

Hampton Wick Surgery

Enter and View Report



Tudor House, 26 Upper Teddington Rd,
Kingston upon Thames KT1 4DY

Visit Dates: 28th & 29th May 2025

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Introduction

This report outlines our findings from two Enter and View visits to Hampton Wick Surgery in May 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 Wick Surgery 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 – Katie Rogers, Suzanne Kapelus and Mike Derry.

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

Background

Healthwatch Richmond is a charity independent from the NHS, established by the Health & Social Care Act of 2012. Its 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 2024

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 2024, 95 patients from Hampton Wick Surgery completed the survey.

The GPPS results in 2024 for Hampton Wick Surgery included the following:

- 59% of patients said it was very easy or fairly easy to contact their GP practice on the phone;
- 80% of patients said that the reception and administrative team was helpful; and
- 80% of patients described that overall experience of Hampton Wick Surgery 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 Wick Surgery, the April 2025 data shows:

- 8,975 patients were registered at Hampton Wick Surgery;
- 3,784 appointments took place in April 2025, ranking 2nd in Richmond for appointments per 1,000 patients;
- 45% (1,720) of these were same day appointments; and
- 17% (647) 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 166 responses from patients registered at Hampton Wick Surgery. Key findings include:

- 56% of patients reported a positive experience phoning the practice;
- 73% of patients reported that their needs were fully met when they last contacted Hampton Wick surgery; and
- 71% of patients reported having a positive experience of an in-person appointment.

Care Quality Commission Inspections

In March and April 2022, the Care Quality Commission (CQC) carried out an unannounced inspection of Hampton Wick Surgery. Overall, the practice was rated as inadequate and placed into special measures.

Hampton Wick Surgery was reinspected in November 2022 and was rated as 'Requires Improvement'. The CQC noted improvements in: risk assessments and health and safety checks; safeguarding; staff and patient surveys; and recruitment checks for staff. Notably, there were still concerns about high risk prescriptions, reviewing patients with long-term conditions and mental capacity assessments. Furthermore, the inspection noted that the practice should improve record keeping concerning mental capacity assessments and improve its cancer screening statistics.

The practice has not been inspected since November 2022.

Methodology

The Enter and View programme began with background research of 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:

- Wednesday 28th May: 9:00am – 11:00am
- Thursday 29th May: 1:30pm – 3:00pm

Data was gathered from semi-structured observations undertaken by the authorised representatives. We conducted semi-structured interviews with 23 patients and 5 members of staff. In addition, we collected patient feedback through an online survey which was promoted through posters at the practice and through Healthwatch Richmond's email bulletins. This received 11 responses. To the fullest possible extent, confidentiality of responders has been retained by removing identifiable details from 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, the practice was clean and tidy but with heavy wear throughout. The carpet was stained and paint peeling on the walls. Patients remarked on this:

“[the practice] is a bit shabby and could do with a lick of paint.”

“Clean enough but a bit battered.”

The practice manager said that she was aware of the need for work on the estate. She reported that they had recently refurbished some of the toilets. However, there are cash flow and cost issues which mean that they cannot refurbish as quickly as they would like. Regarding the carpet, the practice manager said that she had discussed the carpet issue with their head of infection control, who advised that the carpets need to be deep cleaned once every 6 months.

Practice response: Deep clean of carpets was undertaken on Friday 1st August- Saturday 2nd August 2025 and will be performed again in February 2026.

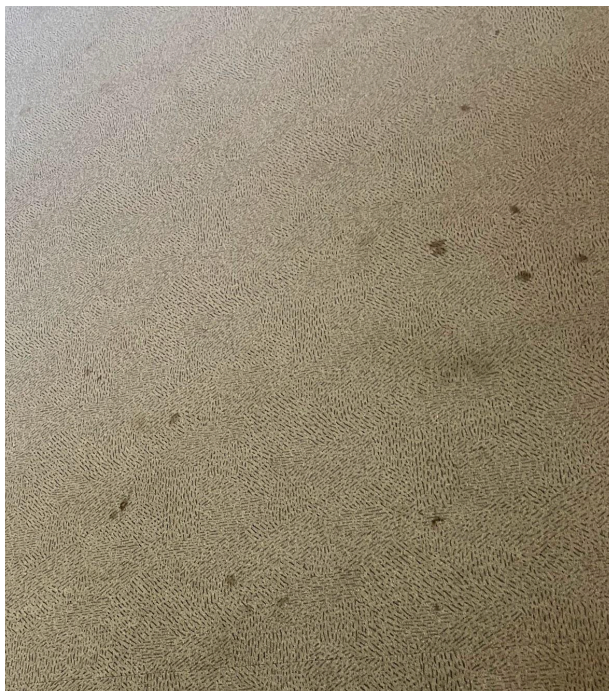


Image 1 - section of carpet in upstairs waiting room



Image 2 - door frame next to self check-in

Entering the Building

Hampton Wick Surgery is located in a large listed building. On the road outside the practice a large banner advertises 'New NHS Patients Welcome'. The driveway, greenery and parking area were all well kept and didn't cause any accessibility issues to patients.

The front door is not automatic and the doorway is narrow, which may cause accessibility issues for patients in wheelchairs. However, one patient we spoke to was using a large motorised wheelchair and said they have no issues entering the building. We observed a doorbell, which suggests that a patient who may have struggled with opening the door themselves can request help from reception staff.

The flooring of the practice entrance was chipped, and there was a small lip in the doorway, which may also lead to accessibility issues. Staff said that this was known to the practice but that no action had been taken.

Reception and Downstairs Waiting Area

The reception is located to the left of the entrance. There is a large desk where two reception staff were sitting during our visits. On top of the desk, positioned between the receptionist and the patient, is a large plastic screen. There were posters affixed to the screen but none that impaired communication. We noted that some patients found it difficult to hear receptionists through the screen. Information about the availability of a hearing loop system was clearly visible on the reception desk.

In the reception area, there is a large display of leaflets and pamphlets. This included: materials from local and national charities; NHS information; and advertisements for paid products, including vitamins.

We asked the practice manager how these materials are selected. The practice manager reported that they had trialled a few different systems but a private company now organises the leaflets. The practice manager did note that sometimes people bring their own leaflets and leave them at the practice. It did not appear that the leaflets were being monitored by the practice.

We did not see any information in the practice identifying staff.

There is a self-check-in screen in the reception. On the home screen there was an option to change the language; however



Image 3 - selection of pamphlets in reception



Image 4 - self-check-in at reception

when we selected this option, the only language available was English.

Practice response: When the Jayex check-in was installed, we asked for the languages to be made available and as the logo showed all languages this was assumed to have worked. We have never had a patient mention the only option was English. Now this has been highlighted it appears you have to manually select every language you want to offer. All of the 42 languages available on the Jayex system have now been activated.

The downstairs waiting room is used by patients who have appointments with practice nurses. We could clearly hear patients' conversations with reception while sitting in the downstairs area. There was no sign at reception offering an option for private conversations.

Practice response: Posters added to reception desk offering privacy if required.

The downstairs waiting room is spacious with 12 chairs and space for wheelchairs or prams. The room was clean and well lit on the days we visited. There is a display with information on: antibiotics, chaperones, vaccinations, sexual health clinic, Richmond health walks, mental health conditions, the Kingston Hospital patient portal, dementia support, cancer screening, prescription delivery, and more. Notably, there was also a leaflet for a private menopause workshop.

There were copies of the practice newsletter available but these were not advertised. The newsletter asked patients to complete the General Practice Patient Survey by 28th April, a month before we visited. Similarly, there were posters advertising the Friends and Family Test (a survey asking patients about their experience); however, there were no paper copies available, including when we asked at reception. The only advertisement of the practice's Patient Participation Group (PPG) that we observed was in the practice newsletter.

Practice response: The PPG have their own notice boards located in the downstairs reception area and in the hallway outside the upstairs waiting area. These were a new idea discussed in



Image 5 - downstairs waiting room



Image 6 - TV in downstairs waiting room

our quarterly PPG meeting on April 14th. The PPG had yet to decide what was being put into them.

There is also a TV in the corner advertising the practice opening times and local private services, including acupuncture and aesthetic services. We asked the practice manager how these adverts are chosen. They said it is managed by a private company.

Practice response: We are currently under a contract with the TV screen providers, please see below recommendations for a plan going forwards.

We did not see any hand sanitizers in the reception area or downstairs waiting room.

Practice response: We are going to add hand sanitisers to both waiting rooms for patient use, these will be checked and replenished when required.

Staff Areas

In a hallway we observed a damaged flooring with carpet supported by a block of wood. No explanation was offered for this. This would be an entirely unacceptable trip hazard if the area were accessible to patients. Whilst it does not pose a risk to patients, it is a trip hazard for staff.

Practice response: the hazard you mention had happened because of the joist below have become loose, we had the repair made within a week, all staff were made aware of the incident. None of the staff can recall being asked about the scheduled repair as we would have given the date to you

Stairway and Lift

Beyond the reception are stairs and a lift. To operate the lift, a passenger needs to hold the button continuously until the desired floor is reached. This may pose problems for some patients with mobility, sensory or cognitive needs.

Upstairs Waiting Room

The upstairs waiting room is used by patients waiting for a GP appointment. On the first floor landing, there was no signage for the waiting room. We found this confusing. This was not raised as an issue in our conversations with patients, presumably as these patients had been to the practice before.

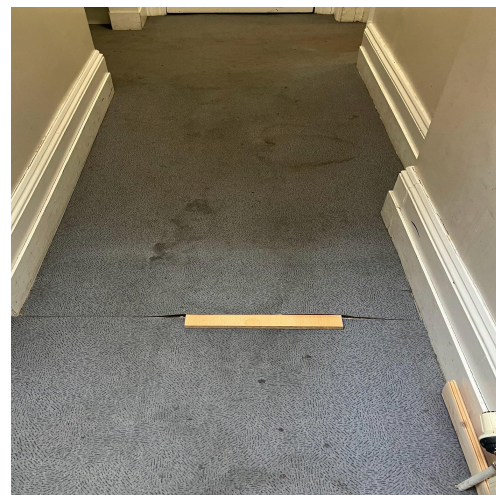


Image 7 - hallway in staff area

The upstairs waiting room is smaller than the downstairs waiting room but similar in design. The upstairs waiting area had only 9 chairs on our first visit, which was insufficient

for the number of patients waiting. Several patients needed to stand, an issue exacerbated by late running appointments. On our second visit there were more chairs in the upstairs waiting area, suggesting the practice is able to adapt seating to increased patient numbers.

There were posters in the upstairs waiting room informing patients about the following issues: bipolar, our visit, chaperones and digital triage. There was a very small selection of leaflets in the upstairs waiting room. There was also a TV in the upstairs waiting room showing similar content to that in the downstairs waiting room.

There was also a pump bottle with hand sanitiser in the upstairs waiting room., There were no water dispensers or facilities for patients to get water in either waiting area. This was something raised by a patient, who felt that there should be water available particularly for older patients who are frequently encouraged to drink water.

There were some concerns that the upstairs waiting area was isolated from staff. During our first visit, a patient was sitting in the upstairs waiting area but was quite unwell and asked one of our Authorised Representatives for help. The Authorised Representative alerted the reception staff, who were very responsive and helpful. The patient was promptly seen by a member of clinical staff and then took a taxi to an emergency department. This incident did raise the issue that if a patient is there by themselves (when we visited in the late afternoon there were few patients in the waiting areas) and the GPs were in appointments, there was no way to alert staff if a patient needed assistance. This is unlike the downstairs waiting area which is adjacent to the reception.

Toilets

On the ground floor, there were bathrooms for men and women and an accessible bathroom. These appeared in good condition and were clean and tidy. There was appropriate information (e.g. sexual health specific information and domestic violence information) in the toilets.

Handrails in the both upstairs and downstairs accessible toilets were not clean on our first visit. One handrail appeared to be marked with faeces. The other was equally dirty, albeit apparently not with obvious faeces marks. When highlighted to the assistant manager, this was dealt with quickly and appropriately.



Image 8 - upstairs accessible bathroom

Practice response: We use Crestvista, a professional cleaning company that maintains the highest standards. Our premises, including the toilets, are cleaned every evening. While it is acknowledged that the downstairs handrail appeared soiled, without testing we cannot confirm the substance. Given that the toilets are cleaned daily, the soiling could have occurred within just a few hours prior to your inspection.

Regarding the accessible toilet on the first floor, there was no soiling present. The mark observed was a small rust spot, which was pointed out and reviewed by your colleague the following day.

On the first floor there was a bathroom for men and an accessible bathroom. The men's bathroom was clean and tidy. The one tap on the sink was broken and so was the overhead light.

The upstairs accessible toilet was clean and tidy on our second visit. There was an emergency cord but this did not reach the floor.

Practice response: Emergency cord had been tied up, so extended to floor level.

There was no soap in the dispenser and the button for the toilet flush was broken.

Practice response: The cleaners replenish the soap each evening. We have raised the fact there was no soap on your visit and await their response.



Image 9 - upstairs men's bathroom sink



Image 10 - upstairs accessible bathroom toilet

Patient Feedback

We spoke to 23 patients across two days: 18 on Wednesday 28th May and 5 on Thursday 29th May.

Notably, 5 patients said that the practice had gotten better in recent years:

"The appointment booking has gotten better."

"The phone system has gotten better."

"Staff are ok. It's gotten better... The staff seem more with it and know what's going on."

"The practice used to be bad but it is better now... It's more interactive"

"The practice is working well and that it has changed for the better in recent years."

This is notable in light of the CQC inspections. Practice staff said that they viewed the CQC inspection as a positive:

"The practice has changed a lot after the CQC. The CQC report was a benefit for the surgery as it meant a lot has improved."

"[After the CQC inspection] we are a lot more open to improvements. It made us see things from a different perspective. As many staff had been there for a long time, they can become 'stuck in their ways'. It was a good thing to have the CQC come in."

There were clearly frustrations from some staff, particularly management staff, around the CQC rating. In particular, we were told the rating has impacted the numbers of new patients joining the practice; nonetheless, the CQC inspection was viewed as a positive by staff. We were told that South West London Integrated Care Board have been supportive to the practice and the staff feel prepared for a future CQC visit.

Appointment Booking

We asked patients about their experience of booking appointments at the practice. Patients who call the practice said the following:

"I usually phone to make an appointment. This is alright. Usually wait 1-2 minutes before speaking with someone."

"I either call or come into the surgery when walking past. The phone is ok but there is a long preamble. This is fine though."

"[Phone system is] good... I have used the phone before. It has gotten better. There are usually 5 people ahead in the phone queue and a 20 minute wait. But, I call in the morning."

While patients recognise some challenges of the phone system, their overall feedback is fairly positive. Patients see issues as minor and not barriers to getting an appointment or the help they need. Two patients remarked on the 'call back' service:

"I usually phone to get an appointment. The average wait is between 5-10 minutes. However I use the 'call back' feature which is a good service."

"I phone to make an appointment. The phone waiting time is not always good. But I have used the call back system and this is good."

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 the line. 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). In the quotes above, we can see that patients value this service and see it as an useful alternative to waiting on the phone.

Nonetheless, one patient when faced with a long wait on the phone said that they come into the practice instead:

"I normally phone to make an appointment. There is sometimes a long wait time on the phone with 6+ people in the queue. If there is a long wait I will just pop into the practice instead."

NHS App and Website

Patients reported multiple issues with the NHS app and website:

"The NHS App is fine for some things, very good for repeat prescriptions. The website doesn't work for me and the NHS App doesn't link to the practice. It might need reception to do something to make it work."

"I use the online system. I also use the NHS app but the practice have not enabled appointment booking."

"I call the practice. I can't use the online booking. Maybe something needs to be switched on at the practice?"

In all three of these quotes, we see patients trying to use the NHS app to fulfill their needs and yet are not able to access the features they desire. As a result, the patients have to phone the practice reception to make their request. This may change as a result of national policy which mandates that GP surgeries must allow patients to request appointments online throughout working hours from October 2025 (DHSC, 2025).

By contrast, however, patients are happy when they are able to use online systems:

"Easy to get an appointment. Always book online because English is not my first language and it is easier. I can also do it any time. Reception then call back and arrange an appointment. Then I get a text to confirm."

This story reflects the findings of our previous research: individuals who speak English as an additional language often say that written communication routes are easier as they can use online translation tools (Healthwatch Richmond, 2024). These experiences highlight the importance of having multiple different contact routes through which patients can access their GP practice.

Waits for Appointments

Patients overwhelmingly reported long wait times for appointments:

"It isn't easy to get an appointment with a doctor. I don't trouble the doctor for a minor issue but want to be seen promptly when I need an appointment. There is usually a 1-2 week wait for an appointment."

"When I try to make an appointment, I am told it will be 2-3 weeks away. It puts me off making appointments."

"There are long waiting times for appointments - sometimes 1 month. I understand that the practice 'goes off the patient's needs' but this is still difficult."

In these quotes, we clearly see the frustrations that patients face when trying to get an appointment. In the first quote, we see that the patient feels a sense of unfairness: they feel they use the NHS judiciously and yet cannot get an appointment. In the second quote, we see that patients feel discouraged from booking appointments because of the long wait times.

Nonetheless, one patient reported the following:

"They said there are long wait times for appointments but that if it is urgent the doctor will call back and check on the patient."

Communication

Overall, patients were happy with the communication they receive from the GP practice:

"I really like the appointment reminder texts I receive. I thought my appointment was tomorrow and only found out it was today because of the text message."

"Communication is brilliant. I like the texts. They are not intrusive like a phone call - I can choose to look at them in my own time."

"The practice calls me if I need a vaccination or blood test. I am very happy about that."

Within these comments we see that patients feel the communication they receive from the practice is appropriate to their needs. In the first quote, we also see that the communication is working to save the NHS money by preventing missed appointments. This is something we saw on a missed appointments poster in the waiting area.

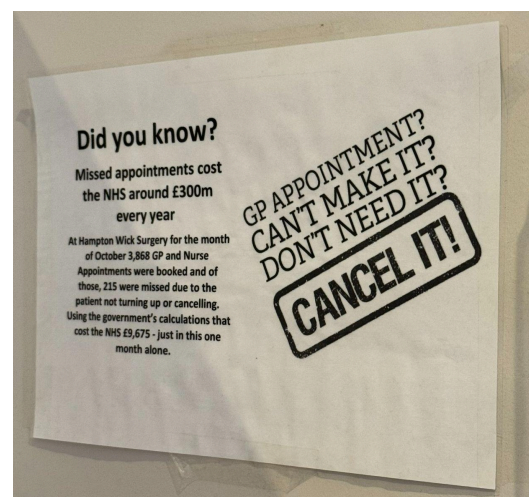


Image 11 - poster in waiting room

The discrepancy between the second and third quote is particularly interesting. In the second quote we see someone saying how much more they prefer text messages while in the third we see someone very happy with receiving phone calls. This highlights that patients value the different communications channels used by Hampton Wick Surgery.

Three patients suggested improvements to the practice's SMS appointment reminders:

"I received a text with an appointment reminder. But it wasn't great because I only received the text on the morning of the appointment."

"Communication is good; however the text for an appointment reminder doesn't say whether the appointment is in-person or over the phone."

"The text appointment reminders are signed off 'O'flynn'. I think the lack of capitalisation of 'Flynn' was unprofessional."

These patients expressed problems with the timeliness of reminders and their content. During one of our visits we observed a patient arriving for their appointment; however they were told by their reception staff that their appointment was actually scheduled to be over the phone. Despite the reception staff presenting this information kindly, this was clearly frustrating to the patient.

Prescriptions

We recorded the following patient comments about prescriptions:

"It's easy to get prescriptions. The GP sends them to the pharmacist. I can order repeat prescriptions on the NHS App."

"Prescription ordering is better on the NHS app - it is very quick. Last time I ordered a prescription, it was approved in 24 hours."

"It's reasonable. On occasion there is a slip between the pharmacist and the GP. Each of them blames the other; however they usually sort it out between them."

Here we see that patients are largely positive about prescriptions. In particular we see how the NHS has transformed patients' experiences of ordering repeat prescriptions, especially the speed and ease.

In the last quote, one patient reported that there are sometimes problems; however, these are typically sorted out without the patient's involvement. This was reflected in our conversation with practice staff who said that there have been some hiccups with local pharmacies. The relationship between pharmacies and the practice is good and they sometimes meet to resolve issues. This is a positive finding of communication between different services that ensures a good patient experience.

Referrals

Patients said the following about referrals:

"Referrals are really quick from the practice but then really slow to get seen, from the other side. You get a text confirming the referral has been sent from the GP practice shortly after the appointment."

"I was referred to a hospital. I didn't like what the hospital said and came back to the GP. The GP was very helpful."

"I was referred to a mental health team/psychiatrist. The referral was rejected."

We followed up on this and asked if the doctor was helping with this and the patient said yes.

These quotes highlight disparate experiences of referrals. Overall, they demonstrate the support that Hampton Wick Surgery provides their patients. In the first quote, we see a story of a referral being made very quickly and in the second and third story we see GPs continuing to offer support when the patient is disappointed by the result of their referral.

We did hear one story of referrals going wrong:

"I have had problems with referrals. I had received a referral from another service which needed to be processed by the GP practice. I uploaded it to the website but nothing happened. I chased it up and was sent for surgery. However, a week after the surgery had taken place, the practice re-referred me into the service. But I had already had the surgery! I had to call up the practice and fix this."

Clinical Staff

Patients said the following when asked about clinical staff:

"I am very pleased with the staff at practice. The doctors and nurses take time to talk to you and make you feel at ease."

"The practice is very understanding. They are there to support the patient. They do not see the patient as a number but as a person."

"Everyone smiles and is friendly. They ask about your life and your mental health. You feel looked after."

This feedback is very positive. These stories highlight the person-centred and compassionate care that clinical staff provide. This feedback should be shared with clinical staff.

When asked whether they are able to see the same clinical staff, we recorded the following responses:

“I am seeing the same GP for a follow up appointment after getting test results back.”

“My kids see the same GP. I see the same GP about ongoing issues... I feel listened to.”

“I don’t see the same doctor, which is a shame. I would prefer to see someone who knows my history. But every doctor I have seen has listened and I have had no problems.”

These stories show mixed patient experience of being able to see the same clinician. Overall, however, we see that patients do want to see the same clinician as they want continuity of care. It is reassuring to see that this is facilitated by Hampton Wick Surgery. Again, this may be subject to change due to national policy through which GPs are now incentivised to identify patients who would benefit most from seeing the same GP at every appointment (DHSC, 2024).

We heard one negative story about a GP:

“Last time I visited, I found the doctor quite dismissive of my problems but this could be because they were under a lot of pressure.”

It is important to note that the patient said this happened a long time ago and they had found the practice had improved since then; however, it does point to declining patient experience when clinicians and the practice are under strain.

Reception

Patients spoke positively about the reception staff:

“Reception staff are fine, professional like the rest. The reception is not very private if there are people in the queue but it’s fine. There is good availability of receptionists.”

“I feel like the reception team really want to help. They are very compassionate.”

“When I call for an appointment, I feel the receptionists can and want to help. At my previous practice, I would just be told there are no appointments by 8:10am. I can cancel and change appointments, without facing judgement from the reception team.”

This is incredibly positive feedback. Indeed, we did not hear any criticism of the reception staff from patients. This should be passed on to the reception team and they should be applauded for their hard work.

Appointment Timings

When asked if their appointments usually run to time, patients said the following:

“My appointment is running about 15 minutes late. This is disappointing as I need to get back to work.”

“Appointments are usually on time but today is 20 minutes late.”

“I appointments are often late but that means that doctors are taking the time to listen to their patients.”

While a question about appointments running to time wasn't on our original patient questionnaire, we added it ahead of our second visit. Patients on the whole expected their appointments to be running late and were not surprised to be waiting.

Staff Feedback

We spoke to five members of staff including: a medical administrator, social prescriber, practice nurse, assistant practice manager, practice manager and GP partner.

Culture

All of the staff members we spoke to emphasised the positive culture at the practice:

“It's a very helpful and friendly place to work. It is really nice to work here.”

“I really like the practice. There is a really nice team and we are well supported.”

“Nothing is too much, we all help each other and I can always go to the team if I have any questions.”

Indeed, both junior and senior staff members said that there was no hierarchy in the practice. This, in conjunction with the quote above, demonstrates that there is an open and collaborative culture within the practice staff team. This is something which is clearly facilitated by the practice management.

“We really want to promote a workplace where staff want to come to work each day as we think this friendly atmosphere is then reciprocated to patients.”

Training

When asked about support and training opportunities, staff reported the following:

“I feel supported in my role. I have annual appraisals. Before the meetings, I fill out a form. I can look at targets set in the meeting and can discuss any training I would like to do. The meeting is with the assistant managers.”

“I can request trainings and the practice is really good at supporting this”

This is a positive finding. We also noted that many of the staff at the practice have been there for a long time, suggesting a low staff-turnover. Staff appeared happy in their roles and with the team.

Conclusions and Recommendations

Overall, we feel that this is a very positive report. There are clearly ongoing questions related to the CQC inspection result; however, these questions cannot be answered until the next inspection. In the interim, we hope that this report provides assurance, especially in relation to patient satisfaction with the practice.

Recommendations

Below are the seven recommendations made by Healthwatch Richmond as a result of our findings from this report. For each recommendation the response from Hampton Wick Surgery has also been included. We were pleased to see such a thorough response to our recommendations with clear actions being taken forward.

Recommendation	Response
1. Positive feedback and findings from this report should be shared with all staff and the patient participation group.	Thank you for the positive feedback, all staff have been informed and praised for their hard work, Our PPG chair has been informed of the draft report and we will share and discuss the final report at our upcoming PPG meeting.
2. Appointment reminders should be edited. a) They should include whether an appointment is in-person or over the phone. b) The timing of appointment reminders should be reviewed in consultation with patients to ensure that they are as effective as possible.	a) The majority of the message for appointment reminders has been created by Accurx and as a result we are unable to edit. We have added to the message 'At Hampton Wick Surgery' to eliminate confusion. b) The reminder is set to send one working day before the appointment, historically we sent 2 message reminders, 3 days before and 1 day before. Unfortunately, the ICB has reduced the number of message fragments we can send each year and as a result we have had to reduce our text message reminders to patients.
3. A review of leaflets, posters and TV adverts should be undertaken to ensure that they are appropriate. In particular, we argue advertising aesthetic and wellness services in GP practices lends credibility to these products and services and suggests a level of support or endorsement from the practice that is inappropriate. We ask that this review takes place quarterly.	All leaflets will be reviewed and organised each evening by the receptionist. Any that are unrelated to the NHS, inappropriate, or not linked to a charity will be removed. Although we have cancelled the TV contract, we are obliged to continue advertising for the next three years. We are currently liaising with the advertising company to explore whether some adverts can be adjusted to better align with the medical field.
4. A plan for estate works should be submitted to Healthwatch Richmond. This should include: carpet cleaning and/or replacement; painting; bathroom repairs; and roof works.	Please find attached spreadsheet (below) for schedule of works to be carried out in 2025/26.

Bibliography

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