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Crane Park Surgery

Whitton Corner Health & Social Care Centre, Percy Rd,
Twickenham, TW2 6JL

Visit dates: Monday October 12th morning and afternoon

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Introduction

Crane Park Surgery is located in Whitton Corner Health and Social Care Centre, Percy Rd, Twickenham TW2 6JL. It shares this location and notably a waiting room with Jubilee Medical Practice. We spoke to patients from both practices but, except where commenting about the waiting areas, have only used the feedback from Crane Park Surgeries patients in the production of this report.

Crane Park Surgery has over 3000 patients registered. We were told that this was a 50% increase in patients since the practice moved to the Whitton Corner Centre in 2012 and that there was an approximate increase of 10% over the past 12 months. At the time of our visit the practice was advertising for more patients to join its list.

Patients are served by one full time and two part time doctors, a part time practice nurse, a practice manager, and an administrator.

We visited Crane Park Surgery twice on Monday October 12th with morning and afternoon sessions covering clinical hours.

Overall Findings

Crane Park Surgery was highly valued by its patients who felt that they received a personal service from the practice. Dr Sinha was clearly well respected by the patients. The Practice Nurse and receptionist were also highly valued.

All of the patients that we spoke to provided positive feedback and praise for the staff at the practice. One person told us that *“Doctors and receptionists were very helpful”*, another described clinical staff as being friendly and respectful. We received relatively little feedback about the part time doctors, who were not working on the day of our visit.

Patients that we spoke to seemed happy with the care that they received from clinicians and with the service received from non-clinical staff.

The interactions that we witnessed between staff and patients were friendly and caring.

Several patients who had recently switched practices compared Crane Park Surgery favourably with other practices that they had visited. Some patients had made or received personal recommendations about the practice.

The practice benefits from an accessible, purpose built environment that is well appointed and appropriate for its purpose.

Our visitors in the morning found that there were relatively few patients to speak with, we were told that this was due to a number of appointments being held for emergencies. The afternoon seemed busy and there were a large number of patients and families present including a number of people for whom English was not their first language.

The practice would benefit from improving communication to patients about the other services that are available to them such as out of hours care and urgent care available via NHS 111. This would reduce the demand on both the practice and on A&E.

Appointments

Booking Appointments

Patients told us that their experience of booking appointments was generally positive however there were some mixed views about how long it took to get a routine appointment. Most people told us that they could get an emergency appointment on the same day if necessary but one or two people said that they had to wait longer than they would like to get a routine appointment.

The practice told us that “Any patient who needs an emergency or on the day appointment will be granted access. If no appointments are available they [clinic times] are simply extended to meet demand on an 'ad hoc' basis. We also have telephone triage service for one hour.”

Online booking was not available at the time of our visit but we understand that this was in the process of being set up. Several of the patients that we spoke to said that they would be very pleased to use online rather than telephone booking once this was available. Most patients were not aware that it would soon be possible to book appointments online.

Some people said that having an answering machine would be a benefit as it could be difficult to get through especially in the mornings when the phone line is often busy and during lunch where the phones are not answered.

Waiting times

On the day of our visit patients were waiting to be seen for around 10-15 minutes after their appointment times. The receptionist came to speak to patients to explain the wait once it became apparent that this would affect most patients. Most patients were thankful for this but some were disappointed about having to wait. It is notable that the cause of this delay seemed to be a combination of *ad hoc* emergency and over-running patient appointments.

Recommendation

Online booking should be rolled out and promoted to patients to ensure that they are able to use the service. Our experience demonstrates that patients need some support to start using online booking service beyond simply advertising on the practice website and in the practice via posters. The practice should consider how it can support new and existing patients to switch from telephone to online booking.

It is also notable that *ad hoc* extension of opening hours seems to have an impact on waiting times and on availability of planned appointments. Whilst the flexibility of the practice staff in meeting patient needs should be commended, it is important that the practice keep the impact of this policy under review.

Physical Environment

The practice is in a modern purpose built building with excellent physical accessibility and a hearing loop. The building is immaculate and is shared with a number of other community health care services including another GP surgery which shares the waiting room. The area is well served by public transport but there is limited parking on site - a concern raised to us by visitors, patients and staff.

The practice had a large number of children present in the afternoon. The space, light and facilities for children to play ensured that even though there was a constant stream of patients and families the waiting room did not feel over crowded.

Confidentiality

The reception area is L shaped and set slightly away from the seating area. There is also an electronic sign-in point. Whilst the reception area and waiting area are open-plan, confidentiality was not raised as a concern by our visitors or the patients that we spoke to.

Information

Laminated posters were present on the walls of the practice and leaflets were available at the front desk. The information on the walls was not that easy for patients to access, as it was located behind chairs where patients were sitting. The patients that we spoke to had low awareness of information that was on the walls. We did not find information that we felt would be useful for patients to take away to enable them to access support outside of the practice.

Given that the waiting room is shared, the lack of useful information is a matter for both practices.

From outside of the practice there is no visible information about opening hours or how to access care out of hours.

Out of Hours and Urgent Care

Most people told us that they did not know how to access the practice's out of hours service, or how to use NHS 111. Where patients were not aware of NHS 111 and the Out of Hours service they told us that they would attend or had attended A&E when they were sick outside of hours. A number of patients said that would prefer not to attend A&E due to waiting times, and that they would have preferred to use out of hours or emergency care had they known about these.

Recommendation

We recommend that Crane Park Surgery, along with Jubilee Surgery which it shares the waiting room with, review the information visible outside of the practice and available in the waiting areas and consider how they can better provide information to their patients.

In particular the practices should focus on ensuring that their patients are aware of NHS 111 and Out of Care provision as this is likely to reduce the reliance of patients on A&E. Information about translation services should also be promoted in the waiting rooms.

We found Twickenham Park to have an exemplary model for providing information to patients.

Translation

A significant proportion of the patients that we spoke to were not native English speakers and may have benefited from interpretation services. Some people had brought children or partners who translated for them and told us that they would accompany the patient to translate for them

We did not see translation services advertised in the practice and the only accessible information that our visitors identified was a poster providing information about influenza.

Practice staff told us that a number of community languages were spoken by clinical staff. Given that most clinicians work part-time this does not seem to provide adequate cover considering the number of patients attending for whom English was not a first language.

Recommendation

It is positive that practice staff speak a range of languages, however they should not rely on the language skills of clinical staff, in part because this limits the translation services available. It is good practice from both a clinical and safeguarding perspective for patients to have a clear choice over who translates for them and without the effective promotion of a translation service it is not clear that patients are aware that they have a choice in this matter. The availability of translation services should therefore be promoted in a range of community languages within the practice.

We acknowledge that this is an issue for general practice more widely in Richmond and that it is possibly something that Richmond CCG may wish to address through its future commissioning of primary care.

Complaints and feedback

Feedback boxes were placed prominently at Reception and the practice had a poster clearly displayed showing the results of their recent CQC inspection which rated them as “Good”.

Patient Participation Group

We were told that the Patient Participation Group at the time of our visit consisted of two people but the group itself had not met. There was an ambition to grow this to approximately 5 people and the website advertised “*We are planning to start a patient participation group in the near future. Please let us know if you might be interested in participating in the group*”.

It is clear that setting up a PPG had not been a priority for the practice but that they now planned to set up a PPG. Our experience is that PPG’s can provide insight from a patient perspective that can lead to positive developments in the practice.

Recommendation

PPG’s are an important way for practices to understand the experiences of patients and to continuously improve. The Practice does not have a PPG in place and should ensure that it has a functioning Patient Participation Group as at the earliest opportunity. We recommend that the CCG monitor the set-up of a PPG at this practice to ensure that it has met its obligations in this area as this is a contractual requirement.

Summary

We found the practice to be very positive overall with staff, the atmosphere of the practice and the environment to be areas of strength.

Starting from a position of strength and with a relatively achievable list of recommendations the practice could and should focus its attention on making the following improvements:

1. Setting up a Patient Participation Group
2. Rolling out online appointment booking and supporting patients to subscribe
3. Promoting a translation service so that patients have a choice in what they share or say about their health in front of their family members
4. Making information in the practice easier for patients to access, in particular promoting access to out of hours and urgent care. We found Twickenham Park to have an exemplary model for this.

The Practice acknowledged our report and have committed to act on the recommendations in the near future.