

# Darley Dale Surgery

**ENTER & VIEW REPORT**

**September 2014**  
Authorised Representatives:  
Jas Dosanjh  
Anne Walker



## VISIT REPORT

### 1. Visit Details

Premises visited: Darley Dale Surgery, The Medical Centre, Two Dales, Matlock, Derbyshire, DE4 2SA.

Date and time of visit: Wednesday 6th August 2014, 8.30am - 6.00pm.

Purpose of the premises/service: General Practice.

Authorised Representatives: Jas Dosanjh and Anne Walker.

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### 2. Acknowledgements

Thank you to the Practice Manager, Nicola Bromirski, and all the staff we spoke to during the visit for their time and valuable contributions.

### 3. Disclaimer

This report relates only to one specific visit and is therefore not representative of all service users and staff, solely those who contributed within the restricted time available.

### 4. Purpose of the Visit

Healthwatch Derbyshire wants to ensure that everyone who lives in Derbyshire gets the opportunity to engage with Healthwatch to have their say about the health and social care services they are receiving.

The purpose of the visit was to:-

- Observe patients engaging with the staff and their surroundings.
- Capture the experience of patients and any ideas they may have for change.
- Capture the experience of staff.

### 5. Methodology

This was an announced Enter and View visit to ensure that the Practice Manager and/or a key member of staff were available to the Authorised Representatives (ARs).

The visit was undertaken by two ARs.

The visit was planned so that it was not in any way disruptive to the running of the service.

The visit was structured into 3 categories - observational, speaking with patients and speaking with staff. ARs were provided with 3 different checklists which they used as a framework for each of these areas.

ARs approached patients to explore topics such as appointments, environment and safety, caring and involving, and medication. Other topics such as accessing other health and/or social care services were also explored if appropriate.

ARs approached at least two staff members to explore topics such as what worked well within the Practice, ideas for improvement and staff training.

## **6. Findings**

During the visit the ARs spoke to:-

- 20 patients, both male and female and varying in age.
- 3 members of staff, the Surgery Manager, the Practice Manager and a Practice Nurse.

Most patients were happy to talk, however, a number were called for their consultations which ended the conversation. Some returned to continue the conversation after their appointment.

### **External**

The Practice was not signposted from the very busy A6 road nor on the link road from there. Opposite the Practice a large care home establishment can be found and quite a lot of vehicles were parked alongside this on a rather narrow road way.

There was a signpost for the Practice in the grounds which was too small to be easily noticed from the road when approaching in a vehicle.

In the car park there were two disabled car parking spaces. One parking space was taken up by a large refuse disposal bin.

The building, both externally and internally, could benefit from some minor redecoration work.

There was a notice in the toilet in the vestibule that very sensibly pointed out the dangers of chlamydia and advised users to take a simple test. However, the container housing the kits for the test was virtually empty.

There were three lots of toilet facilities, one in the vestibule, one in the corridor alongside the consultation rooms and another upstairs. None were signposted or indicated their use, for example, Ladies, Disabled etc.

### **Reception**

The reception was warm, well furnished, clean and welcoming with electronic registering and alerting of consultations and entry systems. Patients of all ages seemed to be coping well with these. A radio provided background entertainment and although one patient was unhappy about it, others appeared to find it soothing and interesting.

Whilst some practices no longer provide toys for children in the waiting room, there were some available but the cleaning lady explained that these were cleaned with wipes on a daily basis to prevent cross-infection. This cleaning process was witnessed by the ARs. A fish tank was positioned in the waiting room and appeared to entertain the children we observed.

The reception area was large, bright and appeared very welcoming. It was calm and was structured into three sections which allowed for multiple purposes such as one area that allowed some privacy. Whilst the layout of the waiting room was not sufficiently large enough to allow for private space we were assured by the receptionist that a private space can be found on request.

There were notice boards and lots of information available as leaflets and posters in key areas and we saw only one notice which was out of date. There was clear signage of a loop system too.

The environment was found to be clean and well maintained. The cleaner who was seen smiled and acknowledged as she walked past.

Patient 1:

Unable to capture further comments due to appointment.

Patient 2:

Finds staff to always be nice and professional on the phone. She said a friendly and welcoming demeanour is not about having a rapport with the same staff, it is about how they conduct themselves. She also said, "the GPs are wonderful" and said that she has never felt there are any concerns about the way the Practice runs. She is hard of hearing so it can be difficult to hear what is being said when children are playing in the waiting area. Regarding privacy, she said she would ask to be taken to a private room if she wanted to discuss a private matter.

Patient 3:

Always comes to this Practice. She finds all staff to be helpful. One particular nurse is "brilliant" - (Lynn). She finds the nurse to give privacy and is attentive to the patient's needs. She finds reception staff to be discreet. Whilst waiting for her appointments she has never overheard conversations taking place at the reception desk. She said there is a side window where patients can go if they want to discuss something discreetly.

Patient 4:

Said "nothing is too much trouble for the staff."

Patient 5:

Staff are helpful most of the time. If you are firm on the phone they will give an appointment. Staff are welcoming, friendly and attentive. There is an option of a side window if wanting privacy.

Patient 6:

Doesn't feel the reception area it is private enough but would ask for a private space should one be required. Patient said she is registered as a carer with the Practice and is aware that she can be seen quicker if deemed necessary. However she had not had to test the system yet.

Patients 7 & 8:

Always check in electronically however if there is need to go to reception, they are always friendly.

Patient 9:

Unable to capture any comments due to appointment.

Patient 10:

Doctors and reception staff are friendly and good. Reception staff advised the patient appointments were running 15 minutes late which he did not seem to mind about.

Patients 11, 12, 13, 14, 15 & 16:

Were happy with the access, the aura on arriving and the general atmosphere which helped them to feel at ease. One gentleman, who otherwise was very happy with the facilities, service and staff did mention that during a period of high staff turnover he was treated rudely by a new member of reception staff when raising a problem and also that this led to an issue with the Manager who somehow became involved.

## Appointments

Patient 1:

Unable to capture comments due to appointment.

Patient 2:

Said she usually finds it easy to get an appointment. She went on to say that her appointment was actually the day before but she mistakenly put it in her diary for today. The Practice still fitted her in. This demonstrated how the Practice will go above and beyond in order to look after their patients. She went on to say that she doesn't find it difficult to obtain an appointment. She has a choice of going to the other Practice in Youlgreave too, thus demonstrating patient choice.

Patient 3:

Said she found it easy to get her appointment today. She made it 2 weeks ago. She said she does not encounter any problems and has always been happy with the Practice. She is aware of late night opening which is very handy for her due to working full-time.

Patient 4:

Found it easy to make appointment for today - she made it 1 week ago. Not aware of opening times but never had a problem.

Patient 5:

Can call at 8am to make an appointment. Finds it easy to make a routine appointment.

Patient 6:

Is aware of the opening times. Finds it easy to make an appointment. The Surgery is busy but they make allowances.

Patients 7 & 8:

Due to being retired the opening times suit the patients. Felt the appointment system works. Some patients do go over the allotted time because they need more time with the doctor, which is why appointments can be running late. But it is not a negative criticism, it is a demonstration that appointments sometimes need to be longer for the patient and GP to discuss things. Couple understand they have to call the number and press 1 for appointments. If the line is busy, they put the phone down and try again. Can call at any time to make an appointment.

Patient 9:

Can always get appointments when required. Dr Milton is very popular so don't mind waiting for an appointment with him.

Patient 10:

Had an emergency appointment today so was able to get in quickly.

Patients 11, 12, 13, 14, 15, 16, 17, 18, 19 & 20:

All appeared mostly satisfied. Quotes included “best Surgery in the area”, “We are very lucky to have this Surgery”, “We can call into the Surgery or telephone at any time” and “Staff are friendly.” One interviewee felt that there should be a facility for weekend services, such as opening the Surgery. One newcomer to the area and Surgery said, “This is only my second visit and I am very happy to see a pleasant face on arrival - it is the most important thing, I cannot fault it.”

With regards to appointments, most were very happy with the current system, one lady telling us it was “spot-on.” However all said that should an appointment difficulty arise, they would go to the local Community Hospital which has an A&E department.

One lady explained that whilst a choice of doctor or nurse could be made, no guarantee of fulfilling this wish was possible although every effort would be made to try and accommodate the request. She said she was, “Highly satisfied with the care and with the excellent work done by the district nurses!”

### **Patient Participation Groups (PPGs)**

Patient 1:

Is a member of the PPG. There are 12 members. The group meets every 3 months. Dr Milton chairs it. Patient said they were lucky to have him, as being the Chair for the CCG, he brings a much wider view point to the meetings. Patient said the PPG is kept well informed of what is going on. Patient said the PPG is relatively new. Only criticism was that they are lacking younger people to the group.

Patients 2,3,4,6

Didn't know what a PPG is. Nor did they know if the Practice had one.

Patient 5:

Didn't know what a PPG is, nor was aware if the Practice had one. Patient said that this does not mean that the Practice hasn't given out the information.

Patients 7,8,9,10

Unable to capture any comments due to appointment.

Patients 11, 12, 13, 14, 15, 16, 17, 18, 19 & 20:

None interviewed knew what a PPG is, although one gentleman indicated he would like to become a member and would look into the possibility of this. Whilst there was little information on notice boards about PPGs, there is comprehensive information in the Surgery leaflet. Three patients said they did not usually read notices or leaflets and this was evidenced by one gentleman who was unaware of the Practice's plan to relocate to new, larger premises, even though there was a very large, colourful poster in the waiting room along with questionnaires to assist patients to participate in the consultation process as to the situation.

## Environment & Safety

Patient 1:

Unable to capture comments due to appointment.

Patient 2:

Confident with the quality of care she receives from the Practice. She would like to see more car-parking for patients but the Practice is adapted well in terms of the appropriate furniture for patients.

Patient 3:

Confident with the quality of care therefore has no concern about the Practice. Practice is found to be neat and tidy at all times.

Patient 4:

Finds the Practice to be excellent in terms of quality of care. Patient feels safe. Practice is tidy and clean. No concerns about the Practice. Patient said he gets the impression, "... these people are determined to look after you." Patient has had experience of private health care too but felt that the NHS is as good as any.

Patient 5:

Patient had no concerns about the Practice. Felt confident in the care and treatment given. Received a good experience regarding a recent matter. The Practice is well maintained - cleaner is always whizzing around.

Patient 6:

Is confident with the quality of care she gets. No concerns about the Practice. Furniture is OK. Patient said she finds the Practice to be remarkable and ahead of its time in terms of the building. It is bright and light reception and very organised. The Practice looks ahead, and is happy to adapt and move with the times. Would not know how to raise a concern or complaint. Would not feel comfortable to raise as would feel intimidated.

There is a lot of information to read and the Practice tries hard to communicate it to patients.

Patients 7 & 8

Couple feel confident in the quality of care they receive. The environment is well maintained although the radio gets on their nerves. It could do with turning down a little. Feel that Practice is generally good in all aspects. Didn't know how to raise a complaint/concern as never needed to. Have been with the Practice for more than 40 years. Have recommended the Practice to others.

Patients 9 & 10:

Unable to comment due to appointment time.

Patients 11, 12, 13, 14, 15, 16, 17, 18, 19 & 20:

Most were unaware of the diversity of services provided by the Practice. None raised issues around the environment or safety. There was a refuse container in the car park which was not labelled as to its use. None of the three toilet facilities were labelled indicating their users.

## Caring & Involving

Staff were found to smile and make eye contact. They were observed interacting and seeing to patients at the desk in a warm and friendly manner making eye contact, constantly smiling and informing any patients where appointment times were running over.

Most patients checked in electronically therefore the interaction seen between patients and the reception was limited.

The Practice is currently looking to move premises due to capacity issues. There were clear indications that the patient population was being consulted. Picture 1 below illustrates this. A questionnaire had been circulating for patients to complete. A copy of this is attached to the report.



(Picture 1)

Patient 1:  
Unable to capture comments due to appointment.

Patient 2:  
Consultations are never rushed. She is always given enough time to discuss what she wishes to. She said she found “the younger GPs to be more helpful.” When asked to clarify, she explained that when she would see an older GP she would often get home and say “I forgot to ask ...”

Patient 3:

Doesn't feel rushed during consultations. She is given ample time. At the last appointment patient was given some shocking news. She found the GP to be sympathetic, told to take her time. Dr Woodard is absolutely fantastic. She is amazing.

Patient 4:

Doesn't feel rushed. Felt the Practice has a good team. Does have a named GP but feels he has the choice to see any of the GPs.

Patient 5:

GPs are good at knowing the patient. Were good at following up when patient was treated at hospital regarding pancreatitis. Patient doesn't feel rushed but is irritated when it is a different GP as has to repeat history which he feels is a waste of time for both the patient and GP. Patient feels he gets a say in the treatment given with clear explanations. Patient said, "It is a pretty good Surgery - a stark difference with (named practice) in Derby." Patient said all patients want is to be treated quickly and efficiently once the GP has made the referral to the hospital.

Patient 6:

Not rushed, time is given to explain things.

Patients 7 & 8:

Came for an appointment a few months ago. Patient took as long as he needed. He did not feel rushed by the GP. GP was "very nice and she did not leave any stone unturned." It was felt the GP has a very good rapport with the couple and is aware of their histories. This is a big factor in how safe and confident the couple feel regarding quality of care, treatment and safety.

Patient 9:

Experience has been fantastic. Couldn't walk last year. Saw Dr Milton on October 2013 who referred to Chesterfield Royal Hospital. Hip Replacement done. Has been brilliant due to being referred by GP and the operation being done by the hospital quickly, efficiently and without any delays or hiccups.

Patient 10:

Unable to capture any comments due to appointment.

Patients 11, 12, 13, 14, 15, 16, 17, 18, 19 & 20:

The issue of complaints arose and one discussed a potential complaint but when challenged he admitted he would not be confident to complain as he did not wish to spoil the hitherto good relationship with Practice staff.

Another gentleman said he would be confident to complain. There was general dissatisfaction with the potential relocation as older patients particularly saw this as an upheaval they did not want to face, particularly in view of the rural location with limited public transport.

One older adult gentleman expressed his views of the Practice as follows, "... here I am treated like a responsible adult" and continued to praise other NHS establishments he had experienced as a patient.

Five of these patients were aware of Carers Register, which helps to assist family carers with issues such as timing of appointments. The reception staff were happy that this system is working efficiently and ethical measures take place to ensure no breach of confidentiality.

The chaperone policy is held in high esteem, and is in such high demand that reception staff have been trained to carry out this role if necessary. Patients are allowed to take in a friend/family

member to consultations and this is to be applauded, particularly with older or disabled patients who request it.

### Medication

Patient 1:

Unable to capture comments due to appointment.

Patient 2:

Aware that it takes 48 hours to get a prescription ready. She finds the local chemist to be efficient and medication is made up quickly. When asked if patient knew how to get a prescription quickly she said she has never had the need to therefore is unaware of the process.

Patient 3:

Repeat prescription process works for the patient because of late night work pattern (8am-8pm). She finds it to be convenient.

Patient 4:

Is aware of how the repeat prescription system works. Felt the local chemist is excellent. Would prefer to have the chemist in the same building which would be an improvement.

Patient 5:

Understands what medications she is on and why. Understands how the repeat prescription system works, "Really good at sorting if run out of medication."

Patient 6:

The system is good. Collect it direct from the chemist. Understand how to get a prescription quickly - would go directly to the chemist. "Very lucky to have a chemist."

Patients 7 & 8:

Couple spoke very highly of the repeat prescription process. Prescriptions can be ordered between the hours of 10.30am-12noon and 2pm-3.30pm.

Couple said they changed from the little chemist near the Surgery because they would always have a medication out of stock so they changed to Boots in Matlock. They send a text to the patient when the medication is ready. Their system tells them when a patient's medication is about to run out, it is automatically ordered, a text goes out to the patient and the patient can then pick it up. It is convenient and hassle free. Don't have to do any running around. It suits the couple because they said they often forget at their age.

Patients 9 & 10:

Unable to capture any comments due to appointment.

Patients 11, 12, 13, 14, 15, 16, 17, 18, 19 & 20:

Most were very happy with the medication dispensing, prescribing systems along with the efficiency of the local pharmacy that would assist with emergency requests. Such request was experienced by one gentleman who was satisfied with the way the reception, medical and pharmacy teams dealt satisfactorily with his request.

Medication can be delivered to patients' homes if requested. One comment was that it would be more convenient if the pharmacy were an integral part of the Surgery and the ARs were assured by staff that this is planned for the new premises.

## Other

Patient 1:

Unable to capture comments due to appointment.

Patient 2:

Understands 111 to be the Out of Hours service. She had not used it in the last 2 years therefore was unable to comment further.

Patient 3:

Is aware of what the 111 service is due to where she works. Also seen it advertised in the papers. Used the local A&E system last year - Whitworth. It was a weekend; they were really good and got treated quickly and efficiently. They talked through everything, "Felt assured I would be OK when home." They told patient about contacting her GP about having a specific test done. They told her about how and when to administer the medication. GP sorted within 2 weeks and patient was referred to Sheffield Northern General.

Patient 4:

Didn't know what the 111 service is. Although the patient did call the GP on a Saturday for advice but he did not remember the number he called.

Patient 5 & 6:

Unable to capture any comments due to appointment.

Patients 7 & 8:

Female did know what the 111 service was. Male said he "kind of knew." They went on to say their daughter had used it last year. She had to wait a long time to be seen but once she got in the service was good. Couple said their nearest Out of Hours service is in Chesterfield.

Patient 9:

Unable to capture any comments due to appointment.

Patient 10

He felt the Practice was reluctant to let him join as a patient. He didn't feel the process to join was in line with law because the Practice wanted bank statement and credit statements.

Patient was also referred to counselling services by the Practice. He found this to be a lengthy process; it took 6 months to get an appointment. He was referred to two agencies and 1 got back to the patient.

## Staff

ARs spoke to members of staff, one being the Practice Manager. This initial meeting was mainly an introduction and overview of our aims and schedule. We were made most welcome, offered a quiet room for rests and refreshments throughout the period of our visit. We met the Practice Manager again at the end of the day to summarise our findings to Nicola.

We felt most impressed by the efforts of all the staff we met during the day regarding communication. We were extremely impressed by the use of a 'kid-glove' board in reception which held details of patients in the terminal stages of their illness which would alert staff answering the telephone in reception to be aware of the sensitivity of the call. We felt this to be an example of good practice that could be shared with other similar establishments.

We had the opportunity to talk with a Practice Nurse who kindly agreed to an interview during a lull following the morning clinic. When asked, “What works well here?” the rapid, resounding response was, “team work.”

She is pleased to be able to contribute to the running of the organisation as she is a member of the ‘partner group’, the meeting where non-clinical issues are discussed. The lady spoke gratefully of the training. She feels that in addition to mandatory training, staff are given the opportunity to choose something they feel may assist their performance. If this can be proven, then usually permission will be given for attendance.

Practice staff have regular meetings. For example a Multi-Disciplinary Team (MDT) meeting takes place at 1pm-2pm on a weekly basis where clinical and some non-clinical staff attend, (Health Visitors, Social Services, District Nurses, GPs, etc).

Surgery Managers have a meeting every 2 weeks. There are 2 other branches to the main Darley Dale Surgery. It is seen as an opportunity to catch up with other staff and things that are going on. The day is structured into 2 halves. All staff are involved in the first half. The second part of the day is spent by splitting clinical and non-clinical staff.

There were no training needs that were identified. This is because the culture of the Practice is to train staff on an on-going basis.

Quality, Education and Study Time (QUEST) sessions were found to be informative and educational. Sometimes there are guest speakers

There is a white board in the back office that tells all the staff of any patients who have been admitted into hospital.

Another board tells Practice staff of any patients who have passed away or are at other hospitals. This is seen as good practice as it allows those staff who have been on annual leave/absent to immediately see what is happening regarding any patient.

There was a board called “Kid Glove” Board which tells staff of End of Life patients and/or those who are particularly having a difficult time. There can be individuals on this board who are not registered with the Practice but are perhaps registered at the same address and/or related to the deceased. It is a method used to keep an eye on a person who could potentially require additional help/support.

It was felt that space had now become an issue for the Practice which was currently being addressed by relocating the Practice to a bigger plot.

The Practice use Twitter and Facebook and are developing a new website. There is also a newsletter patients can sign up to receive.

When patients register with the Practice the form is designed to highlight if the patient is carer.

When patients register with the Practice, one form of identification of proof of address and form of identification is always requested. This is standard practice.

If a patient has a visual impairment, staff will advise patients to let them know they cannot see the board. Reception staff will then contact the GP to inform reception when he/she is ready for the patient. The GP will then either come to collect the patient or reception staff will assist the patient to the consultation room.

The culture of the Practice is to try and help and accommodate every patient. There is a 48 hour turnover for repeat prescriptions, however staff said they would make arrangements to get prescriptions ready even in instances where patients genuinely forgot, especially the elderly.

The reception staff were happy with the Carers Register system as they felt it works efficiently and ethical measures take place to ensure no breach of confidentiality.

## 7. Summary of Findings

- Overall patients and staff were highly satisfied with the services, care and environment.
- The Surgery has a bright, warm and welcoming atmosphere. Clean and well maintained communal areas. There was a sense of calmness.
- Patients of all ages were using the electronically registering process indicating that patients were well adapted to the services of the practice.
- Reception staff were all found to be friendly, helpful and professional.
- There was a lack of knowledge amongst patients of what a Patient Participation Group is, what it does and whether the Practice has one.
- Patients said they were satisfied with the current appointment system but where patients found it difficult to get an appointment, staff tried their best to accommodate patients.
- The toilet facilities were not clearly signposted.
- There were some comments gathered around the dis-satisfaction of the Practice moving to another site. There were clear indications patients were being consulted on this matter.
- The general sense was that patients did not feel rushed when in the consultation room indicating patient needs were being met in terms of caring and involving.
- Patients were satisfied with the repeat prescription process. Some feedback was captured suggesting that patients would prefer the pharmacy to be an integral part of the practice rather than being elsewhere.
- We observed an administrative system called The Kid Glove which should be celebrated and shared as a success.

- The culture of the Practice was that it tried to accommodate every patient no matter what the dilemma.

## 8. Recommendations

- The Practice was not signposted from the very busy A6 road or on the link road so perhaps a sign could be placed there.
- The signpost for the Practice in the grounds was too small to be noticed when approaching in a vehicle. A brighter, larger sign would be helpful so that it would make it easier to navigate towards the Practice and its car-park.
- The outside refuse receptacle would benefit from a notice explaining its use.
- Share the 'kid-glove' board system with other practices where possible and appropriate.
- Replenish the Chlamydia kit container in the toilet in the vestibule on a regular basis.
- Display signs on the three toilet facilities clearly (one in the vestibule, one in the corridor alongside the consultation rooms and another upstairs) for example, Ladies, Disabled etc.

## 9. Response from Darley Dale Surgery

Thank you to Healthwatch for your support. Please see below answers to your recommendations:

1. Signage: At present we are reviewing our premises and potentially looking to move, until a decision is made on this, current building works are on hold unless deemed critical.
2. All toilets within the building have now been clearly signed to their use.
3. The Chlamydia kit container has temporarily been removed and this will be looked at to replenish.
4. Kid Glove Board: This will be shared in a Practice Manager's meeting this year.
5. Refuge bins will be reviewed.