

# Enter and View Report

Bilston Health Centre - Dr Mudigonda  
Semi-announced Revisit  
19 December 2019



**healthwatch**  
Wolverhampton

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## What is Enter and View

Part of Healthwatch Wolverhampton's remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrist and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

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## Provider details

Name and Address of Service: Dr Mudigonda's Practice, Bilston Health Centre, Proud's Lane, Bilston, WV14 6PW.

Manager: Mohan Mudigonda

Service type: GP Surgery

Client type: Patients

## Acknowledgments

Healthwatch Wolverhampton would like to thank the Practice Manager, staff and all the patients and family members for their co-operation during our visit.

## Disclaimer

Please note that this report is related to findings and observations made during our visit made on 19 December 2019. The report does not claim to represent the views of all patients, only those who contributed during the visit.

## Authorised Representatives

Emily Lovell, Lead Authorised Representative

Andy Davies, Authorised Representative

Ian Broome, Observing Authorised Representative and Work Experience Student

## Who we share the report with

This report and its findings will be shared with Dr Mudigonda's Practice, local Wolverhampton Councillors, City of Wolverhampton Council, Care Quality Commission (CQC), Clinical Commissioning Group (CCG) and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

## Healthwatch Wolverhampton details

Address:  
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## Healthwatch principles

Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

## Purpose of the visit

An unannounced visit was undertaken at Dr Mudigonda's Practice on 11 February 2019, this report was published early this year and several recommendations were made:

1. Educate the staff on communicating Care Navigation to patients, so that patients are informed about the questions they may be asked when booking an appointment.
2. Provide more information about the Patient Participation Group (PPG).
3. Ask patients about their own choices in terms of when they want appointments and who with.
4. There seems to be discrepancies between what the patients are saying about getting appointments, as to what the staff are saying. Patients need to be better communicated with by the practice.
5. Information about how to make a complaint or raise a concern should be made more accessible other than the screens in the practice.
6. Provide a "you said, we did" or "we did not do because of..." feedback to patients about how their feedback is being listened to and acted on.

The revisit made to Dr Mudigonda's Practice on 19 December 2019 was purely made to identify whether the recommendations made earlier in the year had been acted upon. Therefore, questions asked to both staff and patients were focussed on these topics only.



*Bilston Health Centre*

## Summary of Findings

The practice manager was very cooperative during our visit and recognised where improvements could be made. While some recommendations from the February report have been made, unfortunately not all of them have been instigated. Therefore, the recommendations made within this report are of a similar nature.

## What we did

Authorised Representatives introduced themselves to a member of staff at reception, who took them round to see the practice manager. The Authorised Representatives explained to the practice manager the purpose, timeframe and reason for the visit. Authorised Representatives then separately engaged with the practice manager, patients and family members.

## Findings:

### Environment

#### External

Dr Mudigonda's practice is located within the Bilston Health Centre which was easily accessible and well signposted. The building was well maintained, however there was a loose paving slab at the foot of the ramp which may have caused difficulty for wheelchair and pram users.

#### Internal

Dr Mudigonda's practice was slightly difficult to locate, however there were directional posters stuck to the wall. Dr Mudigonda's waiting area was small and shared with another practice but was clean and well maintained. There were hand sanitising dispensers in communal areas and some chairs had arms to aid patients standing up.

The waiting room walls were covered in posters around; Pharmacy, Flu, Healthy Minds, 111, Carers, Meningitis, Chaperons, PPG and Walk in Centres.

Patients were called through to their appointment by a light up sign.

### Essential services

None of the patients that Authorised Representatives engaged with had ever been offered out of hours or extra GP appointments at another GP practice within the Primary Care Network (PCN). Most patients had been offered self-care information or services.

There was information within the latest newsletter about the PCN and how Bilston Urban Village would be providing appointments for patients between 4pm and 8pm on Christmas Eve and New Years Eve.

## Access

Only one patient that Authorised Representatives engaged with found that they were able to access appointments when they needed them, most patients expressed difficulty with this. Half of the patients were able to access same day or emergency appointments and felt that they had enough time to raise medical concerns in appointments.

The practice manager told Authorised Representatives that face to face appointments are split 50:50 between routine and emergency appointments. The surgery also offered telephone call back appointments in the afternoon.

The practice manager also told Authorised Representatives that there was no criteria to receive an emergency appointment, however, the receptionist does ask triage questions to give the patients more options, this is to direct patients to the most appropriate service. All patients told Authorised Representatives that receptionists are asking them why they need the appointment however, not many patients have had this explained to them.

The surgery is currently rolling out a patient app and in the new year will use the patient access self-care tool.

## Safe, dignified and quality services

All patients felt treated with respect and compassion.

Most patients found staff friendly and helpful, however some said; “some staff are not” and “on the whole”.

## Information and Education

Only one patient had ever received the practice newsletter however, there were practice newsletters available in the waiting area when Authorised Representatives arrived at the visit. The newsletter was version 6 and dated winter 2019/20. It contained information on Christmas opening times and appointments at other practices within the PCN during the Christmas break, NHS 111, Family and Friends test, Practice Survey, Norovirus and Mental Health. Staff told the Authorised Representatives that they began producing newsletters around 12-14 months ago and release them every 2-3 months. They are written with the support of the PPG Chair.

The practice manager told Authorised Representatives that the TV screen is used to display information to patients, however, this was switched off at the time of our visit. There were various leaflets displayed across the waiting room, however, some of these were out of date, and many were printed in a font too small to read easily. The practice manager expressed that the notice boards in the waiting area did need refreshing and updating and that he was keen to do this.

Most patients felt that they would like to receive more information.

## Choice

Only one patient that Authorised Representatives had engaged with had a choice of GP they saw for their appointment. However, most patients had a choice in the date and time of their appointment.

The practice manager explained that if patients wanted a continuity of care and to see the same GP there would be less choice in appointment times and dates. This was explained to patients when they booked appointments, along with the option for a phone call back.

The practice manager also told Authorised Representatives that patients generally booked appointments via the telephone but are able to book online too.

## Being listened to

Most patients felt that they were able to raise concerns with staff but not all patients knew how to make a complaint. Most patients felt that their concerns and views were listened to and acted upon. Authorised Representatives observed a complaints poster in the waiting area; however, the font was so small and would only be readable if a patient was sat next to it. The practice manager told Authorised Representatives that the notice board for this needs to be made more prominent and the process would also be put back on the television.

Patients felt that staff actively sought their views but only a couple had ever been asked to leave feedback. The practice manager told Authorised Representatives that they released an annual practice survey, inviting 100-150 patients to respond, the results were collated and fed back to the PPG. The practice manager explained that improvements were made if needed, for example; patients previously raised issues about the phone lines being busy so the practice promoted the app and introduced more care navigation options. This report is yet to be published on the website. At the time of the visit, Authorised Representatives suggested sharing the changes with the patients which the practice manager said they could do more actively.

## Being involved

Most patients felt that the GP practice did enough for the patients. Only one patient had heard of the PPG and none had received information and updates to keep them involved; “Never heard of it”.

The practice manager told Authorised Representatives that they hold PPG meetings annually, but ideally would prefer it if they were every six months due to a lack of members. Promotion for the PPG is included in leaflets and newsletters. The practice manager is also considering putting an advertisement on the right side of the prescription to encourage more patients to join.

## Recommendations

1. Ensure patients are aware of out of hours and extra GP appointments within the PCN.
2. Educate staff on communicating Care Navigation to patients, so that patients are informed about the questions they may be asked when booking an appointment.
3. Continue to share practice newsletters with patients.
4. Information about how to make a complaint or raise a concern should be made more accessible and visible within the waiting area.
5. Consider theming notice boards into information for carers, PPG, complaints and concerns, support groups etc.
6. Provide a “you said, we did” or “we did not do because of...” feedback to patients about how their feedback is being listened to and acted on.
7. Provide more information about the Patient Participation Group to encourage more patients to attend.
8. Share the last report and results of the last practice survey.

## Provider feedback

Many thanks for your visit prior to Christmas which I found very useful. Thank you also for sending me the draft report which I have read. All looks good to me so I don't have any concerns or further comment. Everything you wrote seemed perfectly reasonable and the suggested recommendations were very valid.

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