



Enter & View

Whaddon HealthCare – Water Eaton
MK2 3HN

November 2024

healthwatch
Milton Keynes

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2 Introduction

2.1 Details of visit

Service provider	Whaddon Healthcare – Water Eaton
Date and time	12 th November 2024 9.30am to 5.15pm
Authorised representative	Helen Browse and Sarah Hibble

2.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Whaddon Healthcare, Water Eaton staff, service users and their families for their contribution to this Enter and View visit, notably for their helpfulness, hospitality, and courtesy.

2.3 Disclaimer

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

3 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

3.1 Purpose of visit

The purpose of this Enter and View programme was to engage with patients, their relatives, or carers, to explore their overall experience being a patient of Whaddon Heath Care, specifically at their branch practice, Water Eaton Medical Centre.

3.2 Strategic drivers

How people in Milton Keynes experience Primary care services is a priority area for Healthwatch Milton Keynes. Healthwatch Milton Keynes receives between 1,000 and 1,500 contacts from people each year to share their experiences of health and social care. The majority of these accounts relate to experiences of accessing GP Practices.

NHS England is driving local Integrated Care Systems to transform the ways people interact with Primary Care services. This transformation is happening at a fast pace with residents:

- Q Being expected to use more digital technology to access GP appointments
- Q Receiving more personalised care delivered in their neighbourhood by more connected teams of professionals
- Q Encouraged to self-care and make better use of their local pharmacy
- Q Having their health needs assessed and addressed by a range of different professionals, rather than the traditional model of 'straight to GP'

The purpose of this programme of visits is to understand the patient view on service provision from their GP practice or Health Centre. Covering topics such as: how patients are able to contact their practice, book appointments, the range of services that are available at their practice, to the perceived accessibility of those services.

3.3 Methodology

This visit was prearranged in respect of timing and an overview explanation of purpose was also provided to the Practice Manager.

The Authorised Representatives (ARs) arrived at 9.30am and actively engaged with patients between 9:30am and 5:15pm.

The ARs used a semi-structured conversation approach in meeting patients on a one-to-one basis, in the waiting areas. Additionally, the ARs spent time observing routine activity. The ARs recorded the conversations and observations via hand-written notes.

Patients were approached and asked if they would be willing to discuss their experiences. It was made clear that they could withdraw from the conversation at any time.

A total of 40 patients and their family members took part in these conversations.

In respect of demographics: -

Gender:

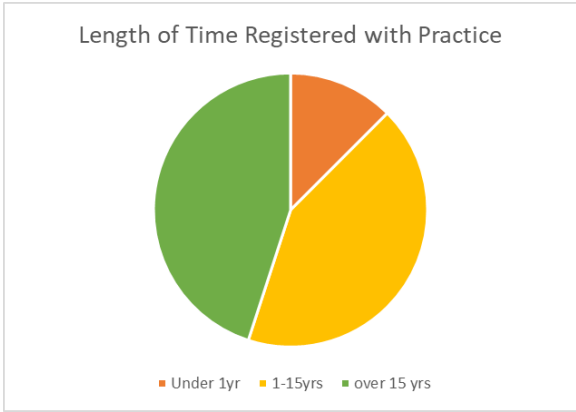
Female = 29, and Male = 11

The Age range of patients spoken to was:

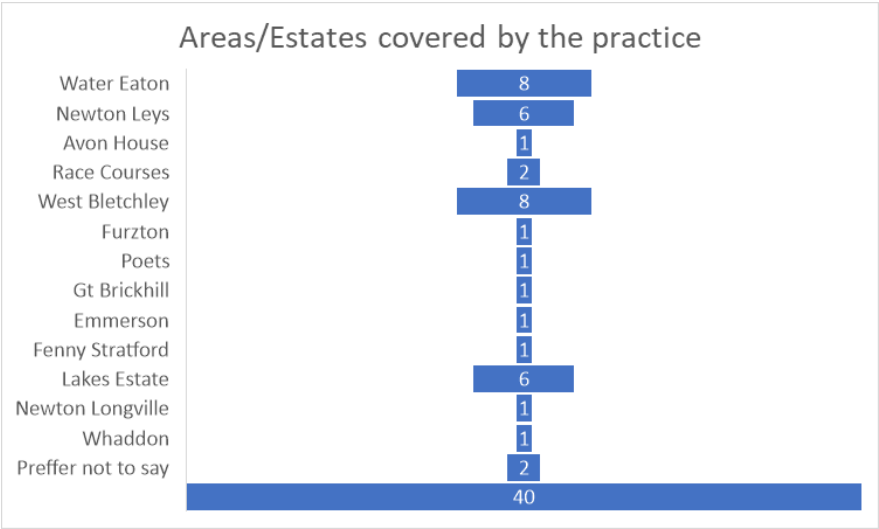
Five were under 16 years of age, ten were aged between 16 -40, with eleven aged between 41-65 and fourteen were over 65.

Length of time registered with the practice:

There were five participants that had been registered with the practice for less than one year, seventeen had been registered between 1-15 years and eighteen had been registered for more than fifteen years and of those six patients had been registered with the original practice for more than 50 years.



Housing Estates/Areas covered by the Practice = 14



At the end of the visit, the Manager and staff were informed of the highlights of the visit, the visitors book was completed and signed.

4 Summary of findings

4.1 Overview

Water Eaton Health Centre is a branch of Whaddon Healthcare and registers patients from a wide area of Milton Keynes. Many of the Water Eaton patients we spoke to have been registered with the practice from birth and are now over 70 years of age.

The practice is open from 8am to 6.30pm Monday to Friday and they have Early bird hours on Wednesdays & Fridays opening at 7am to 8am. They are staffed by both Doctors, Nurses, HCA's, Nurse Practitioner, Pharmacist and Midwifery Team. There were two members of staff at reception for most of the day during our visit.

We were made to feel welcome by all staff at the practice.

4.2 Premises

The Health Centre is located close to schools and has ample off-street parking in the carpark with easy patient access to the single level building. There are automatic doors and a clear pathway to the digital login screen and the main reception desk. The reception desk is at standing height, so may be difficult for people in wheelchairs to speak to staff.

There is a single large screen in the waiting area that notifies patients of appointments, this seemed to work well, and some appointments were called in person by the clinicians. There is a note to patients on screen advising 'If you have been waiting for your appointment for more than 20 minutes, please go to reception', which is good indication that the team want to give good patient experience. There is also useful service advertising information rolling on this screen.

There is a large waiting area with bright colourful seating with a few larger 'armchair' style seats at the rear of the waiting area. There is sufficient room between rows of seats for pushchair or wheelchair access.

Interpreters can be booked at the same time as appointments. Reception staff were familiar with this as the service is used regularly at the practice.

The waiting area is bright and airy with plenty of natural daylight from two internal courtyards. One of the courtyards is in the process of being turned into a community garden by the Social Prescribing Team.

There are posters and information leaflets in the reception area, these are restricted to just two areas which ensures the waiting area is not cluttered or untidy.

Access to Appointments

The digital appointment system used is the AccuRx online system, the web site contains helpful information on both booking and cancelling appointments.

Even so, there was a mixed response from patients to the system. Some patients told us it was 'okay but difficult to get an appointment'. Some people told us it was great, and others said they were unable to navigate it at all. The varied age groups of patients we spoke to made it clear that not having access to technology, rather than not understanding it, was the bigger issue for patients in Water Eaton.

We were also told that the difficulties linking the NHS app to AccuRx was an issue for those who had access to the technology. Visual impairment was also given as a reason that the new digital system didn't work for some patients. These patients told us that they couldn't use it because they couldn't see it. Other people said:

"System is not self-explanatory"

"you don't know if you will get a response or not, you're just left hanging waiting for a response to the online form"

The people we spoke to said they didn't fully understand why there had been changes made to the way the practice operates and felt that the changes tended to make things more complicated for them. People were frustrated that they didn't get to go to 'their' practice, and this was more evident when talking to people who had to pay for transport to attend an appointment made at a different practice than they had registered with. These patients said they would put off seeing a Dr as they couldn't always afford to travel, no matter how unwell they were. Others had found other workarounds to their issues:

"If I fill the form out for my kids I get a response – funny that I never get a response when I need an appointment"

"I Call 111, they book my appointment if I can't get one"

"go to the walk in Centre, they get me an appointment"

Some patients still either walk in or telephone, the phone lines were busy throughout our visit, staff were observed to be kind and considerate to all patients. Most patients were accommodated with an appointment, not necessarily on the day but in the following day or so.

Repeat prescriptions can be requested through the NHS app, AccuRx, or SystemOne if patients are registered for this. Patients can also post or drop their request forms at the practice. We spoke to people who used a mix of the available options, depending on the urgency of the request.

We asked if patients had needed to cancel an appointment and how simple this was. A few people said they had done so either online or by telephone with ease, but most had not tried.

The most two common suggestions made to the visiting team regarding potential improvements were to create a separate tick box for children's appointments and have more staff answering the telephones as it takes a long time to get calls answered.

4.3 Staff interaction and quality of care

During our visit, the staff interactions we observed were kind, considerate and thoughtful. Patients told us how well liked the current team were and said that if they needed to ask questions during any consultation, they were always answered and never felt rushed. Everyone we spoke to felt they were listened to by all the staff. The reception team are well thought of by patients, who understand that they have a difficult job to do.

It was an immunisation day when we visited so we saw a lot of mums with babies and young children and as the day went on, the older children were being brought in for their vaccinations. This appeared to be a well-run and speedy operation with no unnecessary waiting for patients.

The midwifery team is based at Water Eaton, so we saw a few expectant mums during our visit. They said their understanding was that all of their visits would now be at Water Eaton, even though the mums we spoke to were registered at Whaddon. In itself this was not an issue, but the women told us that, when they had their babies, they didn't know how they would feel about the added journey. They said they had registered with Whaddon because it was close to home and their care would now be further away. They did say they were happy with the maternity care being received.

All patients spoken to felt that they received plenty of time in their appointments. Some patients expressed a concern that they felt that the allocation to an appropriate clinician was not always made. They explained that if they came in with an intimate problem, they would prefer to see problem then an appropriate and experienced clinician treat that patient and never make them feel embarrassed or 'humiliated'.

Patients who had regular appointments with the nursing team, had their appointments booked for them before leaving their appointment which was greatly appreciated. Patients told us that the nurses were very good at explaining all procedures and medications.

4.5 Additional findings

There was a minor incident while we were at the practice. An elderly patient was brought in by a family member, without an appointment. The patient had been discharged from hospital the previous evening with a canula still in their arm which had caused some bleeding overnight. When alerted, staff very quickly attended to the patient, removing the canula and dressing the arm and the patient happily went home.

While it was impressive to see how quickly and efficiently the staff responded, it was felt by some who saw it that this might have been better to have happened in a side room.

5 Recommendations

- Q Consider tasking the PPG, a social prescriber or admin team member to offer 'Tech Support/ training' sessions for the AccuRx system, possibly in the waiting room on a regular but short-term basis. This would enable more of the patient base to get up and running with the system, answering their questions would go a long way towards increasing their understanding of the 'how and why' of the new system.
- Q Consider an exercise to evaluate barriers for patients using online systems which could highlight opportunities to build trust in online access systems and support patients to use them, freeing up telephone lines for patients who are digitally excluded.
- Q Consider giving more information to patients around how you manage demand; making people aware of the number of administrative staff that work on answering calls at peak times will help patients understand the pressures that staff face during these busy times.

Links:

<https://www.england.nhs.uk/long-read/how-to-improve-telephone-journeys-in-general-practice/>

<https://www.england.nhs.uk/long-read/how-to-improve-care-navigation-in-general-practice/>

<https://www.england.nhs.uk/long-read/how-to-improve-care-related-processes-in-general-practice/>

<https://www.england.nhs.uk/long-read/how-to-align-capacity-with-demand-in-general-practice/#section-3-modern-general-practice-redesigning-rotas-and-the-appointment-book>

6 Service provider response

I have now met with our PPG and discussed the report, and we wanted to feedback the following:-

4.2 Premises – The reception desk being at standing height, just to advise we do have a hatch that we can open which then allows disabled users to be able to see over the desk, I will ensure that we have a sign to display this and also reinforce to the reception team to open the hatch up for accessibility.

Staff interaction and quality of care – Midwifery team – we do also have clinics at our Whaddon Branch, if a patient find it difficult to travel they should make the midwifery team aware.

Patient that expressed concern that it was not the appropriate clinician – all our appointments are clinically triaged to ensure that they are with the most relevant health care professional, if a patient wishes to see a female clinician or a particular clinician, they can add this to the AccuRx form and we will try our best to accommodate.

Recommendations

As explained previously our Data and transformation lead has done sessions at both the Bletchley Pathfinder and within our Reception, if any patients identify themselves as requiring additional support our digital lead will do one to one sessions. Our Care Co-ordinator has also done talks with the local support groups, living in the moment and Chatters to advise how to navigate the system. Reception staff will also go through the form online with patients so that they are aware in future. Unfortunately our PPG do not feel that they have the resource to be able to support this within the current membership.

We are constantly looking at our triage system and tweaking the system to make this easier and as smooth as possible for patients, we have data available that we could publish and will look at doing this within our practice newsletter.



Committed to quality

We are committed to the quality of our information. Every three years we perform an in depth audit so that we can be certain of this.

healthwatch
Milton Keynes

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