

# Enter and View Report:

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## THE VINEYARD SURGERY

**Address:**

The Vineyard Surgery  
35 The Vineyard  
Richmond  
Surrey,  
TW10 6PP  
Telephone: 020 8948 0404

**Date of visits:**

October 7th and 14<sup>th</sup>

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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 The Vineyard 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.

The Vineyard Surgery is located in Richmond and has approximately 4,000 patients. The Surgery is part of a group of practices based outside of our area of operations and receives some support through being linked to other practices. The practice website lists five Doctors, two nurse practitioners, one practice nurse, two healthcare assistants and four administrative staff.

The findings from The Vineyard Surgery are presented in this report, along with recommendations for improvements to the practice which would enhance patient satisfaction.

# Methodology

## Setting up the visits

The visits to The Vineyard Surgery took place on the 7th and 14th of October. Each visit lasted two hours and was undertaken by two authorised volunteer and two staff Enter and View Representatives. Enter and View Representatives undergo a thorough recruitment and training process including application, references and interviews, Enter and View training, specific training on conducting visits in these locations, 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. This 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.

## 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

### Information

Our visitors did not see any written material providing information about where patients could access additional support. Many people with long-term conditions cite their GP Practice as being the place that they would go for such information<sup>1</sup>.

We recommended that the practice provide information for patients about the services that exist within the community. We advised them of our Healthwatch signposting service which is open to all. This aims to help people navigate the NHS and Social Services and helps individuals to access additional sources of support. We also stated that the Community Independent Living Scheme (CILS) provide a similar service for vulnerable adults and Age Concern provide a similar service for older people. These organisations can help the practice to identify useful information for patients but might also be useful organisations to signpost people to ensure that they have access to useful services and information in the community.

### Practice's Response

The practice told us that the Assistant Practice Manager has contacted multiple organisations to request literature, and if there are any further gaps they will be contacting Healthwatch Richmond for guidance. They assured us that they will find ways to improve on their leaflet displays, but they are restricted by the size of the waiting room in the number of displays they can accommodate.

### Opening times

Patients reported a low awareness of what to do if they needed to access general practice outside of normal hours. Practice staff acknowledged that the surgery uses the East Berks/Harmoni Out of Hours Service as do most LBRuT GP surgeries. The practice website directs patients to contact NHS 111. This lack of clarity limits patient access to the Out of Hours service.

A significant number of the people we spoke to about waiting times expressed a strong desire for improved access to general practice at weekends. Several patients reported that they either had or would attend Teddington Memorial Hospital or Accident and Emergency if they needed care out of hours.

We asked the practice to provide clear, consistent and readily available information about the Out of Hours service and how patients can access it. We also asked the practice to take

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[http://www.healthwatchrichmond.co.uk/sites/default/files/executive\\_summary\\_of\\_general\\_practice\\_report.pdf](http://www.healthwatchrichmond.co.uk/sites/default/files/executive_summary_of_general_practice_report.pdf)

steps to better understand the desire of its patients for access to care during weekends and consider how it can address this need.

## Practice's Response

The practice told us that *“The correct pathway is for patients to contact NHS111 when the practice is closed so that their call can be triaged and then the patient directed to the appropriate service provider such as a pharmacy. Out of Hours, wait for the GP to re-open or go to A&E. There are leaflets for the NHS111 service displayed and the main practice number 0208 948 0404 has a message telling the patients that the practice is closed and that they need to call NHS111.*

*Regarding the opening of the surgery on Saturdays, we appreciate that some patients would be keen on this service, however we are unable to consider this for several reasons:*

- *a Saturday is not part of the core opening hours of a GP Practice;*
- *we have voluntarily signed up to provide extended hours surgeries and based on our list size we need to average 2 hours per week and this service we already provide;*
- *The cost of delivering a service on a Saturday would outweigh the amount of extended revenue provided by NHSE making the service unaffordable.”*

Separate to our discussions with the GP practice, we 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.

## Appointments

Patients' feedback about their experience of booking appointments was mixed.

Some people reported that they were very happy with their appointments, as they often got to see a doctor of their choice.

Others told us about the difficulties they faced:

- *“difficult to get through on the phone”*
- *“I have to call sharp at 8 to get an appointment - you have to be persistent as all appointments are normally gone by 8:15, it is not easy to get an appointment, the surgery is quite busy.”*
- *“I can get an appointment but I need to push a lot.”*
- *“It is hard to get a pre-booked appointment. It is easier to call on the day at 7.55 and book an appointment.”*
- *“Phone is always busy.”*
- *“My experience of booking an appointment is terrible... I never understood pre-booking appointments and seeing a doctor on the same day.”*

We asked the practice to review the appointment booking system to reduce the pressure on the staff and phone lines during the busy periods and make it easier for patients to get through at those times.

### Practice's Response

The practice told us that *“As The Vineyard Surgery is a branch surgery we have structured the appointment system on the same basis, which we consider to be clinically appropriate, which is a mixture of the following:*

- *Pre-bookable appointments: there is a daily allocation of pre-bookable appointments for routine care;*
- *On the day/acute appointments: we have an allocation of bookable on the day appointments which are there for patients who wake up unwell and need to be seen on the day;*
- *Telephone consultations & triage: there are circumstances where a patient needs to discuss results for example and do not need to take time off work or travel to the practice;*
- *Emergency appointments: for patients who are acutely unwell and the clinician has triaged them telephonically and allocated them an appointment.*

*We need to stress that since we took over the practice in September 2013, we have clinicians on a regular basis to improve continuity of care and only use a locum GP where necessary. We have also increased the number of appointments available by increasing the number of clinicians and regrettably we are unable to extend this any further due to the cost implications.”*

## Quality of Care

### Environment

Our visitors observed that the practice was clean and patients confirmed that the practice was normally clean and hygienic. The waiting room was clean and tidy. One patient told us *“It is a very clean environment for baby. That is the thing that I like most”*.

Notices displaying practice information were present and laminated making them hygienic and easy to clean. However, our visitors found the absence of signs for key facilities in the practice confusing for people visiting for the first time, particularly the lack of signs indicating the location of the toilets.

Access via a ramp is available to a separate entrance but we were not able to confirm whether patients that used this were satisfied with the access.

Proximity of the reception area to the waiting room means that patient conversations with reception staff could potentially be overheard.

We asked the practice to provide signs explaining where key facilities of the Practice are located and consider actions to mitigate patients being overheard at reception.

### Practice's Response

The practice told us that they have now put up some signs to indicate where the key facilities are located.

### Variation in care

Most patients described confidence with clinical staff however there were marked variations in perceptions of the quality of clinical staff and in their confidence as a result. These negative experiences related to patients seeing trainee doctors which, while the concerns were not expressed in strong or emotive language, were expressed by a large number of patients and to all of our visitors. Our visitors noted a sign explaining that the Vineyard Surgery is a teaching practice for final year students.

We appreciate that this is a teaching practice and that it is important for trainee doctors to receive hands on experience. However, we asked the practice to provide us with evidence that they follow best practice in ensuring that students are correctly supervised, that patients provide consent to treatment by supervised students and that treatment is correct. We stated that once confirmed, these measures should be clearly communicated to patients.

### Practice's Response

The practice provided an explanation to Healthwatch Richmond on the use and supervision of Medical students at the practice. We were assured that the students are supervised throughout their contact with patients.

### Staff

Staff we spoke to were open and willing to talk. They told us that they like helping people but experience high pressure in their work, that they frequently work long hours and that there is a trend of growing demand. We were told that staff receive regular training that is managed centrally across the group of practices and that staff receive regular supervision.

### GPs and Nurses

Most patients expressed satisfaction with the care they received from clinical staff and were pleased to recommend the practice to friends. A small minority of patients felt that clinical staff did not really care about their health or that they seemed rushed. In general however patients were content and used positive language when describing clinical staff.

### Reception Staff

There were generally positive comments about all staff and in relation to reception staff; these included terms such as “*helpful*” and “*polite*”. A number of patients however wanted reception staff to be warmer, more approachable and more open.

Our visitors described staff positively and described the interactions they witnessed with patients as “*helpful*”.

Patients’ experiences of all the staff at the practice is generally positive; we asked that the staff receive praise for this, but there is room for improvement. We asked that the practice take this opportunity to identify the causes of the small number of poor experiences and also to consider the pressure that staff told us they feel under to see if there are ways of reducing this.

### Practice’s Response

The practice assured us that they review and respond to complaints when they are received. They also told us that all the reception staff have recently attended customer service training in the hope to improve this aspect of their service delivery. They said that they are committed to providing the best possible standard of care and service delivery within the resources available to them, and that they have made significant improvements within the past +/-15 months.

Additionally, they explained that there is uncertainty to the future of the premises and they are unable to make significant changes until this is resolved.



## Final Recommendations

The practice has assured us with their responses that they will improve on their provision of information and their leaflet displays as well as the signage to key facilities in the practice. We were also provided assurance on the use and supervision of medical students, their complaints procedure and the training of reception staff.

We would like the practice to consider our final recommendations:

### Information

We ask the practice to provide clear, consistent and readily available information about the Out of Hours service and how patients can access it.

Regarding the Out of Hours service, the practice needs to provide clear information directing patients to the NHS 111 service as the point of contact Out of Hours.

### Weekend appointments

The practice should explore linking with weekend provision of GP services.

### Appointment Booking

We recommend that the practice reviews its appointment booking system to reduce the pressure on the staff and phone lines during the busy periods and make it easier for patients to get through at those times. The practice's response does not sufficiently address the difficulties people told us they had in contacting the surgery. Discussions with staff revealed a real desire to accommodate patients and during our visit we witnessed a doctor agreeing to see an additional patient at the end of their surgery time. Patient feedback suggests that while there is satisfaction with the appointments on offer there is low satisfaction with the system in place for booking them. The practice needs to take action to improve this.

Once improved appointment booking systems are in place, these should be clearly communicated to patients.

### Medical Students

The practice should clearly communicate to patients what happens when medical students are involved in their appointments to ensure patients are fully confident in the treatment they are receiving.

## 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.