



Olive Medical Practice,  
Enter and View Report

14<sup>th</sup> June 2024

# healthwatch

## Blackburn with Darwen

### DISCLAIMER

This report relates to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

Contact Details:

Olive Medical Practice

3 Lime Street

Blackburn

BB1 7EP

Staff met during our visit:

Julie Hussain (Practice Manager) and members of the team

Date and time of our visit:

Friday 14<sup>th</sup> June 2024 9:00am

Healthwatch Blackburn with Darwen Representatives

Sarah Johns (Healthwatch Chief Officer)

Katie Merry (Healthwatch Staff)

Jenny Hayes (Healthwatch Staff)

Michelle Livesey (Volunteer)

## Introduction

This was an announced Enter and View visit undertaken by authorised representatives from Healthwatch Blackburn with Darwen who have the authority to enter health and social care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the view of those people using the services. The representatives observe and speak to respondents in communal areas only.

This visit was arranged as part of Healthwatch Blackburn with Darwen's Enter and View programme to review Accessibility, Approachability and Responsiveness. The team of trained Enter and View authorised representatives record their observations along with feedback from patients, staff and where possible, carers or family.

A report is sent to the practice manager of the facility for validation of the facts. Any response from the practice manager is included with the final version of the report which is published on the Healthwatch Blackburn with Darwen website at [www.healthwatchblackburnwithdarwen.co.uk](http://www.healthwatchblackburnwithdarwen.co.uk)

## Acknowledgements

Healthwatch Blackburn with Darwen would like to thank Julie Hussain together with patients and staff for making us feel welcome and taking part in the visit.

The practice is listed as having 3 GP partners.

The BwD PCN data states that the patient base is 7,555. (subject to change)

The current CQC rating is Good (2021)

## Methodology

The Enter and View representatives made an announced visit on

We spoke to 11 patients, the Practice Manager and 4 members of staff, where possible within the constraints of the GP surgery routine, people's willingness, and ability to engage and access to people in public areas. Discussion was structured around 3 themes:-

- Accessibility
- Approachability
- Responsiveness.

The team also recorded their own observations of the environment and facilities.

Our role at Healthwatch Blackburn with Darwen is to gather the views of service users, especially those that are hard to reach and seldom heard, to give them the opportunity to express how they feel about a service regardless of their perceived ability to be able to do so.

We use templates to assess the environment of a facility and gather information from respondents, to ensure that reports are compiled in a fair and comparative manner.

## Summary:

Olive Medical Practice is located in Shear Brow ward and easily accessible for patients on foot or travelling on local transport to the town centre, being located close to Barbara Castle Way. However, parking was raised as an issue by several of the patients we spoke with - something which is highlighted on the Practice's website.

The practice is clean and hygienic, however it is in need of freshening up, with old posters, unnecessary equipment and tired paintwork making the waiting room look 'tired' and cluttered. The bathroom could also benefit from paintwork and attention.

The Practice's website is informative, however some areas need updating, including contact details on the 'Suggestions and Complaints' page.

Patients generally felt that the staff are courteous and polite and that they had enough time with the doctor, however concerns were raised about being able to book appointments. The Practice may wish to consider allowing the reception/administration team to carry out some of the triage process to both free up GP time and meet patients' needs.

There was lack of clarity around how the Practice supported its more vulnerable patients and double appointments are generally used for appointments requiring translation, rather than for accommodating patients with learning disabilities or additional needs. One patient whose mother did not speak English felt that a more personalised approach was needed. Similarly there was a lack of understanding of social prescribing amongst patients and some staff members.

The Practice has clear processes in place to support uptake of cervical and bowel screening, however it was felt that the local community did not understand screening. The Practice Manager is aware of the need to make plans for awareness raising work on breast screening in the practice.

Staff spoke highly of both the GPs and the Practice Manager and felt that they were approachable.

## Enter and View observations

### ACCESSIBILITY OBSERVED

#### Pre Visit

Representatives firstly looked at the practice website to establish contact and found the website to be informative however in need of several updates. There is still information about Covid-19 on the website which is not the latest information, the flu letter is dated 2022/23, the Patient Opinion page is blank and the practice manager referenced on the 'Suggestions and Complaints' page is not the current practice manager.

We also note from discussions with the practice manager that the later evening appointments on a Wednesday are telephone only at present - this is not reflected on the website.

There is an option for translation but there is not the facility to change the font size to make the page more accessible, although the accessibility statement states that this is possible. There are also issues noted re accessibility from an audit in 2021 which do not appear to have been addressed. Tabs redirect patients to relevant pages and these are clear and simple, however the patient opinion page is blank.

The site was noted by representatives to be mobile friendly.

The practice does not have any social media pages.

Before the visit, we rang the surgery on Thursday 13<sup>th</sup> June 2024, at approximately 3.05pm to check the wait times and queue position. We were position number 11 in the queue.

#### Day of the Visit

#### External Environment



The surgery building is easily identifiable by a large sign at the front of the building and the entrance is clearly marked. The entrance is glass fronted but with clear wooden structure which makes the door identifiable for patients with visual impairment or dementia. We did note a few patients struggling with the heaviness of the door however on entering the building.

There is no carparking available for the surgery, except a designated disabled space marked by cones by the entrance. All other street parking is for residents with permits only therefore patients have to park at a distance from the practice and walk to it if they are able to find a space nearby. The surgery is not located on a bus route but is a 5 minute walk from the town centre.

There are a number of posters in the windows at ground floor level which are also duplicated inside the building and make the front entrance look a bit cluttered.

### Reception Desk Area



The reception desk is located at the entrance of the building, with receptionists sat in an office behind an open hatch. The desk is located away from the main waiting room which allows for greater privacy of conversations but it is a quite a tight space and if it were to get busy and confidentiality would be reduced. The hatch is situated at a height which is slightly too high for wheelchair users to communicate effectively with receptionists unless the reception staff stand up close to the hatch.

The area is clean and bright but the windows of the reception desk have a lot of temporary posters up and paperwork is on display in the reception area which makes it feel rather cluttered.



## Waiting Room Area

The waiting room area seats around 7 people and we noted patients standing whilst on our visit. The area is dimly lit due to having several lights out and the walls and skirting boards are scuffed making the room look rather 'tired'. However representatives did note the area to be clean and hygienic. The white walls are distinct from the grey floor but the poor lighting might be an issue for patients with dementia or with visual impairment.

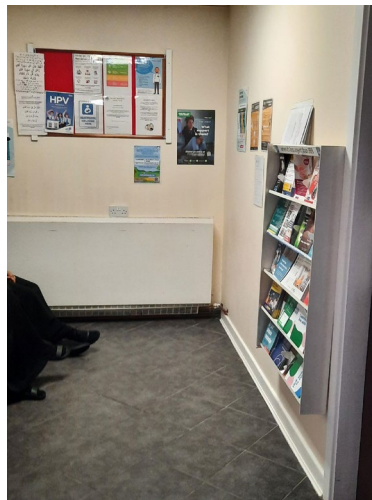
There are items in the waiting room which are cluttering up space and have clearly been there since the pandemic - screens and bollards for dividing space. If removed, the area would be more appealing and look tidier. The fire extinguisher also looks to be located in a place where it may be at risk of being knocked.



There were two TV screens in the waiting room but neither was on and representatives noted a sign in the reception office stating that the TV had been logged for fixing in January 2024.



There are posters on walls and windows as well as on noticeboards which makes the room look rather cluttered - some of which are duplicates and out of date. There is a lack of information in different languages.



We noted that some of the hand gels provided were empty.

There is a sign stating that the waiting room is breastfeeding friendly but no separate space if women did not feel comfortable to do so in there.

Representatives noted a notice in the waiting room displaying the prices of private sick notes, medicals and reports. This could be confusing for some patients who might be concerned about charges. We also noted some cards in a box with leaflets about bowel screening which should be used for patients to indicate that they have sight or communication difficulties. Whilst these could be useful for patients, they would be difficult to find and people might want a more personalised approach because any such difficulties should be logged on their patient record.



There are no arms on any of the seats in the waiting room which might make it difficult for patients with mobility issues and we noted that one of the seats was broken.





We noted that there was no clock in the waiting area.

Representatives observed GPs and the advanced nurse practitioner coming into the waiting room to call patients for their appointments to the appropriate clinic room which seems a welcoming and friendly approach and a nice interaction to commence the consultation. A female GP was noted by representatives wearing disposable gloves each time she called in patients, including opening the door to waiting room and consulting room, however we could not see if handwashing was taking place or change of gloves.

Representatives noted that there is a consulting room off the waiting room but the sign on the door just says 'Do Not Enter' whereas all other clinic rooms have numbers on them.

There was a clear sign for the direction of the toilet from the waiting room.

### **Corridor area and public toilet**

The corridor area on the ground floor was clean and the door signs for each clinic were clear and in large print, although they looked temporary in laminated plastic. The signage on room 4 is slightly confusing with a caution sign on it. The emergency exit is clearly signposted.

The sign in the waiting room for the toilet says 'toilets', however there is actually one toilet available for patients. This has a disabled sign to indicate that this is accessible but may benefit from having both female and male signs on the door too for clarity.



We noted that there is sufficient space for a wheelchair in the bathroom and a pull cord for attention. However, the toilet is not dementia friendly with no colour distinction between the toilet and the toilet seat.



The bathroom was clean but fittings and décor look tired and in need of refurbishing. However, the soap dispenser was crusty and we were unable to get soap out of it and it appeared not to have been cleaned properly. There was no baby changing area available in the bathroom.

### Approachability/Flexibility of the Practice

We spoke with the Practice Manager, Julie Hussain, about different approaches the practice takes to meet patient needs. The practice is currently experiencing some change in staffing due to maternity leave but is working with the Local Primary Care Federation to ensure there is sufficient cover.

Appointments are booked either on the phone or online or people can book in person at reception. However, all appointments are triaged by the GP partners and daily allocation taking place first thing in the morning and after this, the receptionists call patients back to confirm the time of their appointment, with some appointments being booked on to the following day. The practice uses Pharmacy First but Julie had invited the Chair of the Pharmacy Leadership Team to visit the practice in the week of our visit to give the team a refresher on Pharmacy First so that they are more aware of the service. This will also mean that the reception team can these referrals out of the GP slots because currently the GPs need to make the referrals.

Double appointments are used but mainly for language line requirements.

The administration team explained the optional callback system to our representatives for if 20 or more patients are waiting. At the time of speaking with the team there were 31 patients waiting.

The Health Care Assistant at the Medical Practice currently develops the initial template for patients on the Learning Disability Register and those with additional needs and liaises with the partners for their appointments. However, it was noted that she is due to go on maternity leave therefore a plan for this during her cover is required. She also carries out diabetes and asthma clinics in the practice.

Women's health is a current priority for the practice. The physician associate sets up a 5 minute appointment with women before their cervical screening appointment to talk them through the process and show them the equipment. These take place each week and this briefing appointment is to help increase uptake of screening because it is felt by the practice staff that women in their local area do not understand screening. Julie is aware that they need to prepare for awareness raising for breast screening too as a practice.

Mental health support is covered by an ARRS role who covers both Hollins Grove and Olive Medical Practices.

Bowel screening support is delivered by the NHS bowel screening team and dates are currently being set up for 'Call for a Kit' clinics, supporting non-responders to speak with a member of the screening team.

We did not observe any posters about social prescribing in the practice and when asked, the practice manager stated that they have two clinical pharmacists.

We asked Julie about the level of 'Did Not Attends' in the Practice and how these are managed. She explained that these are much reduced now that they have a 'click and book' approach for nurse clinics. The receptionists have a checklist of DNAs which they go through in the afternoon and send patients a link for self-booking. "It's mainly because patients have forgotten or are too unwell and other things have come up." Julie stated that she had not needed to make any referrals of patients to the special allocations list during her time as Practice Manager.

## Feedback from Patients

### ACCESSIBILITY

- **Are the Practice's opening hours sufficient to meet your needs?**

9 of the respondents felt that they were. However one respondent stated, "I guess so? You just can't get an appointment when you need one" and another replied,

"I find it very difficult to get an appointment, I'm 75 and I have to ring them at 8am if I want an appointment. This is hard for me as I struggle sleeping and often get to sleep late so 8am is too early for me to ring."

- **Is it easy to park or travel to?**

Whilst travelling to Olive Medical Practice was easy for all of the respondents, parking was raised as an issue by 5 of the people we spoke with.

"Parking is a nightmare, it's all permit parking around here, you are on edge worrying if you will get a parking ticket."

"Parking is an issue, I got an uber today".

"Parking is an issue, I've walked down here today and am soaking wet!"

- **How did you get your appointment today?**

"I had to call. I've been trying to get through for days with difficulty. My boys have been sick for nearly 15 days. I rang for an appointment for one of my sons and waited on the phone for about an hour to get through yesterday and then my other son has been sent home from school this morning because he's sick but I can't get them seen in the same appointment. I'm on the triage list for him. It's hard because my husband is disabled so leaving home for several appointments really isn't easy. I've tried in the past for emergencies and struggled to get through."

"I rang yesterday and they couldn't give me an appointment so I rang 111 and they managed to get me an appointment today."

"I rang yesterday and couldn't get an appointment so they gave me one today. I asked for an appointment after 2.30pm they gave me one for 9.30am."

"I called at 8am this morning."

"I called yesterday and they called me back at 10am today asking me to get down for 10.40am."

"I called at 8am"

I called at 8am today and selected the call back option. They called me back and gave me this appointment."

"I rang at 8am and waited on hold for an hour."

"I called yesterday."

"Called at 8am"

"I called at 8am, I waited over an hour to get through. It's always hard to get through. I once waited for an hour then my battery ran out and I had to call again."

## **APPROACHABILITY**

- **Are staff courteous and polite?**

"Yes the doctors are very good, it's the admin team who can be quite rude and not approachable. I have complained about the practice nurse in the past, I don't think he works here anymore but he was rude whilst seeing my son."

"No"

"Yes they are all very polite and friendly."

"No they are definitely not on reception. The GPs are 50/50 some are ok."

"Yes"

"Yes"

"Yes they are okay"

"Yes"

"Very good"

"They're nice"

"Yes"

- **Would you recommend this GP surgery?**

"No I want to move to a different surgery".

"Yes"

"We're new to the surgery, having recently moved to the area."

"I'd recommend Dr Peter, if he leaves I would find another surgery."

"Yes"

"Yes"

"I'm not sure"

"No"

"Yes the doctors are good it's just the appointments are so hard to get."

"No"

"Yes definitely"

## RESPONSIVENESS

- **Do you get enough time with the doctor?**

“Yes”

“You get about 10 minutes, this feels rushed and I don’t feel I have enough time to discuss my problem.”

“Yes the doctor takes time with the patients. I look after girls at a boarding school and part of my role is to bring the girls to see a doctor when needed. The girls are always given the time they need.”

“Yes”

“It’s difficult to get a double appointment, I want to discuss more than one problem today.”

“No”

“Yes”

“Dr Peter does, he always makes time to listen”

“Yes”

“Yes”

“Yes”

- **Do you have any understanding/experience of social prescribing?**

Only one patient knew about social prescribing and this was because of her work.

- **Has there been an occasion when you have felt you had to attend A and E rather than get a GP appointment?**

“No but I want to move to a different surgery.”

“No”

“No”

“Yes I had a rash and couldn’t get an appointment so went up to A and E. It was shingles.”

“I’ve always been able to get an appointment.”

“No”

“No”

“Yes when it’s been an emergency with my sons and I’ve not been able to get through.”

“No”

“Yes when I can’t get an appointment here”

“Yes my wife has a few times when she can’t get an appointment.”

- **Any other comments?**

“Patient centred care is needed, my mum can’t speak English. I often have trouble ordering her medication as they want my mum to ring and order but she can’t speak English so I don’t know how they expect her to do that? This happens often.”

“Appointments are very bad, you can never get the same day appointment and I don’t like how you have to ring so early in the morning.”



“We are happy with the service provided to our students. If I ring early in the morning I can usually get an appointment the same day.”

“We cannot always see a female doctor but they arrange a female if needed for examination. Our students are always escorted by staff from school.”

“I’ve just had lots of trouble with getting to see doctors here.”

“I feel they need to be more accommodating and the front staff need to triage patients so that they can book appointments when we call.”

“I don’t like the fact that we have to travel to get blood tests done. My previous GP surgery had this on site, they even had an ultrasound there.”

“Dr Peter is brilliant, he takes time to listen and treats you with kindness. We need more people like him.”

“I’m very pleased and happy.”

“I’ve had a cough and reflux for 3 years and they’ve still not sorted it. The doctor rings me but I want a face to face appointment. It’s hard to get to see a doctor.”

## Staff views

### ACCESSIBILITY

- **How easy/difficult do you think it is to get an appointment with the GP (I.e. availability of GP appointments. Time spent on the telephone to get an appointment)?**

“Quite easy, we always offer same day appointments, we have a call back system, online appointments which offers us lots of availability to book appointments.”

“Depends on the day really on how busy we are”

“Patients do wait a while to get through. Online request is available. We advise older patients to get help from family.”

“Very difficult. The appointment booking system is over complicated and the partners do the triage.”

- **Do people generally get to see the GP on time?**

“Generally, things are running smoothly.”

“We (the receptionists) can see on screen if patients are waiting and advise patients when they arrive.”

“No”

“Yes”

“Usually, sometimes the doctor might be running behind”

## APPROACHABILITY

- **Do you have a Social Prescriber attached to the practice and do you refer to them?**

“We do and I do sometimes.”

“We have our own internal prescriber, but it has to be authorized by the GP.”

“Yes I think we have one, oh wait actually I’m not sure?”

“No I don’t think so? I’ve not heard of it before”

- **How do you identify and support more vulnerable patients ( for example those with learning difficulties)?**

“They tend to just have appointments on their own and the practice does not use double appointments very often. They can book appointments at the reception desk.”

“Patients issues are identified on the system. The Doctor who is lead in that field will see those patients. The safeguarding lead is Dr Lateef, and we can call him any time.”

“We offer appointments at the front desk it’s not something we do for all our patients but usually for our elderly patients who struggle using the phone and cant ring for a reason.”

“Erm I’m not sure actually, I don’t work here all the time I’m just covering”

## RESPONSIVENESS

- **How do you manage DNA appointments?**

“I don’t know what happens with DNAs, I don’t see that”

“Ermm we don’t really?!? We do for children's DNAs as it flags as a safeguarding issue, we call the parents to chase up. We have about 40 DNAs a month I don't understand why people don't attend their appointments?”

“We code it and a warning flags up to follow up and ring the patient”

“We use a checklist for all DNAs. We ring all DNA patients the following day. It’s because they forget”

- **Why do you think that some people seem to access A and E rather than primary care?**

“Because they can’t get an appointment.”

“They are poorly. Patients rather come here than hospital. They don’t want to wait at hospital. Sometimes we advise patients to go to A and E if its urgent depending on the problem.”

“Our patients much prefer to see the doctor here.”

“Our patients would come here first before going to A&E, most of our patients don’t like to to A&E.”

“Yes some do go to A&E if we can’t offer them an appointment”

### **Any other comments?**

“There are good links with Pharmacy First and it does get used.”

“I love working here, I have been here for 1.5. It is very busy, but I like that, the day passes quickly.”

“The GP partners are very approachable; we are a tight community.”

“We have lots of work experience students who like working with us including Trainee Physician associates and year 5 medical students.”

“I’ve worked here for 6 years. I enjoy my job, I like it. Julie is very good, she has a lot of energy.”

“Every appointment has to go to the doctor first, even the Pharmacy First appointments. Sometimes with this process it makes it hard work, if the doctor confirms the appointment, you then ring the patient back. Sometimes they don’t answer and it makes it difficult to get back in touch with the patient to confirm their appointment.”

## Response from provider

Page 4 We are aware the surgery requires painting and updating which we have started the process.

The old posters have been removed from reception and delegate a staff member to keep on top of this and to reduce the clutter.

3<sup>rd</sup> paragraph

Website – we need to address – requires updating

5<sup>th</sup> paragraph

Vulnerable patients – increase clarity for our patients

Page 7 Waiting room area

The waiting room has been decluttered to make it more appealing to the patients.

Need to look at the lighting

The surgery do accommodate vulnerable patients, patients will come to the surgery and request appointments with the receptionist and we will offer appointment for that day or the next depending on availability and the urgency of the appointment.

Page 8 2<sup>nd</sup> paragraph

Gel has been provided in the waiting room

3<sup>rd</sup> paragraph

Breast feeding poster needs to be amended – please ask receptionist – we have room 2 available

4<sup>th</sup> paragraph

Will review this.

5<sup>th</sup> paragraph

Will get the chair fixed and require to purchase 2 chairs with arms

Page 9 Corridor area and public toilet

Room 4 – sort sign on door

Require sign for toilet men&women

Page 10 last paragraph

last sentence - gp are not making the referrals to Pharmacy first - this has always been the receptionist task.

Double appointments are not mainly used for language line - double appointments are allocated to patients who require due to their conditions - double appointments are allocated by the GP whilst triaging - as this is stated on the patients record.

Page 11 1st paragraph.

The call back option is available to all patient who are awaiting in the que, most patients don't listen to message - receptionist are asking patients if they are informing patients there is a call back and explain how to use this facility.

Page 11 paragraph 3 line 3

appointment to talk them through the process and explain. (This is a telephone appointment no equipment is shown)

The appointment system process has changed, patients will call for appointment and will be care navigated to the appropriate service ie face to face appointment at the surgery / pharmacy first / optician que system. We are finding that our appointments are still available until 12pm which is giving all our patients plenty of time to ring and book the appointments.

We are also daily informing patients to use on the online request for appointment test results and prescriptions, if the patient is unable to do this, a staff member is physically showing them on their devise, which is working well and we will monitor.

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