

# healthwatch

## Milton Keynes



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## WOLVERTON HEALTH CENTRE PATIENT EXPERIENCE REVIEW

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August 2018

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# 1 About Healthwatch Milton Keynes

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It is our mission to provide the people of Milton Keynes with a strong, independent voice on health and social care issues, and to influence the way these services are planned, provided and delivered

Healthwatch Milton Keynes is the statutory body that's here to help improve local health and social care services and make sure they work for the people who use them.

We listen to patients' feedback about local services and run projects to collect feedback about specific services or health and social care issues.

One of our statutory powers is to 'Enter and View' local health and social care services and review it from the perspective of patients.

We use this information to write reports and recommendations to service providers and commissioner, letting know what's working well and what could improve patient experience. There is a statutory obligation for recipients of these reports to acknowledge receipt and to respond to any recommendations that have been made.

We represent the voice of local people on various health and social care forums, including the local Health and Wellbeing Board.

We're part of a national network that reports to NHS England and The Department of Health and Social Care on national health and social care trends.

We also use our knowledge of local health and social care to provide a signposting service.

Established as part of the 2013 Health and Social Care Act, we replaced LINKs (Local Involvement Networks).

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## 2 Why we chose to review Wolverton Health Centre

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A group of patients contacted us with concerns and observations about their ability to access GP appointments, the number of GPs, the management of complaints to the practice and practice staff and patient relationships. They also had questions for us about the function of the Patient Participation Group (PPG) and how the group could be supported to work with the practice to ensure a positive patient experience.

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## 3 How we carried out the review

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To help us gain a better understanding of the wider patient view of Wolverton Health Centre (WHC) we joined the local Wolverton Facebook page and spoke to people who had posted comments about their experiences, positive or otherwise. We looked at the WHC website to see what services are offered, what information is available about how the practice supports patients to make complaints and how the PPG is supported. We also spoke to patients about their experience of these.

One of the larger issues for the patients we spoke to at WHC was accessing appointments. We were informed by a number of patients that Wolverton Health Centre is seeking to become a training practice and they expressed their concerns about the impact this increased workload would have on their access to care.

We visited the practice and spoke to people who were queuing outside from 7:30am to try to find out why they did not phone for an appointment or use the online booking system available to them. We also carried out an 'Enter and View' visit which involved a Healthwatch staff member sitting in the waiting room observing staff and patient interactions.

To ensure we spoke to as many patients as possible, we ran a drop-in session in Wolverton encouraging patients to come and share their experiences of the service with us.

After we had gathered and analysed the insight from patients through these three activities, we met with the Practice Manager to get the practice view of some of the issues raised with us.

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## 4 Summary of findings

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The evidence gathered from talking to those sharing their experiences with Healthwatch Milton Keynes demonstrates that the current appointment system at WHC is not meeting the needs of the service users. We found that patients were experiencing difficulties with booking appointments for ongoing care, limited availability of online appointments, waiting times when phoning for same day appointments, and being advised to queue on the day for an appointment rather than being offered the opportunity to make an appointment for a future date.

Patients told us that the number of GPs available felt inadequate for the number of patients the practice serves and a number expressed concerns about levels of staffing when GPs took annual leave.

People we spoke to who had made complaints told us that they had found the process ineffective, with some patients telling us that they had not made complaints as they had heard from other patients that they would not get a response.

A number of people we spoke to expressed disappointment that the Patient Participation Group (PPG) was not supported by the practice to be effective. There was a feeling that the practice staff should be utilising the PPG and other local voluntary and user led support groups in its Social Prescribing to better address some of the health issues and inequalities experienced in Wolverton.

Patients reported being generally happy with the care they received from the GPs but many shared individual concerns including the quality of customer service provided by the reception and administrative staff with regards to triage, closures of the practice for training and information on the waiting room digital information board.

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*“Wolverton Health Centre serves an area of deprivation. We are talking about an area where life expectancy is less than in other parts of Milton Keynes. The role of the Health Centre is therefore crucial in serving this population and in trying to reduce that inequality.” The health issues are many and it does put pressure on the doctors and other staff, but unless they have a strong desire and mission to do the very best for the community, they can frankly get away with a lot more than they could in a more affluent area. I was talking to a newly arrived member of staff who said that the patients were so grateful for anything that was done for them - a marked contrast to the much more pushy and demanding patients in her previous job in a more affluent area. So potentially they can and are getting away with a lot more than others would tolerate.”*

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## 5 Wolverton Health Centre Website

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We undertook a review of information available to patients on the practice website as part of our activity. It is essential that patients can access up to date information about the practice and its services.

The Wolverton Health Centre (WHC) website is out of date. Information is disjointed and can be difficult to navigate. We raised this with the practice manager at a meeting. The practice manager informed us that WHC is in the process of changing their website and provider which may be a lengthy process. Although the practice has made updates to parts of the website over the duration of this project there remains information relating to services no longer operating in Milton Keynes or to incorrect contacts.

The Compliments, Concerns and Complaints link on the 'Further Information' menu has been updated since the beginning of our project and now signposts people correctly to seAp as the current complaints' advocacy service in Milton Keynes. However, on a different page within the menu, the Practice Charter prominently advertises PoHwer, the previous complaints advocacy service provider. This could lead to confusion when people are trying to get help understanding their rights and support in making a complaint.

The mandatory requirement to publish GP net earnings details on the website for a sum for 7 fulltime GPs having worked 6 months or more in the last financial year. However, there are only 4 GPs listed on the website staff pages and no dates given on the earnings page. This could lead to confusion about how many GPs are working at the practice and serving the practice list size.

There has been an update to the Patient Participation Group page during this project, however there isn't any information about future meeting dates or contact details. The PPG page also advertises that AGE UK run a drop-in centre on a weekly basis, but AGE UK MK have confirmed that this drop-in is no longer running.

### Our recommendations

Based on the review of the website and concerns raised with us with regards to online information about the practice's services these are our recommendations:

- Schedule regular checks of information on the practice website.
- Utilise links to other advice and signposting services e.g. Healthwatch Milton Keynes and Milton Keynes Council's Service Directory which could reduce the burden of the practice taking responsibility for keeping up to date with changes in service providers.
- Utilise the support of the PPG in auditing the website information
- Delete any incorrect information while awaiting the website platform changeover.

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## 6 Appointments

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The photo on the cover of this report was given to us by one of the patients who came to us with concerns regarding the issue of appointment booking. Patients start queuing before 7:30 each morning with the practice doors not being opened until 8am.

Over a two-day period, we spoke to 45 people queueing outside of the practice between 7am-8am. Many of those we spoke to told us that prior to December 2017 patients were able to wait and queue inside the building but since the Christmas period have been instructed by the practice to queue outside. We were told by patients that there were no exceptions made to this new procedure, regardless of the weather, severity of illness or the age or physical limitations of the patient.

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*“Because they decided not to let people wait in the waiting room, people have to queue outside no matter what is wrong with them, how old they are or what the weather is doing. They told us it was because of their insurance”*

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Early morning queuing for appointments is common practice at GP services across Milton Keynes and can be considered as a patient’s choice. However, the patients we spoke to told us that reception staff were extremely reluctant to make advance appointments and that patients are informed when they phone that they have will to come and queue on the day that they want an appointment.

One patient told us that although their GP had requested seeing them on a weekly basis, they were not able to make these appointments in advance and so had to be in the queue every week, early enough to be guaranteed an appointment.

### 6.1 Accessing appointments

The majority of people we spoke to told us that they felt that it was futile calling the practice to make an appointment. They told us that it was difficult to get through on the phone and if the phone was answered, the receptionists would not book advance appointments and informed patients that they were best to come and queue on the day.

*“When you get through the receptionist tells you the appointments are gone and that they don’t book in advance”*

*“I started calling at 7:55am. I called 115 times and ended up going down in person at 9:50am.”*

*“I called on Monday and was told all the appointments were gone and that they don’t make advance appointments. The receptionist told me to come down and queue at 8am the next morning”*

*“I cannot comment as to standard of care, when one gets to a doctor/nurse, as I am not usually very ill, but no doubt you have been told by many that the phone is basically not answered, appointments online, if available, are one month away. However, by queuing at 8.00 it is usually possible to get one that day. Not a supportable situation.”*

*“Me and my family are registered at Wolverton Health Centre and have been for 8 years since it was the old structure. It was brilliant, could get appointments quickly and with not much fuss. It had 4, I think, receptionists however since changing to the new brick structure it's got worse and worse. You can't get through to them for at least 2hrs and then they tell you to go and queue outside. I for one can't, I have 4 kids to get up and sorted for school college etc. They also tell you to ring at 8 and wait - yeah, you can't do that as you're trying for hours to get through then when you finally do there's no appointments for weeks. Then if you miss the appointment the manager has the cheek to send a letter threatening to remove you from the practice for not attending!!! But you can't get through to cancel and also the receptionist can sometimes be a bit [terse]. Yes, I know it's a frustrating job at times, of course it is, but they don't help at all”*

*“The Surgery opens at 8am. On a number of occasions, I try to call to see my GP and the phone just rings and I get no answer. when I do finally get through, appointments are usually gone. I cannot pre-book for the following day so. I have to try again the next day. Or wait for the doors to open to stand any chance of getting in. I work Monday to Friday 8am till 6pm. Waiting for the doors to open isn't an option. When I try to explain this to reception, all I get from them is there's nothing they can do, go to the walk-in centre at the hospital. I don't drive so again, this isn't an option. The receptionists are rude and arrogant a lot of the time and lack the skills to make the patients feel like they matter”*

## **6.2 Online booking**

Many of the people we spoke to told us that they had tried to use the online booking systems but found that there were rarely any appointments available.

One patient shared their story of accessing the online booking system, and the mobile booking application on the 20<sup>th</sup> August 2018. They sent us the screen shots to illustrate that these were not viable alternatives when trying to make advance appointments:





Wolverton Health Centre  
1 Gloucester Road, Wolverton, Milton Keynes, Buckinghamshire, MK12 5DF  
Usual GP [Redacted]

General: 01908 222 954

Should you not find the appointment time or person, please use the drop down to select a different week. There may be more appointments available for you to book.

### Book Appointment

#### Available Sessions

Show sessions for period 04/09/2018 - 18/09/2018 Show

There are no available sessions.

Back



Wolverton Health Centre  
1 Gloucester Road, Wolverton, Milton Keynes, Buckinghamshire, MK12 5DF  
Usual GP [Redacted]

General: 01908 222 954

Should you not find the appointment time or person, please use the drop down to select a different week. There may be more appointments available for you to book.

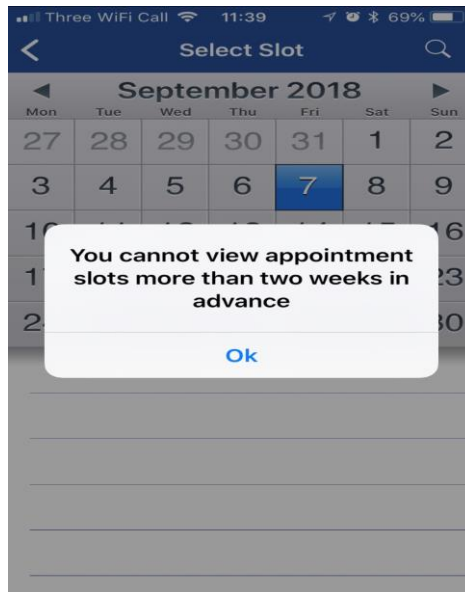
### Book Appointment

#### Available Sessions

Show sessions for period 20/08/2018 - 03/09/2018 Show

There are no available sessions.

Back



The Practice manager informed us that 1/3 of appointments are made available each day, 1/3 for up to 48 hours and 1/3 of appointments for up to 6 weeks in advance. The practice manager also told us that they experienced a high rate of 'DNA' (Did not attend) although they used the 'MJog' messaging system to send text reminders. We were also informed that the practice is part of the scheme that provides pre-booked out-of-hours appointments which is aimed to provide more accessibility for patients across Milton Keynes but no WHC patient we spoke to said they had been offered an out-of-hours appointment.

The 1/3 appointment allocation system isn't meeting the needs of all patients and is not supported by the mobile booking app, as this only extends to two weeks, not six.

The latest Care Quality Commission (CQC) report states that the practice had installed a new telephone system and had advised the CQC that they were regularly monitoring access. The CQC report states that the practice, although not having carried out a patient satisfaction survey since installing the new system, felt that patient satisfaction had improved and, in addition, the practices provision of extended appointments through the GP Access initiative had improved patient satisfaction with access.

## **Recommendations for improving appointment access:**

Based on the feedback we've received from patients we spoke to regarding access and appointments these are our recommendations:

- That the practice reviews the proportion of appointment slots being made available 48 hours and 6 weeks in advance.
- Work in partnership with the PPG to inform and educate patients on how best to use the 'MJog' technology. For example, having an information stand in the waiting room raising awareness may help reduce DNAs.

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## 7 GP Availability

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The majority of people who shared their experiences with us told us that the medical care they received at WHC was good but access to appointments was the biggest concern.

When seeing a doctor, most of the patients we heard from said that they were happy to see *any* doctor, although patients each had their preferred practitioner and availability of Doctors was the biggest concern.

*“The problem is not the Doctors - it's getting in to see a Doctor!”*

*“I tried to get an appointment but was told there was only one Dr working. When two of the Drs are married, that's two Drs away instantly as soon as they go on holiday.”*

*“They used to be really good, it was in a smaller building, but they had more Drs and a Practice Manager who actually cared about the people who came through the door”*

### Recommendations around GP availability

Based on the feedback we've received from patients we spoke to regarding concerns about GP availability these are our recommendations:

- Healthwatch Milton Keynes acknowledges that the shortage of GPs is a national issue. We recommend that the practice works with Milton Keynes Clinical Commissioning Group to review the patient list size where staffing is persistently affecting patient access and experience.
- We recommend that staffing levels are addressed before the practice takes on a training role as we feel the patients at this practice would not benefit from their current GPs having a larger workload.

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## 8 Complaints

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How complaints are managed was an area of concern for those patients we heard from. One patient spoken to in the queue outside the practice said that they had made a complaint two years previously and were still waiting to hear about it. They told us that they had cause to make a further complaint but had not as they felt it would be pointless. This patient also reported that they were unhappy with the practice but due to the catchment area rules applied by the practices in Milton Keynes, they were unable to go elsewhere. The patients we spoke to who had made complaints to the practice told us they were unhappy with the way they had been dealt with and the majority of people we spoke to that had made complaints to the practice had not received a response.

The complaint procedure, as written in the practice's *Patient Charter*, and in the *Compliments, Concerns and Complaints* section of the website gives a 25-day timeframe for a written response to be provided, asks that complaints are made to the Practice Manager, notes that all complaints are taken seriously and notes the importance of dealing with them swiftly.

Eleven of the forty-seven patients we spoke to told us that they felt the Practice Manager was dismissive of complaints and two people wondered if all complaints received were being recorded.

One patient gave consent for us to share their experience of making a complaint to the Practice Manager within this report, this is included in the appendices. While this patient's complaint journey is one person's experience, the experiences we gathered from other patients we spoke to demonstrated that this is not an isolated experience amongst patients.

The length of time taken to respond to this particular complaint was raised, with consent, during Healthwatch's meeting with the practice manager.

The lack of patient engagement and the failure to appropriately record complaints were two of the reasons given for the 2016 Care Quality Commission (CQC) 'requires improvement' rating that the practice received. In the follow up inspection carried out in February 2017, the CQC found evidence that complaints were handled consistently and that governance arrangements had been improved to ensure that records were securely maintained and managed appropriately.

### Recommendations around complaint handling

Based on the feedback we've received from patients we spoke to regarding concerns about responsiveness to complaints, these are our recommendations:

- The complaints process should be published with a hard copy provided to any patient who is making a complaint.
- Any complaint received should be acknowledged in writing and include a summary of the issue, the expected timeline of the investigation and response,

the process that will be followed to investigate the issue and an explanation of how, when and to whom a patient can escalate the issue.

- The PPG should be utilised in gathering feedback from patients and be involved in designing solutions to thematic issues that emerge.
- We recommend that a quality assurance process is put in place so that the Practice Manager, or the practice partner involved with quality can continuously review the efficacy of the complaints process.

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## 9 Patient Participation Group

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Since 2015 there has been a contractual requirement for all English GP Practices to form a Patient Participation Group (PPG) and to make reasonable efforts for this to be representative of the practice population. The practice must engage with the PPG including obtaining patient feedback and, where the practice and PPG agree, will act on suggestions for improvement.

PPGs can play a number of roles, including:

- Advising the practice on the patient perspective
- Organising health promotion events
- Communicating with the wider patient body
- Running volunteer services and support groups to meet local needs
- Carrying out research into the views of those who use the practice (and their carers)
- Influencing the practice or the wider NHS to improve commissioning
- Fundraising to improve the services provided by the practice

People we spoke to said that they did not feel that the Wolverton Health Centre PPG was adequately supported or encouraged by the practice to carry out these duties. People also told us that they had tried unsuccessfully to join the PPG and that they felt the Practice Manager was dismissive of the PPG. The out of date information on the website could be a barrier to people who would like to engage.

*“I tried to join the PPG - used the form in the waiting area and gave it to reception as it says to. That was a month ago and I haven't heard anything. I have been told by other Wolverton residents that it no longer meets.”*

*“[I had] the feeling that perhaps the management had a very closed mind to new ideas and more importantly not really thinking about the needs of their patients, and probably see the PPG as an administrative inconvenience rather than as a partner in improving the service delivery”*

When we spoke with the Practice Manager, there was an acknowledgment that the PPG in the practice she had previously worked had successfully engaged patients by organising

health information evenings and other events. A member of the PPG also told us that the understanding of the role of the PPG may not be fully understood by the current PPG group, and maybe preventing some of the more meaningful engagement roles being carried out.

### **Recommendations for improving PPG engagement:**

- We recommend the PPG Information on the practice website is updated with details about how to join.
- The PPG should be utilised to support patient engagement e.g. surveys
- Practice staff, including GPs, should be encouraged by the practice manager to attend the PPG meetings and share ideas on ways the PPG could work with the practice to promote initiatives suggested by patients, such as Social Prescribing
- PPG members should be encouraged to network, either at the Milton Keynes quarterly PPG Network Group meeting or, by visiting other PPG meetings to share ideas and good practice

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## **10 Other Matters Raised**

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We heard some very good feedback about the quick and professional response from staff during an emergency medical incident in the waiting room. The administration and clinical staff all acted swiftly and sympathetically to those involved as well as those who witnessed the incident.

While the remaining issues are not as critical to patient outcomes, they are matters which, if remedied, would improve the patient experience at Wolverton Health Centre.

### **10.1 Triage**

Patients told us that they were not comfortable with the triage process by reception staff for three reasons. One reason was the proximity of the reception area to the waiting room and the lack of privacy offered. Patients also told us that they felt a lack of medical training or knowledge meant that receptionists were unqualified or did not have the skills required to carry out such a task. The third reason was that the general manner of reception staff meant patients did not have confidence that they were being triaged objectively.

### **10.2 Training Closures**

The practice closes for half a day each month for training which impacts on patients already struggling to access appointments. People we spoke to expressed their frustration at the closures as they feel they have not seen a benefit to their patient experience from protected learning time.

## 10.3 Digital Information Board

The digital information board in the waiting area was mentioned to our Representative by a number of patients. The biggest complaint about it was that the information scrolls across the screen from Right to left rather than up or down. Many of the messages are long and have multiple lines which means by the time the end of the first line has been read, the lower lines of the message have scrolled off the page. One person told us they felt the tone of the messages seemed to point an accusing finger at patients, with messages including how many missed appointments there have been this week. When we discussed this with the Practice Manager, they were aware of the scrolling issue and don't have the IT ability to change it but has asked the Clinical Commissioning Group (CCG) for some support around this.

### Recommendations for improvements

#### Triage

- Ensure reception staff are fully trained and triaging appropriately, not asking for more information than required.
- Ensure that triage staff are able to access a more private area if the conversation involves sensitive or confidential matters.
- Utilise the PPG to better explain the necessity for triage and why the reception staff are the best placed to carry this out.

#### Training Closures

- Healthwatch Milton Keynes recommends that training closure notices include the topic or theme of training that will be undertaken. This will enable patient understanding and possible feedback opportunities.

#### Digital Information Board

- While waiting for the IT support to improve the scrolling, Healthwatch Milton Keynes recommends that the wording of the existing messages be changed to reflect a more positive and patient friendly communication.

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# 11 Summary of Recommendations

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- Schedule regular checks of information on the practice website.
- Utilise links to other advice and signposting services e.g. Healthwatch Milton Keynes and Milton Keynes Council's Service Directory which could reduce the burden of the practice taking responsibility for keeping up to date with changes in service providers.
- Utilise the support of the PPG in auditing the website information
- Delete any incorrect information while awaiting the website platform changeover.
- That the practice reviews the proportion of appointment slots being made available 48 hours and 6 weeks in advance.
- Work in partnership with the PPG to inform and educate patients on how best to use the 'MJog' technology. For example, having an information stand in the waiting room raising awareness may help reduce DNAs.
- Healthwatch Milton Keynes acknowledges that the shortage of GPs is a national issue. We recommend that the practice works with Milton Keynes Clinical Commissioning Group to review the patient list size where staffing is persistently affecting patient access and experience.
- We recommend that staffing levels are addressed before the practice takes on a training role as we feel the patients at this practice would not benefit from their current GPs having a larger workload.
- The complaints process should be published with a hard copy provided to any patient who is making a complaint.
- Any complaint received should be acknowledged in writing and include a summary of the issue, the expected timeline of the investigation and response, the process that will be followed to investigate the issue and an explanation of how, when and to whom a patient can escalate the issue.
- The PPG should be utilised in gathering feedback from patients and be involved in designing solutions to thematic issues that emerge.
- We recommend that a quality assurance process is put in place so that the Practice Manager, or the practice partner involved with quality can continuously review the efficacy of the complaints process.
- We recommend the PPG Information on the practice website is updated with details about how to join.
- The PPG should be utilised to support patient engagement e.g. surveys



- Practice staff, including GPs, should be encouraged by the practice manager to attend the PPG meetings and share ideas on ways the PPG could work with the practice to promote initiatives suggested by patients, such as Social Prescribing
- PPG members should be encouraged to network, either at the Milton Keynes quarterly PPG Network Group meeting or, by visiting other PPG meetings to share ideas and good practice
- Ensure reception staff are fully trained and triaging appropriately, not asking for more information than required.
- Ensure that triage staff are able to access a more private area if the conversation involves sensitive or confidential matters.
- Utilise the PPG to better explain the necessity for triage and why the reception staff are the best placed to carry this out.
- Healthwatch Milton Keynes recommends that training closure notices include the topic or theme of training that will be undertaken. This will enable patient understanding and possible feedback opportunities.
- While waiting for the IT support to improve the scrolling, Healthwatch Milton Keynes recommends that the wording of the existing messages be changed to reflect a more positive and patient friendly communication.

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## 12 Appendix A - Complaint Case Study

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The patient concerned was told by the Practice Manager that the complaint would be investigated by the Deputy Practice Manager so that if escalation was required, it could then be escalated to the Practice Manager.

This patient had, at the time of writing this report, received a response from the Deputy Practice Manager which had exceeded 60 working days. In that time, the patient made contact with the practice on a number of occasions to check the progress of the complaint. Upon receipt of a final response from the practice, the patient felt that the response did not provide a satisfactory resolution.

The patient made the original complaint on the 2<sup>nd</sup> July 2018 and was twice advised that resolution may be delayed because of annual leave. The patient told us that all correspondence received from the practice was in response only to the patient requesting progress reports. The patient felt that the correspondence lacked detail about the timeline or the process that was being followed to resolve the complaint.

The patient received a letter dated 28<sup>th</sup> September 2018 stating that the final response was with the practice's medical advisors for review. The final response stated that the investigation reviewed the patient medical record and relied on the recollection of staff. The first appointment referred to in the letter occurred on the 12<sup>th</sup> April 2018 and made no reference to an appointment for the same issue with a different Dr at Wolverton Health Centre in November 2017. The investigation report acknowledged that in July 2018 the practice made a referral to hospital specialist services after a recommendation by a private consultant. However, the complaint response stated that the practice "seems to have made the correct diagnosis" in both April and May appointments.

The letter stated that the patient's concerns', including the delayed response to the complaint, would be discussed at the upcoming practice meeting with any learning points to be shared with the patient.

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## 13 Appendix B - PPG Guide

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### Notes for Consideration When Developing a PPG (24-7-18)

The following notes are based on the experience of the development of Whaddon Medical Centre (WMC) Patient Participation Group (PPG). They are not intended to tell anyone how they should develop a PPG, but are the experiences of a very successful PPG started as a Forum back in 2007. The notes are not in any particular order or priority.

1. No one size fits all - each PPG needs to try to reflect the make-up of the Patients, such as gender, age, ethnicity, geographical location, e.g. outlying communities and villages, etc.
2. For a successful PPG, it is important that the Practice and particularly the Practice Manager wants one and is supportive of it.
3. The Practice needs to provide accommodation for meetings and limited assistance for such as limited printing.
4. To attract people to becoming Members it is advised that a brief description of what a PPG is and does. Useful information can be found by Googling Patient Participation Group and opening the links to NHS England and N.A.P.P.
5. Caution - recommend not to rush too quickly into a set up that is too formal. Mention of the word committee often results in people disappearing at fast rate.
6. Remembering that PPG Members are volunteers, the WMC PPG is an informal group with no terms of reference, rules, constitution.
7. The only rule is that Members cannot raise individual complaints or concerns from patients. Patients must be advised to contact the Practice Manager. However, if a complaint or concern can impact others, which needs to be resolved by the Practice for the good of all, it is permissible to raise it anonymously for general discussion.
8. A Chairperson and Note Taker are recommended.
9. Have an Agenda for meetings and have Notes (not formal minutes) taken, particularly of actions.
10. WMC PPG meets 9 times per year, at approximately 6 week intervals, avoiding summer holiday periods. Dates are set at the end of the year for the following year. Meetings are always on a Wednesday and start at 5.00pm (used to be 6.00pm, but was considered too late, particularly in winter). The target is for finish by 6.30ish.
11. The Practice Manager and/or Deputy PM should attend. A Doctor(s), particularly new joiners and Registrar should be invited to attend.
12. If the Practice has e-mail addresses for patients, discuss with the Practice Manager considering these to be 'Virtual' PPG Members. If acceptable, remembering Data Protection requirements, send out e-mail invitations to becoming an actual PPG Member. Needs care because there may be a 'big rush'.
13. Have health presentation evenings on various health related subjects for all patients. Presentations can be by Practice Staff or other organisations, e.g. COPD, menopause (needs care as 90 attended at WMC), Citizens Advice, Cancer.
14. Start health related groups, e.g. walking (around 100 attend Whaddon Walkers), running (just starting), Living in the Moment, Cancer and Beyond, monthly walk-in meetings for Parkinsons sufferers and carers.
15. Newsletter prepared by a PPG Member three to four times per year. Very popular.

16. PPG Members review leaflets, etc., for ease of reading before issued by the Practice.
17. Review Practice Notice Boards to keep them up to date.
18. Have PPG Members singly meet with the Practice Manager for a short period to see what goes on behind the scenes. This can be a real eye-opener.
19. Have raffles on such as flu days. Can be spent on such as a wheelchair for use in the surgery, children's' play things.
20. It is essential that no telephone numbers for PPG Members are given to patients.
21. The PPG Chair should attend the Healthwatch/CCG PPG Network. Details can be obtained through [info@healthwatchmiltonkeynes.co.uk](mailto:info@healthwatchmiltonkeynes.co.uk).

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# 14 Wolverton Practice Response

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## **WOLVERTON HEALTH CENTRE**

<b>Dr S A Mushtaq</b>	<b>Wolverton Health Centre</b>
<b>Dr S Mushtaq (Mrs)</b>	<b>Gloucester Road</b>
<b>Dr S R Shunmugarutnam</b>	<b>Wolverton</b>
<b>Dr N Siddiqui</b>	<b>Milton Keynes</b>
<b>Dr O Adekanmbi</b>	<b>MK12 5DF</b>

<b>Practice Manager:</b>	<b>Tel. 01908 222954</b>
<b>Mrs Louise McCarthy</b>	<b>Fax. 01908 314717</b>

### **Response to Healthwatch Milton Keynes**

Many thanks for sending us a copy of the report following your visit to Wolverton Health Centre in August 2018.

Practices are generally run as independent business' under a partnership model but with the same purpose of providing good quality care for our patients. We realise patient's frustrations in understanding how we work and try to communicate this at every opportunity.

We work hard to provide quality care to our patients but with funding constantly being cut this can prove to be very difficult and with an average of £150 per year per patient funding we have to constantly review how we best deliver care.

## **Response to summary of recommendations**

We are in the process of changing our website provider as some parts of our current site can only be edited by the provider, which can cause delay in the information being updated. In the interim we are updating as much information as possible and hope to have the new website in place by the end of the year. Unfortunately, our PPG group has very limited numbers and they don't currently have a chair despite arranging an AGM to try and encourage patients to join. One member did however attend our recent flu clinic and was very proactive discussing the group with patients and informing them of the upcoming AGM meeting in November.

The practice regularly looks at appointment availability, we generally have appointments available up to 6 weeks in advance depending on clinicians' annual leave. We allow a maximum of 2 GP's to have annual leave at any one time however on one occasion this year we had 3 GP's off due to exceptional circumstances. When we have 2 GP's taking annual leave we re-evaluate the appointments to ensure we do not fall below our quota needed each day and this can sometimes mean our pre-booked appointments are slightly reduced. We regularly audit the number of incoming calls internally, so we can see any peaks in numbers and look at trends. This information has previously been shared with our PPG group and an example was given to the Heathwatch representative.

The PPG have an information board in reception and our DNA's are displayed via our electronic calling board however it is noted that in the comments Healthwatch received from patients they felt the tone of the messages on the board seemed to point an accusing finger.

The practice has recently recruited two new GP's Dr O Adekanmbi joined us on 1<sup>st</sup> October 2018 and Dr L Brako joined us on 1<sup>st</sup> November 2018. We have also recruited a clinical pharmacist in conjunction with CMK medical centre who will be holding clinics for things like medication reviews. This will ease the pressure on GP appointments especially coming in to the winter months.

The practice has a complaints leaflet which is available in the information hub or from the patient navigation team. A large majority of our complaints come in verbally and are resolved over the telephone. All written complaints are acknowledged within three days of being received with the following statement 'your concerns will be discussed and investigated, and we aim to have a full response to you within 25 days. If for any reason this is delayed, we will notify you accordingly. Once the complaints have been investigated the practice sends out a full response with the

flowing statement 'I do hope that we have been able to answer your concerns, if you would like to discuss them further or in person we would be happy to arrange this'.

If you are ultimately unhappy with this response:

Please refer your complaint to: Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London SW1P 4QP, 'Making a complaint page' at <http://www.ombudsman.org.uk/make-a-complaint> (to complain online or download a paper form). Alternatively, you may call the PHSO Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday or send a text to their 'call back' service: 07624 813 005.

Also the Health Complaints Advocacy Service in Milton Keynes on 0300 343 5716 or email: [info@seap.org.uk](mailto:info@seap.org.uk) offer help and support to complainants.

All complaints are dealt with by the Deputy Practice Manager in the first instance and discussed during practice meetings. We then review the complaint data every 6 months to ensure all complaints have followed the correct process and if for any reason this has not happened we look at learning points.

Earlier this year all of our receptionists completed patient navigation training provided by the CCG. Following this we renamed the team 'patient navigators' to reflect this giving them and patients the confidence to sign post/be signposted where appropriate. The team ask for a brief outline of the reason for the appointment then book with the most appropriate person. If a patient feels they do not want to disclose this information then the team either take them in to an office or state personal on the appointment system. This change was discussed during a PPG meeting and was also advertised in the waiting area. Our telephone message was also updated so patients are aware when they call in that the patient navigation team will be asking for a brief outline of the reason for the appointment.

Following the report we have updated our training closure notices to state 'mandatory training'. We have not totally individualised them as often different teams attend different training on the same day.

The digital information board has been reviewed and messages updated/changed. This will be reviewed on a monthly basis and we will continue to raise the 'scrolling' issue with IT.