

GP EXTENDED ACCESS SERVICE

ENTER AND VIEW VISIT REPORT

Contents

Introduction.....	3
Strategic Drivers.....	4
Methodology.....	4
Executive summary and recommendations.....	4
Findings.....	6
Conclusion and recommendations.....	18
Acknowledgements.....	20
Response from provider.....	20

Introduction

What is Healthwatch Lewisham?

Healthwatch Lewisham is one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

The remit of Healthwatch Lewisham as an independent health and social care watchdog is to be the voice of local people and ensure that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

Healthwatch Lewisham gives children, young people and adults in Lewisham a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Healthwatch Lewisham's core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community;
2. Making people's views known;
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny;
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate;
5. Providing information about which services are available to access and signposting;
6. Collecting views and experiences and communicating them to Healthwatch England, and
7. Working with the Health and Wellbeing board in Lewisham on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).

Strategic Drivers

Our role is to support the voices and views of the local community and to ensure their opinions are considered when services are commissioned.

Part of our statutory functions include carrying out 'Enter and View' visits to publicly funded health and social care services for adults, to hear the views of service users, staff, carers, friends and family. Our visit reports are published on our website and shared with the Lewisham Clinical Commissioning Group, the Council's Scrutiny Committee, the Care Quality Commission (CQC) and the Health and Wellbeing Board. This report presents the findings from our Enter and View visit to the GP Extended Access (GPEA) Service located at University Hospital Lewisham, Lewisham High Street, SE13 6LH.

The GPEA Service is provided by One Health Lewisham. It launched in April 2017 to improve access to general practice in Lewisham. It is available to any patient registered with a Lewisham GP. The service is open 8am-8pm seven days a week, 365 days per year. Service users can access both GP and nurse appointments. It received an overall rating of 'Good' from the CQC in June 2019.

The purpose of our visit to the GPEA Service stemmed from our priorities and intelligence. One of our priorities for 2019/20 is access to services. We continually receive feedback that GP appointments are difficult to access. The Enter and View visits allowed the opportunity to observe a new service created to make more GP bookable appointments available in Lewisham. Our report will highlight areas where the GPEA Service is succeeding, and areas that may need improvement.

Methodology

Two permanent staff members and three trained Healthwatch Enter and View Authorised Representatives (ARs) took part in the Enter and View visits to the GPEA Service. Three visits were carried out on the following days:

- Saturday 27th July, 11am-1pm
- Monday 29th July, 10am-12pm
- Wednesday 31st July, 5-7pm

The GPEA Service had been notified of the visits and had given their consent. They were also given leaflets in advance to distribute to service users, staff and family members about the visit and to provide further information about Healthwatch Lewisham.

In total we heard the experiences of 27 service users, six staff members and one family member.

It should be noted that on Monday 29th July 2019, a shortage of GPEA staff meant we observed a reduced service.

Executive summary and recommendations

Overall, Healthwatch Lewisham staff and the Enter and View ARs were impressed with the service provided at the GP Extended Access Service. Staff, patients and friends, family and carers all highly valued the availability of additional GP and nurse appointments in the borough. Patients praised the quality of the treatment from clinicians and the ease of booking appointments with many extremely grateful to be able to book a same day

appointment. All patients we spoke to felt that they were treated with dignity and respect. They felt that the care and treatment they received met their needs. They would also recommend the GPEA Service to their friends and family. The service is clearly rated highly by people using it and has an important role in helping to improve the quality of primary care. Staff told us that the GPEA was an enjoyable place to work and nurses praised their team's network.

Through observation and interview, Healthwatch staff and ARs feel improvements could be made to information available and signage, communication, referrals, the environment, identification of staff. Full details can be found at the end of the report.

Findings

Observations

Location

The GP Extended Access Service is located in the yellow zone at University Hospital Lewisham, on the ground floor of the main building. Patients walk past the Urgent Care Centre and Emergency Department to access the service. The location of the GPEA might be difficult to find for first time attendees, because although the service has been added to the main signage, the nearest standalone notice was difficult to spot.

University Hospital Lewisham is located on Lewisham High Street and has excellent transport links. Ladywell train station is less than a ten-minute walk away. There are also many bus routes options available and car parking access (charges of £2 for the first hour and £1 for every half an hour after that). Some patients told us that parking charges and travelling distances made the service more difficult to access, especially for those who would normally walk to their GP practice.

Inside the GPEA Service

The layout of the service consists of a reception desk, waiting room, three consultation rooms and an isolation room. Through observation and interviews, we learnt that one of the main challenges for the GPEA is the limited space available to deliver the service.

Reception desk

Limited space by the reception area might make it difficult for patients with buggies or in wheelchairs to easily access the main waiting area. For example, a woman with a buggy was observed struggling to get past the reception desk.

There is not enough privacy at the reception desk. Sound tended to travel, making it very easy to hear conversations between the receptionist and patients. Unless there is a change to the layout of the reception area, there remains a potential risk to patient confidentiality. This point will be returned to in the recommendations at the end of the report.

During each visit, it was evident that the receptionists were not prepared for our presence until shortly before our arrival. We also did not see any posters informing patients of our Enter and View visit. This indicates that internal communication could be improved, and this point will be returned to in the recommendations.

Generally, receptionists were responsive to the needs of patients. For example, one receptionist turned on the air conditioning after overhearing a patient explain they were feeling warm. Another receptionist located additional chairs when they realised that the waiting room was getting busy.

The receptionists kindly offered patients water but explained that due to the configuration of the pipes, cool water was not readily available. The implementation of a water cooler would make patients more comfortable. This point will be returned to in the recommendations.

Waiting room

The waiting room is rather narrow and closely resembles a corridor, with a line of chairs backed up against the wall. We found it to be clean, well-lit and open windows helped ventilate the space during our visits. The physical environment is a mixture of light brown Formica wood effect floors and doors, separated by grey metal plates, white walls and window frames. The decoration was simple and felt like a medical facility. Patient information was displayed on the walls, notice board and TV screens. Further details on information provision are discussed later in this report.

Within the waiting room was a small round table and chairs suitable for young children. However, there were no toys or books for the children to play with. The manager informed us that there had previously been books, but these had been removed following the guidance of the Care Quality Commission, who advised the books could help spread disease. Toys were also taken away due to the lack of assurance that the cleaners would be able to clean them to a sufficient standard daily. It may be worth researching alternative safe and hygienic activities for children.

The service did not provide any newspapers/magazines to keep patients engaged while they wait. Providing people with something to do will keep their minds distracted and help the wait seem shorter. This point will be returned to in the recommendations.

The waiting room did not have a clock which meant patients who did not have a phone or watch were unable to know how much time there was until their appointment or how long they had been waiting. This would make patients more comfortable and benefit those with dementia. This point will be returned to in the recommendations.

Consultation rooms

The consultation rooms were extremely clean, bright, tidy and spacious, allowing patients to feel comfortable when talking to the nurses or doctors. All rooms are numbered, but Healthwatch staff and ARs felt that having the names of the clinicians on the doors would be a useful addition. Furthermore, putting images on the doors to distinguish between the nurses and doctors' rooms would be beneficial for people with additional communication needs, such as learning disabilities or dementia. This point will be returned to in the recommendations.

Clinicians currently alert patients that it's their turn for an appointment by coming to the consultation room door to invite people in. Whilst this system is effective, it would be helpful if information could also be displayed on screens to make it more accessible for patients who are hard of hearing. Healthwatch staff and ARs felt that screens in the waiting room were underutilised and could be used to inform patients that it is their turn for their appointment or update them on the current waiting times. The manager of the service explained that the original purpose of the screens was to alert patients about their appointments, however technological issues has meant they have been unable to implement the desired outcome. HW staff were reassured that this remains an important action for the service. This point will be returned to in the recommendations.

Isolation room

An isolation room has been set up to prevent the spreading of airborne transmitted diseases. It is primarily used if a patient is suspected to either have chickenpox or

measles. The room is rather limited for space and on one of the days was temporarily being used for storage.

Safety

All spaces observed appeared safe, with fire exits clearly labelled and CCTV cameras being visible.

Healthwatch staff and ARs observed that not all members of staff chose to wear a uniform or an ID badge. Having a consistent uniform policy would make it easier for patients to identify staff and improve security.

Information available

Healthwatch staff and ARs were impressed by the variety of information and the different ways it was displayed within the service. A number of leaflets were available, such as more information about flu prevention, care support for older people with cancer, the NHS app and community befriending.

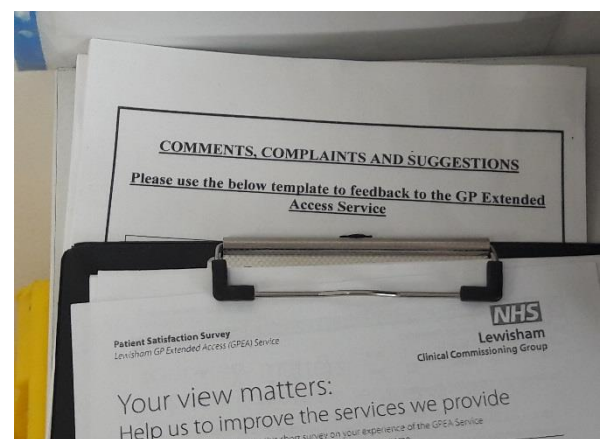
Further information could be found on a notice board in the waiting room which outlined service information, such as the complaints procedure and zero tolerance of abuse policy. The various information was formatted inconsistently with the text being different sizes and fonts. A consistent style would make it easier for patients to digest the information. This point will be returned to in the recommendations.



Additionally, some of the information would be better placed at the reception desk rather than the waiting area. For example, you can currently find information in the waiting area about additional services such as booking interpreters and chaperones. It would be more beneficial for patients to see the information at the reception desk, because they would need to arrange these services through the GPEA receptionist. It may also be beneficial if receptionist staff were trained to support patients with these services. This point will be returned to in the recommendations.

Feedback is vital to shape the service appropriately to service users' needs. Patients can share their experiences of the GPEA via feedback box which allows patients to give comments anonymously. Receptionists are proactive and openly encourage people to share feedback of the service. Complaints information could also be found on the notice board.

Within the service two digital screens were set up to provide patients with useful information whilst they are waiting for their appointment.



For example, information about an upcoming Pan Lewisham Patient Participation Group event was displayed. During our visits, one of the screens was switched off. The other screen changed images rather quickly which made it difficult to read everything. Increasing the length of time between slides would improve accessibility. As already mentioned, the screens could be used to provide patients with information about their appointments. This point will be returned to in the recommendations.

Healthwatch staff and ARs found there to be lots of signage for toilets, however the different signs displayed contradicting information. The toilets are not located very close to the GPEA with the nearest facilities being found in an alternative part of the yellow zone. It is important that information is consistent and located in the right place. This point will be returned to the recommendations.



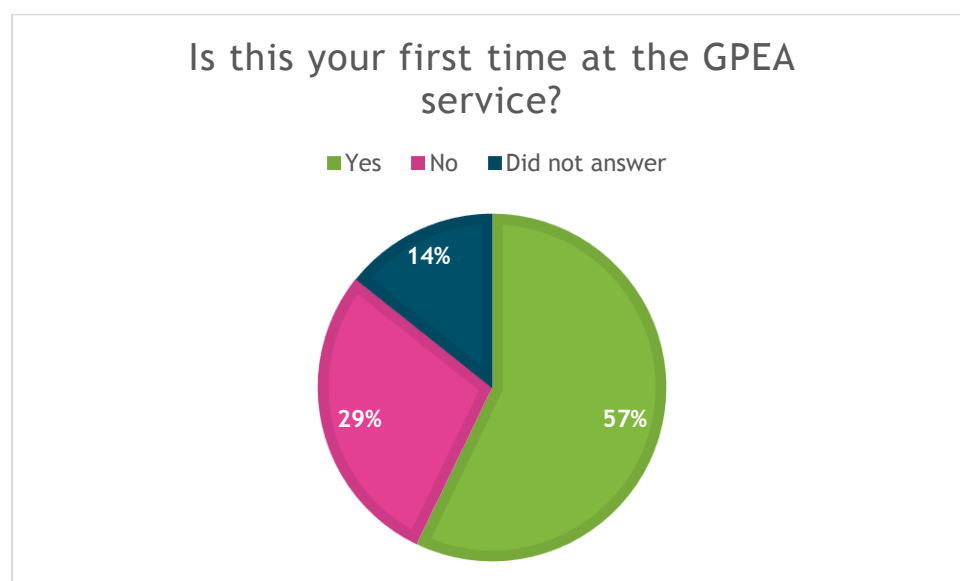
Overall, a high-level of information available at the service is helpful, and we recognise that a few small changes would help patients to be more engaged whilst waiting for their appointment.

Service user interviews

In total, we spoke to 27 service users during our visits. Patients were given the option of filling out two questionnaires: one before their appointment and one after their appointment. Patients who did not have the time to fill out a questionnaire after their appointment were given one to take home and a free post envelope to return it with.

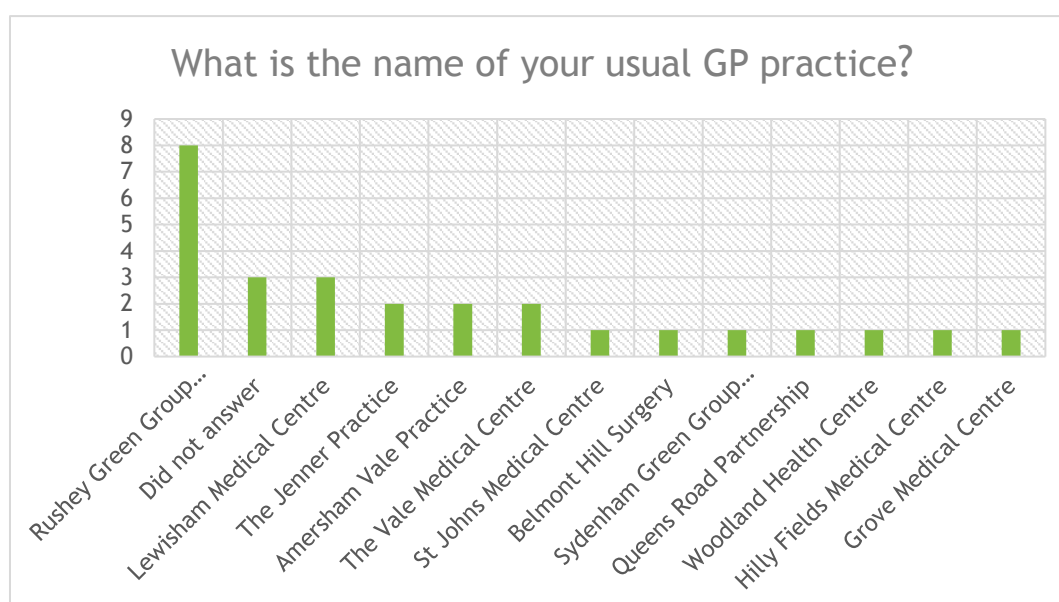
Before appointment

Is this your first time at the GPEA service?



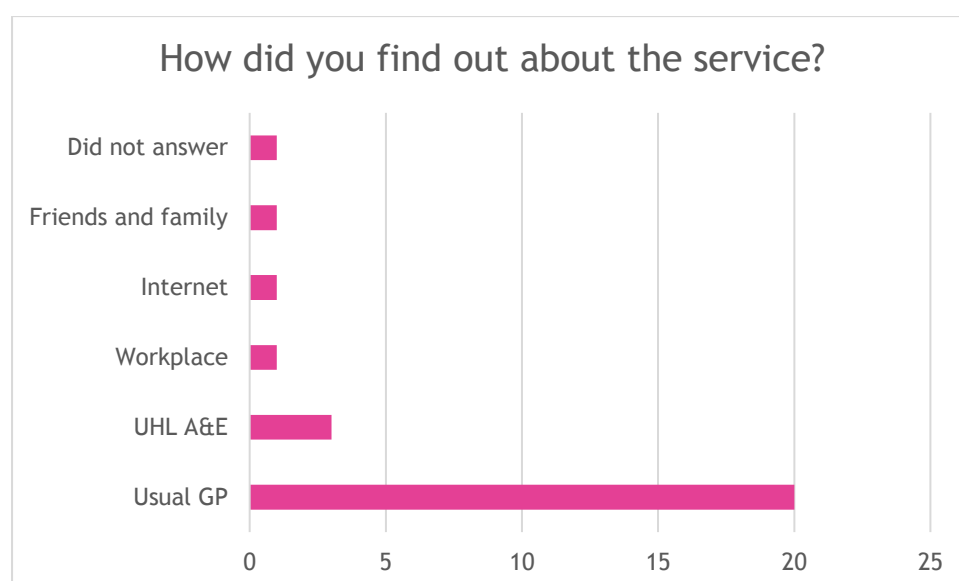
57% of patients we spoke to were using the GPEA service for the first time. 29% had used the service before.

What is the name of your usual GP practice?



The patients we spoke to attended 12 different GP practices between them. The highest number of patients were from Rushey Green Group Practice, with eight out of 27 patients.

How did you find out about the service?



The majority of patients had found out about the service through their usual GP practice. Three patients had also been referred by the Accident and Emergency Department at University Hospital Lewisham (UHL).

Through interviews we found that patients have received inconsistent information from their usual GP about the GPEA service, including its availability, which clinician their appointment was with and (where possible) choice of appointment time. For example, regarding availability, one patient told us *'the receptionist at my previous practice told me about it. But the second time I went through my GP, he did not tell me about this service, so I requested for it.'* It is important that patients receive consistent information

from their usual GPs about the GPEA service. This point will be returned to in the recommendations.

How did you make your appointment today? How easy was it?

Patients had their appointments booked for them through the receptionist at their usual practice or through A&E services. Many described it as a very easy process.

‘Very easy, was given a time after I called my GP practice this morning.’

‘Didn’t have to wait in A&E. Was referred to the service.’

‘It was quick and easy. I got an appointment for the next day.’

One patient told us *‘the receptionist referred me to the service but didn’t give me any further details.’* Some patients found it difficult to locate the GPEA Service within UHL. For example, one patient told us *‘it’s not easy to find, I must say’*.

Patients also raised the issue of transport, vital to accessing appointments. Those who had taken public transport to their appointment found it easy to do so. However, some patients who had driven to their appointments had experienced difficulty park at UHL. One patient had taken an Uber to the service to avoid parking charges, when he could have walked to his usual practice. Another told us *‘I managed to get parking at Lewisham Hospital which is not normally easy to access’*.

Were you happy with the appointment you were given?

Patients had their appointments booked for them through the receptionist at their usual practice or through A&E services. All patients were happy with the appointment they were given. Many were very grateful to have a same day appointment.

‘So happy to get an appointment as it is usually hard to get appointments.’

‘Without this service I would have gone to A&E.’

‘It’s amazing to get a same day appointment.’

Overall, patients were grateful the service exists. But some patients also would have preferred better access appointments at their usual practice and reported negative experiences of attempting to book appointments with their usual GPs.

‘The fact that we have to use this service isn’t great. I have two children. It’s time for your son’s immunisations so you try to book an appointment. They know its due two years in advance. My family don’t really use the GP service anymore. We go to the Beckenham Beacon drop-in centre. We can’t get GP appointments so don’t bother trying any more. Parking here is a problem.’

‘It was disappointing to have to use this service to have post-surgery dressing changed; my GP surgery could have done more to accommodate me, especially as I was told to go there on discharge from hospital.’

‘The service here is OK. Getting an appointment at a GP is hard. I don’t know others’ experience but by the time I get through there are no appointments left. I try on the ‘net - Patient Access - but still can’t get one. When I’m unwell there can be complications if I don’t see a GP. My GP knows my situation - he really listens so is popular. This is good but I prefer to get an appointment with my GP when I want. They should go back to walk-in appointments: you may have to wait but at least you know you’ll be seen.’

Some patients had been able to choose the time of their appointment and cited it as one reason they were happy with the service. For example, one patient told us *'I was happy with the appointment as I got to choose a time that worked for me.'* On the other hand, others were only offered one appointment option. Patients told us *'I was not given with a choice but happy with the time'*, *'Was only offered one appointment. It's good to be able to get an appointment on the day'*, *'Only one available but happy with it'*. Choice of appointment time did not seem to impact on patients' experiences. However, where possible, it is recommended that patients be offered a choice by the receptionist booking the appointment as good practice.

Were you given the choice of which clinician you are seeing today?

Patients had their appointments booked for them through the receptionist at their usual practice or through A&E services. None of the patients were given the choice of which clinician they would be seeing. Some patients were told whether they would be seeing a doctor or a nurse, for example, one patient had a printed appointment card from their practice (but told us the text was too small to read). The majority did not know who they would be seeing that day. Some patients had been asked by the receptionist at their usual practice what was wrong after their appointment was made or were not asked at all. At the GPEA service, only doctors are able to offer patients prescriptions. Therefore, it is vital that patients are asked what the matter is so that they can be booked in with the appropriate clinician. This point will be returned to in the recommendations.

'Don't know who I'm seeing today. The receptionist didn't ask me what was wrong.'

'Not given a choice of nurse or GP. Assume I'm seeing a GP, but not sure.'

'Yes, the first time, but not sure about today. Just given an appointment.'

'No choice - just told there was a vacancy and whether I wanted it.'

'Gave me a choice in time, but no who I would specifically see.'

To improve the service, it is recommended that the GPEA service liaise with Lewisham GP practices to ensure patients are provided with consistent information when their appointment is arranged. This includes the availability of the service, which clinician they are seeing, the name of this clinician and choice in appointment time. Patients should also be asked what the matter is by their usual GP practice, so that they see the appropriate clinician at the GPEA service. These points will be explored further in the recommendations.

After appointment

Do you feel the care and treatment you received today meets your needs?

All patients felt that the care and treatment they received met their needs.

'Yes, she answered the questions and explained everything clearly and fully.'

Did you feel your appointment was long enough?

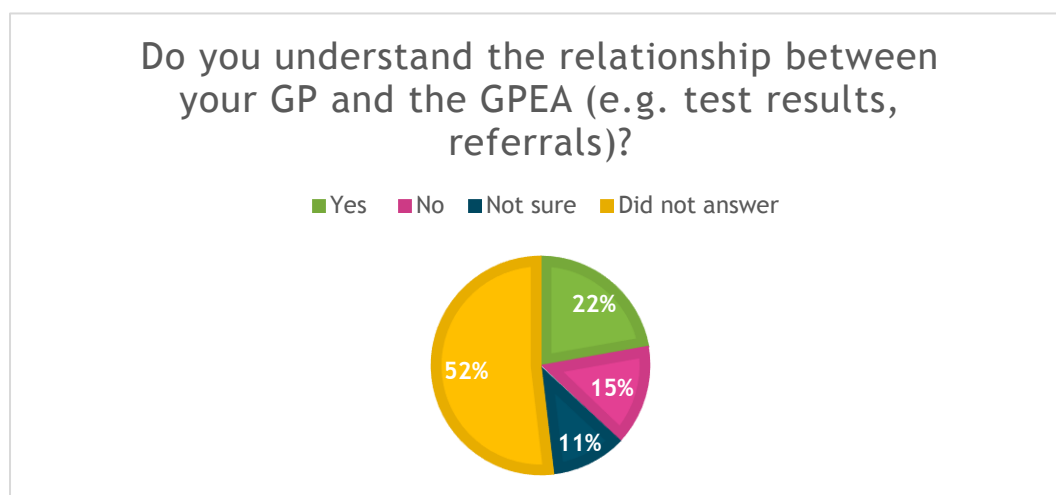
The majority of patients felt that their appointments were long enough.

'It was long enough - much better when compared with my GP.'

'It was an ideal length'.

However, one patient *'felt like I was rushing through the information and I didn't have plenty of time to discuss all of my concerns with her.'*

Do you understand the relationship between your GP and the GPEA (e.g. test results, referrals)?



More than a quarter of the patients we spoke to did not understand or were not sure about the relationship between their GP and the GPEA. This information is important for the service to be as safe and effective as possible. It is recommended that the GPEA service ensure all patients understand the purpose of the service and its relationship with patients' usual GP practices. This point shall be explored further below.

Did you feel you were treated with dignity and respect? Did you feel you were listened to?

All patients we spoke to felt that they were treated with dignity and respect.

'The nurse was very patient and took my views into account.'

'Yes, she listened to what I had to say. I felt reassured.'

'Definitely treated with dignity and respect and we had a good conversation.'

Did you have to wait long to be seen for your scheduled appointment?

All patients we spoke to, except for one, did not feel that they had to wait long to be seen for their scheduled appointment.

If this not your first time, how does today's appointment compare to your previous experience?

For more than half the patients we spoke to, it was their first visit to the GPEA Service. Patients who had used the service before had a mixed experience compared to their last appointment. Some felt it was *'equally as good'*. Others felt their experience had improved compared to last time. One patient told us at their previous appointment *'the doctor didn't listen to my concerns and didn't give me valuable advice'* and another *'felt a little bit dismissed last time'*.

Another patient told us that last time they were given medication that should have continued, *'but there was no coordination between the service and her own GP. This could have been quite dangerous'*. This time, the patient had been given a follow up appointment at the service, so they felt more confident in the coordination of the service.

Based on this patient's experience and that more than a quarter of patients did not know or were not sure about the relationship between their usual GP practice and the GPEA Service, we recommend that more information is given to patients to improve their understanding. This point will be returned to in the recommendations.

If you were prescribed medication, were you signposted to a pharmacy?

Most patients we spoke to were not prescribed any medication. Two patients who did require a prescription were signposted to a pharmacy. One patient was prescribed medicine but was not signposted to a pharmacy. It was observed by Healthwatch staff and AR's that information about local pharmacies was available in the waiting room of the GPEA service. If it is not already common practice, it is recommended that this information is shared with all patients who are prescribed medicines during their appointments. This point will be returned to in the recommendations.

If relevant, were your additional needs considered?

Most patients we spoke to did not feel this question applied to them. Four patients felt that their additional needs were considered, with one patient feeling *'reassured'* and happy with *'advice to go back for a follow-up appointment with my GP'*. On the other hand, one patient felt that it was *'difficult to tell. She jumped to conclusion about what caused the condition but was happy to accept my explanation and treat accordingly'*.

Would you recommend GPEA to your own friends and family? Please say why.

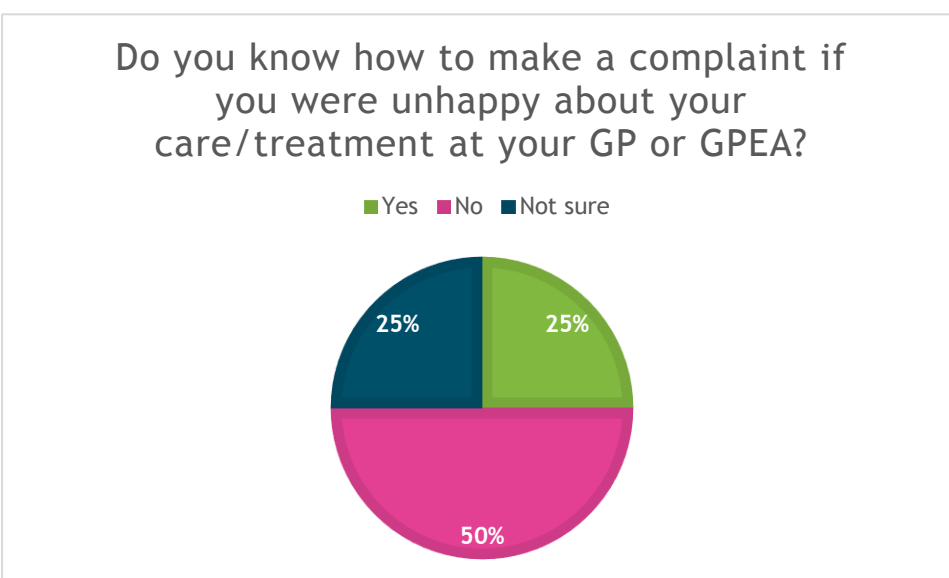
All the patients we spoke to would recommend the GPEA Service to their friends and family. Their reasons included speed of service, ease of access and the quality of their treatment.

'It is quicker than getting an appointment with my regular GP.'

'I was seen quickly and had a great experience.'

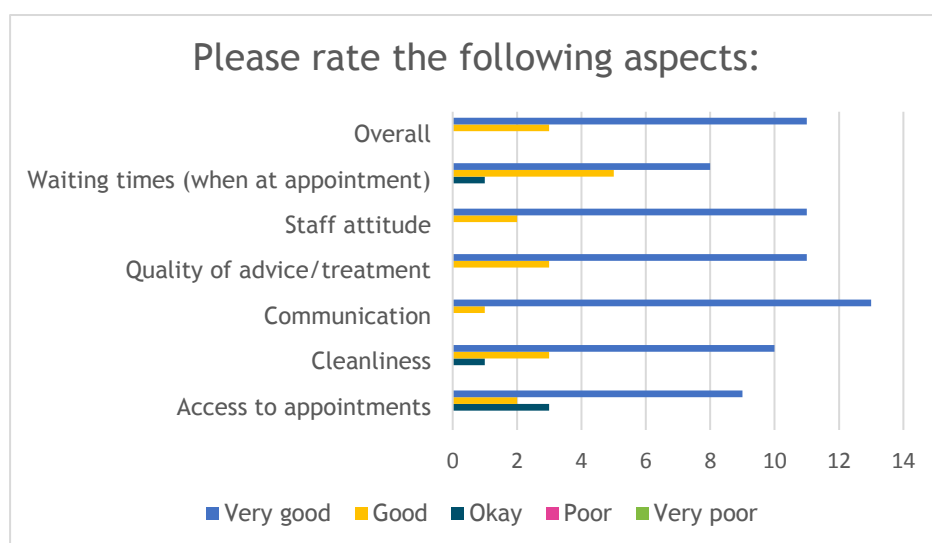
'Yes, because of ease of access and available slots.'

Do you know how to make a complaint if you were unhappy about your care/treatment at your GP or GPEA?



50% of patients we spoke to did not know how to make a complaint about their care/treatment at their GP or GPEA.

Please rate the following aspects



All patients who completed the survey rated the GPEA service as either 'Very good' or 'Good' for staff attitude, quality of advice/treatment, communication and overall. The majority of patients rated waiting times, cleanliness and access to appointments as 'Very good' or 'Good' also. One patient rated waiting times and cleanliness as 'Okay' and three patients rated access to appointments as 'Okay'.

'The doctor is very good. She was thorough in her explanation. She was person centred, not just looking at the clock. You feel listened to.'

'I have been twice, first to see a GP, who was just brilliant, incredibly thorough, listened carefully and reassured me. The second time I saw a nurse to have a dressing changed. Again, great experience.'

'The nurse's manner was very intimidating, but the outcome was good, and I am very appreciative. I think the service is brilliant.'

'It was great - very friendly, professional and quick. Exactly what I wanted and needed.'

'Smooth, comfortable and I felt listened to by my doctor.'

'Excellent service. Nice to have a service with a wide variety of opening times and suitable for people for work.'

'I think it is important to publicise it more as you get similar health-care quality as with your regular GP.'

Case Study

Overall, patients' experience of the GPEA service was very positive. Patients rated the service as 'Very good' or 'Good' overall, and were complimentary of staff attitude, the availability of appointments and the care they received.

However, Healthwatch staff observed that communication with patients about their appointments needs improvement. A Healthwatch staff member was interviewing Patient

X who had recently given birth 11 days ago. Patient X was accompanied by their partner and had their new-born baby with them. During the interview, the receptionist informed Patient X and another patient, Patient Y, that their appointments were cancelled. The receptionist called across the waiting room and told Patient X and Patient Y that the GP they were due to see had not arrived.

Patient X became distressed. Patient X told Healthwatch staff that the appointment was supposed to be an emergency appointment. They had travelled 45 minutes and taken two buses to the appointment and felt that the receptionist had *'shouted across the room'* to inform them their appointment was cancelled.

Patient Y asked if there were alternative appointments available. The receptionist checked and informed both Patient X and Patient Y that there was one appointment available. The patients decided between them who would have the appointment.

Patient X told Healthwatch staff that they had heard negative things about UHL from their friends. Patient X felt that their experience at the GPEA service had confirmed their friend's opinion. Patient X seemed to believe that the GPEA service was provided by UHL.

This case study demonstrates that communication between reception staff and patients' needs improvement. It is recommended that patients are informed individually and privately of any changes to their appointments. All due consideration of the stress any cancellations or changes to appointments may cause a patient should be taken. Staff should explore whether further appointments are available before speaking with patients, in order to reduce stress for patients. One Health Lewisham should also consider how they may change public perception that UHL provides the GPEA service. These points shall be explored further in the recommendations at the end of the report.

It should be noted that Patient X did not finish completing a questionnaire and their views are not included in the data above.

Carers, friends and family interview

We spoke to one daughter of a patient before the appointment. The daughter had booked the appointment on behalf of her mother. The daughter would have preferred her mother to see her own doctor but was pleased to have appointment. They waited a long time for their appointment. They chose not to fill out a survey after their appointment.

Staff interviews

During our visit to the GPEA service we had the opportunity to speak with six members of staff including service managers, lead nurses, GPs and receptionists. Some had worked at the GPEA since its inception, whereas some staff members had joined the service more recently.

All staff members stated they enjoyed working at the GPEA and felt supported in their work. One staff member appreciated the values of the service.

'It's less pressured because you don't have to meet targets like you do in GP practices. The service is just focused on delivering quality care.'

Receptionists enjoyed the opportunity to have more in-depth conversations with patients which they did not necessarily have at their previous GP practices.

Staff members felt that the service was very well run and was helping patients to have better access to GP appointments. *'It is a service the community badly needed.'* They felt that the overwhelmingly positive feedback from patients demonstrated the quality of service being provided.

Feedback from staff showed that they consider themselves to be a part of a tight-knit team who work well together.

From talking to staff, we learnt that there had been initial teething issues when the service began in 2017. For example, they received a high number of incorrect referrals due to external receptionists not fully understanding the criteria for appointments at the GPEA service.

Referrals continue to remain an issue, with patients still regularly being incorrectly booked nurse appointments when they need to see a doctor. During our visits, we witnessed three incorrect referrals to the service. This point shall be explored further in the recommendations at the end of the report.



Staff shared with us several suggestions as to how the service may be improved. One staff member felt that the current system for cancelling appointments needed to be easier for patients and doctors/nurses. They thought that software could be improved to make the process more seamless.

Staff felt there could be greater access to nurse appointments because nurses currently do not cover all the sessions provided by the GPEA service.

Limitations around prescribing were also highlighted by nurses. The current system does not allow them to prescribe at the GPEA or allow doctors to receive patients who turn up to nurse appointments and need a prescription. Therefore, it is very important that patients are referred to the right clinician by the usual GP practice. This point will be explored further in the recommendations.

The service manager informed us that they experience a relatively high number of people not turning up to appointments. One staff member suggested that the service should inform patients about how much it costs GPs and hospitals when a patient fails to turn up for their appointment.

Conclusions and recommendations

Overall, Healthwatch Lewisham staff and the Enter and View ARs were impressed with the service provided at the GP Extended Access Service. Staff, patients and friends, family and carers all highly valued the availability of additional GP and nurse appointments in the borough. Patients praised the quality of the treatment from clinicians and the ease of booking appointments with many extremely grateful to be able to book a same day appointment. All patients we spoke to felt that they were treated with dignity and respect. They felt that the care and treatment they received met their needs. They would also recommend the GPEA Service to their friends and family. The service is clearly rated highly by people using it and has an important role in helping to improve the quality of primary care. Staff told us that the GPEA was an enjoyable place to work and nurses praised their team's network.

Through observation and interview, Healthwatch staff and ARs feel improvements could be made to information available and signage, communication, referrals, the environment, identification of staff.

Recommendations

1. Information available and signage

From talking to service users, it was evident to Healthwatch staff and ARs that further efforts could be made to raise awareness of the service and provide patients with more information prior to their appointments. It is recommended that the provider updates their website to detail important information about the service. Key information should be included, such as:

- The types of service that are and aren't available at the GPEA
- The relationship between GP practices and the GPEA service and how data is shared
- Complaints procedure

The website and site signage should also make it clear to patients that the GPEA service is separate from University Hospital Lewisham.

Patients currently receive a text which confirms the details of their appointment at the GPEA service. A clickable link to the website could be embedded into the initial text message enabling patients to have further information available to them about how the service works. Receptionists at GP practices should also be encouraged, where possible, to provide patients with the GPEA leaflet at the point of referral, which will help patients to have a better understanding of the service.

Healthwatch staff and ARs observed a wide variety of information available within the GPEA service. We would recommend that all information created by the service should be of a consistent, easy to read format and could include the use of images. Furthermore, any relevant information that would require the patient to interact with the receptionist (e.g. booking an interpreter, chaperone etc.) should be primarily located in the reception area.

We appreciate that the technical difficulties within University Hospital Lewisham has caused the digital screens within the GPEA service to be unable to inform patients when it is their turn to see either doctor or nurse. However, whilst these screens are unable to be used for their original purpose, we would suggest that information about delays could be displayed digitally. Furthermore, the screens could be better utilised to provide more information such as details about the service, advice lines and online support for a wide range of topics.

The speed of the slides should be slowed down so that they are easier to read. This will help to further engage patients whilst they are waiting for an appointment.

We recommend that all signage should be consistent. For example, all signs directing people towards the nearest toilet facilities should have the same messaging and should use images for patients with additional communication needs.

2. Communication

Staff should be respectful of confidential information when conversations can be overheard and lower their voice if appropriate. Earlier in this report, we included a case study which highlighted that staff communication with patients about their appointments needs improvement. Although we recognise that it was most likely an isolated incident, reminders or relevant training could be given to staff on how to respond to certain circumstances and ensure patients are safely and privately informed about changes of appointments or updates.

Training of key staff on the implementation of the NHS Accessible Information Standard and Dementia awareness may also be beneficial.

3. Referrals

GPEA staff and service users informed Healthwatch staff and ARs that some patients continue to be incorrectly referred for nurse appointments when they need to see a doctor. We recommend that further training should be provided to front-line staff to ensure that the criteria for GPEA appointments is clearly understood. Additionally, a small 'crib sheet' could be developed to support receptionists' referrals to the service.

4. Environment

Small changes could make a big difference to peoples' experiences. Ensuring a service has a welcoming environment is essential. We recognise that the layout of the GPEA limits the functionality of the service. However, we would recommend the implementation of a water cooler and clearer signs to toilets. Ideally, toilets would be located closer to the GPEA Service, but we understand the financial implications of making these changes. Modifications to the reception area to increase space would improve accessibility for people with buggies or in wheelchairs. Availability of newspapers/magazines would occupy patients waiting for appointments.

A few practical changes could be made to the GPEA service to create a more dementia-friendly environment including the use of images alongside text, labelling of rooms and a clock.

5. Identification of staff

We would also recommend a few small changes to make it easier for patients to identify the different staff members and which room they will be having their appointment. We would recommend that staff follow a uniform policy and the names of clinicians could be put on the consultation room doors with accompanying photos. This would also help patients with additional communication needs.

Acknowledgements

We would like to thank the service users, staff and family member at the GPEA Service who took part in the interviews. We would also like to thank our volunteers and Authorised Enter and View Representatives, Carolyn Denne, Rosie Morrison and Sarah Yousef who helped to plan and carry out the Enter and View visit.

Response from provider

Report sent to	Damian Brady
Date sent	14/01/2020
Details of report	Enter and View Visit Report: GP Extended Access Service A report of the Enter and View visits conducted at the GP Extended Access Service in July.
Response	If there is no response, please provide an explanation for this within the statutory 20 days
Date of response provided	14/01/2020
General response	I would like to thank the Enter and View Team for their time and consideration in preparing such a thorough report. It clearly took great thought and time and is incredibly detailed.
1. Information available and signage	I think the points made about the quality of information provided by GP Practices to patients using GPEA and about the TV information screens are justified.
2. Communication	We need to change how we use texts for confirming appointments based on your recommendations and will do so.
3. Referrals	The recommendation about ensuring referrals to GPEA are correctly made to a Dr or nurse as appropriate is also a good one.
4. Environment	We do not have any control over the site or venue. We cannot control its location, size, signage and location of toilets.
5. Identification of staff	The recommendation about Clinician names and pictures on doors is a good one that we will follow up.
Signed	Damian Brady
Name	Damian Brady
Position	Chief Operating Officer