



# Enter & View

Milton Keynes Village Medical Centre  
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# 2 Introduction

## 2.1 Details of visit

Service provider	Milton Keynes Village Medical Centre, MK10 9BQ
Date and time	19 <sup>th</sup> March 2024 9am to 5.30pm
Authorised representative	Helen Browse, Colin Weaving, John Southall

## 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 Milton Keynes Village Medical Centre.

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## 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 47 patients or family members took part in these conversations.

In respect of demographics: -

### **Gender:**

Male = 10, Female = 28, chose not to respond = 9

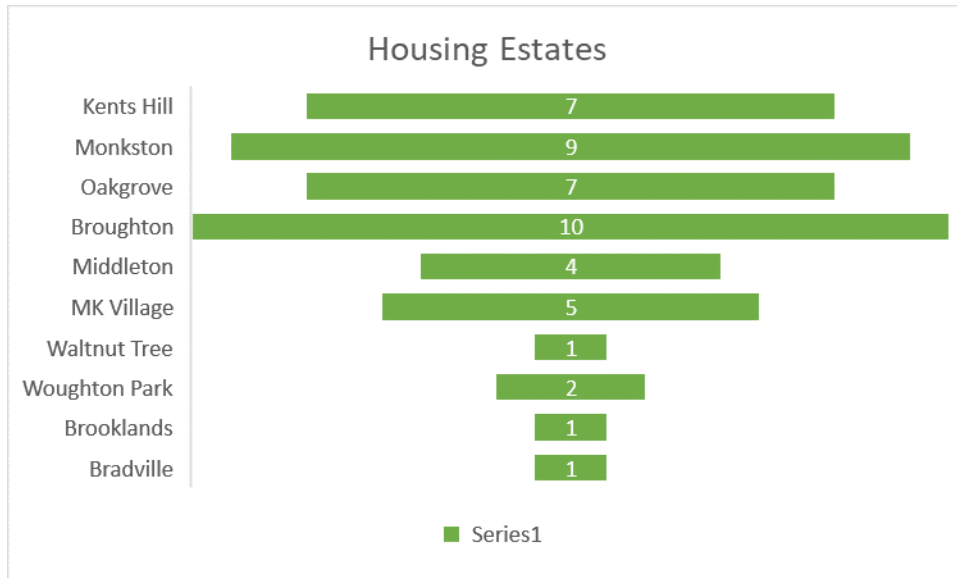
### **The age range of patients spoken to was:**

Seven were under 16, 24 were aged between 18-65, seven were aged over 65, and 9 people preferred not to say.

**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. Seven had been with the practice for between 1-5 years, eleven people between 5 – 14 years. Twenty people had been with the practice for 15 or more years, and one person chose not to say.

**Housing Estates/Areas covered by the Practice (10):**



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

# 4 Summary of findings

## 4.1 Overview

Milton Keynes Village Practice is a large practice which has been running since 1998. They moved into their current, purpose-built, practice almost 20 years ago. There is a pharmacy located next door.

The practice has a large carpark and easy access with a large amount of disabled parking bays at the front of the building.

On the day of our visit there were four GP's and three Registrars on duty along with Four nurses of different disciplines, one physio, and a social prescriber. The practice core opening times are 8:00 to 6:30 Monday to Friday. On two days a week the practice opens for booked appointments at 7:00 and one evening until 20:00. hours

## 4.2 Premises

The practice was extended and remodelled – this was completed in 2019 and still looks modern and clean. There is a small TV screen showing the services available within the practice and a small number of local advertisements. This screen does not have sound or call patients to their appointments. Patients are called through by the health professional they will be seeing and told us they liked this personal touch.

There is a bookcase with some NHS related information and a small free-standing leaflet stand by the main entrance. The waiting area is a very adult oriented space with no provision, such as books, for the many younger children who use the space.

Between the two waiting areas there is a blood pressure monitoring machine with instructions for use, only one patient was observed using the machine during our visit. Although many people spoken to told us they use the online prescription service, it was good to see access remains, in the form of a paper based repeat prescription box in the lobby area, for those who don't use the digital option.

## 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 three staff members in the office who are on shift and providing admin and phone support from 7am until 8pm.

The practice began using their new online system approximately a month ago, at the time of our visit, so patients were getting used to it and views were mixed but this is to be expected of any new system. During our visit a representative of the PCN (Primary Care Network) was meeting with the practice to discuss how the implementation of the NHS mandated online triage and booking system, ACCURX, had been progressing.

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 also noted that, while these prospective new patients were informed that they needed to provide two bills and photo ID, they were not told that registration would not be refused if they were unable to provide these.

We were, however, pleased to note that these prospective new patients were offered the opportunity to book their wellbeing appointments prior to returning the documentation for each person registering.

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

*“Don’t like it, find it intrusive’.*

*“If they’ve had some training I don’t mind – have they?’*

*‘They could show a bit more empathy’.*

*“It’s personal – for professionals.*

*“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 that they particularly appreciated that they saw a regular GP when possible and a nurse or physio team member 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, reception staff would make the appointments at the time specified by the practitioner. There did not seem to be any issues for patients booking advance appointments.



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:

*'I used it, and it told me to call and make an appointment anyway'*

*'I didn't have the issues it listed, so I had to call in any way'*

*'I call in, it takes ages but at least it works'*

Patients told us that if the telephone system worked better, life would be better and 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. This is another potential opportunity for patient education by the practice or the PPG.

### **4.3 Staff interaction and quality of care**

We observed the reception staff to be welcoming and saw that their interactions with patients were thoughtful and informative. Most interactions at reception remained private, while some could be overheard, this was largely due to the general quietness in the waiting room.

People told us that they appreciated the personal service that MK Village Practice provide and generally reported feeling cared by all, clinical and non-clinical, staff.

During our visit, there was an unexpected medical event at the reception area. We were impressed with the speed, care and patient focused manner in which this situation was managed. A silent alarm was raised by reception and doctors, nurses, and a privacy screen, appeared in moments.

A short time later when the patient had been safely moved and the screen gone, a staff member came out to inform any patients waiting for the particular Dr, who was busy caring for this patient, that there would be an unexpected wait. This information was updated until timings were caught up. The professional way this had been handled meant that most of the patients in the waiting room were unaware of the incident, even when the Ambulance service arrived.

Staff handling of this situation should be commended.

# 5 Recommendations

On the basis of this visit, MK Village 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.

- ④ Consider tasking the PPG or an Admin Team member to offer 'Tech Support/ training' sessions for the new 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.
- ④ Explain the Triage questions, their purpose and how it helps direct patients to the appropriate appointment or practitioner. If your staff have undertaken triage training, it is definitely worth promoting this as it will lead to greater patient understanding and increase their confidence in the ability of front-line staff to have these conversations.
- ④ Consider providing refresher training to reception and admin staff around registration requirements: <https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/>
- ④ 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.

# 6 Service provider response

Thank you for taking the time to come to the practice and observe the day to day running of practice and to meet the hard working team of clinicians and admin staff.

We strive to deliver a high standard of care to our patients and welcome the opportunity to receive observations on how we may further improve upon this.

We have now had the opportunity to discuss this with the partners and below are our responses to the recommendations set out in the report.

## **Recommendations:**

1. We are considering providing some training sessions for patients in the patient activity room with one of our members of staff. At the time of the visit the new ACCURX system had just come into use so patients were still becoming accustomed the using the system.
2. Our staff have undergone training for the use of the triage system and will continue to do so going forward. Refresher training is also available and in particular when there are any new aspects to the system. We are looking at the most appropriate way of disseminating this information to patients
3. Refresher training for admin & reception staff for patient registrations has taken place during the a protected learning time and is available for all new staff members as they join the practice
4. We will consider how patients are best informed on how we manage demand for appointments and our allocation of staffing.



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