



Enter and View Report

**The Cedars Surgery
13th December 2017**



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Details of the Visit

Location:

Station Road, Worle, Weston super Mare BS22 6AJ

Date and Time of Visit:

13th December 2017, 9.30am-11.30am

Enter and View Representative:

Jane Towler

Registered Provider:

The Cedars Surgery

Type of Service:

GP Practice

Specialisms:

N/A

Manager:

Carol Jones, Practice Manager

Livvy Pimm, Deputy Practice Manager

Acknowledgements

Healthwatch North Somerset Authorised Enter and View Representatives wish to thank The Cedars Surgery and in particular the staff and patients at The Cedars Surgery.

Purpose of the Visit

Healthwatch North Somerset is carrying out a series of visits to GP Practices in North Somerset to ascertain the experience and opinions of local patients. The Cedars Surgery was selected as part of our series of North Somerset GP Enter and View visits of GP Practices in North Somerset.

Healthwatch North Somerset made the decision to visit GP Practices in North Somerset to observe the patient experience of using the services. Feedback gathered from local people provides a lot of positive feedback and there are numerous examples of good practice. Access to primary care is a theme frequently identified in the intelligence gathered by Healthwatch North Somerset and Enter and View visits allow observation of the patient environment.

The purpose of this Enter and View visit was aimed at outlining what was observed and recognising, highlighting and sharing good practice and making any suitable suggestions for improvement to the service concerned.

An Enter and View report may make recommendations for commissioners, provider or regulators or for Healthwatch North Somerset to explore particular issues in more detail. Unless stated otherwise, Enter and View visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

This report relates only to this specific visit and feedback received directly by Healthwatch North Somerset during the two hours of the Enter and View visit. It is not Representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

Description of the Service

The Cedars Surgery along with Worle Health Centre is part of a group of Surgeries. The Cedars Surgery is situated in an urban area of in North Somerset, it has approximately 15,000 patients.

The Cedars Surgery opens from 8.00am to 6.30pm Monday to Friday with pre-bookable appointments available daily from 7.30am; once a month there is a Saturday morning clinic. The surgery operates a mixture of appointment systems with some being pre-bookable and others booked on the day. There is also access to an on-call GP available for a telephone conference.

The Surgery has one Partner GP with the remaining being salaried GPs. The surgery is also supported by nurse practitioners, nurses, health care assistants (HCA) and the Practice Management team including administration staff, receptionists and secretaries.

Patients are encouraged to see the same doctor for continuity but patients are able to choose to see any doctor or to be seen at either of the two group practices.

Planning for the visit

The visit was an announced visit with the Surgery Practice Manager being given two weeks' notice. We sent a confirmation of visit letter, Practice Manager questions, posters and leaflets to the Surgery to inform patients, relatives, carers and staff about the Enter and View visit and about the role of Healthwatch North Somerset. The Enter and View visit was planned at 9.30 am to observe the Surgery during a busy period of their day. As part of the planning, the Enter and View Representative did some background research - online and out of hours.

How was the Visit Conducted?

One Enter and View Representative carried out the visit. The Enter and View Representative met with the Deputy Practice Manager at the start and at the end of the visit.

The Enter and View Representative observed the condition of the premises and the interaction between the staff and patients.

The Enter and View Representative was approached by and talked to four patients and one staff member; the information and evidence detailed in this report is collated from speaking to the Practice Manager and the Enter and View Representative's own observations.

The Enter and View Representative sought background information and reviewed the website to note the information available to patients and made a call out of hours to note the recorded information given to patients.

How were findings recorded?

Comments and quotes were recorded by the Enter and View Representative whilst observing the Surgery and engaging with the Deputy Practice Manager. Observation and prompt record templates were used to make notes, these were typed up after the visit by the Enter and View Representative. The report was compiled and written based on the notes and records of the visit.

Communication with the Manager

The Enter and View Representative met with the Deputy Practice Manager immediately before the Enter and View. Three prompt questions were used to establish instances of good practice, evidence change occurring because of patient feedback and identify potential improvements. The three prompt questions and responses are recorded below.

Q1. Are there any examples of good practice that you would wish to share with the rest of the primary care community?

- The surgery strives to provide excellence in all areas, while at the same time treating patients (and staff) as we would like our friends and family to be treated.
- Each of our clinician groups have regular meetings to discuss any issues ensuring patient care is treated as our top priority.

Q2. Do you have any examples of how the Practice made changes following feedback from patients?

- We have a Patient Participation Group (PPG), which meets quarterly. The GP Partner, Practice Manager and Deputy Practice Manager try to attend to ensure all feedback can be actioned as promptly as possible.
- When the Practice started offering online services we had a lot of patient feedback regarding how complicated it was to activate an account. One patient was speaking to the Practice Manager about this and together with the patient, the Practice formulated some step-by-step instructions to hand out with the log-in details. Difficulties seem to have lessened considerably since this. The patient that helped us with this issue went on to be an active member of our PPG.
- We have had a recent comment during a PPG meeting regarding the lack of seats by the reception desk making it very difficult for our elderly population if there is a queue at the front desk. We now try to ensure there are always three members of staff at the desk at busy times and they organise some chairs for people to sit down if needed.

Q3. From the Surgery's perspective, are there any changes or recommendations you would make to improve access to services at the practice for patients?

- There are many services we would like to offer to our patients that we currently can't. We have two sites; both sites function at full capacity. We would like to provide a more universal service to the Worle community, for example services such as leg ulcer clubs and offer more support to our patients with chronic disease, but currently we cannot accommodate this.

Observations and Findings

The Enter and View Representative observed the following:

External Building Condition

- The Cedars Surgery is located in Worle near to Weston super Mare. It is a building that fits within the surrounding residential area as it is a converted bungalow, it is situated on a busy main road but is well marked and easily identifiable.

Internal Decoration, Cleanliness and Furnishings

- The Cedars Surgery is a warm friendly surgery which is clean and tidy. The Enter and View Representative received a warm welcome from the receptionists on duty on the day of the Enter and View visit. The Enter and View Representative was expected by the team and was asked to sign in before being introduced to the Deputy Practice Manager. The Enter and View Representative was given a tour of the building and introduced to the Partner GP.
- The small waiting area has furniture which is a mixture of upholstered and plastic chairs situated around the edge of the room, with some chairs having arms for extra leverage for those who need a little extra help to get up from the seat.

Outside the Cedars Surgery

- The surgery has a small on-site car park which is very busy and during these busy times has the potential to be dangerous for patients with walking difficulties as the car park has a blind corner around which the main door is accessed.
- There was a public car park directly across the road and plenty of off street parking, there are also good public transport links.

Waiting Room

- The waiting room was fairly small but nevertheless there was room for a number of wheelchairs or pushchairs to manoeuvre around.
- The flooring is laminate flooring and is in good condition.
- There is a mixture of seating and although there is plenty of seating, towards the later part of the Enter and View visit the waiting room became very busy and has the potential to run out of seating; although the Enter and View Representative was told that the day of the visit was an exceptionally busy day as a number of GPs were on duty, as were nurse, HCAs and the Midwife was also running a clinic.
- There are two doors to enter in order to access the waiting room, the doors are not automated but they are easy to use.
- There is an automated sign in-service in the hallway with hand gel available.
- The waiting room and the reception desk are just inside the waiting room door.
- The reception desk is slightly above waist height and has opening glass screens which go some way to assist with confidentiality of telephone conversations.
- There was limited privacy for patients at the reception desk but there was a sign offering patient a more confidential service if required.
- There is no information system informing patients of waiting times or delays
- Each professional comes in person to the waiting area to call the next patient for their appointment.
- The names and photographs of the staff are not displayed.
- There were three members of the reception staff on duty on the day of the visit. Two were on the main reception dealing with patients and phone calls and one was carrying out administration tasks but was able to assist on the desk if required.
- The reception staff were very friendly and helpful.
- The Enter and View Representative witnessed one of the reception staff taking quite a while with an elderly patient who was experiencing difficulty with a prescription.
- There is a patients toilet with baby changing facilities which was clean and tidy and although not signposted in the waiting area, it was very clear once the area beyond the waiting room was entered.

Patient Contact

- During the Enter and View visit the Representative spoke with four patients. Three female patients and one male; two over 65 years of age and two between the ages of 25 and 65.
- All four patients were happy with the service they receive.
- All four had at some time experienced difficulty getting an appointment
- All four only use the telephone to book appointments.
- Two of the patients were not worried which GP they saw whilst the other two reported that they never saw the same GP.
- All four patients felt safe, respected and listened to by the surgery.

- Two of the patients found the doctors, nurses and receptionists approachable, caring and knowledgeable whilst the other two did not consider that this applied to the receptionists and further conversation with these two patients indicated they did not appear to understand fully the role of the receptionists, with one commenting that they considered the receptionists job was to prevent them from getting an appointment.
- None of the four patients knew how to raise a concern or complaint.
- None of the patients were aware of any examples of improvements made to the surgery following patient feedback.
- One had heard of the Patient Participation Group but was not sure if the group was now still in existence; only this person said they would like to hear from the PPG if it were still in existence, but this person was sure that the PPG no longer existed.

Information Boards/Leaflets

- There are notice boards in the hallway and the waiting area providing information that is relevant and up-to-date regarding service provision and specific information on different long-term conditions; there was also a Carers information pack available.
- Family and Friends information was displayed as was Healthwatch North Somerset leaflets but there was no visible comments box or Mission Statement.

Communication with the Practice Manager at End of Visit

At the end of the Enter and View visit the Representative met with the Practice Manager to clarify any issues that were unclear. Responses to queries raised are below.

- There no water provided in the waiting area?***
This was discussed at the last PPG meeting and it was decided under Health and Safety not to provide water. If there was to be a spillage this could cause a hazard to patients if there was any delay in the water being wiped and patients may leave full cups on the floor for others to knock over increasing the risk of slips and falls.
- Have you considered music in the waiting area?***
Yes, this has been considered and at one time was provided but complaints were received as to the type of music playing and when the music circuit got stuck the same song continually played.
- Information regarding the Patient Participation Group (PPG) was not visible?***
The Practice encourages and engages with the PPG but it was felt that the role of advertising this meeting was the responsibility of the PPG members themselves and not the practice.
Does the surgery have a policy on enabling and giving priority to children requiring a GP appointment on that day?
Children under five are always offered an appointment whilst older children's parents are referred to the duty doctor who can give an appointment if required.

Out of Hours

As part of the background research the Enter and View Representative noted the following details when they phoned the surgery out of hours: -

- The Practice does not provide out of hour's services to their own patients, this is provided by the local provider Brisdoc. Patients are directed, outside of normal

practice hours via a telephone message, to either ring 999 for a life-threatening condition or to ring 111 if the patient is unable to wait until the surgery reopens.

Review of the Practice Website

As part of the background research the Enter and View representative noted the following details when researching the website: -

- The web page is easy to access and has a great deal of information, it was up-to-date and relevant in the information provided, i.e. Christmas opening times displayed.

Recommendations

Healthwatch regulations stipulate that service providers and commissioners have a duty to respond to local Healthwatch reports and recommendations within 20 working days, in writing, to acknowledge receipt and to explain what action they intend to take; or if they do not intend to take action they must explain why. (Health and Social Care Act 2012: Addendum to summary report: issues relating to local Healthwatch regulations).

Healthwatch North Somerset recommends the following based on the Enter and View Representative's observations and feedback received by the public in North Somerset.

We believe the following recommendations to be achievable, affordable and evidence based:

- Information regarding the Patient Participation Group (PPG) was not visible, the Enter and View Representative was advised by the Deputy Practice Manager that the Practice encouraged and engaged with their PPG but it was felt that the role of advertising this Group was the responsibility of the PPG members themselves and not the practice. The practice could allocate board space in the waiting area for in order that the PPG can post visible information.
- There was no information of names or photographs of the surgery staff displayed, a name board with photographs displayed in the waiting area would give a more personal touch for patients.
- Patients did not fully understand the role of the reception staff. Promotion of the role perhaps with the assistance of the PPG.

Providers response

There was no formal response provided to the Report.

About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a Representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

Enter and View

To enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch North Somerset Representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch North Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)

- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Key Benefits of Enter and View

- To encourage, support, recommend and influence service improvement by:
- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning.

Relevant Legislation

- The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).
- The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).
- The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).
- The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



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