

The Acorn Group Practice: An Enter & Review Report



29-35 Holly Road, Twickenham
TW1 4EA

Visit Dates: Wednesday 4th and Monday 9th June 2025

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Introduction

Healthwatch Richmond is looking at patients' experiences of General Practice. This follows Healthwatch Richmond's report 'Patient Experiences of General Practice in Richmond', published in October 2024¹. In April 2025 there were 69,749 GP appointments in Richmond upon Thames. General Practice, or GPs, are often the primary point of contact for NHS patients and represent a significant area of patient experience. 26% of the patient experiences collected by Healthwatch Richmond over the past two years related to GPs.

This report outlines our findings from Enter & View visits to The Acorn Group Practice, 29-35 Holly Rd, Twickenham TW1 4EA. The practice has a list size of 7,865. Data on the appointments in April at Acorn Group² showed that 20% of appointments were same day appointments and for 21% of appointments patients waited over 14 days. 76% of the appointments were in person and 23% of appointments were telephone appointments. There were 7 home appointments in April.

Local Healthwatch were set up by the Health and Social Care Act 2012. This provides us with the statutory power to make observations of health and social care services and to request information and comments from service providers. How this works in practice is that following our visits we produced this report of our findings and recommendations for the service. Before publication a draft copy was sent to Acorn Group Practice, who had 20 days to respond to make factual corrections and provide details about how they will incorporate our recommendations into their service improvement plans. The responses are included in this report.

Methodology

We visited The Acorn Group Practice on:

- 04/06/2025 9am-12pm
- 09/06/2025 3pm-6pm

During our Enter & View visits we spoke to 36 patients. 13 patients also shared their experiences with us through our online survey, which was promoted through posters at the practice, on the practice website and through Healthwatch Richmond's email bulletins. We spoke to 9 members of staff in the following roles; GP Partner, Operations Manager, Practice Manager, Triage Lead, Receptionists/ admin staff, Health Care Assistant (HCA) and Physician Associate. Patient and staff feedback was collected through

¹<https://www.healthwatchrichmond.co.uk/report/2024-10-22/general-practice-richmond-patient-experience-report>

²<https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/april-2025>

semi-structured interviews based on pre-written surveys (found in Appendix 1 and Appendix 2). Observations were also taken using an observation checklist (Appendix 3).

Prior to our Enter & View visits we conducted a review of relevant literature about The Acorn Group Practice. This included the 2024 GP Patient Survey (GPPS) data³ which showed:

- There was a completion rate of 31%.
- 65% of patients described their experience of contacting the practice as good.
- 89% of respondents said that their needs were met during their most recent appointment.
- 77% describe their overall experience of the practice as good.

The Acorn Group practice is currently rated as 'Good' by the CQC and the latest inspection was in July 2018.

Observations

The Practice Environment

Acorn Group Practice is located centrally to Twickenham in a large purpose-built building. Several of the patients we spoke to had been long-term patients of the practice, and had been patients at the old practice site. The practice has been located at the current site for over 20 years. Many of these patients remarked that the new building was an improvement.

"The building is more purpose built compared to previous buildings and it is well organised"

However one patient remarked that parking was better on the previous site.

One of the GP partners described how the upstairs consultation rooms are designed to open into a common space where staff can easily gather to talk, reducing isolation. The interior of the building is well maintained; there was a high level of cleanliness and furniture was in good condition. There was some light scuffing on the corridor walls but this is to be expected in a high traffic area.



³ <https://gp-patient.co.uk/patientexperience/results?code=H84007>



The exterior of the building was also in good condition. It was relatively tidy and the entrance doors were accessible from the street with a ramp and a 'press to open' button for wheelchair users. There is a banner advertising that new patients can register with the practice, however the main signage for the practice was missing a letter.

A small car park next to the practice includes a disabled parking space. There was a covered bike storage area but very limited car parking on site, which is reserved for staff. Staff highlighted parking as a particular issue at the practice.

"Parking is 100% a challenge"

We heard mixed opinions from patients about parking. Some patients appeared happy with the practice's proximity to car parks in Twickenham, whereas other patients, particularly elderly patients, struggled without nearby parking.

"Parking a problem so I get dropped off"

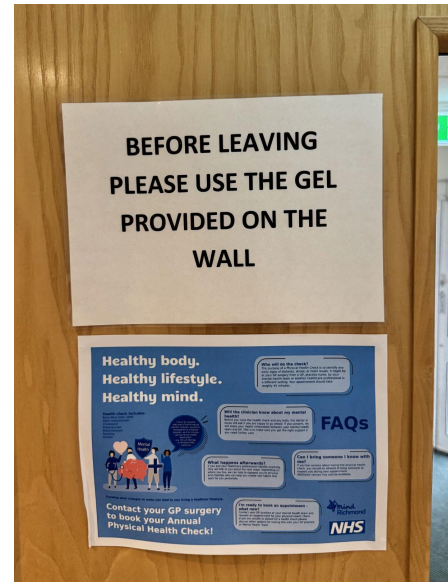
"Not great for parking"

"Parking is fine, car parks are convenient"

A high level of cleanliness was maintained across both visits, including our visit on the 9th where we visited the practice towards the end of the working day. There was no visible rubbish in the waiting rooms, indeed both waiting rooms had bins which had recently been emptied. There were three toilets available for patients to use (one accessible toilet on the ground floor and two toilets on the first floor landing). These were all clean and pleasant smelling. There was sufficient toilet paper, paper towels and soap in all toilets and sanitary bins had been emptied. The accessible toilet contained the appropriate adjustments, but the red emergency cord had been tied up and was not hanging to the floor.



The cleanliness of the practice was also appreciated by the patients that we spoke to. One patient described the waiting area as *“sparkling”* while another remarked on the *“super clean”* consultation room. Another patient told us the practice is *“very clean, often see cleaners here”*. During our visit on the 4th we spoke to one of the cleaners who told us they clean the practice every morning and found it a pleasant place to work.



Throughout the practice we found hand sanitisers; both wall mounted dispensers and bottles on tables. All dispensers were full and featured signs reminding patients to use the sanitiser. We were pleased to see such a commitment to infection control for patients. There were, however, stickers on the floor of the practice, presumably left over from the social distancing guidelines of the Covid-19 pandemic. These stickers were worn, and the one way systems and distancing guidelines that they related to no longer applied.

The practice has two waiting areas; one upstairs for patients waiting for appointments with GPs and one downstairs for patients waiting for appointments with other clinical staff, such as the nurse, healthcare assistant (HCA) or mental health practitioner. There is a lift available for patients to access the upstairs waiting area. Both waiting areas were of similar size, contained sufficient seating for the number of patients attending and were bright open spaces. There was a water dispenser and cups in the upstairs waiting area, but not downstairs. The waiting areas also contained TV screens, but these were not switched on. Patients only had positive comments about the waiting areas.

“Very clean with spacious waiting rooms and ample chairs and enough toilets”

“Very comfortable waiting area”

“The waiting area is nice clean, no crowds, lots of chairs”



Patients are told which waiting area they need to use when they check in through the digital screen at reception, and signage directed patients to the appropriate waiting room. For most patients this appeared to be an appropriate system.

During our visit on the 4th, one of the patients we were speaking to had been sitting in the wrong waiting area. The receptionist came to find them and kindly informed them that they should be waiting downstairs instead. The patient explained to us that English was not their first language and that they did not understand the digital check-in. When we spoke to the receptionist they thought that the digital check-in had different language options, however this is not the case.

Within the practice there was a large amount of information displayed on notice boards in the waiting area. Information on the notice boards included information on screenings, community services, NHS messaging and information on requesting chaperones. However there were no displays of clinical staff.

It was observed by our Enter & View representatives that there was a high volume of information on these notice boards and that posters were rather small. There was a suggestion that patients may not be able to read the information available with much ease.



Communication and Appointments

Appointment Booking

The Acorn Group uses 'Total Triage', an appointment booking system run by Accurx. Total Triage, introduced around a year ago, allows patients to make appointment requests through an online triage form. These are monitored by specific triage admin staff who then allocate appointments based on priority, rather than a 'first come first served' basis. A GP is also on call to assist with triage.

Staff said that they felt the new system has helped to curb the '8am rush' on the phones, indeed we did not hear from patients who felt pressure to contact the practice at certain times. However, the admin lead did speak of a *"mad rush"* on a Monday, where they can receive around '100 forms'. When we visited on Wednesday morning, they had received 20 forms. Staff spoke highly of the system.

"Triage system is very helpful as it can control the appointment flow"

"Good for the sickest patients who can get same day appointments"

"It used to be everyone phoned first thing in the morning now most use website"

The triage lead told us that it can be frustrating if a form comes in later in the day, which needs an urgent appointment, but they have all been booked. In these situations they are

able to signpost patients to other services such as the paediatric nurse at Teddington Memorial Hospital or the GP Hub. We were told that access to more GP Hubs reduced when the practice joined the Teddington Primary Care Network (PCN).

Most of the patients that we spoke to had used Total Triage to book their appointments, although some patients had called the practice to make their appointment *"I telephone or come in to make appointments"*. The admin team told us that they can fill out the form over the phone if a patient needs this.

Generally, patients felt that Total Triage was a good system for booking appointments.

"The triage system is good especially if you are young and can manage going online"

"Appointments suit me. Like that they use the online system"

"The triage system is very quick"

One patient has been at the practice for 30 years, but this was the first time they had used the Total Triage system. They were offered a same day appointment within 30 minutes and they were *"very surprised but it is very good"*.

A minority of patients were not happy with the new system. This included patients who struggled with the digital aspect.

"I find online booking system difficult as I have no family support to help me use it"

"The online triage took a bit of getting used to"

Although patients are still able to call the practice if they need to, several patients told us they preferred the old system.

"I'm sorry that making appointments or getting queries is now less personal as it has to be done online"

"Previously getting appointment on the phone was easy"

We also heard from Parents of an infant patient who experienced unnecessary delays due to the online form system. After being advised by 111 to contact their GP, the parents completed the online form, as instructed by the practice. They were initially told to go to A&E by the practice and were only offered a same-day GP appointment when they clarified that this was what NHS 111 had advised. Other patients spoke of their concerns around delays.

"Isn't reassuring when you think you have an urgent issue"

"Even if I phone in I have to fill out the form and wait for staff to get in touch within 24 hours. I found this particularly difficult when my [child] was vomiting and had a high temperature"

Appointment waiting times

A majority of patients described long waiting times for appointments. One patient felt that waiting times had worsened.

"Used to be able to get same-day appointments, now can be a long wait for appointment"

Some patients described waiting 2 weeks for an appointment, and they were unhappy with this length of waiting time.

"Always a two week wait for an appointment"

"I don't like to have to wait 2 weeks for an appointment"

Others described the process of making appointments challenging.

"Getting an appointment is very hard"

GP appointment data from April 2025⁴ showed that 79% of patients had an appointment within two weeks. On average in Richmond upon Thames 78.22% of appointments are made within 2 weeks.

Although there was a recognition from patients that the practice is busy, a number of patients worried about their health worsening whilst waiting for an appointment.

"It's very difficult process to get an appointment with doctor. It's almost dangerous as time is spent on the process rather than patients issues and problems."

"Too long waiting lots of things could happen in the meantime"

One patient told us they felt the practice was very good *"on emergencies"* and they normally receive a quick phone call from the doctor on these occasions. For on-going health concerns, or for medication reviews, patients can experience much longer wait times. This included a 2 month wait for a blood test.

Patients told us of alternative services they accessed when they were unable to make an appointment at the practice in a time frame which suited them. This included patients who went to the walk-in centre at Teddington Memorial Hospital, and two patients who had accessed private treatment.

But despite these experiences, some patients were happy with the waiting times they experienced.

"I've never had difficulty getting an appointment"

"I can get appointments in reasonable time, maybe a week or so"

This included one patient who had to cancel an appointment and a new one was booked for them immediately. Other patients expressed an understanding for the wait times given the pressures in the practice.

Parents praised the short waiting times for their children in particular.

"Usually get appointment quickly for the children"

"Very very quick and easy for appointments for the children"

Though patients did not express any particular concerns about late appointments, they did say that it is common for appointments to be delayed.

"Appointment running 10 minutes late but this is usual"

⁴<https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/april-2025>

"9 times out of 10 times usually runs late"

Appointments with specific staff

A good deal of patients we spoke to did not frequently attend the practice and therefore did not have a preference for a member of staff. Some patients were able to book appointments with a specified doctor to ensure continuity of care however they would often need to wait longer for the appointment.

"My [parent] always wants the same doctor so has to wait longer for appointments"

"You can ask see the same doctor but takes longer"

However, patients who did book appointments with their preferred doctor praised the *"consistent care"* they received at the practice.

"That continuity of care over many years is invaluable"

Another patient told us that by usually seeing the same doctor they have been able to establish a *"critical"* longer term relationship. Clearly, when patients are able to see the same GP it is highly valued and leads to a better perception of care.

Four patients said they would prefer to see the same GP, however, this option was not open to them.

"I request the same staff member for continuity, but you can't do this via Triage"

"I find it so awful as you can't get the same person. The doctor doesn't know you and I find as I am getting older that continuity is important and it is better and quicker to pay to visit a private GP"

In our 2024 Patient Access report⁵ we found that across LBRuT, 52% of respondents preferred to see a specific GP. Reasons for this were continuity, relationship with their GP and medical history. This mirrors these findings from The Acorn Group.

We did hear one story from a patient who, on a previous visit to the practice, had requested a female doctor for their appointment, however they were allocated a male GP. They then had to request to have the appointment changed, leading to a longer wait time and a wasted appointment.

Another patient spoke to us of staff availability. They work full time so they felt they would like the nurses to be available before 10am so they could have an appointment earlier in the morning.

⁵<https://www.healthwatchrichmond.co.uk/report/2024-10-22/general-practice-richmond-patient-experience-report>

One patient was unhappy that they had been booked an appointment with a Physician Associate.

"Sometimes see an Associate Physician but not happy about this and [I] want to see a real doctor"

The Physician Associate told us that patients can be frustrated, or confused, when they are given an appointment with them. We want to emphasise we did not hear any negative comments about the Physician Associate or the care they provide however.

Type of appointment

All of the patients we spoke to were waiting for in-person appointments, however, a couple of patients spoke to us about their previous experience of phone appointments. Some patients described phone appointments as *"hurried"*, *"a really hurried call"*. Another patient felt that they received better care when in person.

"very polite and helpful when seen in person but not always like this over the phone."

Another patient felt that it could sometimes be difficult to obtain face to face appointments, however these were much preferred.

Communication

The practice uses a text messaging system through Accurx to communicate with patients. Staff told us that the system is useful for reminding patients to book health checks. This was useful for a patient we spoke to with Type-2 diabetes, who was often chased up for blood tests.

Staff and Patients found the text messages useful for appointment reminders, screenings and vaccinations.

"The text reminders are pretty good. They are sent a couple of days ahead of the appointment"

"The texts are helpful, prompts you get appointments and vaccines"

"Annual reviews of medications are pre-booked in advance, so like the text reminders for appointments"

However, one patient found the messaging from both the practice and the NHS confusing.

"I find the NHS sends a text reminder for vaccinations but as the text has not come from the practice it is confusing for the practice."

Another patient did not like the text messages from the practice, telling us *"I feel pestered"*.

The GP partner also spoke of the issues that using text messages for communication can have on digitally isolated patients, particularly hospital appointments reminders being

sent by text, email and phone. They have heard from patients who would prefer to have communication by post.

Patients also shared experiences of contacting the practice by phone. We heard comments about long wait times when phoning the practice, whereas others praised the 'call back' service which saves them waiting on the phone. One of the receptionists also described this as *"really helpful"*.

We heard one case of poor communication of results. The patient's relative became unwell and the GP ordered tests, however they experienced delays in receiving the results. Eventually the relative was diagnosed with a reportable infection at A&E. It came to light that the practice had received the results but these were not filled on the system. The patient felt this was concerning.

Accessibility

We felt there were appropriate communication adaptations for patients. There was a hearing loop at reception and the Language Line system was in place for patients to use during consultations. Staff told us that they were notified of any accessibility requirements and that these were set up by the admin staff in advance. We did not observe any translated literature on the information boards.

However, patients we spoke to who spoke English as an additional language found that the online Total Triage form and the digital check in screen were difficult for non-native speakers to complete.

Staff

Clinical Staff

Throughout our conversations with patients there was a real focus on praise for the clinical staff. Staff were described as friendly and helpful. This was a very reassuring finding.

"Doctors are caring and knowledgeable"

"Staff are friendly and keen to help"

"Doctors go the extra mile"

Other patients described the efficiency and professionalism of the GPs.

"Efficient, professional and caring. Good leadership"

"Doctors very professional, comforting, friendly"

A patient described the phlebotomist as *"very quick and efficient"* when dealing with children. We heard another story from a patient who, following an appointment with their GP that day, was called by their GP in the evening to check how they were. This was something appreciated by the patient.

These quotes are just a sample of the praise we heard from patients. Patients at The Acorn Group clearly respected and appreciated the staff caring for them, and this is reflected in the comments from patients about the quality of care they experience.

"Care is excellent"

"I have complete confidence"

We observed friendly and caring interactions between clinical staff and patients. Although it is not in the scope of this project to observe any clinical activity, we did observe interactions between clinical staff and patients when they were greeted in the waiting rooms before their appointments. We observed the Physician Associate coming to collect a patient from the waiting area, but smiling and waving to another patient who they clearly also knew. Staff were unfailingly welcoming, introducing themselves and asking the patient how they were. It was felt that personally collecting patients for their appointments, rather than simply directing them to the consultation room, this helped create a warm and welcoming atmosphere.

We heard very few negative comments about clinical staff, indeed we only heard of isolated instances where patients were unhappy. One patient felt that the nursing staff they had been seen by were *"very poor"* at drawing blood. They had been seen by two nurses who were unable to take a blood sample from the patient, and instead advised them to see a phlebotomist. This patient now only sees a phlebotomist for their blood tests. Another patient described an occasion when they were frustrated that a nurse did not ring them as promised. However, it should be stressed that these two isolated instances of poor experiences are not reflective of the wider experiences that we heard about from patients: *"The staff are very good. Only once I had a bad experience but it was due to lack of understanding"*. On whole we were very pleased to see the level of praise provided by the patients we spoke to. The staff at The Acorn Group are clearly an asset and we encourage the practice to share this feedback and the praise of their patients with them.

Reception staff

Administrative staff were also the subject of positive comments from patients. In particular, patients described the receptionists as helpful and supportive to patients.

"Receptionists are effective, comforting to know that someone is there to answer your questions"

"Receptionists are very helpful"

"Amazing receptionists"

One patient felt that the receptionists had improved, describing them as “*dismissive*” in the past, but now they feel they have received better training. Some patients could not comment on receptionists, as their appointments were booked online and they would check in using the digital screen, leaving little interaction with the receptionists. However, patients were aware that the receptionists were available and knew they could go to them for help.

“Not much contact but knowing they are there is reassuring”

We were able to observe interactions between the receptionists and patients. We felt these were positive, and receptionists were friendly and welcoming to patients as they arrived. There were times when the receptionist on the front desk appeared quite busy, particularly if there were a number of patients waiting. However, the phone lines would ring in the admin office upstairs which alleviates the workload for the receptionist on the front desk. This is clearly a good system.

Whilst not wholly reflective of our observations, or of the comments we heard from wider patients, we did hear some negative feedback about reception staff attitudes.

“Reception staff are horrible and bad”

“Some of the reception staff do not listen to the patients”

“Sometimes they are stressed so not so good”

Staff support

The praise we heard about staff was clearly indicative of the positive culture fostered at the practice. The reception staff we spoke to told us they felt happy in their roles, and praised the management in particular. We were pleased to hear positive comments from the staff about what it is like to work at The Acorn Group.

“Team is good, lovely people, feels like family”

“Great bunch and mix of characters. Managers are fair, work well together”

One receptionist told us that they felt “*a feeling of belonging*”. The staff are clearly well supported by management in their roles, and described the managers as accessible and easy to talk to. Staff also told us that the managers would often reach out to check in. This was clearly something that was held in high regard by the staff.

“The managers are always asking if I need anything, even asking me if the desk chair is comfortable”

“Managers are approachable, they know you and you can ask them questions”

Staff also described the practice as “*flexible*” and supportive of commitments outside of work, such as parenting commitments and health issues. From our observations it was clear that the whole team was very busy, however there was clearly a positive staff culture and a sense of support from all team members.

This supportive culture was clearly reflected in our conversations with the Practice Manager and Operations Manager. Both praised the staff team and expressed respect for all their staff members.

“Proud of the team”

The Practice Manager described their ‘open-door’ policy and the Operations Manager told us about their introduction of back to work interviews following staff sickness, which has seen a reduction in the number of staff on long term sickness. The two roles are both part time, however, the workload is well shared and they clearly have a good working relationship. Both spoke highly of each other, expressing they could not do the role without one another and described a good working relationship with the two GP partners.

The GP partner told us that GP appointments are scheduled to be 15 minutes long, rather than the usual 10 minutes. This was introduced to help alleviate the pressure on the GPs and to mitigate burnout. The HCA is also well supported, and given autonomy by the GP Partners to run their own clinic and manage their own appointment times. The HCA liked that they were not placed under pressure.

We also felt that staff were provided with sufficient training, and support to pursue further training should it be wanted. One of the receptionists told us this was their first role and that they were provided with good training when they started. Receptionists described having enough training when new systems, such as Total Triage, were introduced.

The promotion of training was not isolated to the reception team. We spoke to the practice’s Physician Associate who receives teaching and training from the GP Partners. They spoke highly of the teaching they received and that they felt *“100% supported”* in their role. They are also given longer appointment times of 15 to 20 minutes.

One of the GP Partners we spoke to told us that as The Acorn Group is a training practice they not only enjoy being a trainer themselves, but it helps the practice be up-to-date with new procedures which in turn makes the practice better for their patients.

Staff challenges

During our conversations we asked all staff members what the challenges were in their roles. Several of the reception staff described that managing patient expectations could be challenging.

“Patients are the biggest challenge. They expect a lot from us”

“Patients understanding and expectations can be hard to manage”

In particular, patients wanting same day appointments or prescriptions. When these cannot be provided staff members said that patients can become difficult. The Physician

Associate said that they are able to put an alert out on the computer system if a patient was becoming particularly challenging or difficult. When asked how staff deal with difficult patients, we were told that they would try and explain to the patient the procedures whilst remaining calm, and that often this would diffuse the situation.

Staff also spoke to us about the busyness and demand of their roles. A receptionist told us that they sometimes feel they have an *"uneven workload due to things sometimes happening all at once"*. However, we felt reassured that there was a culture in place at the practice to ensure that staff stress and wellbeing was well managed. The managers and GP partners want their staff to be happy and expressed genuine care for their wellbeing.

There were also some specific challenges raised around mandates from NHS England. In particular the Operations Manager felt that the mandated 8:30am–6pm opening times were difficult, as more staff were needed.

Referrals

We wanted to hear from patients about their experience of referrals from the practice. For most patients, their experience was generally positive, albeit slow.

"Slow but works"

"Good- can take time"

"Referrals are fine and waits of about 6 months"

Patients also described the ease of the process.

"Had a referral to West Middlesex Hospital and it was straight forward"

A couple of patients we spoke to had referrals to private services. Again, these were described positively.

"I am happy with getting referrals. If choosing private care a letter is sent to GP"

"Onward referrals all work well. I've had referrals to hospital or private healthcare"

One patient was referred to physiotherapy, however they said they never heard back from the service so instead sought a private provider. Another patient told us they were continuing to experience delays from audiology from West Middlesex Hospital for their hearing aids. Although they described previous referrals to audiology as OK.

One patient felt that communication between the hospital and their GP used to be poor, but this has recently improved.

"I have found that being under 2 Consultants for multi-illnesses that the GP was kept out of the loop but the hospital is now good at communicating and this is re-establishing the role of the GP"

Conversely, staff experiences of referrals were less positive. Staff spoke of the challenges around communication and referrals to hospitals in particular. Following the Covid-19 pandemic the waiting times for referrals has increased significantly, which has placed extra pressure on GPs who need to spend more time chasing them. GPs then also bear the brunt of patient frustration when referrals are delayed. This was likened to *'helicopter parenting'*. They also spoke of the difficulty and frustration caused by referrals being rejected and that the requests for additional information can be often perceived as unnecessary or demanding.

Relationships between the GP practice and local hospitals appeared to be strained.

Prescriptions

Patients shared their experience of receiving prescriptions from the practice. Most patients described this as a quick and easy process. This included patients on repeat prescriptions.

"The practice deals with this quickly"

"Smooth process"

"No problems sent to pharmacy directly"

Some patients described waiting a couple of days for prescriptions to be sent through to pharmacies, but this was not highlighted as a concern. Many of the patients we spoke to had ordered repeat prescriptions using the NHS App and spoke of this process positively with some describing this as better than the previous system.

"I use the NHS App for prescriptions as very quick. We have a nominated pharmacy and usually receive a text within 2 days for collection. It is quicker than the old way of ordering repeat prescriptions using paper"

However, not all patients liked using the NHS App or online systems.

"I use the NHS App which is OK but I would prefer to order verbally"

We did hear from a small number of patients who were unhappy with their experiences of prescriptions and medication reviews. This included a patient who would receive 6 month prescriptions from the pharmacist, but was confused that they were required to request prescriptions from their GP every 2 months. We also heard some experiences of poor communication between the practice and patient's pharmacies.

"There is sometimes confusion between prescriptions from the GP, the GP's pharmacists and our chosen dispensing chemist"

During our morning visit we observed a person speaking to one of the receptionists on behalf of their parent. Their parent was given an urgent prescription the previous evening and this had not yet been sent to the pharmacy. It appeared it was still awaiting sign off from the GP and it would not be signed off until the morning 'admin session'.

Staff were “*confident*” about the process of organising prescriptions and medication reviews. They also told us of their good relationship with local pharmacies and how they can call them for advice before making a prescription.

A challenge that patients face around pharmacies and prescriptions was highlighted by one of the GP Partners. They felt that as pharmacies are transitioning to more digital systems this is affecting digitally isolated patients.

Outside of the practice there is a box for patients to drop off prescription requests without having to come into the practice, such as at weekends when the practice is closed. We did have concerns that this felt like an unsecure system, but we were told the box is checked regularly and is not used particularly often.



Complaints

Complaints at The Acorn Group are handled by the Operations Manager. They told us they often would try to speak to the patient and diffuse the situation before a patient would feel the need to make a formal complaint. There was a sense that they want to help the patient and often complaints can come from miscommunications. They told us that most complaints are about not being able to see a specific doctor. Formal complaints are made through the practice website. When these involve complaints about care the specific clinician will be involved in the complaints process. The response time aims to be around 21 days but may be longer should any investigations need to take place and responses will always be in writing.

Only one of the patients that we spoke to had experience of making a complaint. Unfortunately they were unhappy with the complaint response process, as they were told a response would be made within a month, however they have been waiting longer. They felt that although they were happy with the complaints procedure, they felt the response time was “not good”.

We observed information on making a complaint displayed on the notice boards in the waiting room, directing patients to the complaints form on the website. These were quite small and difficult to read. On the practice website the form was difficult to find, as it was under the ‘contact the practice’ page.

On our visit on the 4th of April there were Friends and Family Test (FFT) forms on the reception desk for patients to complete. These were not present on our second visit, however, there was information on the display boards which spoke of the FFT.

THE NHS FRIENDS AND FAMILY TEST **NHS**

We would like you to think about your recent experience of our service.
How likely are you to recommend our dental practice to friends and family if they needed similar care or treatment?

Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
😊				☹️	?

Thinking about your response to this question, what is the main reason why you feel this way?

THE NHS FRIENDS AND FAMILY TEST **NHS**

We would like you to think about your recent experience of our service.
How likely are you to recommend our dental practice to friends and family if they needed similar care or treatment?

Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
😊				☹️	?

Thinking about your response to this question, what is the main reason why you feel this way?

Conclusion

Overall, our visits to The Acorn Group were very reassuring. It is a well-run and well organised General Practice. Many of the patients we spoke to were long-term patients of the practice, often patients for their whole lives, and had great respect and praise for the staff looking after them. As one patient told us, *"I really appreciate our GP's family approach and their care of patients/ me over the years"*

The practice has introduced digital processes, however, they remain aware of the challenges and supportive of patients who risk being digitally isolated. The practice occupies a well maintained building with a strong adherence to infection control and cleanliness protocols.

There were some concerns raised by patients about the wait time for appointments and the lack of patient choice of clinician, potentially impacting continuity for patients.

Although we felt there was a good culture of staff support, there are clearly a number of challenges facing staff in recent years. Notably this is an increase in patient needs and issues around referral communications and waiting times.

We want to thank all of the staff and patients that we spoke to at the Acorn Group for being so open and responsive to this project. We also want to thank the Enter & View Representatives who supported us during our visits:

- Katie Rogers
- Alan McNab
- Annette Arnold
- Tadek Cordell
- Lynda Crellin

Recommendations

Recommendation	Response from The Acorn Group
Many patients expressed that they would prefer to see a specific clinician and often had valid reasons for doing so. We recognise this is not always possible but an option should be added to the Total Triage form to allow patients to request a specific clinician.	While it's not always feasible to accommodate every request, we do have an option on the Total Triage form for patients to request a specific clinician. This helps our practice better manage patient expectations and improve satisfaction.
This report contains lots of positive feedback about staff, from both patients and staff. These positive findings should be shared with the whole team.	Sharing positive feedback with the entire team can boost morale and reinforce good practices. We have regular team meetings and informal (huddles) in the office, we find this an effective way to disseminate this information. The management team have an open-door policy and feedback positive comments and complements from patients to help positivity in the workplace.
There were some concerns raised about complaints. The complaints form should be placed more prominently on the website and Healthwatch Richmond requests clarity on the complaints process including how learnings are shared with the team.	We feel our complaints form is easily accessible and visible on the website, we also encourage patients to voice their concerns and feedback by speaking to the Practice Manager or Operations Manager over the phone or in person. We find that once patients feel listened to and swift action is taken to resolve the issue, patients rarely need to make a formal complaint. We have a very open approach, providing clear information about the complaints process, including how feedback is used to improve services and how it can enhance transparency and trust. We have to report regular feedback on our Friends and Family portal.
The total triage and sign in systems are not accessible to people with English as an additional language. Translation of	We do agree that offering translations or alternative systems for the Total Triage and sign-in processes can help ensure equitable access for patients with English

these or alternative systems should be offered to address this inequality of access.	as an additional language. We do regularly use Telephone Interpreting Services for any patient who requires this service. I have been in touch with our touch screen provider to discuss upgrading our system to incorporate multilingual options.
Display clinical staff and roles on the practice notice boards.	We do appreciate that clearly displaying the names and roles of clinical staff on practice notice boards can help patients understand who they are seeing and the roles of different team members. We did have a board in reception pre-Covid, but it was decided to remove it after a serious security incident involving a staff member whose name and photo was on display. We are now in discussion with staff to have a new display board in the reception .
There were TV screens in the waiting areas but these were not being used. Options should be explored which would allow the use of the TV screens to display key information more clearly.	We do understand that utilizing TV screens in the waiting areas to display key information can be an effective way to communicate with patients. We have contacted our provider but currently there is no funding for this service. We are discussing with the Partner's as to how else we can utilise the screens.