



The Cornerstone Practice, Shadsworth Surgery,

Enter and View Report

20th August 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:

The Cornerstone Practice
Shadsworth Surgery,
Shadsworth Road, Blackburn, BB1 2HR

Staff met during our visit:

Joanna Watson, Site Manager and members
of the team

Date and time of our visit:

Tuesday 20th August 2024 9:00am

Healthwatch Blackburn with Darwen
Representatives

Sarah Johns (Healthwatch Chief Officer)
Katie Merry (Healthwatch staff)
Bia Hashmi (Healthwatch 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

Acknowledgements

Healthwatch Blackburn with Darwen would like to thank Katie Stanton and Joanna Watson for facilitating our visit to the practice together with patients and staff for making us feel welcome and taking part in the visit.

The practice is listed as having 6 GPs and serves around 8,500 patients.

The current CQC rating of the practice is Good and was last inspected on 28th August 2019.

Methodology

The Enter and View representatives made an announced visit on 20th August 2024.

We spoke to 12 patients and 5 staff members, 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:

The Cornerstone Practice, Shadsworth Surgery, is located in Blackburn South East and easily accessible for patients on foot or travelling on local transport.

The practice is bright, clean and hygienic, however some areas may need review for accessibility for patients with mobility issues or dementia.

The website is informative and the patient information leaflet is useful but the complaints procedure might be hard for patients to find and the information about the Patient Participation Group is out of date. However, we are aware that the Practice is able to provide leaflets in accessible formats and a complaints leaflet is also available.

Patients felt that the staff are courteous and polite and that they had enough time with the doctor, with some praising their main doctor. However concerns were raised about being able to book appointments over the phone and some felt it was difficult to book appointments around work. The Practice might want to promote the out of hours options on their Facebook page. We are also aware that the Practice is looking to address the issue of booking appointments by trialling a hub approach.

Some patients complained about having to wait a long time to be seen by the doctor but most felt that they did not mind doing so because they know that the doctor is kind and thorough. There was a lack of understanding of social prescribing amongst patients and some staff members.

The Practice has a wide skillset amongst the team to be able to meet the needs of patients and they also link well with other agencies to support vulnerable patients.

The Practice are aware that further work needs to be done to monitor “Did Not Attends” amongst patients, which impact on availability of appointments for other patients.

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. There is good information about the practice staff and their roles and a patient information leaflet is available to download. The information leaflet has a lot of useful information but it is in English only, is small print and not in Easy Read. We have been informed by the Site Manager, however that accessible leaflets are available.

The website was noted by representatives to be mobile friendly. 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. However we understand from discussions with the site manager that the Cornerstones Health Care group are currently exploring different options for a website.

We noted from the website that the practice opening hours are 8am to 6.30pm every week day with a late opening on Mondays to 8pm. There are no details on out of hours options for patients on the website.

There is no separate page on the website for information about how to make a complaint. The complaints procedure is on the Practice information leaflet which is a download on the website so might be difficult for patients to find. We have been informed by the Site Manager that a complaints leaflet is available for patients.

The website states that the practice has an active Patient Participation Group and there is an online form to complete to become a member, however the latest PPG newsletter on the website is dated 2015.

The practice has a Facebook page which has 383 followers and shares useful practice and local health information, however representatives noted that comments are limited on posts by the practice.

Day of the Visit

External Environment External Environment



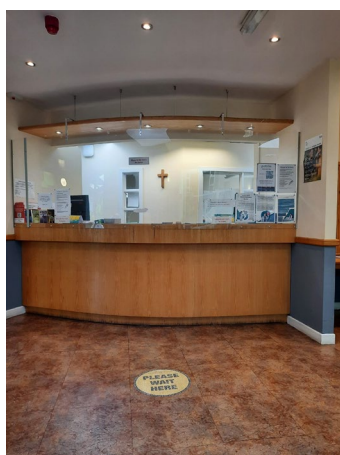
The practice is located on Shadsworth Road and is accessible both by car and public transport with a bus stop located nearby. The practice is visible from the road however there is only a small sign near the entrance to make it more visible to people arriving by car. The grounds of the practice are well maintained with a good number of car parking spaces and four dedicated disabled bays.

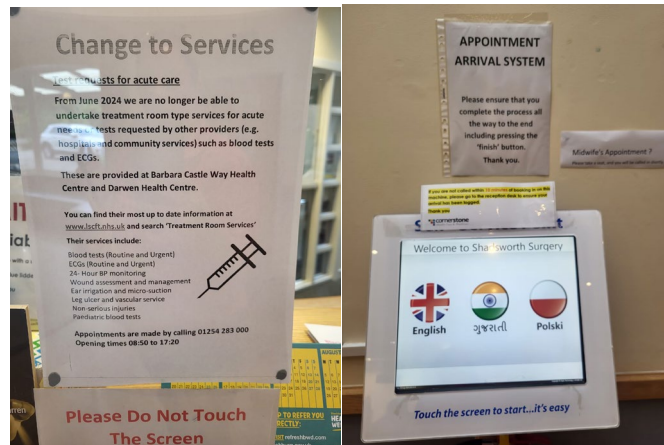
There is a clear sign to the entrance of the building and a sloped ramp allowing to the entrance allowing for wheelchair access.

Reception Area

The reception area is located between the two waiting rooms in the practice and directly across from the front entrance. The reception desk is wide and accessible, however may be too high for wheelchair users to be able to speak directly with staff. There are a number of posters on the screen across the desk which provide useful information about the online service Patches and the change in provision of blood tests amongst other information.

There is a hearing loop available at reception for patients with hearing impairment and we noted a bell on reception for patients to ring if a staff member is not present.





There is a screen for patients to sign in on arrival which is available in three languages which are most relevant to the local community. However we noted that this stopped working occasionally during our visit.

When we arrived at the practice, representatives noted that a lady was discussing personal issues with the receptionist which could easily be overheard in the waiting room. However, the Practice does have a privacy hatch for patients who do not feel comfortable discussing their issues at the front desk.

The first patient arrived for an appointment at 9.30am, however two residents came in with queries whilst we were in the waiting room. One gentleman was asking about a vaccine for his daughter but English was not his first language so one of our representatives helped translate. The receptionist was helpful but it was unclear how he might have been supported to communicate his query otherwise. Another lady came in to reception who was confused by the telephone system and thought that she had booked an appointment time but was actually just in the queue to be spoken with. The receptionist was supportive and helped her book an appointment in person.

The waiting rooms are light, airy and clean with a television screen in each room, promoting both local and national health information and the screens are used to announce patient appointments. There were well laid out posters with local health information and we noted a poster promoting the local social prescribing service.

Representatives noted that patient names appear on the TV screens and announced audibly however these are only announced once and could easily be missed by patients if the waiting room is busy.

Whilst speaking with patients in the waiting rooms, we noted that one GP was running 50 minutes late with appointments and although the patients expressed some frustration, they all said that they did not mind the wait 'because she's good'.

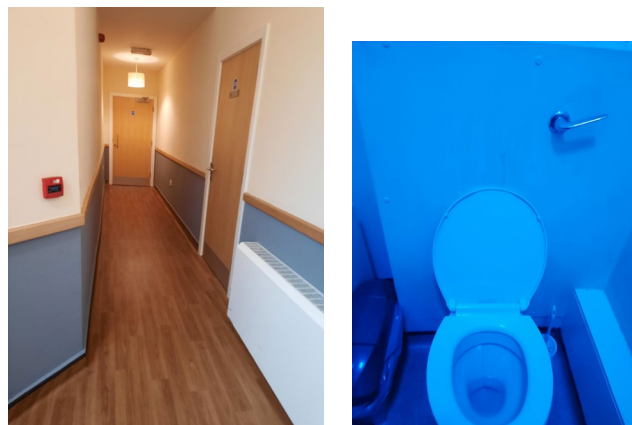
Each waiting room had sufficient seating available however we noted that in one waiting room, the seats had no arms, which might prove problematic for patients with mobility difficulties. In the other waiting room we noticed a range of seats

with arms and two of the seats were office chairs without wheels which can be raised or lowered but may be unsuitable for patients with mobility issues.

There were clear signs for the practice rooms from the waiting rooms however there was no signposting for the toilets and we noted patients having to ask reception where these are located.



The corridors to the practice rooms were also clean and bright and the split in colour of the wall is helpful for patients with dementia. Whilst the corridors appeared rather narrow, there are grab rails and the corridors can be accessed by wheelchairs. The toilets were clean and hygienic however, the toilets are not dementia friendly with no colour distinction between the toilet and the toilet seat and the UV lighting might be confusing for people with dementia or visual impairment. We noted that baby changing facilities are available in the toilet at the entrance to the building.



Approachability/Flexibility of the Practice

We spoke with the Site Manager, Joanna Watson, about different approaches the practice takes to meet patient needs, with her feedback detailed below.

Structure of the Practice

Shadsworth Surgery is a training practice and they have taken on 3 GP trainees last week. The surgery has around 8,500 patients but is part of a group of practices (3 of which are linked and one is independent) and there are 26-27,000 patients across the group.

The practice is made up of GP partners, salaried GPs, GP trainees, practice nurses, Health Care Assistants and there are several ARRS (Additional Roles Requirement Scheme) roles. These include a pharmacist, pharmacy technicians and a physician associate who are employed by the Local Primary Care federation but support the practice and the practice also has advanced nurse practitioners and a mental health worker.

There is also an administration team, secretary and receptionists. Joanna is the site manager and also has a quality manager who is soon returning from extended adoption leave who oversees the care of patients with chronic disease management needs. The scheduling manager schedules GP appointments and is team leader of the administration team.

The practice is part of the Extended hours access Spoke offer provided by the Local Primary Care Federation offering out of hours appointments Monday to Friday between 4pm and 8pm. The practice has recently taken the decision to stop doing blood tests because they are not commissioned by the Integrated Care Board to do these. Patients now have to go to one of the treatment rooms at Darwen Health Centre or Barbara Castle Way Health Centre. However, the practice understands patients' frustration in accessing the Treatment Rooms and would be keen to be able to provide commissioned services for it.

How easy/difficult do you think it is to get an appointment with the GP?

Access is an issue but is probably the same for all practices in the borough. The split of daily appointments is approximately 50/50 pre-bookable and on the day but might be closer to 60/40.

The practice stopped online appointments during Covid and has not reinstated this offer. Staff felt that they could not effectively triage these appointments and patients were booking in with a GP when they might have been better seen by a practice nurse or another member of staff.

The practice has started using Patches which is an email based system for patients to raise queries with practice staff and appointments can be booked through this.

The practice is currently trialling a hub approach to appointment booking with a triage hub booking appointments across the 4 practices with two clinicians supporting the hub. The group will review the outcomes from the hub trial to see if

this has proved more effective compared to their current telephone booking systems.

Do people generally get to see the GP on time?

It varies depending on the GP. Some GPs have a great relationship with their patients and want to spend more time with them but patients seem to be appreciative of this and are prepared to wait longer for their appointment time. The practice mainly sees patients face to face with some telephone appointments. Telephone appointments are offered as a slot between e.g. 9am and 12pm or 2.00-5.00 p.m. so this gives the GPs the flexibility to build these in around face to face appointments as best they see fit.

Do you have a social prescriber attached to the practice and do you refer to them?

Yes we do although they are not based at the practice. We can and do make referrals to them. We also make referrals to other teams such as IHSS and district nurses. We do use Pharmacy First and it seems to work better when the receptionists tell patients that we are making a referral to the pharmacy for them - it sits better with patients. We are looking to change the title of our receptionists to care navigators to reflect their role better.

How do you identify and support more vulnerable patients?

The quality manager oversees the care of patients with chronic diseases. We use language line for patients needing translation and will book double appointments for these.

There is a new Learning Disability scheme in place which is more comprehensive than just annual reviews with these patients.

We have a flag on medical records for anyone with communication needs and GPs will go and collect patients with visual impairments from the waiting room and we use BSL translation when needed. Patients often come with a carer to their appointment and we have a carers policy in place. We have the homeless pods and a hostel within our catchment area and work with these patients well.

How do you manage DNA GP appointments? Why do you think people seem to access A and E rather than primary care?

We don't manage DNAs as effectively as we might as a practice. A member of staff used to monitor these as part of his role but we have other more pressing priorities. We have standard letters which we send out to patients warning them about the implications of not turning up for appointments but it is very rare that we remove patients from our patient list, it would have to be something very serious. I'm very conscious of getting the balance right between looking after our patients and making sure our staff are treated correctly. We have a zero tolerance policy which is displayed in the practice. Patients might go to A and E if they feel they need to be seen on the same day and can't be seen at the practice.

Feedback from Patients – 12 patients

ACCESSIBILITY

- **Opening hours are they sufficient?**

The majority of patients we spoke found the opening hours sufficient, however some expressed difficulties in accessing them.

“They’re fine”

“No I work shifts so I have to fit in seeing the doctor around those.”

“Not for me personally, I have to fit it around my working hours.”

“Yes for me”

“Yes although I’m not sure what they are!”

“Yes”

“It would be good if they were open earlier say 7am and open to 8pm.”

“Yes”

“Find it difficult to come before a certain time due to bus times”

“Yes”

“Yes, they are ok”

“Yes”

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

All but one patient felt it was easy to travel to the practice and park. One stated that she lived nearby and others found it easy to access by bus or taxi.

The patient who did not it was always easy stated “Sometimes, there’s not always room to park. Roadworks nearby can be an issue.”

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

The majority of patients booked their appointment over the phone or had follow up appointments. Two patients expressed difficulties in being able to get through on the phone.

“Call”

“Letter but the number on the letter ‘didn’t exist’ so then called the surgery instead”

“Over the phone no problem”

“Got through on the phone ok”

“It’s a follow up appointment so I booked it face to face”

“I saw the doctor a month ago and booked this appointment then.”

“I phoned to book for blood tests.”

“Over the phone”

“Over the phone. Sometimes it can be difficult to get through and you don’t really want to come down in person to book an appointment when you’re feeling ill. Sometimes you can wait up to 2-3 weeks for an appointment with the doctor you want to see. That can be ok I guess but up to 4 weeks is too much.”

“My doctor booked me in as a follow up appointment”

“They text me to say that they had booked me a review appointment.”

“I came in at 8.15am this morning to make an appointment as you have to wait in the queue for a long time when you call.”

APPROACHABILITY

- **Are staff courteous and polite?**

All of the patients we spoke with felt that staff were courteous and polite. However two were not as fully positive stating “Yes usually” and “Yes I like the doctors. The receptionists ask a lot of questions.”

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

All of the patients we spoke with stated that they would recommend the practice, with some adding:-

“Yes I have been here 24 years”

“Yes definitely. Never had any problems in the 30 years I’ve been here”

“Yes I love my doctor”

“Yes definitely. It was recommended to us because I was looking to move from my old practice because of issues we had there. I’ve been able to see a dermatologist quickly here having waited a year at my previous GP practice.”

“I don’t know, I had problems in the past here but it has got a lot better.”

RESPONSIVENESS

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

All but one of the patients we spoke with felt that they had enough time with the doctor, with some stating:-

“Yes- rather the doctor be running late than have not enough time”

“Yes I usually go over the 10 minutes!”

“Sometimes you have to book a double appointment to cover what you want to discuss.”

“Yes the last 3 times I’ve been here it’s been fine”

“Yes mine is really good. There’s one I wouldn’t really want to see though.”

The patient who did not feel they had enough time stated “No another 10 minutes would be better”.

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

Only 2 patients had heard of social prescribing with one reporting “Yes- didn’t know about it but I have experienced social prescribing”.

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

“No”

“Yes because I couldn’t get an appointment. It depends on who you want to see - I prefer to be seen here by people who know my history.”

“No”

“No - just once during Covid”

“Not here I haven’t”

“No”

“Yes but I was told to go to A and E by 111 when I had a fall at home.”

“No”

“Only when the GP is shut (out of hours)”

“No”

“No”

“No”

Other feedback

“My appointment time was 11.40am and now it’s nearly 12pm. I don’t understand why they can’t just make the appointment for the time they are going to see you.”

“Now they don’t take bloods here it makes it really hard. You now have to go to Barbara Castle Way treatment room and it can take 4 hours. I went at 8.50am and it was busy at that time too!”

“It’s a good practice, you just have to wait for ages on the phone to get an appointment.”

Staff views – 4 members of staff

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)?**

“Depends on the day, which doctors are in etc. If patients are happy to be seen by a physician associate or a Nurse practitioner then it’s easier to get an appointment”

“The receptionist do the best they can, they bend over backwards to enable patients to get the appointments they need”

“It’s not easy”

“It’s been better since Pharmacy first, being able to signpost patients to that rather than making GP appointments has helped a lot. I feel like a lot of people still don’t know about Pharmacy first, there needs to be better comms about it. Some patients feel like you are fobbing them off when you mention pharmacy first, they don’t understand how much easier it would be for them”

“Management try their best at making sure we are doing the best for our patients”

“Depends on the day and how many clinicians are in, during the winter time it’s more difficult. We try and make sure we signpost to other services to relieve the pressure whilst making sure our priority patients are being seen”

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

“Depends on the GP, our best doctors tend to take longer with their patients so that pushes the next appointment back, patients generally don’t mind waiting as they like their doctor and prepared to wait longer to see them”

“Depends on which doctor you are seeing, some have more of a wait than others but patients are happy to wait as they know they will get a good amount of time with the doctor too”

“The nurse practitioners are amazing they are always on time”

“6 months ago we moved to 15min appointments, this has made a difference”

“Depends on which GP it is - most of the GPs are on time, certain GPs can take longer but patients know they are good so don’t mind waiting, nurses are always on time”

APPROACHABILITY

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

“See if we have a contact number for a social worker/ carers, treat them with empathy and give them the extra care they require and offer double appointment if needed”

“It will get picked up on the register, it’s important that you are understanding, listen to them and you spend that time with them, just basically giving them good patient care”

“Certain patients will come with a prompt box with the relevant information about that patient, sometimes the GP will request a double appointment for that patient”

RESPONSIVENESS

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

“Yes I think so, I know the GP can do it, I think we can too I’m unsure”

“Humm I’m unsure actually, I think we do I don’t know”

“Yes we have people who do medication reviews”

“I think so yes”

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

“We don’t really, we need to do better at that”

“In this practice we call it FTA (fail to attend) we have a protocol in place. Since COVID it was decided to freeze it and prioritise other things, I have continually been asking when we can get it back up and running so we can make sure we are managing our patient lists appropriately as when we get FTAs it costs us money, after raising it several times to management and emailing relevant staff nothing has happened. This also has an effect on how you feel as a member of staff being ignored”

“We have a 3 strike process when it goes to the 3rd strike it will be passed on to one of the partners and another GP to review, we are quite lenient here at this practice”

“If a patient misses their appointment more than 3 times, the site manager will send them a letter. We manage children differently, we or the GP will contact the parent/carer and find out why they have missed their appointment”

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

“Sometimes because most of our patients live near the hospital they sometimes think its easier/quicker to go to A&E”

“ I don’t feel like patients will want to go to A&E, sometimes we have to advise patients to seek help from A&E when they are reporting chest pains but I feel most patients would rather see a doctor here”

“Most patients would rather speak to a GP and prefer to come to primary care than go to A&E its scary hearing the stories from the hospital”

Any other comments:

“Since we have stopped taking bloods I’ve found that patients haven’t been happy about using a treatment room as its usually long waits, some patients have been getting in touch asking if we could give them a urgent blood sheet so they will be seen quicker”

“We are planning to have a central hub were all the practices will join to a central phone number and calls can be managed by more receptionists, the calls can be directed to the appropriate service for the patient. We will also have a clinician available at the hub as back up if we ever needed to ask them questions we may not be sure on when being a care navigator”

Response from provider

We are glad of the opportunity for Healthwatch to visit Shadsworth Surgery. We will be looking at how some of the points highlighted can be included in our ongoing Practice Development program.

Since the visit was done, we are pleased to have launched a new website which we believe is more user friendly and up to date. It follows the NHS principles for GP Surgery websites and looks similar to other NHS sites, which we hope users find helpful.

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