

Enter and View Report:

LOCK ROAD SURGERY

Address:

55A Lock Road,
Ham,
TW10 7LJ
Tel: 020 8940 1400
Website: <http://www.hamsurgery.co.uk/>

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Healthwatch Richmond Enter and View Representatives:
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Introduction

In February 2014, Healthwatch Richmond held a public GP forum with local residents, GPs and key organisations involved in General Practice. We asked the community for feedback about their experiences of using the GP services. The feedback we received encouraged us to further investigate the level of service provided in the Borough.

Healthwatch Richmond analysed data collected in the Ipsos Mori July 2014 GP Patient Report. We triangulated this data from practices across the borough with data available on NHS Choices between January and September 2014, data collected for the Healthwatch Richmond Infobank, the Friends and Family Test and our GP Report, March 2014. This information indicated that there was a variation in patient experience of GP services across the borough. We identified practices with high, medium and low levels of patient satisfaction and cross-referenced these with comments on NHS Choices. Based on this we identified a number of practices to visit across the range of patient experience. It was based on these findings that Lock Road Surgery was selected to receive visits.

Our intention in conducting Enter and View visits to GP surgeries, was to identify positive practice which has led to improved services and to identify any issues on which we may make recommendations for improvements.

Lock Road Surgery is located in Ham and has a sister practice, Seymour House Surgery, in Richmond. There are 13,600+ patients registered between Lock Road and Seymour House. The staff team at Lock Road includes six Doctors, three Nurses, one Healthcare Assistant and a phlebotomist. There is one practice manager who provides management for both practices.

The findings from Lock Road Surgery are presented in this report, along with recommendations for improvements to the practice which would enhance patient satisfaction. The reader may also wish to consider the report from Seymour House, which is also available.

Methodology

Setting up the visits

The visits to Lock Road Surgery took place on the 15th of October. Each visit lasted two hours and was undertaken by two staff or volunteer authorised Enter and View Representatives. Enter and View Representatives undergo a thorough recruitment and training process including application, references, interviews, Enter and View training, specific training on conducting visits in GP Practices, and DBS checks. All the Enter and View representatives carried photographic identification cards at all times during the visits.

The practice was contacted in advance and a mutually acceptable date was found for the visits, which was then confirmed in writing. The visits were conducted in line with the Healthwatch Richmond Enter and View Policy, a copy of which was provided to the practice before the visit.

Conducting the visits

Enter and View representatives approached patients in the waiting room of the practice, introducing themselves, Healthwatch Richmond and the purpose of the study. Patients were then asked for their consent and, once given, volunteers conducted a semi-structured interview. Our interviews with patients encouraged comments on both positive and negative aspects of the practice and focused on:

- Access to services
- Quality of care
- Overall satisfaction with the practice
- Any improvements patients would like to see

In addition, practice staff were interviewed and an observational audit of the service was carried out at each visit.

Each of the four Enter and View Representatives provided written reports of their findings which were analysed by Healthwatch staff to identify trends and key issues arising from the data collected. These findings are presented below.

Working with the practice

Following analysis of the data and production of a draft report with recommendations, the practice was contacted and sent the report for comment and response on the recommendations. The following report includes the practice's response to these. The final recommendations provided are further actions for the practice to consider resolving.

We will be working with the practice to follow up on our recommendations and any activity needed to resolve them.

Findings

Access to services

Physical Access

The practice is accessed from a residential street by a private road. There is a sign on the road opposite the practice indicating the direction of the surgery, however there is no visible external sign indicating that the building is a GP surgery and no external sign advertising the name of the practice.

Our observations suggest that access to the practice would be difficult in a wheelchair because of the dirt road and the small ramp: one patient commented that the practice is getting worse to access, especially with a disabled child. Prams were observed blocking the ramp on the entrance to the practice, which may restrict wheelchair access. There was a double set of doors to the practice, which weren't automated.

The internal space is more accessible, with two GP rooms, one nurse's room downstairs and one disabled toilet. However, on the day of our visits the disabled toilet was out of order as the light was not working. This meant that the only working toilet in the practice was the small staff toilet on the first floor, which had no disabled access.

The practice does not have a hearing loop, but interviews with the staff suggest that they used alternative methods of communication if a patient was hard of hearing, such as writing things down, lip-reading and using a hearing person to translate. The staff member interviewed said that the lack of hearing loop has not hindered their ability to provide treatment to patients.

There was good signage throughout the practice directing patients to treatment rooms, and advising people not to enter if they have diarrhoea and vomiting. However we observed that the upstairs hall was missing a sign directing patients to the fire escape route. There was no information on the staff members in the practice and were told that there was no need for a photo board as "*everyone knows who everyone is*". However, we observed during our visits that the practice had a number of new patients registering, who will not know who staff members are.

We asked that the practice ensure that there is clear signage outside the building, which advertises the name and opening hours of the surgery. We also recommended that signage should be present inside the building giving details of: opening times, details of services provided (e.g. clinics), the names of doctors and staff and how to make compliments or complaints. Additionally, we asked that the practice review the fire escape signs on the first floor.

We also recommended that the practice explore the possibility of improving disability access outside and within the practice, and ensure that the public and disabled facilities are accessible and in operation at all times. We noted that the practice already have plans to install power assisted doors to the practice¹ which will improve access for many people and this is welcomed.

Practice's Response

The practice assured us that they will provide signage outside the practice advertising the name of the practice and opening hours. The practice will also be reviewing its internal signage, including the fire escape signs. They reassured us of their intention to install power assisted entrance door in 2015.

Environment

The lighting in the practice was acceptable, although we observed that several light bulbs in the waiting room needed replacing, and the hallway towards the stairs and treatment rooms was dark. As previously stated, the lighting in the disabled toilet also needed replacing. This was highlighted to the practice and has now been resolved.

Our representatives observed that there was a water dispenser and cups provided in reception. During one of our visits, on two separate instances in a two-hour period, children were observed playing with the dispenser, leading to a large amount of water pooling over the floor and causing a hazard. This happened despite a sign requesting parents not to let children play with the water machine. We reported both of the hazards to staff at the practice and the hazards were resolved. Reception was very busy at the time, and on one occasion the nurse was the one to clear the floor.

Reception

The reception desk during our visits was very busy with patients. During one of our visits it was observed that the practice ran out of chairs for patients to sit on and one of our visitors described the waiting room as being overcrowded. We also observed that the reception desk was small and had a lot of information and items covering it.

During our visits, the reception was busy with patients queueing close to the desk, within earshot of the reception desk. It was observed that that patients were not able to have confidential conversations with the receptionist. Practice staff said that there is nowhere to go if patients needed to speak privately. Receptionists told us that they manage this issue through lowering their voices and by encouraging only one person at a time to approach the desk.

It was observed that the queue also blocked access to the main door of the practice. Receptionists commented that the automated check-in has helped a lot with the crowding.

¹ Patient Participation Group Report April 2014 <http://www.hamsurgery.co.uk/ppg.asp>

With the volume of patients queueing, the small size of the desk and two receptionists serving patients, the current system is unable to provide patients with the confidentiality they are entitled to. Section 3a of the NHS Constitution sets out that “*You have the right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure*”. We recommended that the practice should explore options to improve the privacy at reception. We suggested that promoting the availability of the automated check-in system and prompting people to use this may help to reduce the queuing at reception.

Practice’s Response

The practice told us that there is the option for patients to speak in private if they wish, and they will ensure staff offer this when appropriate. They also assured us that they will display a notice at reception to advertise this. They also said that they will further promote and encourage the automated booking in system to reduce congestion at the desk.

Information

The practice provided useful information for patients, which was clearly displayed on a table and on notice boards around the waiting room. Patients stated that the clinical staff were happy to provide information about services if it is relevant to their condition. This was supported by the conversation with the practice nurse, who commented that they try and signpost patients to relevant organisations, where appropriate. Many patients said that the information displayed in the practice was useful and that they would ask if they needed any more information.

Our representatives did not observe any information provided in other languages, despite the multicultural spread of patients in the waiting room, for several of whom English was not a first language. No translation service was promoted. Very few of the patients interviewed were aware that there is a PPG at the practice, although most of the patients asked did not express an interest in joining.

We recommended that the practice consider providing information in other languages, or promoting the option for information in other languages, as well as the translation service. We also suggested that the practice should consider promoting the PPG to ensure that those involved in the group are representative of the patient population.

Practice’s Response

The practice told us that they have access to a translation service which is regularly used and that they will explore the availability of leaflets in other languages. They also assured us that they will continue to promote their PPG in order to achieve a group representative of the patient population.

Opening hours

The majority of patients we spoke to were happy with the opening hours. Patients were happy that they could be seen “*until 6pm most days*”: however there were a few comments which suggested that patients were unaware of the surgery opening hours. One commented

“it’d be good if they were open at weekends”: however the practice does offer weekend appointments which suggests that patients have a low awareness of the opening hours of the practice. Another said *“it’d be good if they opened longer”*. We observed that the opening hours are clearly displayed on entrance to the practice.

The Patient Participation Group (PPG) survey² questioned patients on the convenience of practice opening hours.

“Q10 Which of the following additional opening hours would make it easier for you?”

Before 8.30 am	15%
At lunchtime	0%
After 6 30 pm	23%
No answer	62%

The survey did not include an option for weekend opening times and the response rate of ‘no answer’ to the above question is at 62%, suggesting that either no additional opening hours would make it easier, or that the option was not available for selection. The report goes on to state that *“given the established popularity of our Saturday surgeries and the relatively low % of response [to the questionnaire], this is an area which we will return to later”*.

Out of Hours

Our visitors did not see any information explaining how the out of hours service works. Some patients told us that they’d been to A&E at the weekend because the doctors were unavailable. The practice website explains the use of different services, but no observation was made of having this information available in the practice.

We recommended that the practice should consider promoting the opening hours elsewhere in the building to ensure that patients are aware of the times that the service is available to them. In particular we recommended that the availability of weekend appointments and how they can be accessed should be promoted to patients.

Clear, consistent information should be provided within the practice about how to access care out of hours. This could encourage more appropriate use of NHS care such as fewer attendances at A&E or Urgent Care Centres.

Practice’s Response

The practice told us that they will be clearly displaying information explaining access to medical services, when the surgery is closed and what to do at weekends to ensure our patients are aware of the options available.

² Patient Participation Group Report April 2014 <http://www.hamsurgery.co.uk/ppg.asp>

Booking Appointments

During our visits, the majority of patients told us that booking appointments was easy, that they had been able to book with the GP of their choice, that they could always get appointments when they needed them and that they were happy with the appointments on offer to them.

A few patients commented that they had to queue to access an appointment, arriving at 8am to book an appointment at 8:30am. The recent Practice PPG Report (April 2014) states that *“The 8:30 queue at Ham surgery is still evident, despite the ability to book some appointments 24/7.”* The practice is clearly aware that some patients are queueing, however their report suggests that the reasons are *“due to patient choice”*.

Other patients told us that they had to call at exactly 8:30am to book an appointment. Several people told us that they had problems booking appointments saying that it’s *“not easy to get an appointment”*, that it would be good if more appointments were made available and that *“it can be difficult to book over the phone”*.

Most patients were not aware that appointments could be booked online and told us that they had booked over the phone, despite the advertisement on the information panel in the practice. This was also reflected in conversations with a clinical staff member who was unaware of the system on offer for appointment booking online. Staff stated that patients were encouraged to book online and that the medicine manager deals with this every day at 10am. One patient said that they weren't aware of the online appointment booking system, but they would use it if it was on offer. The PPG survey suggests that 69% of patients would like to use an online service to book appointments. Another patient said that they would like to have online prescriptions. After visiting the practice we looked for the online booking system on the practice website. While this is available on the front page of the site we found it difficult to find and to understand.

The current method of promoting the online appointment booking service is ineffective. We recommended that the practice improve the way the online system is promoted to make the process simpler for patients who would like to use this service.

Practice’s Response

The practice said that the facility for online booking will be proactively and energetically promoted once the technical problems they are experiencing have been resolved. They told us that online booking is available and is currently used by patients who have registered for this facility. Once the problems have been resolved they said they expect that the ability to book in person, online and by telephone 24 hours per day, together with increased information regarding the access to appointments, will reduce the queuing currently in place and ensure equality of access.

Waiting times

During one of our visits, the waiting room was observed to be very busy. A couple of patients stated that they had been waiting a long time to be seen: one patient had been told that they had got their appointment time wrong, so had been left waiting for over an hour to be seen. NHS England recommended the practice explore systems to mitigate confusion over appointment times³. The practice's PPG report explains a text system has previously been tried and discontinued⁴.

Quality of Care

Staff

Perceptions about the staff overall were generally positive: however some patients felt that the staff could be dismissive, but recognised that this depended on who you were speaking to. One patient commented "*I don't feel like [the practice is] very personal - they often don't remember you*". Others said that everyone is "*very nice*". Staff members interviewed felt well supported in their roles, enjoyed their job and felt that they were offered and encouraged to undertake regular training. The staff at Lock Road meet with Seymour House staff regularly, feel that everyone at the practice is friendly, and that the practice is full of a good mix of interesting people and cultures.

Reception Staff

Patients viewed the reception staff as "*kind*", "*polite*", "*good and friendly*", "*nice*", "*helpful*", "*knowledgeable*" and "*respectful*". Several also acknowledged that "*they treat me with respect and accommodate my needs*". However some commented that "*some are not very helpful*".

GPs and Nurses

Patients overall were very positive about the clinical staff, expressing that they were "*nice, helpful and polite*". Many said that they had confidence in their skills and ability and didn't have any problems in discussing problems with them. One patient was very grateful at the doctor for doing a home visit; another felt that the GP was inexperienced but efficient.

Involvement in care

The majority of patients felt that they were involved in their care and treatment, that they were given choice and that they could always ask if there was something they didn't understand.

Most patients we spoke to said that if they needed, they could see the same doctor or the doctor of their choice. A couple of the patients said that half the time they could see who they wanted and several said that they didn't mind who they saw.

³ <http://www.england.nhs.uk/2014/03/05/missed-appts/>

⁴ Patient Participation Group Report April 2014 <http://www.hamsurgery.co.uk/ppg.asp>

Impression of Practice

The majority of patients we spoke to said that they would recommend the practice. Patients agreed that the best things about the practice included them feeling relaxed there, that “everyone seems to like the practice” and that it is “convenient”.

Final Recommendations

The practice assured us that they will be providing clearer signs both within and outside the practice, particularly regarding the opening times and fire signs. They also told us that improvements will be made to reception, through encouraging the use of the automated booking and offering a confidential space for conversations if appropriate. They said that they regularly use a translation service and will explore the provision of information in other languages. Additionally they will be looking to further promote their PPG among their patient population. Finally, the practice told us that they will promote the online booking system once the technical problems have been resolved.

We would like the practice to consider our final recommendations:

Access

We would like to highlight the recommendation for the practice to explore the possibility of improving disabled access outside and within the practice, and ensure that the public and disabled facilities are accessible and in operation at all times. Ensuring that there is a smooth flat surface from the road to the practice should be explored as part of this.

Water Machine

The practice should take steps to prevent the water machine hazard from reoccurring. While we were told that this was not a regular issue, the presence of the sign and having witnessed the hazard twice during our visit suggests that this is an ongoing problem in the waiting area which should be resolved as a priority.

One way to resolve this issue may be to place the dispenser behind reception and advertise the availability of water to patients, should they need it.

Reception

Healthwatch Richmond would like to have an update on whether further promoting the electronic check-in system and encouraging patients to use this, has made a difference to the congestion at the reception desk.

Information

The practice should promote the availability of translation services in information at the practice and in practice information given to new patients. The practice should look at producing a small amount of information in multiple languages, for example a poster, advertising the availability of the translation service.

Opening Hours

Separate to our discussions with the GP practice, we now understand that a new service, which may not have been available at the time of the response, is available across the borough. To help manage the demand on urgent and emergency care services, patients with a problem best dealt with by a GP will be able to book GP appointments at four locations in Richmond on Saturdays, Sundays and Bank Holidays during the winter 2014-15 period. The practice should explore linking with weekend provision of GP services.

Online Booking

The practice should review and clarify their appointment booking system and ensure that it is clearly communicated to patients.

Conclusion

Healthwatch Richmond welcomes the practice's response and commitment to implementing our recommendations. We look forward to receiving assurance that the recommendations have been implemented.