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# Norton Medical Centre

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14<sup>th</sup> October 2019

Mr G Newton  
Healthwatch Stockton-on-Tees  
By email to:  
[geoff.newton@pcp.uk.net](mailto:geoff.newton@pcp.uk.net)

Dear Geoff

Re: **Norton Medical Centre Enter and View Report August 2019**

Firstly, I would like to thank you and the team for taking the time to visit us on Tuesday 27<sup>th</sup> August 2019 and for providing us with such constructive and comprehensive feedback. It was lovely to have so many positive and appreciative comments to share with the team.

I would also like to thank you for conducting your visit in such an unobtrusive manner and for understanding that the pressures of the day were greater than normal due to the Bank Holiday. In particular, your flexible approach with regard to speaking to staff was greatly appreciated and ensured minimum disruption to services.

I have the following comments/observations on the content of the survey and the body of the report:

## Results

### **Question 5 – How long did you wait to get your appointment today?**

I think it would be helpful to know who the appointment was with to give the response context. My assumption is that the patients who waited 3 and 4 weeks plus were booked in with our nursing team for a routine annual health care review. If this is the case I am not concerned because we issue invitations for such appointments one month in advance of the due date. It would be a different case however, if patients were waiting 4 weeks plus for a GP appointment, no matter how routine their condition.

### **Question 6 – Do you use any of the following online services, which you can access via the practice website?**

58% of the patients surveyed didn't have online access/didn't know about it. This is a very ambiguous statement because not having it is entirely different to not knowing about it. It would be helpful to understand whether patients have made an informed decision not to access online services; whether this is because they do not have the equipment to access online or whether they lack the technical skills. Our patient group has discussed potentially making themselves available to help patients who would like to use online but feel they lack the technological skills to do so.

## **Healthwatch Observations**

### **Advertising the Patient Participation Group**

I wholeheartedly agree that we could significantly improve the information available to patients in the surgery. We could definitely utilise the designated Patient Group Notice Board to advertise the group and explain their role and I will agenda this for discussion at our next meeting.

Practice Manager  
Mrs Christine Malloy

Salaried General Practitioner  
Dr Nigel Robinson

GP Specialist Trainee  
Dr Jocelyn Morgan

GP Specialist Trainee  
Dr Esther Mautin

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However, I feel it is inaccurate to state there is “no information advertised about it” when our website has a dedicated Patient Group tab and a page that contains the following:

- A message from the Chair
- Information about the group, what it does and how often it meets
- Information about the virtual “patient reference group”
- A link to the form that can be completed to express an interest in either group.
- Information on how patients can make us aware of their views.

I think the confusion has arisen from leaving the PPG reports on our website. These were written as a requirement of the PPG DES, which has not been commissioned since 2015/16. There is no longer a requirement to write and display these (see the extract from the relevant contractual change below)

*There are no prescriptive requirements on how to run a patient participation group, and all reporting requirements have been removed. Practices will only be required to confirm through the e-declaration that they have fulfilled the requirements.*

To avoid confusion I have asked that the old reports be removed as they are no longer relevant.

I am also attaching a copy of our April newsletter, which can be accessed via our website and also our draft October Newsletter. Please note the October Newsletter is yet to be approved and published on the website but you see that both include information about the group.

## **Recommendations**

1. Advertising the PPG has taken a backseat to other priorities, partially because we have a well-established, active Group. However, as with most PPG's, the membership is not representative of our patient population and therefore I wholeheartedly agree that this needs to get back on our agenda and I thank you for highlighting this.
2. We do not book any of our routine same-day slots between 8am and 8:30am either over the telephone or face to face. Patients who come to the counter before 8:30 are given a token with a queue number so that they do not gain advantage over those patients who are not able to come to the Practice in person and have to use the telephone.  
I accept however that there are days where all of the available appointments are booked shortly after 8:30 and it can be difficult for patients to decide whether their need is urgent for that day. This happens more in the school holiday period when we have lower doctor numbers due to annual leave. We do change our answer message once our routine same day slots have gone to save patients, who feel they can wait to see a doctor, waiting in a phone queue only to get through and be told there are no appointments left. I will review the message with one of the doctors to see if we can reword it to try to assist patients in determining the urgency of their need.
3. It would be useful to know how many of the 58% were unaware of online services because we held a very heavy campaign from October to December 2018, prior to ceasing our repeat prescription telephone ordering service, (we did this to ease the pressure on phones). We also currently advertise it through the following methods:
  - Information included in new patient registration packs.
  - Posters in the waiting room
  - A message on the patient call board
  - Annual text message campaign
  - Newsletters (examples attached)
  - Website including a link to the form
  - Counterfoil of repeat prescription slips
  - In queue telephone message
  - Opportunistically

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We had 300 sign ups in August and 250 in September 2019 so our efforts seem to be working and as stated previously we have discussed the possibility of our patient group members offering to help patients who would like to use online services but lack the skills to do so. I am not sure what else we can do to promote this service, which is in the best interest of patients and staff alike.

4. We take on board the comments about better promoting the use of the self- check-in option to help combat the queues on a morning. It may also be helpful to involve our patient group who may be available to assist patients, who would like to use the facility, but need help in doing so.

The only recommendation that was not well received by the Practice is that “a sufficient number of staff are on reception during these busy periods”. It is understood that the recommendation is made from a consumer perspective but there is a strong feeling that it has the potential to be counter-productive. It is also extremely naïve to conclude that the busy periods in a GP Surgery can be measured simply by the waiting times at the desk or on the telephone.

The greatest worry is that by making this statement patients may have the false impression that there is either an option to increase the current staffing levels or a way of reallocating existing capacity and that the surgery are failing to do so. The harsh reality is that this Practice, like many others, is continually reviewing structures and process to try and maximise the use of available resources to improve all aspects of the patient experience.

It may help you to understand why this particular recommendation has not been well received by sharing this exert from the accountants observations from our 2018/19 accounts:

- Nursing and healthcare costs increased by £50,004
- Pharmacist staff costs increased by £100,365

These increased costs represent genuine investment in staff and not replacement roles due to a reduction in GP numbers. The Partners took the decision to employ a Nurse Practitioner for 30 hours per week; a Clinical Pharmacist Prescriber for 37.5 hours per week and two Pharmacy Technicians for 24 and 22.5 hours per week respectively for the single purpose of improving our service to patients.

The Nurse Practitioner and Clinical Pharmacist are both trained in assessing and treating minor ailments and the Pharmacy Technicians are able to provide a dedicated repeat prescription processing and implement medication changes from hospital. As well as increasing patient safety taking the repeat prescription process out of reception has also given additional capacity in the Reception team to combat waiting times on the phones and at the desk. It has also reduced the admin burden on our GPs who are able to see extra patients as a result.

The working patterns of staff in the Reception team have been reviewed and amended to share the resource we have and ensure we have adequate numbers of staff, not only for the busy periods at the desk but also to cover late nights to 6:30pm and early mornings from 7:45am and to provide cover for staff breaks. We have staggered starting times and break times to keep a minimum staffing level at all times and members of the team regularly and voluntarily work through breaks and take reduced lunch breaks in response to patient needs. They do this knowing the Partners will compensate them financially for any additional hours worked.

When the activity at the desk and telephones is less the Reception team embark upon a host of essential background duties such as putting appointment ledgers on the system, preparing registration packs, proactively contacting patients about blood test results etc. They are no less busy than they are in the morning when the phlebotomy clinic is running and so diverting staff would result in other problems and delays in the patient journey.

The reality is that there is a constant struggle to measure and balance needs against available resources and in the absence of unlimited resources hard decisions have to be made about whether it is preferable to have patients wait 5 to 10 minutes at the desk or on the phone or to have more clinicians to look after their health needs once they are being attended to by Reception.

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This does not mean that we have given up trying to improve and we will continue to review the entire patient journey with a view to making it better. However, we are also focusing on managing patient expectation by thanking them for their patience and by reassuring them that they may sometimes have to wait but when it is their turn we will spend whatever time is necessary trying to help them get what they need.

For all of the above reasons the Practice respectfully requests that this recommendation is either removed altogether or amended to acknowledge that efforts have been, and continue to be made, to try to improve this element of the patient journey.

5. No problem with the recommendation and it is totally understandable why it is included in the report. It is very sad to hear that the children's play area is not used but we made a decision to stop supplying books, toys or chairs for the following reasons:

- **All** previously supplied books and toys were taken without consent and not returned.
- Increasingly complex cleaning requirements for toys so that we might comply with infection control recommendations.
- A child's chair was removed from the play area by a child, without any intervention from the parent, and used to gain sufficient height to access the alcohol hand gel. Consequently the chairs were removed as an identified health and safety risk.

It is disappointing that patients who used this facility appropriately are affected, which is why we maintain the area in the hope that responsible parents/guardians, who bring toys with them to entertain their children while they wait, can also encourage their children to play in the designated area with their own toys.

Once again thank you for taking the time to visit us and provide such valuable patient feedback.

Yours sincerely



Christine Malloy  
PRACTICE MANAGER