



Enter & View

Ashfield Medical Centre
Published July 2024

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2 Introduction

2.1 Details of visit

Service provider	Ashfield Medical Centre – BeanHill, MK6 4NE
Date and time	13 th March 2024 – 9am to 5.30pm
Authorised representatives	Helen Browse, Diane Barnes

2.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Ashfield Medical Centre, 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 the Ashfield 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 9am 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 32 patients took part in these conversations.

In respect of demographics: -

Gender:

Male = 2, Female = 11, chose not to respond = 19.

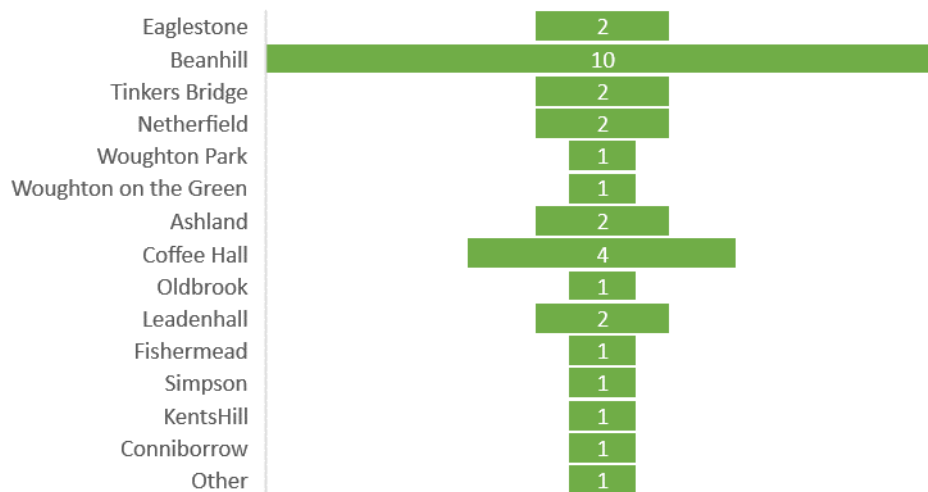
The age range of patients spoken to was:

Six were under 16, Six were aged between 18 – 65, Two were aged over 65, and 18 people preferred not to say.

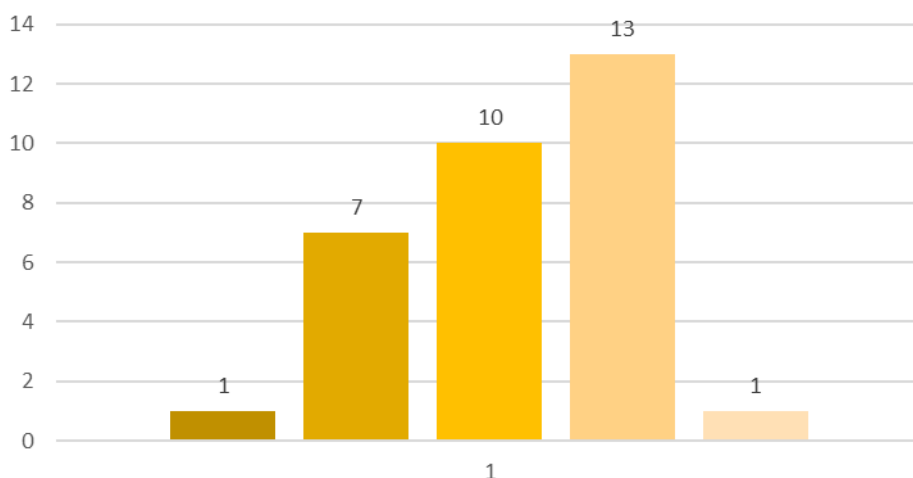
Time registered with the practice:

Only one person had been registered with the practice for less than a year, seven had been registered between 1- 5 yrs., ten people had been with the practice between 5-14 years, with 13 patients having been registered here for over 15 years. One person didn't know or preferred not to say.

Housing Estates/Areas covered by Practice = 15



Length of time registered with the practice:



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

4 Summary of findings

4.1 Overview

Ashfield Medical Centre registers patients from a wide area of Milton Keynes, we spoke to people from 15 different Estates on the day we visited, including a resident from one of the Care Homes covered by the practice.

This is a welcoming family practice with a high patient footfall, and on a grey dull day it was bright, clean, and well presented. There is a pharmacy and dentist next door, and it is only a short walk from the local primary school.

On the day of our visit there were 6 doctors (including one Locum) and 5 Nurses of different specialties on duty. Our visit had been well publicised with three posters in reception and the PPG had been informed. Several PPG members had come in specifically to talk with us as they wanted to support the practice.

4.2 Premises

The Medical Centre is close to the main road and the bus stop. There is ample parking at the front and a large car park at the rear of the building. There is a ramp to give easy access for those that require it and automatic doors to aid entry with a clear pathway to the auto login screen and main reception desk highlighted by floor decals. The floor decals are showing signs of wear and tear. The entrance lobby has a repeat prescription area and there is a pharmacy situated next door.

The reception area is well laid out; it is clear where to sit and wait, where to log into the Auto check-in screen, and all of the seating faces the large TV screen that displays the patient call announcements. A single large screen notifies patients of their appointments and the room to go to with a short 'bleep'

The reception area has floor to ceiling windows on three sides so is light and airy, and the large waiting room has sufficient seating that is well spaced to allow for access needs. There is a good amount of space between the reception desk and the seating area which gives a little privacy to patients speaking with reception staff.

The décor is bright and there are three walls of posters providing information on activities and health updates. These are arranged in sections throughout the spacious waiting areas.

There is a blood pressure monitoring machine available in reception, with instructions for use. We observed this being used by a few patients during our visit. During the afternoon a pop-up flag was placed in the window inviting patients aged 40-74 to book in for their NHS Health check.

There are clean, well-signed, and maintained toilets available just past the reception area.

Access to Appointments

Patients told us that the on-line system for appointments was out of service, and said it was easier to come and queue from 7.30am until the doors open to get an appointment. This way, we were told, the Doctor calls them for a triage appointment, which generally gets them an appointment that day that they can come back to attend. Patients told us that calling in at 8am was not a viable option because of the wait times.

If people called the practice at 8am, when the phone lines were opened, the wait time for a call to be answered can be up to 45 minutes with some people commenting that on previous days they had waited more than an hour. Once their call was answered they are told there are no call backs available for that day. Many patients now choose to queue at the practice to make appointments for the initial call back because this is quicker than the telephone queue. They told us that, although this means they still have to go back home and wait for this triage call (possibly waiting all day as they are not given an appointment time for this), it is preferable to not knowing if their call will be answered, or whether there will be any telephone triage appointments left if it is.

The telephone and face to face triage was not understood by the majority of patients we spoke to. People felt that reception staff should be putting them on a list for a call back or transferring them to someone medically trained to ask questions. A few people said they wouldn't care, they just wanted an appointment, but the majority felt that it would not appropriate for reception staff to be doing a clinical triage.

We were told that, overall, it is a first come first serve situation for a GP to call and do the triage, and the only other signposting or triage that reception staff were able to provide was to either try again tomorrow or to go to Urgent Care. A few patients told us that they had been advised to call 111.

"Tried at 8am, by 8.20 - no appointments I was referred to 111. They referred me back to GP, they sent to the walk-in centre who said I need an x-ray which the GP has to refer. So, I have to go back to GP".

"I called in this morning - waited half an hour to get through - then got a callback at 12.30 which resulted in an appointment for this afternoon- so pleased with the appointment but it feels like there must be a more efficient way of booking appointments"

Medication requests can be done online but most we spoke to patients continued to use the paper option, stating that they trust this and feel it is more reliable.

There is a sign at reception that medication requests will not be taken over the telephone. However, almost a third of the people we spoke to told us they had no access to the internet so phoning in or queueing were the only options available to them. People who were able to use the internet were frustrated that the online appointment booking system did not work:

'If you complete a request form, you can get a response telling you to call the practice. What is the point?'

We asked patients how they would go about cancelling an appointment if they needed to. Most people responded that, other than follow up appointments booked by their GP or regular nurse appointments, there were really only 'on the day' appointments available and people wouldn't need to cancel an appointment for the same day.

People who had needed to cancel said that they phoned in but that it took a long time to get through to be able to do so. Patients said that they would really like the option for adult or child appointments on the phone system and also a separate option for cancellations.

Many people gave us suggestions they felt could improve things, including having more staff rostered on at peak times, particularly to answer the phones to cut down the waiting times. Several have suggested an improved telephone system giving better information whilst trying to get through. NHS England have just published guidance on managing these situations, the links to each will be included in the recommendation section.

4.3 Staff interaction and quality of care

The staff we saw interacting with patients were observed to be helpful, informative, and gave time to patients who had queries.

Because there was usually only one member of the reception team at the reception desk at any time with patients, the people we spoke to were not aware of how many staff were supporting behind the scenes. This gives people the perception that access issues are due to staffing levels.

"improve the telephone system or hire more staff"

"you can tell they are frustrated but they need more staff."

Patients who took part told us that they found the reception staff to be helpful and kind:

"They are great – just a shame they don't have enough appointments."

Happy with how I am treated, lovely people"

"Brilliant, Helpful, they listen, I find them really efficient"

Few staff were observed in the waiting area during the visit. The occasional nurse would call for a patient who had not responded to the screen prompt but, other than the Smoking Cessation staff member, it was generally a lone receptionist visible to patients.

The 'quit smoking' initiative staff member who had a table in reception for a few hours during the morning and engaged with several patients. She had a tough audience, but she was patient and enthusiastic, and very tolerant of children who found her 'stress' balls fun.

Patients who had regular nurse appointments were very happy with the service they received. They fed back that the nurses there booked future appointments during their visits and that nurses reminded them of other upcoming appointments they may have at the hospital or other clinics which were showing on the system.

When asked about the duration of appointments, or if they felt they were being rushed, almost everyone spoken to said they had never felt rushed, that they felt listened to, and were, generally, very happy with the service they received when they got to see a Health Professional. The only thing they were frustrated with was the booking system, although a number of people expressed surprise to learn that longer appointments were an option for some types of appointment or for patients who had additional needs (such as interpreters).

The biggest issue for the patients we spoke to was with the telephone system and expressed frustrations with the barrier they felt it creates. There are a wide range of comments about the ability to book appointments:

"Today's appointment was booked for me via 111"

"Really difficult to book by phone start at 8am, keep trying, could do that for 3 or 4 days before getting an appointment"

"I queue at the practice, arrive about 7.30 and wait till they open, get my name on the list, wait for a call back. It's hard but it's better than calling".

"Only waited for half an hour on the phone today and got an appointment at 12.30 – staff are great, they put up with a lot".

"improve the phone lines and everyone would be much happier – patients and staff".

Staff are well liked at Ashfield. However, the people who are unwell, already frustrated and not at their best, report that the systems are the issue and expect less barriers to getting the support they need.

5 Recommendations

Our visit to Ashfield Medical Centre was, overall, was a positive one. We have drawn a small number of recommendations though observations and patient feedback:

- ◉ Consider removing or updating the Footprints in reception. As good as these are in directing patients through the area, the existing ones are faded and partially worn away.
- ◉ Review the volume of information on notice boards. There is a wealth of useful information available however, it is difficult to find what is new or relevant because of the amount and layout of the posters and notices.
- ◉ Telephone Triage: patients are not clear why they are being asked medical questions by non-clinical staff. It was seen as intrusive and unnecessary as, on a first come first serve basis, people are booked a telephone call with a GP who then carries out a triage to see whether an appointment will be made.
- ◉ Evaluate the benefit of increasing the staffing of phone lines and any other operating triage systems at 'peak times'. This may not result in any more appointments, but it would cut down the levels of frustration of patients and give them the option of alternative care solutions sooner.
- ◉ 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.
- ◉ 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

HEALTHWATCH ENTER AND VIEW 13TH MARCH 2024 – RESPONSES FROM ASHFIELD MEDICAL CENTRE

Footprints in Reception – to be removed/or replaced – we will replace these with similar appropriate stickers.

Volume of Information on Notice Boards – We will make Headline Titles above each area so that it's easier for patients to only look at what is appropriate to them

Telephone Triage Seen as Intrusive and Unnecessary – Patients are triaged as our demand far outweighs our capacity. We have been given guidance from NHS England veering us towards a triage system (although we have triaged for many years now). All of the Reception and Admin Team are fully trained in being able to differentiate between on the day and ongoing needs of the patients and will book accordingly. The reason that patients are asked for a brief summary of their condition is so that, when on the Duty Doctor's list, the Doctor will scan the list and pick out those deemed as most important first.

Evaluate the Benefits of Increasing the Staff on Phone Lines – Patients may not be aware but our team is made up not only the Reception Team but also our Admin Team so at any one time there could be 6-7 people answering the phones. The time waiting for patients is purely the number who all call at one time. We have moved to a new phone system whereby patients can opt for a call-back and also we are moving to a new online system which will enable patients to be triaged in-house and booked on the day or future appointment accordingly.

Consider an Exercise to Evaluate Barriers to Patients Using Online Systems – We are moving to a new online system whereby patients can contact us using either a triage within the system or ask a question of us plus patients are able to email us directly, come to the practice or call us on the phone daily. We explain fully to all new patients how the system works. We are always happy for patients to come to the practice so we can help them with this.

PATIENTS THOUGHTS – RESPONSE

Having to Queue from 07.30 – This is something that patients started to do believing that they would not get an appointment if they didn't do this. We have over 50 appointments for on the day bookings daily plus appointments multiple up to two weeks in advance (for ongoing problems) that we can book for patients when they call with their own GP. We add to the Duty Doctor list daily for Elderly, Care Home, Housebound and various other groups of patients so the list of 50 extends beyond that. In any triage system we still have to work within safe boundaries and limits (the BMA recommendation for a GP is 25 contacts with a patient a day). As we are not an Emergency or even Urgent Care Provider, anyone who calls that has an emergency on the day, and we are at full capacity, will be triaged to NHS111 or the Urgent Care Centre – we would be negligent if we did not provide this red flag advice.

Cancelling an Appointment – Appointments can be cancelled by phone, email, in person or via the online system – patients are always given plenty of notice of their appointment and should, therefore, be able to cancel in advance too. We are hoping that our new system makes this even easier.

Frustration at Online Booking System Not Available – As we triage patients the only appointments which would be bookable online in advance will be those with nurses (such as Smears or Vaccinations etc) where we have asked the patients to come – we will be opening up more appointments like this online but, having tried in the past to have online bookings – patients unfortunately booked the wrong type of appointment with the wrong staff member which caused more problems – also many appointments are for different lengths of time and patients booked for too short

a time for the problem they were being seen for. Triaging and booking makes sure that the patients are seen by the correct clinician for the appropriate time.

Option on Phone System for Adult and Children Appointments and Cancellations – All patient are triaged so makes no difference whether Adult or Child and we will look into whether having a line for cancellations could be installed with a messaging service. Appointments would need, though, to be cancelled at least 3 hours in advance for it to be re-booked anyway. Most appointments should be cancelled 24 hours in advance.

Patients Making Contact Via Online System Have Been Asked to Phone Practice – This would be very unusual as most online queries are dealt with same day online or booking with Duty Doctor where appropriate, even though the online system does ask patients to allow 48 hours for a response.

Different Phone System with More Information – Our phone system is new and we have studied the information available on it and made the messages succinct and to the point as previously patients were unhappy with the time it took for the message before getting through.

Only One Member of Reception Team On Front Desk – Although at times in the day there is only one reception member on the front desk, at busy times, and any time they need a hand, the back-room team plus Admin Team as required are there. On each reception shift there are a minimum of 5 team members of reception plus a back-up of 5 admin members available.



healthwatch
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