

Enter and View Report:

TWICKENHAM PARK SURGERY

Address:

17 Rosslyn Road,
Twickenham
Greater London
TW1 2AR

Date of visits:

April 16th (am) and 21st (pm)

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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 and January 2015 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 Twickenham Park Surgery was selected to receive visits.

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

Twickenham Park Surgery is located in Twickenham and has a total of 6,938 patients registered. The practice has two practice managers, seven doctors (five permanent, one with a one year contract, one locum), one healthcare assistant, one practice nurse, five receptionists and one administrative assistant.

Methodology

Setting up the visits

The visits to Twickenham Park Surgery took place on the 16th and 21st April. The visits were undertaken by two staff or volunteer authorised Enter and View Representatives. Each visit lasted two hours, one taking place in the morning and the other in the afternoon to ensure greater accuracy and representation of the patient population in our data. 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 mutually acceptable dates were agreed 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.

Limitations

Whilst we tried to ensure accuracy in data by conducting our visits on one afternoon and one morning, it became clear that most of the patients we spoke to were either retired or currently not working. It is important to note that this may have had an impact on our findings, particularly in relation to opening hours and accessibility of booking appointments.

Overall Findings

Summary

Overall, our findings correlate with those found in the Ipsos Mori July 2014 and January 2015 GP Patient Report - that patients at Twickenham Park Surgery are highly satisfied with their experience of the surgery.

Our evidence suggests that there are number of *key factors* that have contributed to this:

Learning from Feedback

The surgery takes a very proactive approach to feedback from patients. Our findings suggest that the surgery prioritises the Patient Participation Group (PPG), viewing their input as instrumental in improving the practice. The patients we interviewed felt that their opinions were appropriately heard and responded to by the practice staff.

Atmosphere

The patients we interviewed, spoke about the *family dynamic, calm, friendly and warm* atmosphere created by staff at the surgery. We found that staff at Twickenham Park Surgery approached their patients in a personal and extremely friendly manner. This, for the patients we interviewed, was critical in creating a surgery that they wanted to be part of.

Holistic Approach to Care

Our findings also suggest that medical and community care are treated not in isolation, but are integrated at the practice. This was evidenced by the inclusion of a community noticeboard, which encourages patients to become more socially involved in the community by participating in different community activities.

The surgery also places great emphasis on staff care, including their professional and personal development, resulting in a high level of satisfaction among staff working at the surgery.

We hope that the practice will pass on the positive feedback that we have gathered to all staff.

Findings

Quality of Care

Staff

The majority of patients we spoke to felt that the best thing about the practice was the welcoming staff. Perceptions about the staff overall were very positive, being described as “personable”, “excellent” and “respectful.” We observed a very welcoming and friendly staff team as we walked around the practice.

Reception Staff

Patients viewed the receptionists as “helpful,” “respectful,” “welcoming” and “professional.” Since the introduction of the automated check-in system however, some patients did note that their interaction with receptionists had changed as they didn’t speak to them as much.

GP’s and Nurses

Patients overall were very positive about the clinical staff, expressing that they were, “easy to talk to,” “polite” and “deliver good care.” Many said that they had confidence in their skills and ability and didn’t have any problems in discussing problems with them. Some patients we interviewed said that the best thing about the practice was the doctors.

Most patients we spoke to said that they felt involved in their care and treatment, that they were given choice and that they could always ask if they didn’t understand.

This was further supported by the Doctor we spoke to, who noted that detail and care of the patient is always prioritised over appointment times:

“Always to give enough time to the patients so that on leaving the surgery everything that could be done has been done - every need has been addressed and they depart satisfied with the care, advice or medication received.”

However, two patients did raise some concerns with the quality of care they had received. One patient stated that they had no confidence in the first Doctor they had seen:

“I did not think he gave my condition the attention it warranted until I asked for a different referral.”

We were also informed by a second patient that a doctor they had seen ended up “googling his treatment rather than consulting.”

Both of these patients were satisfied that they were now seeing different doctors.

Training and Professional Development

Staff members interviewed felt well supported in their roles, enjoyed their jobs and felt that they were offered and encouraged to undertake regular training. Our representatives were satisfied with the training and qualifications achieved by staff.

It was clear from interviewing staff members that a great emphasis is placed on teamwork, staff development and work satisfaction. The receptionist we spoke to felt well supported by the practice team in her additional training as a Healthcare Assistant and was pleased with the “*family type dynamic*” of the surgery team. This was further supported by patients we spoke to who liked that the surgery had a “*local, family-type feel to it.*”

All staff members are also supported through regular team meetings, which provide staff with an opportunity to share examples of best practice or any issues they wish to share. Another receptionist we spoke to told us that they felt able to contribute and had no hesitation in bringing issues to these meetings.

Patient Advocacy

From our observations and conversations with staff, it is clear that great importance is placed on patient advocacy.

Feedback, both positive and negative, is actively encouraged with a box for written submissions clearly presented on the reception desk and online feedback promoted on the website. The surgery has received only one complaint during the course of the year, which are captured through NHS choices and *I want great care* website.

The Patient Participation Group (PPG) is clearly promoted in the surgery with information about how to volunteer. The group has made considerable contributions to the way patients are heard and are engaged with. In particular, as a response to confusion over the electronic prescription process among patients, the PPG have introduced greater clarity by displaying information about the process much more clearly in the practice.

The Practice Manager welcomes the PPG’s input, telling us that, “*They are really effective. They provide an honest opinion and are representative of the surgery community.*”

Additionally, the surgery is currently trying to find ways to improve the experience of booking appointments for patients by ensuring it is, “*fairer for all*”. This was clearly noticed by patients we spoke to, “*I think it is great how they are constantly trying to improve the booking system,*” and, “*I’ve watched it grow and it always seems to develop.*”

However, when asked about the PPG, most patients were unaware of their existence or function within the surgery, despite the clear advertisement.

Physical Environment

The surgery is located on a quiet residential street not far from Richmond High Street and is situated in a well-maintained building.

There is clear signage outside with details of the practices' senior partners and on a separate sign, the surgery's opening hours.

Internal signage is also very clear, with each doctor's name on their consulting room door, signs for fire exits, toilets, and the seminar room clearly displayed and well positioned. We did not observe any clear information on the clinical staff available at the surgery, despite a few of the patients we spoke to being new to the practice.

The surgery had good disabled access. The premises were spacious with wide hallways and a functional lift allows disabled access to the second floor. The surgery has a disabled toilet, which is immediately next to the waiting room area. Staff also told us that doctors would come downstairs if so desired by the patient. However, at the entrance, our representatives observed that a small ledge and limited space could restrict disabled access. On talking to the receptionist, she told us that a hearing loop was available but we did not observe any clear promotion of this.

The practice was well lit with large skylights upstairs and was bright and airy throughout. All toilets were clean and hand sanitisers were available on the ground floor waiting area.

The surgery had clean carpets throughout. The waiting rooms were spacious, with plenty of seating, which were in good condition and free of stains or damage. The downstairs waiting area also included a small children's corner with toys and games, which were being used during our visit.

We recommended that the surgery includes a noticeboard in the waiting area with the names of staff and doctors, to ensure those new to the practice are aware of clinical staff available to them. All staff should wear name badges, which should also include their job title.

We also suggested that the addition of an automatic door at the entrance and a ramp would further help to improve disabled access to the building.

Practice's Response

The practice assured us that all reception and admin staff do have name badges displaying their names and job titles. However, they noted that as the badges display both first and last name, it is not a requirement to wear them. The practice leaflet includes a list all staff names and job titles and all clinical staff have their names and roles printed on their consulting room door. Any additional measures were therefore felt to be unnecessary by the practice.

The practice agreed that an electronic door would ease access for some wheelchair and pushchair users. The practice have applied for funding through the NHS to develop the

premises and when the funding is granted, they assured us that they will install automatic doors.

Reception Area

The reception area was very quiet on both occasions we visited and we never observed a queue. This was helped by the automated check-in system, which the majority of patients used as soon as they walked in.

However, one patient did note that as the desk is directly by the entrance and waiting room area, the ability to have confidential conversations with receptionists can “*prove problematic*”. Our representatives also observed that during very quiet times at the surgery, patients could be overheard at reception asking for repeat prescriptions.

We recommended that the surgery places a sign at reception stating that if patients would like to have a confidential conversation with staff then they can ask to speak to them in another room. This will mitigate any issues if queues do develop.

Practice’s Response

The practice have confirmed that they have placed a sign on the reception desk, as well as on the notice board, letting patients know that they can ask to be spoken to in a separate room.

Access

Information

The practice provides a range of useful, relevant and up to date medical information in a directory for patients, which is clearly displayed on a table in the waiting room. We also observed a range of information on local support services on posters around the waiting room. All patients we spoke to stated that the clinical staff were happy to provide information about services if it is relevant to their condition.

The notice boards were presented in an engaging way, although we did observe that some noticeboards were positioned very high up and therefore not easily readable.

In the downstairs waiting room, there was also a community noticeboard showing activities that patients can get involved with in the local area. The Practice Manager told us that the inclusion of the board is to help, “*isolated members of the community to get involved in sociable activities.*” On the occasion we visited, the board presented images of staff, including practice managers, receptionists and doctors raising money for a local hospice. Some of the patients we spoke to made a positive reference to the board and suggested it contributed to their already established image of the surgery team as “*cohesive and family natured.*”

Patients using foreign languages are given online access to information and our representatives observed a card at reception that provides a language key. Receptionists also told us that telephone translation is available.

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 appointments on offer to them. Most patients noted there was nothing they would do to improve the booking system.

The surgery has a functional on-line appointment booking system as well as an automated telephone booking system that can be used by patients 24 hours a day.

A few patients commented that they found it difficult to get through on the phone, noting that it takes, *“quite a few attempts to get through.”* Others noted that they preferred using the phone to book appointments as this meant they could talk to a receptionist about the urgency of their condition, *“I don’t like automated systems, using the telephone is much better.”*

The majority of patients stated that they could get an appointment when they needed one. A few patients disagreed with this statement, one patient noting, *“I would have preferred to come yesterday with my son when he had an appointment but I had to come back today.”*

Most of the patients we spoke to either felt they could see the GP of their choice or didn’t have a preference to which doctor they saw, *“I don’t usually ask for a specific doctor, I’m quite happy with all of them.”* However, a few of the patients we spoke to expressed frustration at not being able to choose a doctor through the automated system, *“Never get to see the same doctor, it can be very tricky.”*

Awareness of the online booking system was very low with most patients telling us they used the automated system or phoned reception to book appointments. We received a mixed reaction from patients who did use the online booking system, some commenting that they found it *“useful,”* whilst others said it was *“frustrating to use”* and that it *“doesn’t have much choice with appointment selection.”*

Currently, the practice promotes the online system on a noticeboard in the practice and on the website. They are also adding more information to their practice leaflet about the system.

We recommended that the practice consider other ways to advertise the system to ensure all patients have the option to book their appointments online. We also recommended that the online system is improved so that it is more patient friendly.

Practice’s Response

The practice assured us that all new patients registering with the practice are given information about the online system with their registration forms and anyone that calls the practice is given the option of using the automated service. They also told us that the issue of creating a more patient friendly online system would be raised as an area for discussion with the practice’s PPG.

Waiting Times

During our visits, patients were waiting no longer than 5-10 minutes. We observed that the direct impact of this was a very quiet and calm waiting area.

The practice told us that this was due to the effective management of appointment times at the surgery with 15 minutes of time allocated to six appointments followed by 15 minutes for six telephone consultations per doctor. The Doctor told us that this allows for adjustment if a particular patient needs more time.

Opening Hours

Almost all patients we spoke to were happy with the opening times, although some patients told us that they'd been to A&E at the weekend because the doctors were unavailable.

Out of Hours

Most patients were aware of the out-of-hours service as it was clearly advertised in the surgery and on the automated telephone system. One patient noted their satisfaction with the service as one of the doctors had visited them out-of-hours during an emergency.

Summary

The practice told us that once they receive funding through the NHS, they will install automatic doors to ensure the building is accessible for all. Additionally, they assured us that a sign has been placed at reception informing patients that if they would like a confidential conversation with a staff member, they can ask to speak to them in another room. Finally, they responded that the issue of creating a more patient friendly online system would be raised as an area for discussion with the practice's PPG.

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.