburn with Darwen who have the authority to enter health and social care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the view of those people using the services. The representatives observe and speak to respondents in communal areas only.

This visit was arranged as part of Healthwatch Blackburn with Darwen's Enter and View programme. In collaboration with the Integrated Care Board (ICB) the team visit a number of Health and Social Care practices in priority wards to review Accessibility, Approachability and Responsiveness. The team of trained Enter and View authorised representatives record their observations along with feedback from patients, staff and where possible, carers or family.

A report is sent to the manager of the facility for validation of the facts. Any response from the manager is included with the final version of the report which is published on the Healthwatch Blackburn with Darwen website at www.healthwatchblackburnwithdarwen.co.uk

Acknowledgements

Healthwatch Blackburn with Darwen would like to thank Sumayya Mayat together with patients, staff, and other respondents, for making us feel welcome and taking part in the visit.

General Information

The surgery website advises that the surgery has a patient base of 10,500 served by 1 GP Dr Tanveer Ahmed and his team. The practice is also supported by locum GPs. The practice is currently accepting new patients.

Staff told us there were 3 GPs on duty on the day of our visit.

The last CQC rating was “Good” recorded in May 2018.

Methodology

The Enter and View representatives made an announced visit on Tuesday 18th April 2023 at 8.00am.

We spoke to 15 patients, 9 staff and 3 carers, where possible within the constraints of the GP surgery routine, people’s willingness, and ability to engage and access to people in public areas. Discussion was structured around 3 themes:

- Accessibility
- Approachability
- Responsiveness

A questionnaire response box was also positioned in reception so that patients could complete questionnaires independently if preferred.

The team also recorded their own observations of the environment and facilities.

Our role at Healthwatch Blackburn with Darwen is to gather the views of service users, especially those that are hard to reach and seldom heard, to give them the opportunity to express how they feel about a service regardless of their perceived ability to be able to do so.

We use templates to assess the environment of a facility and gather information from respondents, to ensure that reports are compiled in a fair and comparative manner.

Summary:

This surgery was well situated with good car parking facilities. Representatives observed the building as very clean and well-appointed, and this was also the opinion of the patients we spoke to.

There may have been minor improvements to the welcoming environment of the practice on the website and waiting room but few of our respondents mentioned this. Indeed, the majority of respondents spoke about staff and GPs in a very positive light.

However, we observed a significant lack of support to access healthcare or signposting at the first point of contact and this was in contradiction to what staff told us.

Similarly, whilst the Care Navigation process is an attempt to allocate appointments on need and fairness many patients see this as a barrier or an intrusion. With some patients appearing to experience the triage process as a reflection of their "worthiness"

"It feels like you're being questioned about whether you need it, it's the last thing you need when unwell." Worryingly, one respondent reported "giving up" on accessing healthcare completely *"If I can't get an appointment, I just don't bother."*

The process to obtain a GP appointment and the scarcity of those appointments caused respondents the most concern with one patient describing it as a "lottery" and another a "nightmare". However other respondents told us that *"I always get an appointment when I need it"* and *"call-back is good."*

About half of the patients who spoke to us reported being obliged to attend Emergency Department. Some of these said that the visits were unnecessary and on the direction of the surgery. *"There were no appointments available... the receptionist referred me to A&E when there was no need as it was not an urgent situation"* Similarly, *"My daughter has had to go a few times with Long Covid. She couldn't get an appointment at the practice, so they said go to A&E. It wasn't helpful as A&E wasted a whole day for something a doctor could help with."*

Other responses suggested that patients regarded Emergency Department as a GP service "overspill" rather than an emergency facility. One respondent stated they had attended A and E *"So many times, when you can't get an appointment here, where else is there to go?"*

Low levels of take up for screening programmes were typical of the geographical area and we observed that the practice followed these up and was encouraging and tenacious. However, as a staff member confided it needed health education to change the "taboo" nature of some screening.

Staff also felt that other issues such as social deprivation played a large part with personal health being at the bottom of many peoples "worry pile." Representatives discussed this further around environmental issues such as loneliness, housing, and debt etc and the supporting role of the Social Prescribing service was explored.

There appeared to be a lack of clarity around the Social Prescribing role and although the role is mentioned on the website it wasn't signposted in the waiting room. It appeared that both patients and staff are relatively unaware of this service with it not being sufficiently integrated into the practice.

Enter and View observations

ACCESSIBILITY OBSERVED

Representatives firstly visited the practice website to establish contact and found that the homepage did not display the contact telephone number, rather this was accessible from the “Contact Us” drop down tab, and the “Appointments” drop down tab.

Representatives felt the surgery telephone number could have been given more prominence on the homepage.

We rang the surgery on Monday 03/04/2023, to find out the Practice Manager’s email address in order to advise her of our intention to visit. We made two attempts to do this by telephone.

The first attempt was at approximately 11.00 am when we were number 26 in the queue.

The second attempt at 15.03pm was more successful when we were number 4 in the queue. The call was answered at 15.11pm, the staff were polite, and we were asked to direct the email to the generic email practice address.

In terms of the local environment, the surgery is situated in a very hilly part of the town which may have been difficult for those less mobile to negotiate, however when we asked the patients about this, none reported it as an issue.

The surgery building is well signposted and served by a dedicated large car park which has a disabled ramp access from 2 sides of the building.

The building is low level, purpose built and modern. It was clear where to access the entrance and this was facilitated by a sliding door.

The waiting room was very impressive clean, spacious, light and well lit. There was sufficient comfortable seating and two check-in screens located to the right of the main entrance, with reception situated directly in front. The team noted that toilets (adapted) and baby changing facilities were situated close by. One of these was closed pending repair but this was not unduly inconvenient as there was more than one cubicle.

In terms of the practice being welcoming a low level of pleasant background music or local radio may not only been appealing and calming, rather it may have distracted from conversations between staff and patients at reception being overheard.

Wall mounted screens to advise of appointments were clear and well situated but not accompanied by an audio announcement other than a bell. (We were to observe this to be a problem for one patient later on in our visit)

We observed corridors and other rooms to be clean and well lit. A corridor adjacent treatment rooms was noted to be well supplied with an array of

treatment and support leaflets with comfortable seating provided a small waiting area.

It was early when we arrived, so the waiting room was quiet, nonetheless the reception area and the two staff presented as very proficient. One staff member was managing the waiting room whilst the other was taking calls.

On introduction, one of the staff went to advise the Practice Manager that we had arrived.

The Practice Manager was very welcoming and kindly gave her time to discuss the Integrated Care Board focus of encouraging patients to access primary care services.

The majority of patients began arriving at 9.00am and representatives were able to observe how the surgery functioned.

We noted that patients did not have to wait long before they were called for their appointment. However, we observed an older South Asian lady tell the reception staff that she could not read, and as the appointments were called by visual cues rather than spoken audio (or both) she would not know if it was her turn to see the GP.

She asked the staff to tell her when she had been called but they omitted to do so, and she had to approach the reception once again to check. By this time the clinician had come to the waiting room to look for her, and she was able to access her appointment.

There were further communication problems experienced by a female patient who spoke only Urdu. She was happy to speak to our Urdu speaking representative whilst completing our questionnaire. However, shortly after attending the consultation room she came out and requested our representative chaperone her, as the GP on duty spoke Gujrati.

After making the implications of confidentiality clear, the representative accompanied her back to the consulting room rather than the appointment be wasted.

This would suggest that patients be supported or informed by one or other

- Which GPs speak which language prior to appointment.
- By an information board in the waiting room and on the practice website
- The provision of staff able to translate.

Indeed, there were conflicting impressions of the service level offered by reception on that day with representatives noting a staff member quickly leave their desk to help an elderly man sign in electronically.

However, another patient fell in the waiting area shortly after his arrival and this made a very loud noise. Staff seemed unaware of this, so no assistance was offered

by the reception and no check on his welfare was made either. Fortunately, he was able to recover himself quite quickly and access his appointment.

APPROACHABILITY OBSERVED

Prior to our visit representatives had evaluated the practice website by comparison to six other GP surgery websites from the local area.

We found that although the website was clear and easy to navigate, the content could have been more encouraging, engaging and updated. In particular the homepage which led with the practice Zero Tolerance policy and a short IGPM video “If I die it will be your fault.”

We discussed this with the Practice Manager in terms of the nuance of how welcoming a service might appear, and she told us that the practice were considering a new patient familiarity video which celebrated the positive areas of the practice.

Previously, patients have told us that they like to “*put a face to a name*”. This encourages confidence in the service and a positive relationship. It may also help those with language or reading difficulties identify key members of staff.

It may be an idea the practice wants to consider making the website/reception area more appealing.

Ideally, a positive partnership is achieved by the practice and the patients having trust and respect for one another. However, representatives in the waiting room heard a receptionist get frustrated during a telephone call with a patient about a “sick note”. The staff member then complained loudly to their colleague about the patient.

Similarly, a patient arrived and asked to register with the practice. The patient was elderly and told the receptionist he could not read or write (he later told our representative that he also had early-stage dementia). The clearly vulnerable patient did not have the proof of identification requested to fill in the forms.

He said he was new to the area and his documents had been stolen, at which point the conversation between the patient and reception reached an impasse.

No attempt was made to support the patient further, nor any signposting offered.

A Healthwatch representative then offered support and advised the patient further.

It may be noted that NHS guidelines state an individual does not need proof of ID to register at a practice.

<https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/>

RESPONSIVENESS OBSERVED

In term of responsiveness representatives initially looked for evidence of a complaints policy on the surgery website. We were able to find a drop down tab that explained the complaints process and that complaints should be directed to the Complaints Manager. However, we could not see the name or contact details of the Complaints Manager. When we discussed this later with the Practice Manager, she explained this was due to recent staff changes.

Undoubtedly the practice has a high demand level, which representatives recognise reflects the high patient to GP ratio, the health inequalities in the area, and the demand for NHS services universally. In respect of this we spoke to the Practice Manager about the appointment system (which can only be arranged by telephone or online).

The Practice Manager told us that this system was introduced in an attempt to mitigate the problems caused by patients queueing outside in the mornings when booking at reception was available. The practice had tried to address the unfairness to people who rang for appointments (for instance those at work or not able to visit in person) “missing out” to those able to attend in person.

A staff member told us later “Monday is busy. Appointments most days are usually gone in the morning. We release some appointments in the morning and some in the afternoon to make it fair and balanced. Today however we still have appointments now (10:51am). You’re on the phone for a few minutes and ask relevant questions to ensure their needs are met correctly. There are a lot of phone calls, a very high demand and we are always busy. But there is lots of availability. This morning the queue at 8am was 48 calls. We have good and bad days”.

From information in the waiting room (in English, Urdu and Gujarati) we could see that the practice was clearly identifying areas where take up for routine screening was low. Bowel cancer screening and smear test screening featuring heavily.

Likewise, a conversation with the practice Pharmacy Technician highlighted how the practice tracked patient medication to ensure it was reviewed and taken correctly to optimise efficiency. The staff member gave an example of how a patient was incorrectly using asthma medication by overuse of the blue steroid inhaler as opposed to the brown inhaler which can worsen the condition. In this case the Pharmacy Technician would ring the patient and offer advice.

The technician also suggested higher levels of treatment compliance would be achieved if more patients were aware of the pharmacy pre-payment certificate.

We observed how the Care Navigators used patient records proactively and we were told that in an effort to avoid missed appointments (DNA) patients were both texted and rung in the 24-hour period prior to the appointment to remind them.

Care Navigators told us that the practice has to contend with a variety of communication problems, and we noted the availability of an audio loop at

reception, we also noted that standard leaflets were available in a number of languages on the website.

When we asked about support that for those with learning difficulties, the Care Navigation team told us that they were alerted to these patients from their records, and that there were named staff who supported this group.

When we discussed hospital passports all the Care Navigators we spoke to were aware of their function.

Care Navigators who referred patients to local pharmacies for routine checks (i.e. blood pressure) were able to follow those up and deal with the results via EMIS.

Indeed, patient tracking seemed to work well, and Care Navigators told us that the use of pharmacies was very successful (when the pharmacy was situated close by and there were no parking charges.)

A page on the practice website refers to Social Prescribing and how this can be accessed from the reception to a professional who attends the surgery one day a week.

By coincidence the Social Prescribing service were due to visit the practice that day, however when a Care Navigator checked the appointment diary there were none booked. Care Navigators told us that only GPs can refer to the service via the INT.

However, it appeared that staff had a general that lack of clarity and awareness about the Social Prescribing service.

Perhaps, a short staff training session and a higher profile in the practice (i.e. posters in reception) would address this?

A representative spoke to the Care Navigation team in detail about the Social Prescribing role, the referral process, and the support that social prescribing can offer to both the practice and patients.

We discussed how Social Prescribing can link with social care in arranging for social care assessments, local authority disabled facilities grants and carer assessments and help with benefits and housing and signposting to third sector partners such as Age UK, the Stroke Association and many others can support patients and their families.

On consideration, the Care Navigator Team felt that they would benefit from more information about the service and that an expanded social prescribing presence would offer patients support with practical problems which may be affecting their health and/or access to health care.

Similarly, a representative also asked staff if they had “Trauma Informed training” and if they would be interested. All the staff who responded to this said that they would, and this may be another benefit to the practice.

Indeed, representatives were impressed by the level of engagement and interest shown by the Care Navigation team as a whole during our visit.

Patient Feedback

Patient/Carer feedback was mixed with the exception of praise for the GPs and the time they gave in appointments, which was unanimous. Likewise, the accessibility, car parking and reception environment were regarded positively as were the majority of staff.

However, making appointments and the availability of appointments drew the most negative comments with some patients describing *“a long wait.”* Likewise, some respondents felt uncomfortable using the telephone system feeling that the triage questions asked were intrusive. Whilst some patients would prefer extended opening hours to make the practice more *“work friendly”* others said they could *“always get an appointment when needed.”* Some patients reported several weeks waiting for appointments whilst others claimed that when *“no appointments”* were available and they were obliged to go to the Emergency Department.

Significantly 8 of our patient sample of 15 (more than 50%) reported attending Emergency Department because there were no GP appointments available. It was unclear whether this was by medical need or by direction. One patient reported attending *“So many times. When you can’t get an appointment here, where else is there to go?”*

Similarly, *“Yes because there were no appointments available. Once the receptionist referred me to A and E when there was no need as it was not an urgent situation.”*

In conversation with a representative, a patient described attending the Emergency Department *“because of not being able to get an appointment”* The patient told our representative that at least on 2 occasions if they had got an appointment at the practice, they *“probably wouldn’t have gone to A and E.”* The patient also reported that there was no point ringing to get an appointment unless it is 8am *“so A and E is the only option sometimes.”*

ACCESSIBILITY

Are opening hours sufficient?

“Yes”

“It’s fine. Had no problems, except during Covid. But that’s not as bad now.”

“Yes. Had no issue.”

“Yes. It’s okay.”

“Yes, no issue.”

“Yes. It’s fine.”

“They’re good.”

“Yes”

“Yes”

“Yes, they are but it would be better if appointments were available after working hours. I had to miss work to attend my appointment today.”

“It would be better if evening appointments were available.”

“Yes, it is good.”

“They could be better if evening and weekend appointments were available.”

“Don’t come here often, so don’t have an opinion but have always been good for me.”

“Yes.”

Is it easy to park or travel to?

“Yes”

“Yes”

“Yes. There’s loads of parking - best part of this practice is there are two car parks to choose from. I have used both car parks in the past, and they’re both rarely full.”

“Yes.”

“Yes. No difficulty.”

“Yes, it’s alright.”

“Yes. I live local, so that’s the best part.”

“I live local, so it’s an easy walk.”

“Yes. No issues.”

“Yes.”

“Yes.”

“Yes, I am from this area, so it was easy to find.”

“I found it difficult to park because there was a parked car in the wrong place.”

“Yes, I came in a taxi so had no issue.”

“Yes, I live near so there wasn’t problem.”

Is the website useful, informative, helpful?

“Yes”

“Yes”

“I have never used the website”.

“I haven’t used the website. I prefer ringing.”

“Don’t use.”

“Not used it.”

“I haven’t used it.”

“It’s helpful sometimes, but it’s difficult to find some things too.”

N/A

“I haven’t used the website.’

“I haven’t used the website but I use the app to book my appointments, but that is useless because there aren’t any appointments available.’

“I haven’t used the website and I didn’t know it was a thing.’

“I haven’t used it, I don’t know how to.’

“Useless. There is a lack of communication and hasn’t been updated and it is not handy.”

“I haven’t used it.”

Is it easy to get an appointment or do you have to wait a long time on the telephone.?

“No there is usually a long wait.”

“Yes”

“The phone service is the only downside to the practice. It’s at least 25 minutes before somebody answers the phone, sometimes it has you waiting much longer. Though the past couple of weeks have been better and easier, it seems to be improving.”

“It was easy to get an appointment. I rang this morning at 8am and was only on the phone for 15 minutes. I haven’t had a problem with it in the past.”

“It’s not easy. I was on the phone for half an hour this morning from 8am. Luckily I did get an appointment.”

“Sometimes. I was on the phone for 10 mins this morning at 8am, which is good. Sometimes, not as easy.”

“It can be hard to get an appointment. Especially if you’re working, waiting on the phone at 8am in the morning isn’t helpful. Though the option for them to call you back is helpful. My appointment though was booked via text invite, so was simple.”

“Now it’s easy. Used to be difficult. Wait time is long though, waiting 1 hour on the phone”.

“Call-back is good. No waiting, If you work though it’s hard to get an appointment, 8am is not convenient.”

‘It is easy because I was put on hold and was called back when they received my call.’

‘It is hard to get through. I had to call at exactly 8:00 in the morning and I was on hold for half an hour to get an appointment.’

“Long wait on the phone.”

“It’s a long wait’

“Long wait on the phone but expected because there are a lot of patients.”

“Always get appointment when I need it.”

APPROACHABILITY

Are staff courteous and polite do they use your name.?

“Yes, most of the time.”

“Yes”

“Staff are all great. No problems with them”.

“Yes, they’re very helpful”.

“Staff are all good”.

“They’re brilliant. Absolutely brilliant.”

“Staff are nice. Really good.”

“Mostly nice. Sometimes can be rude on the phone. They listen to you but sometimes they stress.”

“Yes”.

‘Yes.’

‘Yes.’

‘Yes.’

‘Yes.’

“Mostly, yes. Even on the phone they can be grumpy but it could be because of the pressure and aggressive patients but they need to remain professional and the bed side manners need to be improved.”

‘Yes.’

How do you feel about the waiting room - is it pleasant, warm, welcoming and private?

“Yes”

“Yes”

“The waiting room is nice, lots of lights, warm and informative. It’s excellent.”

“It’s good. Plenty of signs, comfortable, you feel calm because it’s not busy or over the top”.

“It’s okay.”

“Oh yes, it’s very comfortable.”

“It’s big enough - never full which is good. “

“Very nice, big, comfortable and quiet.”

“It’s pleasant.”

‘It is better than before. It has improved.’

‘It is pleasant.’

‘Yes, very nice.’

‘Yes, but I have seen better.’

‘Nice and clean.’

Do you find asking for a GP appointment a pleasant experience (if not why not)

“Not really, it’s either no appointments available or try 111 or A and E.”

N/A

“It is, but hardly ever get to see an actual GP , but we have seen Dr Ahmed before.”

“I do, but that’s because I don’t come that much. So it wasn’t difficult for me to get an appointment today like I said.”

“It depends. I think there can be an issue sometimes, especially if you’re a little late. I came 5 minutes late once and they refused to see me. And on top of that, getting an appointment is a nightmare”.

“It’s very easy to do. And they have self-checkouts which are simple too.”

“Not easy. Sometimes you have to wait and can’t even get an appointment after you’ve waited. The phoning at 8am system is not work friendly. You have to schedule it around work, and sometimes you take the day off but still don’t get an appointment”.

“Sometimes stressful, sometimes okay - like a lottery. Ringing is stressful, but the actual appointment with the doctor is a breeze.”

“Receptionists ask too many questions over the phone, don’t want to say personal issues over the phone to them. You don’t know who might overhear it.”

“It is good.”

“The receptionists ask a lot of questions and sometimes it's uncomfortable to disclose some information that I would rather disclose with a doctor.”

“Yes.”

“It depends on who answers the phone. GP appointments are offered 3 weeks later.”

“Yes.”

Would you recommend this GP surgery.

“I’d rate it a 7/10. I would recommend this surgery if you have no other choice”.

“I would.”

“If it wasn’t for the appointments, I would.”

“Yes, I would. Doctors can’t do enough for you.”

“I would, yes.”

“Yes. I recommended it to my sister. Though she would probably have an issue, she finds it difficult to get an appointment. Never gets an appointment and struggles. Lockdown was the issue it’s like this.”

“Yes.”

“No”

“I would recommend this GP surgery, I don't come very often but I always have had a good experience.”

“I am not sure because it is really hard to get appointments and get results back after tests.”

“Yes”

“Yes, a lot of pleasant and nice staff.”

“Yes.”

RESPONSIVENESS

Do you feel that you are offered appointments in a timely manner?

N/A

“Not really, unless you ring at 8am you’re expected to wait at least a week for your appointment. Though if it’s urgent they are helpful. But mostly, you ring between 8am and 8:30am and you should be able to get an appointment on the same day, if you get through. That’s how we got the appointment today”.

“Yes. Got one straight away.”

“Not really. Before you could just walk in and make one. You can’t do that anymore.”

“Ring at 8am, and they are”.

“No. No chance of getting one at 8am. Appointments are gone by 9am most of the time. Call backs do work though, they ring within the hour.”

“Sometimes you have to explain too much to the receptionist - makes you a bit annoyed. Feels like you’re being questioned about whether you need it, it’s the last thing you need when unwell.”

“If you ring at 8 am - yes. Routinely and any other time - no.”

“I have been a patient since Brookhouse closed and relocated patients to this practice. I have not been in years, the main issue is just getting appointments”.

“If I need an emergency appointment for my daughter the staff are helpful. I know them all by name and they’re very nice. I have been coming here for a long time. However, phone appointments are not helpful -I had an issue with my feet but over the call they misheard me.”

“Appointment was given the time and day I wanted it”

“Only if I call in early.”

“I get appointments if I call in early in the morning.”

“No, I don’t think anyone does”

“Yes, I get it on the same day.”

“The surgery closes too early and there is no service for out of hours appointments”

“The surgery is improving. But I have to wait 2-3 weeks for appointments and I have usually waited a long time in the waiting room.”

Do you get enough time with the doctor?

“Yes when you finally get an appointment”.

“Yes”

“Yes, that’s one good thing. You aren’t rushed and we’ve had longer than 10 minutes in the past.”

“I think so”.

“Yes. You do.”

“Yes. Not rushed.”

“Never seen the GP as you can’t get an appointment. But with the others I have had enough time.”

“Yes. No rush with them, and they listen carefully. The doctors explain more too - very helpful.”

“Yes.”

Yes I’ve been with Dr Ahmed for over 30 years. Even at his former practice. He’s brilliant.

“Yes.”

“Yes.”

“Yes”

“Yes.”

“Yes”

Are you referred to other services that may be able to help you?(social prescribing)

N/A

“Yes, but never used it.”

“Never heard of it.”

“Nope. Not heard of it”.

“Yes and was very useful.”

“No I haven’t been.”

N/A

N/A

“I haven’t heard of it.”

“Yes.”

“Yes, the doctors are quite good.”

“Yes.”

“Never needed that, but know somebody they have done it for.”

“Yes.”

Has there been an occasion when you have felt you had to attend Emergency Department rather than get a GP appointment.

“Yes, with my daughter who has asthma.”

N/A

“Nope, I don’t really use my GP much as it is. So I wouldn’t waste time in A and E unless it was very serious.”

“So many times. When you can’t get an appointment here, where else is there to go?”

“No. I’ve never seemed to have a problem with getting an appointment here”.

“Yes, loads of times. Recently, my son had an injury and fell and hurt his leg. After a couple of days, he couldn’t walk, there were no GP appointments and I had to go to A and E. We found he had blocked artery on the brain in Nov/Dec. His spine was affected. We were in the A and E corridor for 3 days. We were told it was told 6 months for neurologist appointment, we are still waiting and it was expected in May.” (This lady was given Healthwatch’s contact details to discuss further)

“My daughter has had to a few times. She has an issue with Long Covid. She couldn’t get an appointment at the practice so they said go to A and E. It wasn’t helpful as A and E wasted a whole day for something a doctor could help with.

“No. If I can’t get an appointment, I just don’t bother.”

“No”

“Yes, because there were no appointments available. Once the receptionist referred me to A and E when there was no need as it was not an urgent situation”

“No.”

“No”

“Yes, once or twice because no appointments were available.”

“Staff’s time is stretched so sometimes patients waste time in A and E, to reduce A and E patient load, open another clinic”.

“I had to go to A and E because of my leg pain and the doctor at the hospital wrote a letter to the GP. There has been no response from the GP surgery, they haven’t called me for appointments and it has been 3 weeks. I had to call for an appointment today to see why that’s the case”

“There is no point ringing to get an appointment unless its 8am so A and E is the only option sometimes.”

Carers Feedback (include parents, carers for other relatives)

ACCESSIBILITY

Is it easy to park and travel to this surgery?

“Yes”

“Yes”

“It’s easy. I’ve been loads so know the area”.

Is the website useful, informative helpful.?

“Yes”

“Yes”

“I haven’t used it.”

Is it easy to get an appointment do you have to wait a long time on the phone.?

“I have to wait a very long time to the point that all the appointments are gone.”

“It’s a long wait.”

N/A

APPROACHABILITY

Are staff polite and courteous do they use your name?

“Yes”

“Yes”

“Oh yes, definitely”.

How do you feel about the waiting room is it pleasant welcoming private?

“Yes”

“Yes”

“It’s very nice.”

Do you find asking for a GP appointment a pleasant experience(if not why not?

“Well it depends on the staff some are polite and understanding some are rude and ignorant”.

“Yes”

“No stress, which is good.”

Would you recommend this GP surgery ?

“Yes, because of the good GPs”

“Yes”

“I would - even though this isn't my GP personally. Seems better than my GP”.

RESPONSIVENESS

Do you feel you are offered appointments in a timely manner?

“Yes”

“Yes. If you need one, you can get one. We've never had an issue.”

N/A

Do you get enough time with the doctor? Does the cared for get a chance to speak for themselves.?

“Yes”

“Yes”

“Yes. You get plenty.”

Are you offered other services that may be able to help you (social prescribing health visitors Carers support.?)

N/A

“No”

“Only with what we've been sent to.”

Has there been an occasion when you have felt you or the cared for has had to attend A and E rather than get a GP appointment.?

N/A

N/A

“No”

Staff Feedback

The practice is organised around a core Care Navigator Team who serve as a practice telephone reception. The navigation team appear to act as a triage hub directing patients to clinicians and other services as they are assessed. The Care Navigator Team are situated in one room at the side of the building. This enabled a representative to speak to the group as a whole to listen to their opinions. At the time of our visit there were variously up to 6 care navigators on duty (people came and went).

The Care Navigation team were observed as calm, friendly and professional. They seemed happy to engage in the Enter and View and their input was much appreciated.

ACCESSIBILITY

How easy/difficult do you think it is to get an appointment with the GP. (time spent on the telephone to get an appointment.?)

The team told us that on the day we visited 3 GPs were on duty. (confusingly a representative in the waiting room was told there were 7 GPs on duty). Appointments were requested by telephone and the calls were triaged by the Care Navigation team to establish a care pathway or an urgency of the appointment.

Both online and limited face to face appointments were available. The online system being accessible from a link on the practice website to download an App.

The team also told us that on call GP appointments were available when on call GP was in attendance in the afternoons.

The process was noted to be streamlined but it was difficult for representatives to reconcile that the ratio of patients to GPs at the time of our visit would not impact on GP appointment availability.

Indeed, we recorded that a number of patients who told us that telephone calls “took a long time to answer”.

“On average we get 450-500 phone calls a day - demand is so high. We had 105 phone calls since we opened today. It can be difficult sometimes when staff are on leave, especially around Eid”.

“We are still offering face to face, phone and video call appointments. Patients have the choice and half are always face to face”.

Do people generally get to see the GP on time. Do you think the waiting room is welcoming and pleasant.

All of the Care Navigation staff spoken to felt that the waiting room was well managed and a pleasant environment. There was an acknowledgement that clinics “were busy”. Representatives observed that patients were called to their appointments in a timely manner.

“Yes. The majority of people are seen promptly 90% of the time, but sometimes there are delays if more serious problems. We have a big team here, so most are seen fast. There is also a separate line for the pharmacist, which has helped with the caseload.”

“I think so. When they’re here in the waiting room they are called promptly. There isn’t much waiting unless there’s a delay with another patient.”

APPROACHABILITY

What is the most difficult thing about your role (could it be supported by additional training or resources?)

The Care Navigation team are supported by the opportunity to refer to the various clinics and resources such as community pharmacies and a dedicated mental health practitioner attached to the surgery. However, Care Navigators told us they were no longer able to refer to the Health Visting service as it was “over capacity.” In further discussion with a representative Care Navigators indicated a willingness to access training in both Trauma Informed Practice and Social Prescribing Awareness.

“We have a supervisor to help with difficult patients, support is there.”

“Some people over the phone are harsh and hard to deal with, they’re hostile, they swear and just verbally abusive. We have a zero-tolerance policy. If there is an issue we send the task over to the line manager who then investigates and listens to the call. Our calls are recorded”.

RESPONSIVENESS

How do you identify and support more vulnerable patients (for example those with learning difficulties).

The representative observed good follow up from other NHS services. Health Screening is highlighted and promoted on EMIS and the practice follows up on people who do not accept invited screening. One member of staff told us that she felt Health Education could be the key and the media should be used more often for this. Care Navigators were able to identify vulnerable patients by records and an example of providing a quiet waiting room was given in the case of those requiring support with autism.

“We have a list and specific staff members who look after certain patients. We also sometimes do home visits if the patient is bed bound.”

“We have a lot of patients who don’t speak English but we have translators. We go over to patients, sit down with them, communicate and assist in consultation if needed. Offer tea and coffee, help with any needs with the check in screens or in the bathroom or even calling a taxi - we have a good team. What’s needed we support them, also calling an ambulance if necessary.”

Do you have a Social Prescriber attached to the practice and do you refer to them?

Care Navigators seemed to have little familiarity with this role with one staff member confusing this with community pharmacy.

“Yes one day a week has been off for a while but she is scheduled to visit here. I cannot see that she has any appointments.”

“Yes, the clinical pharmacist is used frequently.”

“Yes, we do. Refer to pharmacy if it’s cold symptoms. For mental health, we have a mental health practitioner in on a Wednesday.”

Why do you think people DNA GP appointments? Why do you think some people access Emergency Department rather than primary care?

Representatives were interested to hear the opinions of Care Navigators in respect of DNA. Their opinions fell into several groups which are listed below.

- Patients make an appointment and may be given this several weeks in advance. They will ring the surgery again and get another appointment hence the original appointment isn’t attended.
- They forgot
- They sleep in
- Failure to update their records with practice i.e. telephone number
- They miss the call for the telephone appointment
- Their phone has no credit or battery

In terms of attendance at Emergency Department Care Navigators offered this insight.

- Patients who are waiting for clinical tests believe these will be accessed earlier via the Emergency Department.
- People get panicked either by their symptoms or the general fear of being unable to access scant resources and go to the Emergency Department.
- Patients are not prepared to wait for a scheduled appointment.

“We only tell patients to go to A and E in an emergency - chest pains, difficulty breathing or stroke symptoms. For example we had an 84 year old lady who was vomiting blood since Saturday (today was Tuesday) so she was sent to A and E. If

the patient has been in a road traffic accident or has chest pains, difficulty breathing - we send them to A and E.”

Response from provider

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