

# Hampton Medical Centre

## Enter and View Report



Lansdowne, 49a Priory Road  
Hampton Middlesex  
TW12 2PB

**Visit Dates:** Monday 14th and Tuesday 15th July 2025

# Introduction

This report outlines our findings from two Enter and View visits to Hampton Medical Centre in July 2025. It presents a literature review, including relevant quantitative data. We then give detailed feedback summarising our observations, conversations with patients and conversations with staff. At the end of our report, we make recommendations to the practice and include their response.

We thank:

- Hampton Medical Centre for their open cooperation in this process;
- Patients who gave us their honest feedback and thoughts; and
- Our Authorised Representatives for taking part in this research – Suzanne Kapelus, Mike Derry, Annette Arnold and Colombine Nuquet.

We hope that this is a useful and insightful report that provides assurance about the service delivered by Hampton Medical Centre.

# Background

Healthwatch Richmond is a charity independent from the NHS, established by the Health and Social Care Act of 2012. Our purpose is to gather patient experiences in order to inform improvements in health and social care services. As part of the legislation establishing Healthwatch, we are entitled to “Enter and View” health and social care premises.

In practice, Enter and View consists of a team of trained Authorised Representatives visiting health and social care premises to understand how services are being provided. This includes talking to patients and staff and making observations about the service. Importantly, Enter and View is not an inspection. Authorised Representatives have a lay perspective and focus on understanding the views and experiences of staff and service users.

## General Practice Patient Survey 2025

The General Practice Patient Survey (GPPS) is an independent survey run by Ipsos on behalf of NHS England. It is designed to give patients the opportunity to give feedback about their experiences of their GP practice and other local NHS services. The survey is exclusively quantitative and only collects data from a small number of patients. In 2025, 127 patients from Hampton Medical Centre completed the survey.

The GPPS results in 2025 for Hampton Medical Centre included the following:

- 63% of patients said it was very easy or fairly easy to contact their GP practice on the phone;
- 87% of patients said that the reception and administrative team was helpful; and
- 86% of patients described that overall experience of Hampton Medical Centre as very or fairly good.

## General Practice Appointment Data

Every month, NHS England publishes data recording how many appointments take place at GP practices. For Hampton Medical Centre, the May 2025 data shows:

- 11,325 patients were registered at Hampton Medical Centre;
- 5,683 appointments took place in May 2025, ranking 1st in Richmond for appointments per 1,000 patients;
- 33% (1,855) of these were same day appointments; and
- 11% (644) of appointments took place more than 15 days after the patient requested an appointment.

## Healthwatch Richmond GP Practice Patient Survey

In Spring 2024, Healthwatch Richmond ran an online survey to find out what local residents thought about contacting their GP practice, remote consultations and additional roles in general practice.

We received 89 responses from patients registered at Hampton Medical Centre. Key findings include:

- 68% of patients reported a negative experience phoning the practice;
- 54% of patients reported that their needs were fully met when they last contacted Hampton Medical Centre; and
- 56% of patients reported having a positive experience of an in-person appointment.

## Care Quality Commission Inspections

In March 2016, the Care Quality Commission (CQC) carried out an announced visit to Hampton Medical Centre. Overall, the practice was rated as 'requires improvement'. The CQC said that the practice did not:

- do all that was reasonably practicable to act on patient feedback in order to improve their service;
- have in place comprehensive arrangements to assess the risk of, prevent, detect and control the spread of infections; or
- ensure all staff had the skills and knowledge in order to carry-out their role.

The CQC also highlighted the need to: ensure prescribing alerts are adhered to; advertise translation services to patients; and ensure that complaints are recorded and patients have access to the complaints procedure.

In January 2017, the CQC undertook a focussed desk-based inspection to check that the practice had followed their proposed action plan. The CQC found that the practice now:

- had effective processes in place for infection control;
- all staff had completed relevant training;
- had a system for prescribing alerts;
- patients were provided with complete and accurate information about NHS complaints; and
- translation services were advertised.

However, patient satisfaction with telephone access to the surgery, opening hours and being able to see their GP of choice was still below average.

In September 2017, a further focussed desk-based inspection took place. This inspection found that the practice was pro-actively trialling ways to make it easier for patients to book appointments to provide feedback. Overall, the practice was rated as good.

In November 2019 and July 2023, the CQC carried out a review of the data available to them from Hampton Medical Centre. They found no evidence of a need to carry out an inspection.

## **Methodology**

The Enter and View programme began with background research into the practice, outlined above. This was done using NHS, CQC and practice reviews that are available online as well as Healthwatch Richmond's previous research and our patient experience library.

Following the research, a visit was arranged with the GP practice manager to allow trained Authorised Representatives to visit the practice, conduct interviews with both staff and patients, and make observations about the premises. Two Enter and View representatives conducted announced visits on:

- Monday 14th July 2025: 8:30am – 11:30am
- Tuesday 15th July 2025: 2:00pm – 4:00pm

Data was gathered from semi-structured observations undertaken by the authorised representatives. We conducted semi-structured interviews with 45 patients and 3 members of staff. To the fullest possible extent, confidentiality of responders has been retained by removing identifiable details from quotes.

We also concurrently ran an online survey asking patients about their GP practice. This online survey was advertised through posters put up in the GP practice, through our newsletter and on social media. We received 11 responses from patients registered at Hampton Medical Centre. These responses have been incorporated into the report as quotes.

## **Limitations**

The observations and feedback presented in this report reflect the two visits Healthwatch Richmond conducted. The methodology used is intended to provide assurance rather than allow for comprehensive analysis of the practice's performance.



# Observations

## General

Overall, we found Hampton Medical Centre to be in good condition. The floors throughout the practice were clean and free of debris. There are some small areas where the walls are scuffed and the paint is damaged; however this was minor.

In a conversation with one of the GP partners, we learnt that the building was recently refurbished. As a result, the practice has a fairly modern decor throughout the building.

## Entering the Building

Hampton Medical Centre is located in a residential area, 7 minutes walk from the nearest train centre. The practice is housed in a purpose built single-story building. It is well signposted from the street.

In front of the building, there is a small car park with 4 spaces, two of which are reserved for Blue Badge holders. There is also a sheltered bike rack. The path to the building entrance was free of debris and unobstructed by any hedges or plants.

At the entrance there are two sets of automatic doors with a vestibule in between. In the vestibule there was: a prescription deposit box; shelves with free books; a large wall mounted leaflet holder; and a notice board. The leaflet holder contained information about: NHS health checks, vaccinations, mental health support, local pharmacy services and more. The notice board contained information about: English as an additional language groups, mental health support, diabetes support and the local citizens advice bureau.



## Reception

Beyond the vestibule is the reception desk with space for two staff members to sit. Around the reception desk were boxes to place pathology samples as well as two bottles of hand sanitiser. There is a plastic screen surrounding the staff members, with posters affixed. We observed patients speak to reception who had to peer around the plastic screen and posters in order to see the staff member.



Next to the reception desk there is a self-check-in screen. On the home screen there was an option to change the language; however when we selected this option, the only language available was English. Next to the self-check-in screen was a wall mounted hand sanitiser; however, this was empty on the days of our visit.



Near the reception area, there were two posters which we thought were notable. The first asked the question: "Why does the receptionist need to ask what's wrong with me?" It listed reasons why receptionists will ask this question and explained the receptionists are bound by confidentiality rules. We often receive feedback about this issue from patients and thought this poster addressed this issue well.

The second poster said that Hampton Medical Centre are using dictation software to help with patient consultations. It explained that the practice has assessed risks and privacy and have put appropriate measures in place. As will be seen below, patients report concerns over the security of their medical records and this poster preempts and addresses some of these concerns.

Opposite the reception desk are chairs and three large notice boards. The posters on the notice board displayed information on: breast cancer; bowel cancer screening; self-referral for NHS physiotherapy; data protection and privacy; local dementia support;

diabetes; online contact routes for GP services; and more. There was also a separate notice board with information about the patient participation group.

When we visited on the morning of Monday 14th July, a long queue of more than 10 patients formed at approximately 10:30am. From approximately 10:30am–10:45am, there was only one staff member on the desk. A second staff member joined at around 10:45am to help patients. The patients in the queue became increasingly irate as they waited to be helped.

3 patients raised the reception area as an issue when asked:

*“Privacy at reception is not the best.”*

*“This only problem would be the confidentiality at reception.”*

*“Reception is by far the weakest area. The way it is set up adds to the stress for both staff and patients. There is often a queue which then blocks the entrance, no privacy at all, and if there is a query the receptionist has to disappear into a back room.”*

## **Waiting Area**

The waiting area is located beyond a door next to the reception area. We could hear patients’ conversations with the reception staff while sitting in the waiting room. There was no sign attached to the reception area indicating that patients could ask to speak to reception privately.

The waiting room has approximately 20 chairs all facing a small TV screen. When we visited on Monday morning, we found the practice to be busy. Nonetheless, there were enough seats for the patients and the three authorised representatives who visited.



When we visited the TV screen displayed information about Raynaud's, FAST stroke awareness, insomnia, and more. It also displayed the patient's name and relevant consultation room when the clinician was ready to see the patient. One patient reported that the TV screen was an issue for them as they have double-vision:

*"I have double vision which means it's hard to see my name on the screen when I am called for my appointment"*

We would be curious what measures could be put in place for patients with visual impairments or other accessibility needs that would make it hard to read their name and assigned consultation room.

There was also a blood pressure machine in the waiting area. This is a useful feature and we observed patients using this before their appointments.

In the waiting area there was also a table with leaflets, and more notice boards with posters. There is also a second TV screen; however, this was turned off when we visited.

There were two doors leading off from the reception area. These led through to two sets of consultation rooms. One set of consultation rooms was labelled with numbers and the other was labelled with letters. They were clearly marked in different colours and didn't appear to cause any confusion for patients.

Beyond one of these doors was a water cooler. However, this was not signposted in any way and there were no cups on the days that we visited.



## Toilets

There are three sets of toilets located between reception and the waiting room: a women's toilet, men's toilet and an accessible toilet.

The accessible bathroom was clean, had appropriate railings, soap, toilet roll and bins. As can be seen in the photo, the paint on the walls is chipped in places. In addition, the sink was falling away from the wall.





There were two toilet cubicles in the women's bathroom. Both were clean and had bins and toilet rolls. Notably, in both cubicles the toilet roll holders had been removed from the wall. The sinks were clean and both soap dispensers had soap in them when we visited. One of our authorised representatives noted that the toilets needed descaling and the corners of the bathroom floor needed to be more thoroughly cleaned.

### **Patient Feedback about the Environment**

We asked patients about the environment. The majority of patients were positive and had limited feedback:

*"The practice environment is really good. I was a patient here before the building works. It is a big improvement."*

Areas for improvement – other than the reception area highlighted above – included the following:

*"The water is difficult to find. I think they should move it into the waiting area."*

*"The practice is clean but a bit grey! It's a bit institutional. I wish there were magazines like before Covid."*

Notably, there was a small selection of magazines placed near the blood pressure machine; however, these were perhaps not obvious to patients.

## Patient Feedback

We spoke to 45 patients at Hampton Medical Centre over the course of our two visits. We also received 11 online survey responses from patients registered at the practice. Quotes from both are included below.

Overall, we received positive feedback from patients, illustrated by the following quotes:

"I have never had an issue. I am seen and they are attentive."

"There is nothing to change. I consider myself very lucky."

"I'm very happy with Hampton Medical Centre – it's a great practice and I'm very thankful for the care I've received from them."

However, we also received some negative comments from frustrated patients:

"Everything keeps changing. They have a sign outside for new patients . They can't deal with old patients let alone new ones."

"Honestly, I am thinking about moving practices. I've lived here 15 years and I think it is getting worse."

Overall, these patients were happy with the care they receive from clinicians but struggle with the admin team, particularly prescriptions and appointment booking. The specific issues they raised are covered below.

### Phone Access

When asked about phoning Hampton Medical Centre, patients reported long waits:

"Phone call is long. 'You're 16th in the queue'. Very friendly when you speak to them."

"The other day I phoned the enquiry number. I held on for 28 minutes before the phone was answered. I was determined not to give up as I needed to ask about test results."

"It can take a while to get through on the phone, as there is only 1 receptionist. It's not enough."

These comments are supported by the 2025 General Practice Patient Survey in which almost 30% of patients reported it 'fairly difficult' or 'very difficult' to contact their Hampton Medical Centre on the phone. Interestingly, patients actively commented that they use the online triage form to avoid waiting on the phone:

"I've waited 30 minutes on the phone before. The online triage form is easier. It works well."

"If I phone I can be 10th in the queue so I am learning to use the online form."

"It [triage form] works better than the 8:30 rush on the phone."

While it is positive that patients have multiple routes through which to contact Hampton Medical Centre, the reported long wait times on the phone prevents patients from contacting GP services through their preferred route. This should be addressed, especially since not all queries can be resolved on the online form and not everyone can access online services, as highlighted below.

Patients also had mixed feedback about the call back service:

"Good. Almost everything is good. The only thing that is not is waiting on the phone but that has been improved. I use the call back feature and it is really good."

"I have phoned. There is a long queue but the call back feature works well."

"When I phone the practice and use the call back service, no one calls back."

"I don't use the call back function, don't trust it."

The 'call back' service informs the patient of their position in the phone queue and gives them the option to keep their position but not wait on hold. The system then will automatically re-dial the patient as they approach the front of the queue. This helps reduce the wait times for patients and helps smooth peaks in demand (NHS England, 2024).

It is positive that a call back system is in place to help manage lengthy queues. From the feedback above, we can see that patients are using and appreciate this service. However, two patients highlighted issues with the service: one reported that no one calls back and the other patient said they do not trust the service. Notably, this was a minority opinion.

## Total Triage

Hampton Medical Centre has moved to a 'total triage' model. This system, provided by Accurx, asks patients to provide information before an appointment is booked. This information is provided through an online form, which can be found on the practice website. Alternatively, patients can call or visit the practice and fill out this form with a member of staff. The patient's information and request is then 'triaged' by the practice. The system enables the GP surgery to "prioritise their limited capacity to support those most in need of care" (Accurx website, 2025).

Some patients at Hampton Medical Centre expressed positive opinions on the triage form:

"I use the online triage form to make appointments. This works well. They come back to you quickly."

"I used to phone to make an appointment. The online triage form is a lot better. I can send

requests for myself or for my children and they respond quickly. They say they will respond within 2 days but I usually hear back the same day."

This positive feedback is notable and Hampton Medical Centre should be praised for responding to patients' queries quickly. However, patients also raised issues with the total triage system. One issue is that the triage form closes:

"To get an appointment you have to do the triage form. You have no choice. You are contacted quickly. However, the triage form closes if it's full. What do you do then? You have to try again tomorrow morning."

"The Triage system cuts off, even for non-urgent queries, far too soon (often mid-day), on a daily basis. Because of this, there is a lengthy wait on the telephone to be answered."

We spoke to the practice manager about this who said that they open the online triage form at 8am and close the form after 120 requests had been filled in each day. This is to ensure that a member of staff can process all of the requests within a reasonable time frame. After 120 requests, the form closes and patients have to call the practice. The practice manager said that the online form enables the practice to get through a lot more requests each day and that it enables "easy wins" to deliver more patient care.

However, patients find the form closing frustrating and it prevents them from accessing care. If the online form is closed and there are long waits on the phone, a patient could find it challenging to access necessary care.

Patients also raised issues around communicating online:

"Now you need to use a webform. Trying to describe in text instead of verbally what is wrong is very difficult. You end up getting a phone call and then an appointment. Sometimes I call because it is easier to manage verbally for usual stuff."

"I dislike the online system for requesting appointments. I can't quite convey my concerns, tend to feel I will be wasting GP's time so do not submit."

We can assume that in the past patients would describe their symptoms verbally, both to admin and clinical staff. The shift to written information is a significant change as much of the nuance and non-verbal communication such as tone of voice and body language is lost in a character limited text box. This change can be challenging for anyone but especially for people who aren't confident speaking English or who have accessibility needs.



In addition, patients highlighted how a lack of digital literacy can be a barrier to accessing care:

"I think triage could be improved; I feel it is less inclusive because it is online, so if a person is less confident on the internet – for example elderly people – that might exclude them from the process."

"I still think this online form is perverse – especially for people not used to using the internet or smartphones."

"I am frustrated with the online thing. I can't do it so my husband books appointments for me. I don't like using a computer. I'm a bit old school."

In the quotes above, we see patients talking about the challenges they themselves face and expressing concern for others. The third quote is particularly notable as we see someone's autonomy and independence being challenged by new digital systems.

We heard from one patient in particular who struggles with the new processes:

"I have no computer or laptop or WiFi. It is all done online. I am single and without help. I do have a smart phone but I am in my 70s with memory issues. I am under the Memory Clinic for Dementia at Teddington Memorial Hospital. I find it hard."

This story demonstrates just how challenging change and new systems can be for vulnerable individuals. It also highlights the importance of having multiple contact routes available for people.

Following on from this, we also heard a story of how people are learning to navigate the new system:

"Overall, my experience is that it is a maze of new systems. For the triage process I have developed a script of key words to get me into the system. Once I get into the system to a healthcare professional it is fine but always trying to navigate feels like an Iron Wall."

This person has in some ways 'hacked' the system: by using certain key words, they have found a way to ensure that they are prioritised within the system. Some might say that this is an unfair way to game the system.

One patient we spoke to at Hampton Medical Centre also raised concerns around data protection and security:

"The online triage form is alright. I have concerns about putting all my personal information in. I don't know what they do with all the personal data or who it's available to. It doesn't feel secure."

## Waits for Appointments

We did not ask patients how long they typically wait for an appointment but patients raised the issue with us.

"It's difficult to get an appointment in the future. I typically wait over a week between requesting an appointment and getting an appointment."

"Appointment can be in 2 weeks sometimes but other times get a call back urgently."

"It's difficult to get an appointment and very hard to see a doctor. The doctors are very good if you can see them."

This complaint is somewhat surprising considering that 45% of appointments in May took place on the same day or one day after the patient requested them and only 11% of appointments took place more than 15 days after being requested. We wonder if negative media coverage of GP access influences patients to think negatively of their own GP practice.

We spoke to a patient who had experienced multiple cancellations:

"This is the 4th time I have come to have a blood test. The three times before they cancelled on me the day of because the nurse was off sick. It's meant that I'm having the blood test a long time after I was meant to."

This patient was worried about the resultant delays in care that she could experience as a result of these cancellations. The level of staff absenteeism and appointment cancellations described here is to some extent concerning. We would be curious to find out more and if patients are offered alternative options for where they could access care.

## Communication

We asked patients about their experience of receiving communication from the practice, for example appointment reminders, vaccination invites and screening invites. The majority of patients said that they were happy with communication from the practice, whether by text or letter.

"I get letters from the practice. I am happy with that."

"I receive text messages before the appointment. I am happy with these."

"I find the text reminders and communications very helpful."

"I get vaccine reminders for the children. This is good because otherwise I would forget! I get invites for smear tests and text message appointment reminders. I'm happy with all this."

## Prescriptions

We asked patients if they had ever received a prescription from the practice and, if so, what their experience was. Some patients reported positive experiences:

"I order prescriptions through the website. The practice approves it and it goes straight to the chemist. It's very easy."

"I use Patient Access. This works well for repeat medication. I get my medications very quickly, within 2 days."

These patients praise Hampton Medical Centre's efficiency and the ease with which they can order their prescriptions.

However, some patients raised issues around prescriptions:

"I use Patient Access. It's rubbish. I hate it. It's not at all user friendly. But it is good for ordering inhalers."

"I've had big issues with prescriptions. They keep losing my prescriptions and getting it wrong. My prescription was once sent to Manchester. I don't live in Manchester!"

Two patients in particular complained about renewing their repeat prescriptions:

"Terrible. They don't warn you when you need to renew the prescription, or when medication stocks are running low. Several times I've had to go many days without my medications because of this."

"Prescriptions are a bit of a nightmare. Sometimes they run out of medications. Medications used to be on a batch, so everything could be anticipated. Now it's not renewed automatically anymore. So you have to schedule everything yourself and add an alarm or a reminder in your phone or calendar. It really adds to the mental load."

We had not heard patients complain about this before and, as far as we know, NHS services do not remind patients to renew prescriptions.

## Referrals

We asked patients if they had ever been referred by Hampton Medical Centre to another service. Most patients were positive about this experience:

"Referrals are ok. The hospital wasn't very helpful but the GP are helpful."

"Referrals are fine. They are very thorough."

"Brilliant. I was referred to Teddington and then to Kingston. It was very quick."

However, the story below is notable:

“We have had issues with follow up communication with my spouse’s referrals. The mental health team took an awful long time. When the mental health team sent information to Hampton Medical, I am not sure it was acted on promptly.”

While we recognise that communication between secondary and primary care is challenged at times, it is disappointing to hear that information isn’t acted upon swiftly. In this case, it appears the patient and their unpaid carer were disappointed with both the response time from the mental health team and their GP practice which delayed care.

## **Clinical Staff**

We asked patients about their experiences with clinical staff at the practice. Patients made the following positive remarks:

“It’s good. You can see someone if you need to. I like that there is a GP that specialises in skin problems.”

“My child hurt himself recently and we had to come see the nurse to get dressings changed. They were lovely. Brilliant.”

This positive feedback is notable and should be passed on to staff.

Interestingly, three separate patients said that they would want an increased focus on holistic and preventative care from clinicians:

“With prescriptions, sometimes I am not seen by a proper doctor. I think they are trainees sometimes. They don’t offer options other than medication sometimes. For example, with cholesterol, I don’t get information other than what medication I can take. I would want information about other options.”

“I do not find they focus on preventive care such as my high blood pressure, such as proactive discussion about my lifestyle, my prescription medicines or reviewing my medicines.”

“The doctors are attentive but could be more proactive. I feel there should be more focus on prevention before they become long term conditions/turn into issues.”

This is notable and it is not feedback we have heard from patients at other GP practices. Perhaps, clinical staff need to consider discussing prevention and non-medication treatment options with patients.



## Reception

We asked patients about their impression of the reception staff. Interestingly, patients actively commented on their reduced interaction with reception staff:

"The reception staff are fine. I mostly use the self-check in so don't interact with the staff."

"I use the self-check-in so don't interact with the reception staff much. It's a good feature."

"Reception are always polite. I use the online triage so there is less communication than there was."

These patients appear content with using both the self-check-in screen and the online triage form. In many ways this is a positive as it reduces staff hours handling patient queries.

A number of patients reported difficult interactions with reception staff:

"The reception staff are a little short. They are fine but not overly friendly on the phone."

"It can be a bit of a hassle to deal with the receptionist. We get a lot of questions from them, it feels inquisitive sometimes."

"I have mixed interactions with staff. Sometimes I hit a brick wall compared to others who are very good."

"The administration people are not always pleasant. But some are excellent."

We fully recognise the challenging role that receptionists as the first point of contact have within GP practices. They have to deal with a large number of patients, who are often facing difficult circumstances and feeling vulnerable. As a result, receptionists play an important role in emotionally supporting patients and directing them to appropriate support.

## Conclusions and Recommendations

Overall, we feel that this is a positive report. Over the course of our two visits, we feel we gained a sense for how the practice operates and patients' opinions of the care they receive. We hope that this report provides assurance, especially in relation to patient satisfaction with the practice.

Below we make a number of recommendations to Hampton Medical Centre. According to statutory guidelines in the Health and Social Care Act 2012, providers have 20 working days to provide a response. Hampton Medical Centre responded to our recommendations within the time frame and their response is shown in blue text below.

As a general comment, Hampton Medical Centre said the following:

"We appreciate the constructive feedback and welcome the opportunity to respond to each point. We are committed to providing high-quality, accessible care to all our patients and to continuously improving our services. We have reviewed each recommendation carefully and have outlined the actions we have taken or will take. Our responses show how we are building on the positive aspects of the report while addressing areas where improvements can be made.

We trust this demonstrates our commitment to transparency, patient safety, and continuous improvement, and we welcome any further discussion or clarification if required."

### Recommendations

1. **Share positive feedback** and findings from this report with all staff and the patient participation group.

"We welcome the positive feedback in the report. The key findings will be shared with all staff at the next team meeting, highlighted to the Patient Participation Group, and made available to patients via the practice website and a poster in the reception area."

2. **Remove posters** on the plastic screen at reception which block patient view of the admin staff. This is important for improving communication and accessibility.

"We recognise the importance of visibility between patients and administrative staff. The reception area has been reviewed to ensure any posters on the screen do not obstruct visibility or communication."

3. **Enable non-English languages on the self-check-in screen** to improve accessibility for those who speak English as an additional language.

"We recognise the benefit of offering language options for patients who do not speak English as a first language. We have contacted our self-check-in provider

(Jayex) to enable additional language options.”

4. **Ensure that the wall-mounted hand sanitizer dispensers are regularly checked and refilled as needed.** This is non-essential but important for infection control and hygiene.

“We will ensure that dispensers are regularly checked and refilled to support infection control and good hygiene practices.”

5. **Review phone wait times.** Patients reported long waits on the phone and so we suggest reviewing average wait times and ensuring there are enough staff to manage the volume of calls.

“We have an established call-back service, which works well. If patients experience issues, we ask them to inform us promptly so we can escalate to our provider. We will continue to review average waiting times monthly and discuss these at reception meetings as a standing agenda item.”

6. **Advertise a way for patients to speak to reception privately.** At the moment, people in reception and the waiting room can easily hear conversations that take place between reception staff and patients.

“A poster will be displayed to inform patients that they may request a private conversation with reception staff. Where possible, a quiet office (such as manager’s office, when available) will be used for this purpose.”

7. **Review the total triage system** to ensure that patients can book appointments through other contact routes. This is especially important in light of challenges with digital literacy.

“Patients unable to complete online triage forms can request support from reception staff over the phone who can complete the triage form on patients behalf. Patients can indicate on their triage form if they prefer a face-to-face appointment. We have found online access invaluable for certain groups, including homeless patients and those experiencing domestic violence. Many of our elderly patients use the system successfully, and we ensure additional support for those with memory or accessibility needs. AccuRx, which underpins our system, is commissioned and funded by SWL ICB and NHS England.

Nursing team appointments can also be booked directly without triage.”

8. **Review processes to prevent and manage long lines forming at reception.** This could include monitoring peak times where multiple reception staff are needed and having staff on stand-by to help as needed. In addition, we recommend **reviewing patient feedback of reception staff and take appropriate action.** This

could include further training or changing staffing levels.

“Feedback is shared regularly with reception staff. Staff are reminded to complete or refresh customer service training via Blue Stream Academy. Staffing levels are adjusted where possible to match demand, and absences are managed depending on notice given. Patient feedback is shared in our multidisciplinary meetings as well as reception meetings. Complaints (both clinical and administrative) are also shared with the whole team to ensure that the learning is disseminated.”

As part of this response, we also asked for information on how patients with visual impairments or other accessibility needs are called into appointments if they cannot read the screen. The practice said: “Patients with visual impairments are flagged on our clinical system. Clinicians personally collect these patients from the waiting area rather than relying on the screen system, ensuring accessibility. We also work closely with families and carers to support patients with memory issues or other needs.”

## Suggestions

Below, we have made **suggestions** to the practice. While not essential, we do feel like these would improve patient experience:

1. **Signpost the water cooler.** This is especially important in hot weather.

“A poster will be added in the waiting room to signpost the water cooler. We previously had to remove the visible dispenser due to safety and hygiene concerns (children playing with the unit and spilling water), but we will provide clear information so patients know how to access drinking water.”

2. **Review clinical processes** to ensure patients are receiving information about prevention and holistic ways to manage their conditions.

“We continue to review clinical pathways to ensure patients receive clear, evidence-based advice on prevention and holistic management. Prescription turnaround times remain within two working days, and we encourage patients to manage their medications proactively and liaise with pharmacies regarding dispensing times.”



# Bibliography

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