



Enter and View Report
Locking Village Surgery
19th January 2018



Contents

Details of the Visit	3
Acknowledgements	4
Purpose of the Visit	4
Description of the Service	4
Planning for the visit	4
How was the Visit Conducted?	5
How were findings recorded?	5
Communication with the Manager	5
Observations and Findings	6
External Building Condition.....	6
Internal Decoration, Cleanliness and Furnishings	6
Outside Locking Village Surgery	7
Access to Locking Village Surgery	7
Reception Area	7
Waiting Room.....	8
Information Boards/Leaflets	8
Patient Contact	9
Communication with the Practice Manager at End of Visit	9
Good Practice	9
Out of Hours	9
Review of the Practice Website	10
Recommendations	11
Providers Response	11
About Healthwatch North Somerset	12
Enter and View	12
Key Benefits of Enter and View	13



Details of the Visit

Location

Locking Village Surgery, Grenville Avenue, Locking BS24 8AR

Date and Time of Visit

19th January 2018 09:00am - 11:00am

Enter and View Representative

Sue Stone

Registered Provider

Longton Grove Surgery

Type of Service

GP Surgery

Specialisms

n/a

Practice Manager

Eloise Poynter

Acknowledgements

Healthwatch North Somerset Authorised Enter and View Representatives wish to thank Longton Grove Surgery, including the staff and patients at Locking Village 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. Locking Village Surgery was selected as part of our series of North Somerset GP Enter and Views 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 of good practice and making any suitable suggestions for improvement to the service concerned.

The report may also make recommendations for commissioners, 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

Locking Village Surgery is the branch surgery to the main site at Longton Grove Surgery (Weston-super-Mare) and is situated in the village of Locking, North Somerset. The surgery is attached to the Village Hall and provides its services in two clinical rooms, a waiting room, reception and toilet.

Locking Village Surgery opens from 08:30am to 12:00 noon Monday to Friday.

Planning for the visit

The visit was an announced visit with Longton Grove 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 08:30am to observe the Surgery during its opening times and a steady flow of patients was observed. 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 Practice Manager and Lead Receptionist at the start of the visit. It was agreed that if there was further questions or observations which required the Practice Manager input these would be phoned through to the Practice Manager at the main site.

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

The Enter and View Representative also talked to the Receptionist and Nurse on duty, 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 Practice and engaging with the 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 Practice Manager immediately before the Enter and View. A fellow Enter and View Representative had previously asked the three prompt questions during their visit to the main surgery the day before (*see Longton Grove Surgery Report*). The answers provided by the Practice Manager covered the two sites managed by the Longton Grove Surgery.

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

- ➊ The surgery has worked to establish high levels of continuity for patients. This is one of the surgery's core values and the GPs hold personal patient lists and reception staff encourage patients to see their own doctor. This means the doctors can run their appointments systems more efficiently.
- ➋ The surgery offers high levels of access to GP appointments which is again one of the surgeries core values. The reception will only book appointments up to two weeks in advance which they say reduces the wait for an appointment.
- ➌ The surgery has low levels of patients using out-of-hours services - as a result of the continuity and access as above.
- ➍ The surgery works hard to create a happy staff culture and has low staff turnover. The staff are therefore familiar faces to patients, are experienced, well trained and morale is high.
- ➎ The surgery set up a successful lifestyle programme (at first offering group sessions and then individual ones) for patients with pre-diabetic symptoms or

already on their diabetic programme. Dr Haggerty was responsible for involving Public Health, Community Health Trainers and other allied professionals. They are now evaluating the programme. They are now training other GP practices to carry out this kind of programme.

- The surgery has been leading in the locality on improving diabetic care. Using the services of a chronic disease nurse, consultant endocrinologist and a GP, they have been running virtual clinics to upskill other practices to improve care.
- The surgery is offering an Ear Syringing clinic at the main surgery, instead of individual appointments with a GP for this. They can provide the service for more patients this way and the appointments can be shorter and more efficient.
- The purpose-built site at the main surgery had provided rooms for additional services and clinics for other patients as well as the surgery patients. They offer retinopathy, a dietitian, AAA screening, Minor Operations, Leg Club, Midwifery, Positive Step.

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

- Waiting rooms chairs with arms have been provided in response to patient feedback
- The surgery is starting a newsletter for patients.
- The surgery has increased turnaround of prescriptions to 72 hrs and has worked to cut down concerns over repeat prescriptions and volume issues.
- The surgery are hoping to bring in text messaging through the EMIS system to remind patients of their appointments.
- The Patient Participation Group meets quarterly
- Feedback forms and a drop box asking patients to 'give us an idea' are positively received

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?

- The surgery would like their referrals to secondary care to be fast and effective but they have little control over the criteria set by secondary care for patient accessing services or waiting times for those services.
- The surgery provides access to a wide range of additional services already (see above)

Observations and Findings

The Enter and View Representative observed the following:

External Building Condition

- Locking Village Surgery is attached to the Village Hall in Locking, which is set back from the road with a small shared car park in the front.
- To enter the Surgery there is a small level path which leads to the entrance door.
- When entering the car park, the sign for the Surgery is mounted on the wall of the hall. The assumption is made that you need to follow the path to gain entrance to the surgery.

Internal Decoration, Cleanliness and Furnishings

- The waiting room and reception area observed was very clean, bright and painted in neutral colours.
- The seating provided was tidy and in good condition.

- As Locking Village Surgery is a small branch surgery there is one toilet accessible to staff and patients. This toilet area was observed as clean and fitted out with aids for people with disabilities.
- The flooring throughout the reception area was in good condition and clean.

Outside Locking Village Surgery

- The rooms which make up the Surgery are part of an annexe attached to the main village hall. From the road there is no signage. As you reach the carpark you are aware where the surgery is situated.
- The small car park is shared with the village hall, however there is a sign which states further parking behind the hall. On investigation this is accessed by driving to another road, however the gate was locked.
- On road parking in a residential street is an option for those who drive to the surgery for their appointment.
- One space for disabled parking was observed.
- There is a pharmacy opposite the surgery
- A bus (126) serves the area, with a bus stop several yards away from the surgery in Elm Tree Road.

Access to Locking Village Surgery

- The main entrance is located at the side of the Village Hall building. The path is small and level, wide enough for a single buggy or wheelchair.
- To access the building, patients must use a single door. The door is single upvc and not automated. During the visit the Enter and View Representative assisted a mother who was trying to open the door and push a buggy into the waiting room. As the door did not have a restrictor it was difficult to hold the door open and manoeuvre the buggy.
- To gain entrance to the waiting area, once through the entrance door patients are in a small corridor where there is a further single door to the waiting room.
- As this is branch surgery, it has two clinical rooms, a waiting room, reception and toilet.

Reception Area

- The reception desk is located opposite the entrance door to the waiting room. Patients approach the desk, which has a sliding glass window, to speak to the receptionist. It did not appear to be wheelchair user friendly, in relation to the height.
- As this is a small surgery, on the day of the visit one GP was in attendance along with the nurse. One receptionist was on duty and this was observed as well managed in relation to the patient flow and number of queries that were presented during the time of the observation. The receptionist was approachable, knowledgeable and friendly and displayed good rapport with the patients and pharmacy staff.
- The Receptionist wore a name badge.
- There was no queue, and all queries and patient contacts were dealt with in a timely fashion.
- The reception area provides privacy and confidentiality for patients when speaking to the receptionist.
- The Enter and View Representative did not observe a hearing loop logo sign.

Waiting Room

- There is hand sanitiser gel available for patients to use in the corridor before patients enter the waiting room
- The waiting room is bright, the seats for patients are arranged around the parameter of the room.
- All the seats are the same colour and in good condition.
- Several seats have arms, which enable leverage.
- There is room to manoeuvre a wheelchair or buggy in the waiting room.
- There is a table next to the Reception Desk. The Receptionist explained to the Enter and View Representative that she keeps this area as an information point. The latest health promotion was evident, alongside access for patients to complete a Family and Friends questionnaire. However, a box to put the completed questionnaire was not noted.
- The only toilet is accessed from the corridor as patients enter the surgery. It was clean and tidy and had plenty of daylight. The toilet was set up for those requiring support if they have a disability. It was observed that there were no baby changing facilities.
- Drinking water is not provided, however the Receptionist advised it is provided on request.
- There is background music in the waiting room.
- Although there is no electronic check in for patients as this is a branch surgery, patients are reminded on arrival to book in with the receptionist. Signs are located on the door as patients enter and on the door of the clinical room used by the GP. During the observation some patients did come in and sat down without informing the receptionist. It was noted that the Receptionist was proactive in checking the patients and reminding them to book in.
- On the day of the observation, no conversations between staff and patients were overheard.
- No hearing loop sign was observed.
- All the clinical staff entered the waiting room and called for their next patient.

Information Boards/Leaflets

- The practice Mission Statement was on display, alongside the complaint procedure and contact details should a patient wish to raise a concern.
- Information about the PPG was visible.
- The Family and Friends questionnaire was accessible on the table next to Reception.
- Healthwatch North Somerset information about the Enter and View visit was on display.
- No comment box was available.
- In relation to translation services, no details were on display. In discussion with the Receptionist it was noted that services are available if required.
- There was a poster about 'Carers'.
- Information about changes made from patient feedback was not visible ie "you said, we did" board.
- Details about on-line appointments (Patient Access) were available.
- All the information on display was relevant to Health and Social Care. One poster was out of date and this was brought to the attention of the Receptionist who removed it from display.

Patient Contact

- As the patients attending the surgery on the day of observation were being seen in quick succession there was little opportunity to speak to them.
- The interaction between the staff and patients was friendly and welcoming. During the visit several queries were dealt with and in answering those queries nothing was too much trouble for the practice.

Communication with the Practice Manager at End of Visit

- As this was the branch surgery, if there were any concerns or further questions it was agreed that the receptionist would put the Enter and View Representative through on the phone to the main surgery to speak to the Practice Manager. No immediate actions were required.

Good Practice

- During the visit there was an opportunity to briefly speak to the Lead Practise Nurse, who was in between patients. The Nurse described the latest development and roll out of the virtual clinic (see Communication with the Manager) for the improvement of diabetic care.
- Encourage and able to provide continuity of care - patients can see their own GP. This has improved the efficiency of the appointment system for GPs. In addition, the practice has low levels of out of hours use due to the management of the appointments during the day.
- They have developed a lifestyle programme for individual and groups of patients. Input from Public Health, Community Health Trainers and Allied Health Professionals.
- Providing ear syringing clinics rather than individual appointments. This service provides more appointments for patients, specifically for ear syringing.
- The purpose-built site at the main surgery provides access to additional services and clinics for patients registered with Longton Grove Surgery (*including those who attend Locking Village Surgery*) as well as the patients from other surgeries. They offer retinopathy, a dietitian, AAA screening, Minor Operations, Leg Club, Midwifery, Positive Step.

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: -

- Calling the phone number for the branch surgery - the surgery name was given.
- No surgery opening hours were given, the caller was informed that the surgery is now closed.
- Clear information is provided on who to phone - NHS 111 for general non-life-threatening illness/or you cannot wait for the GP surgery to open or 999 for life threatening/emergency.
- The caller is not informed that the calls to NHS 111 are free to call.
- No voicemail options were available to leave messages.

Review of the Practice Website

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

- When searching Google for Locking Village Surgery details are at the top of the list, however there is no website to view. A patient who knows the practice would perhaps search for Longton Grove Surgery as they know that this is the main practice.
- The Locking Village Surgery website is incorporated in the main surgery website (Longton Grove Surgery). Patients can find the contact number and address for Locking Village Surgery when they select the Contact us tab and select the surgery from the drop-down list.
- Accessing the website on a laptop takes the patient to the full desktop website. If using an iPad or mobile a truncated view opens which offers News, Home, Opening times and contact details. A further option is the main site and when selected opens the full website.
- In the truncated view under the options using Google Search the Enter and View Representative noted
 - News - New Building Patient Information Leaflet which makes reference to key dates in 2012/13 (access via mysurgerywebsitemobile from Google)
 - Home - brief description about the practice and joining the PPG
 - Opening times - appears to only give details of the main surgery opening times
 - Contact Details - Name and address for both building, telephone/fax numbers, Health visitors/District Nursing, Out of Hours for main surgery ie NHS 111. However, the Locking Village Surgery gives the main surgery for Out of Hours.
 - Main site - launches the Longton Grove Surgery website
- The main website is fairly easy to navigate, there a number of tabs which you can click on for information and on the home page there is a navigation pane on the left which gives you quick links and further information. Unable to locate a direct line for the Practice Manager.
- The website holds more information about the opening times than the ansaphone message.
- The website gives out of hours information which is accessible by using the tab Opening Hours.
- The patient is informed that the 111 service is free to call.
- There is a 111 logo on the home page, if you click onto this logo the patient is taken to the external website of NHS Choices and the pages gives full details of the 111 services. It was noted that this web page has patient information leaflets in easy to read and different languages.
- If a patient wanted to raise a concern or complaint the information is easy to find.
- There is a dedicated link - Comments and Complaints, which is navigated from the home page or look under the tab for Policies. Contacts can download a copy of the complaints procedure/information leaflet for the practice and there is also a complaint form which includes a section on consent. The details in the leaflet gives contact the options to speak to SEAP/Independent Complaints Advocacy or NHS Commissioning Board if they do not want to speak to the practice directly.
- A recommendation for this leaflet would be to update the NHS Commissioning Board (now NHS England) and review the section "Taking a Complaint Further". This suggests that the complaint should go to NHS England if they are unhappy with the practice

response. The steps for a complaint if they are unhappy with response is to go directly to the Parliamentary Health Service Ombudsman.

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:

- Review and amend the patient information for those raising concerns/complaints.
- To look at the mobile website to ensure information is up to date.
- Put a comment box and "you said we did" information into the branch surgery.
- Look at the possibilities to extend the pathway at the entrance door of the branch surgery to help with manoeuvrability when opening the door.

Providers Response

No response received from the Provider

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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