



Enter & View

Watling Street Practice – Stony Stratford Medical Centre
November 2024

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2 Introduction

2.1 Details of visit

Service provider	Watling Street Practice – Stony Stratford Medical Centre
Date and time	26 th November 2024 9.30am to 5pm
Authorised representative	Helen Browse, Colin Weaving

2.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the service provider, 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 of Watling Street Practice – this visit took place at Stony Stratford 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:

- Being expected to use more digital technology to access GP appointments
- Receiving more personalised care delivered in their neighbourhood by more connected teams of professionals
- Encouraged to self-care and make better use of their local pharmacy
- 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, from the way in which patients can contact practices, 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 9:00am and 5:30pm.

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.

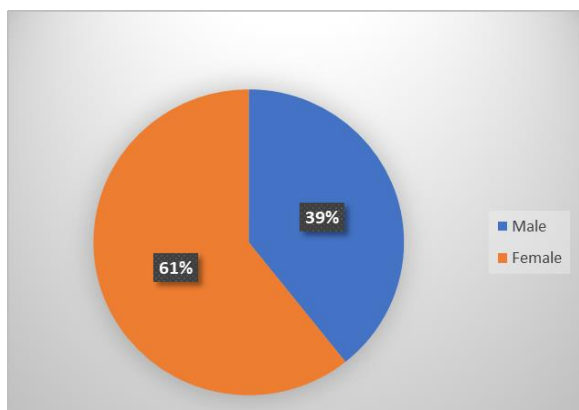
Patients were approached and asked if they would be willing to discuss their experiences. It was made clear that they could withdraw from the conversation at any time.

A total of 28 patients or family members took part in these conversations.

In respect of demographics: –

Gender:

Male = 11, Female = 17



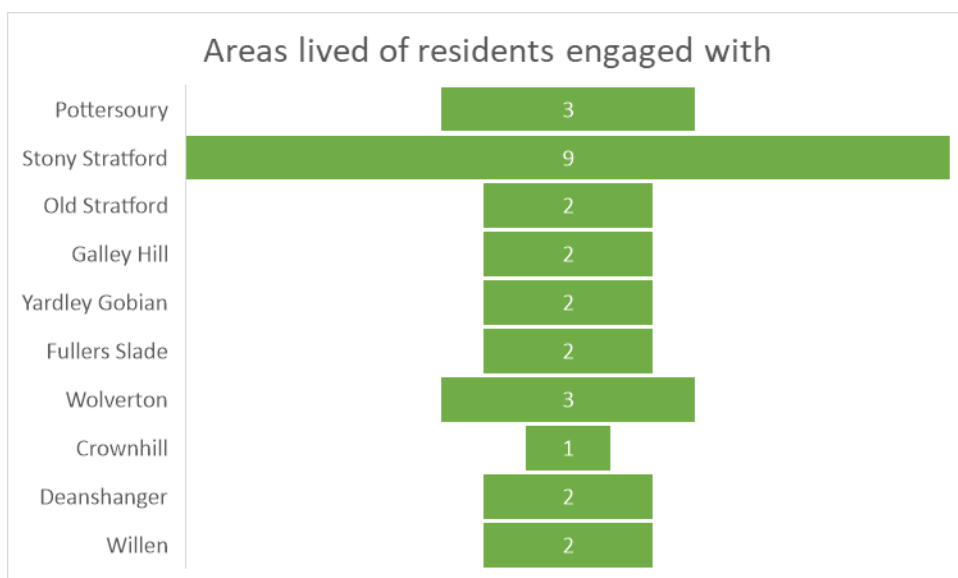
The age range of patients spoken to was:

Three were under 25 years of age, eight were between 26 & 65 years, fourteen were over 66 years of age and three chose not to give their age.

Time registered with the practice:

We spoke to seven people who had been registered with the practice for 6 months or less, including one person who was in the process of registering. Three people had been with the practice for between 1-3 years, seven people between 4 – 19 years. Eighteen people had been with the practice for 20 or more years.

Areas covered by the Practice (10):



At the end of the visit, the Practice Manager was updated with the highlights of the visit, and the visitors book was completed and signed.

4 Summary of findings

4.1 Overview

Stony Stratford is part of the newly formed Watling Street Practice: The partners of Hilltops Medical Centre, Stony Medical Centre and Watling Vale Medical Centre that from 1 July 2024 the three practices joined together to become **Watling Street Practice**.

On the day of our visit there were two GP's and two medical students, one physician associate, one practice nurse and one HCA that were in all day – in addition during the morning clinic there was a Diabetic nurse and a Respiratory nurse on duty. The practice is open between 8am –6.30pm. Monday to Friday.

On arrival we were welcomed, shown around, introduced to staff and generally made to feel very welcome. Given detailed information on the practice, group, staffing and what would be happening throughout the day.

4.2 Premises

The practice is in the center of the town with easy access for parking, pedestrian access and good disabled access to the first-floor practice, this is a large premises undergoing repair works but has space and capacity for a much higher volume of patients than were visible on the day we visited.



The rear wall of the waiting room a roof terrace allowing daylight into the waiting area (it was disappointing to hear that this area will not be renovated as part of the roof

repairs that were underway during our visit), along with light wells in the ceiling keeping the area bright even on a rather dull day.

A staff room has recently been created at the rear of the building, this is furnished with an assortment of furniture but does give staff a place to take breaks, have more private conversations so is appreciated.

The central waiting area serves the clinical rooms on both corridors, a large screen calls patients to rooms or the clinician comes to the waiting area and calls the patient in person for their appointment.

There is a 'nook' in corridor A & B with scales and blood pressure monitors for patient use. There is a suggestion box placed just inside the entrance way to the waiting area for patient suggestions.

There are books and reading materials in the waiting area for children and adults along with free Chlamydia & Gonorrhoea test kits for 15-24yr olds patients. Signage in the waiting area is clear and easy to follow. – toilets at main reception and behind the waiting area, clearly signed. (unfortunately, when reception was informed that there was no hand soap in the disabled toilet the response was its the cleaners' responsibility, they come in weekly! Disappointing as it was only Tuesday morning).

Access to Appointments

On the day of our visit there was one member of the admin team manning the reception desk morning, afternoon and early evening, there were also several staff members in the office who are on shift and providing admin and phone support.

If patients were made aware of the actual number of staff working 'behind the scenes'

The practice began using their new Online system approximately in the summer, so patients were getting used to it and views were mixed but this is to be expected of any new system.

We observed new residents coming in to register with the practice throughout the day. Reception staff were noted to be helpful, directing people to the website to complete the forms and offering printouts if that was easier.

We asked people their thoughts on the initial triage by reception/ admin staff when they called, we found that there was a opportunity for the practice, or the PPG, to provide more education around this process and the reason it was important:

"Don't mind on the phone but find it intrusive at reception as no privacy".

"They could show a bit more empathy".

"I don't care I just want an appointment".

"It depends on the situation".

Patients told us that they felt they were given time when they had an appointment, and but they didn't feel they got to see a regular GP, but they did see the same nurse for ongoing care. People told us this gave them continuity of care and stopped them having to explain their history to a different person at each appointment.

Where possible, practitioners made the close follow-up appointment for patients before patients left and if the appointment was to be further in advance.

We asked patients if they had seen a Physician Associate and what their experience was – this had a mixed response, most people liked the PA but 50% had to come back to see a GP so felt it was a wasted appointment and delayed treatment.

Asking about people's experience of booking same day appointments provided varied responses. People who had tried the online system queried the effectiveness of the new system:

'If have kids, always get them an appointment its great'

'I usually get an appointment so it's okay'

'Software is unpredictable and unfriendly – I work in IT; this is not a good system'

'App doesn't consider that I don't drive and there are no direct busses from Stony to the other places'

Patients who are less computer literate are happy with the telephone triage if the telephone system worked better, life would be better and suggested that the practice could have more staff answering calls in the morning.

'I have a telephone, how am I meant to send pictures, I'm 8 yrs old for goodness' sake'*

Because patients only see the 'front of house' staff, they are not aware of how many staff are answering phones and doing the essential admin work. There was confusion over repeat prescriptions being processed at Kiln Farm and a few patients had concerns over delays in receipt of their medications – these were ordered in various ways – online, by dropping into the practice. Those patients who ordered online were happy with the system but an explanation of how they are now processed would help all patients.

4.3 Staff interaction and quality of care

Most interactions at reception remained private, while some could be overheard, this was largely due to the general quietness in the reception area.

People told us that they liked Stony Practice even though there had been a lot of change in recent months they still liked 'their own' practice and generally reported feeling cared by all, clinical and non-clinical, staff.

Patients were seen to time all day, there were no long waits.

We visited on what was a fairly quiet day according to patients, the afternoon had an RSV vaccination clinic which ran very well with every appointment running to time. Most patients were known to staff, recognised and welcomed with a friendly smile.

One patient came in for a vaccination – not RSV – the fourth attempt was told no appointment was in the diary, to sit and wait while the situation was resolved 40 minutes later the patient was sent home to return late afternoon – this patient was in their 80's needed to catch a bus home and to return.

The practice has also just taken on a contract for the care of refugees in Milton Keynes, this may not be something that the patients are aware of, but as most patients already feel the catchment area is far too wide, particularly since the recent changes, this news may not be accepted well by patients who are already finding it difficult to get appointments at their chosen practice.

5 Recommendations

On the basis of this visit, Stony Stratford Practice was observed to offer patients a professional, caring, and patient focussed service. We have drawn a small number of recommendations based on patient feedback and our observations on the day.

- Q Consider tasking the PPG or an Admin Team member to offer 'Tech Support/ training' sessions for the new AccruX 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.
- Q Consider giving patients more detailed information on how their repeat prescription service is managed, this will help their understanding and reduce the confusion surrounding the new system.
- Q Communicate the Refugee information in a positive and uplifting way to patients.
- Q 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>

Q

6 Service provider response

We have considered the report widely across our practice and our comments that we would like reflected in the report are as follows:

1. On the day of our visit there were two GP's and two medical students, one Physician Associate, one Practice Nurse and one Health Care Assistant that were rostered on all day. In addition, during the morning clinic there was a Diabetic nurse and a Respiratory nurse on duty.

We would like to highlight the activity/team noted in Watling Street Practice @Stony Stratford, on the day of the Enter & View visit mainly consisted of chronic and routine care to patients. The majority of our Acute/on the day needs are managed from our Shenley Church End site so there were in fact many more clinicians working within our practice than those listed within the report

2. We asked patients if they had seen a Physician Associate (PA) and what their experience of this had been. This had a mixed response with most people telling us that they liked the PA. Half of these patients told us that they had had to come back to see a GP, so they felt it was a wasted appointment and that it delayed treatment

We did not believe this statement accurately reflected the work of our PA and as such we have audited the patients seen by the PA across a typical 2 week period, 7th – 18th Oct and can confirm that during that time 83 patient were seen by our PA of which 1 was offered a further follow up review with a GP. During the audit it was also noted that the PA made lots of follow up calls to the patients to check on their progress and none of them needed a second appointment with a GP.

3. "I have a telephone, how am I meant to send pictures, I'm 88 yrs old for goodness sake"

We would like the report to note that while we often ask patients for photographs as they can provide a useful diagnostic aid if a patient is unable or unwilling to be provide a photograph that will never impact the quality of care provided.

Also, many of our older patients do have the facility to send photographs and we find that age is no longer the automatic determiner whether someone can, for instance, send a photograph and we would never assume a patient cannot use that functionality simply because they are over an arbitrary age.

4. Patients who are less computer literate are happy with the telephone triage but also said that if the telephone system worked better, life would be easier. These patients suggested that the practice could have more staff answering calls in the morning. Because patients only see the 'front of house' staff, they are not aware of how many staff are answering phones and doing the essential admin work.

Since the Enter & View visit our telephone systems have merged meaning that although each site has retained its telephone number calls can be answered from any of our 3 practice sites meaning even more staff will be available and working than are ever visible.

FYI: Healthwatch were advised of this work via an email I sent to their CEO the day before the phone merger

5. The rear wall of the waiting room is built to allow the daylight from a roof terrace to enter, along with light wells in the ceiling. Which kept the area bright even on a rather dull day. It was disappointing to be told that this area will not be renovated as part of the roof repairs that were underway.

Unfortunately, the roof repairs that are underway are being managed by NHS Property Services, the owner of the building. NHS Property Services are responsible for all repairs and maintenance and we have little/no influence over any works or the timings of any works.

Further, the "roof terrace" mentioned in the report is a void space within the building that we have always been led to believe is not load bearing and therefore unsafe for patients and staff to use so any repairs to this space would add little or no value to patients.

6. Signage in the waiting area is clear and easy to follow. There are toilets at the main reception and behind the waiting area, clearly signed. We informed the reception that there was no hand soap in the disabled toilet, on the Tuesday morning that we visited, and were told that this was the cleaners' responsibility and that they came in weekly although we were not told which day they would be in.

The receptionist should have explained that we do not have access to the cleaning products as they are locked away for safety reason but that the information would be passed onto the cleaners when they arrived as usual. . A training session has been held with all reception staff regarding this . Please note the cleaners attended the building everyday and do not clean once a week.

7. One 80-year-old patient who had caught the bus to their appointment for a non RSV vaccination only to be told on arrival that it was not in the diary. They were asked to sit and wait while it while the situation was resolved but, 40 minutes later, they were asked to come back in the late afternoon.

Unfortunately I was not made aware of this at the time so difficult to access that exact situation but staff would try and make arrangements for the patient to be seen as soon as possible , especially if a patient is elderly or had paid for transport to the surgery. This is not always possible though when clinicians have full clinics and squeeze ins are not possible. We would aim to resolve this situation immediately and not keep patients waiting 40 minutes.

8. Consider tasking the PPG, a social prescriber or admin team member to offer 'Tech Support/ training' sessions for the AccruX 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.

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.

Since the Enter & View visit we have installed touchscreens in each of our sites to support patients with digital requests.

We have a digital champion on each site ready to support patients learn how to access online services.

We are working with a PPG to provide support to patients via training and mentoring.

This work had been approved by the practice in the early part of 2024 but we had to wait for approval from the ICB IT team to ensure patient data safety and compliance before proceeding with the touchscreen installations.

Practice Manager

Watling Street Practice



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