



Enter and View Report

Keele Practice

Semi-announced

16 January 2025

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What is Enter and View

Part of the remit of Healthwatch Stoke-on-Trent (HWSOT) and Healthwatch Staffordshire (HWS) is to carry out Enter and View visits. HWSOT and HWS Authorised Representatives will carry out these visits to NHS health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. Revisits will also take place.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

HWSOT and HWS Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with HWSOT and HWS Safeguarding Policies, the Service Manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

1. Provider details

Name and Address of Service: *Keele Practice, Health Centre, Keele University*

Practice Manager: *Jan Williamson*

Service type: *General Practice*

Date and Time: *16 January 2025 10am - 1pm*

2. Acknowledgments

Healthwatch Stoke-on-Trent (HWSOT) and Healthwatch Staffordshire (HWS) would like to thank all the staff/residents for their co-operation during our visit.

3. Disclaimer

Please note that this report is related to findings and observations made during our visit made on 16 January 2025. The report does not claim to represent the views of all service users, only those who contributed during the visit.

4. Authorised Representatives

Sophia Leese - Healthwatch Stoke-on-Trent

Emma Ford - Healthwatch Staffordshire

5. Who we share the report with

This report and its findings will be shared with the service provider, Local Authority Quality Team (depending on the visit), Staffordshire and Stoke-on-Trent ICB, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Stoke-on-Trent (HWSOT) and Healthwatch Staffordshire (HWS) websites.

6. Healthwatch Stoke-on-Trent details

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Civic Centre, Riverside, Stafford, Staffordshire. ST16 3AQ

Tel: 0800 051 8371

Email: enquiries@healthwatchstaffordshire.co.uk

Web: <https://healthwatchstaffordshire.co.uk/>

7. Healthwatch principles

Healthwatch Stoke-on-Trent (HWSOT) and Healthwatch Staffordshire (HWS) Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

8. Purpose of the visit

We had received both positive and negative intelligence from members of the public about Keele Practice over the last quarter (July-September 2024).

9. Service Background

Most GP practices will operate independently with guidance from their local Integrated Care Board (ICB) and additional support from other local practices which form a Primary Care Network (PCN). Keele Practice is within Newcastle South Primary Care Network (PCN) and part of the Staffordshire and Stoke-on-Trent Integrated Care System (ICS).

It does not operate as a typical GP practice as it also has a tertiary support system through its new provider, North Staffs Combined Healthcare NHS Trust (NSCHT). This means that it currently has another two supporting NSCHT-led GP practices across Staffordshire and Stoke-on-Trent in addition to those already within its PCN. The NSCHT's governance is applied to each practice that it delivers, which includes routine internal quality visits.

Keele Practice has a varying number of registered patients due to its student population. At the time of our visit, the service supports 7,000 patients with approximate 50% being students.

To support these patients, the practice has a clinical team made up of 5 General Practitioners (GP), 3 Advanced Nurse Practitioners (ANP), and 1 Nursing Assistant. Through the PCN, they also have access to both Pharmacy Tech support and Mental Health support. On any one day there are at least 2 GPs and 1 ANP. It also has an administrative and reception team of 7, plus 1 locum. Typically, there are at least 3 members of admin staff operating the phones, PATCHS system, responding to emails, addressing patients in-person, and dealing with other administrative requests on a day. NSCHT have shared that there are plans in place to amalgamate back-office functions across their 3 GP sites to both centralise operations and alleviate pressures on front-of-house staff.

PATCHS is an online service that allows patients to contact their NHS GP surgery for non-urgent help. Patients can use PATCHS to submit requests, schedule appointments, and view and cancel appointments.

The ARs were informed that Keele Practice has a very active Patient Participation Group (PPG). However, due to the practice managers absence, the recent handover to NSCHT, and limited opportunities for other staff to be involved, we were unable to find out more about the PPG activity.

10. Findings

a) Environment

i) External

Keele Practice is situated on the Keele University campus which is ideal for students; the location is also practical for residents of Keele Village as there is a short cut-through behind the practice to the village. However, due to its on-campus location the practice has minimal parking options. Directly at the entrance

are 4 parking spots, including one disabled parking space. A short walk away is another parking area designated to Keele Practice patients offering 20 additional spaces, which the staff also use to ensure that patients who need to can park directly outside the building. The path to the other parking area, although short, is inaccessible to patients who are unable to use stairs. Although patients had not expressed facing any difficulties with parking, some had shared that they have been worried that there may be times where it is not possible for them to park.

The building itself is somewhat dated and shows signs of ageing, despite this the site was well-kept with clear signage and automatic doors. It is accessible to wheelchair users as the main entrance features a ramp which is dropped and flush to the immediate parking area.

ii) Internal

Upon entering, you are met with the reception desk and a digital tablet to input your car registration. The reception desk is surrounded by a range of informative posters and leaflets, which were relevant.

Most patients are then asked to be seated in the upstairs waiting room. Patients who cannot use the stairs are asked to be seated in the downstairs waiting room which is limited seating under the stairs as there is no lift in the building. Both waiting rooms offered a range of seating, however one included a stiff-wheeled office chair which did not seem to be appropriate. We were informed that the practice is ordering new chairs.

Again, both waiting rooms had plenty of informative posters and/or literature available to patients. The main waiting room in particular offered information on travel health that was available in a range of languages, which is very relevant to the student patients. We did however raise that there was a lack of variety of other information available, such as sexual and mental health, which would be beneficial to have given the primary health concerns in young people.

The history of the building is in plain sight throughout, which in some areas, such as the upstairs waiting room, often appeared unkempt. Despite the tattered wallpaper and other visually dated factors, the rooms were clean and dust-free.

Prior to our visit, it had been shared with us that there were plans to have a new building approximately 5 years ago that had been put on hold with uncertainty of when this would resume. The practice had not intended to make any improvements on the existing site as they anticipate the new building, other than some possible plans to redecorate certain areas.

b) Patient experience

The patients that we had spoken to were very positive about their overall experience at the practice. The Authorised Representatives also noted that patients were not waiting very long for their appointments before staff would come to the waiting room to invite them in for their appointment.

One individual raised having experienced a prior admin error which left them temporarily without access to medication. Another had shared their dissatisfaction with the complaint response time. Prior to our visit, Authorised Representatives raised their concerns regarding the complaints process not being clear on the website to which we were informed that they would be looking to using the Trust's complaints process moving forward and that the practice website would be updated in the near future.

There was one issue that was consistently raised across all patients - the digital system PATCHS.

The GP contract specifies that all practices must provide the core digital offer, which includes video consultations, online management of prescriptions, online booking of appointments, online consultations, and a two-way secure written communication tool. PATCHS is one model of an online and video consultation system. According to the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB), this is not a model that they will be moving forward with and commissioning.

PATCHS is causing issues for the patients we spoke to, with most of them expressing that they "hate it." A number of patients shared with us that they deemed the questions excessive and unnecessary. Despite PATCHS claims to be "next-generation", the people we spoke to said, using it at Keele Practice and considered themselves tech-savvy did not seem to agree saying it was overly complicated and unclear.

c) Safe, dignified and quality services

Patients were overall pleased with all the staff and felt that they were listened to about their health needs, with some sharing personal stories which praised many individual members of staff across both clinical and administrative teams. Only one patient raised that there had been occasions where they did not feel listened to either about specific health issues or through specific members of staff but had equally acknowledged that usually they do feel listened to and stated that staff are lovely and accommodating.

Staff continue to deliver a seamless service despite the inevitable disruption that comes with a service transfer and establishing relationships with the new NSCHT senior management and governance arrangements. There appeared to be no sense of the change in progress from the patients' perspective.

11. Conclusion

Overall, patients of the practice that we had spoken to were satisfied with the service despite the shared sense of intolerance for PATCHS. Of the issues that the Authorised Representatives flagged to Keele Practice, there were very few which did not have existing plans in place to resolve. The following are our recommendations for Keele Practice that are not already, to our knowledge, in the process of being addressed.

12. Recommendations and Provider response

Recommendations made from findings

1	Include a light redecoration of the upstairs waiting room amongst plans to replace chairs.
Provider response	Decoration is planned to the waiting room within the constraints of the building. We are currently waiting for the finalisation of the lease with Keele University before we are able to progress this.
2	Ensure that patients are up to date around any planned changes to the PATCHS digital system, acknowledging the dissatisfaction shared by patients. In the meantime to devise local workarounds to avoid inaccessibility.
Provider response	We can confirm that telephoning the surgery or attending the reception desk to request an appointment has always remained an option for patients who do not wish to access Patchs. We will ensure that this is clearly communicated via Reception team guidance, waiting room posters, Facebook and the practice website.
3	Avoid signposting people towards PATCHS given the discontent, provide other means of contact instead as mentioned in 2.
Provider response	Patchs will continue to be promoted by the service, balancing this with patients who do not have access to or do not wish to access digital. The Reception team will support patients who have access to digital and require support in utilising Patchs.
4	Allow all staff the opportunity to be involved in PPG meetings and ensure that staff are aware of any PPG discussions. This will enable staff to better understand the needs of patients and to contribute to service improvement accordingly.
Provider response	The Front of House Reception Lead is now attending the Patient Participation Group (PPG) in addition to the Service Manager. Additional team members can be invited into the PPG as needed.
5	Introduce a wider range of information leaflets and posters that may be relevant to the student population.
Provider response	We will review the current patient information and add additional information to support this.
6	Introduce a wider range of information leaflets and posters that may be relevant to the local resident population.
Provider response	We will review the current patient information and add additional information to support this.

7	Ensure the wider ranges of information leaflets for students and local resident population are mirrored both upstairs to downstairs so there is equality of accessibility to them.
Provider response	We will review the current patient information and add additional information to support this. There are limitations around available space for information in the ground floor area.
8	Ensure the TV in the first floor waiting room is repaired so it can provide a range of information as well as clear audio and visual appointment announcements
Provider response	We will investigate if it is possible to link a computer display screen to the waiting room within the practicalities of the building.
9	Provide a TV screen for the downstairs waiting room so there is an equity of accessibility of audio and visual information and announcements to that available on the first floor so that people unable to use the stairs don't experience a less rich service experience.
Provider response	We will investigate if it is possible to link a computer display screen to the waiting room within the practicalities of the building.



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