

# Enter and View Report

Keats Grove Surgery  
Announced Visit  
25<sup>th</sup> June 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: Keats Grove Surgery,  
Manager: Tracy Sutcliffe  
Service type: GP Surgery  
Client type: Patients

## Acknowledgments

Healthwatch Wolverhampton would like to thank the Practice Manager, staff and patients 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 25<sup>th</sup> June 2019. The report does not claim to represent the views of all service users, only those who contributed during the visit.

## Authorised Representatives

Sheila Gill - Lead Authorised Representative  
Emily Lovell - Authorised Representative

## Who we share the report with

This report and its findings will be shared with Keats Grove Surgery, Wolverhampton Clinical Commissioning Group (CCG), Local Councillors, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

## Healthwatch Wolverhampton details

Address:  
Regent House  
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Website: [www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)

Free phone: 0800 470 1944

Social media: HWWolverhampton

## 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 or spend time 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 people reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment and in a way that works for you and your family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat you with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that you can use to make decisions about your health and care needs and how to take care of yourself and explains what you are 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 your concerns and views listened to and acted upon and to be supported in taking action if you are not satisfied with the service that you have received
8. **Being involved:** Right 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

Keats Grove Surgery was selected for an announced Enter and View visit in response to feedback and intelligence gathered from patients.



*Keats Grove Surgery*

## What we did

On arrival we introduced ourselves and asked to speak with the Practice Manager. As this was an announced Enter and View visit the Practice Manager was aware of the purpose of our visit and was expecting us. We were given a brief tour around the Practice, including the waiting area and two nurse consulting rooms. We prompted the Practice Manager for the Signing in Book as we were not asked to sign in by the reception staff. We spoke to patients and the Practice Manager separately for their feedback about care and experiences at the Practice; unfortunately, no other staff were available for us to talk to at the time of the visit.

## Summary of Findings:

The visit at Keats Grove Surgery was mixed. It was clear from patient feedback that improvements need to be made around communication and access to appointments. Conversations with the practice manager highlighted that improvements are being made. Recommendations have been made around; accessibility, information and the PPG.

## Findings:

### Environment

#### External

The surgery is accessed through the large car park though there is limited disabled parking bays. The entrance was clearly signposted and easy to access and there was a dropped kerb and ramp available. A CCTV camera in operation notice was displayed near the entrance. There was also a notice within the practice asking patients not to block the dropped curb with their cars.

## Internal

The waiting room and other areas were light and airy and did not have any unpleasant odours. The chairs were laid out in rows facing a large television screen used to alert patients to their allotted GP appointment room. Two older patients were observed to struggle to stand up from a sitting position as the chairs did not have arm rests to support them.

Patients either used the self-check in desks or reported to the reception desk which is made up of window hatches around the reception area; conversations were not overheard as patients tended to lean into the windows to speak to staff.

Throughout the visit long queues of patients were observed in the waiting area, some of these appeared to be managed quite quickly by a number of reception staff.

The TV on the wall of the waiting area was used for health promotion and community messages e.g. alcohol consumption, flu, hay fever, healthy eating, Alzheimer's Society etc. The font size used for these messages was small and not readable from the middle or back of the waiting room. A message was also displayed about Patient Participation Group (PPG) however some of this was written in yellow so not clearly visible.

The TV screen was also used to display the name of the next patient and the room they needed to go to; an audio alert was used whenever a new patient was displayed/called. Some GP's, Nurses and other health professionals also came into reception and called names of patients and/or escorted them to their room.

There were several posters and lots of literature displayed in the waiting area however some of the information was out of date e.g. Stop Smoking Service poster from 2013, Christmas opening times for last year and a dementia event that took place in May 2019.

Only one hand sanitising gel was observed inside the reception desk area, out of a patients reach; none were seen by the self-check in area.

There are no handrails in corridors to aid people to move through and around the practice - this could help some patients. A patient was observed struggling to get to the consultation room; the nurse did not offer any assistance or help but went back into the room and said 'don't rush.'

In the main waiting area there was clear signage to different rooms, toilets and corridors and a box was available to deposit friends and family comment cards. There was a self-care pull up banner displayed in the entrance and there was also a small children's play area situated in the waiting room.

Other than the TV screen the waiting room was not very stimulating.

Despite this Enter and View visit being an announced visit, there were no Healthwatch Wolverhampton posters or leaflets on display and none of the patients engaged with knew that Healthwatch were scheduled to visit and talk to

patients on the day of the visit. We supplied the practice with a visit poster for them to display in the practice two weeks prior to the visit.

## Essential services

The Lead Authorised Representative met with the Practice Manager who confirmed the practice had around 6400 registered patients and there were 144 missed appointments in May 2019. The practice has 3 GPs (Partners), 2 Nurses, 6 Part time Receptionists, a Practice Manager, an Assistant Practice Manager, a part-time Administrator, Clinical Coder and Secretary. There are nine different treatment and consultation rooms available and these are used by GPs, a Registrar, Physiotherapist, Nurses, Healthcare Assistants. A part-time on-site pharmacist undertakes medication reviews and makes changes to dosage in line with hospital letters/correspondence. GPs make referrals to social prescribing and Healthy Minds who attend twice a week and Citizens Advice Bureau come into the practice on Monday afternoons and help to support patients with form filling etc.

In supporting patients to take preventative steps to their own health and well-being the practice displays various information leaflets. The Practice Manager said 'everyone puts notices up' and 'the practice has just been re-decorated and all the rooms have been painted so some of the noticeboards have not been put back yet', which is the reason for leaflets not being up to date. The Practice Manager also told us 'the website has been re-vamped however some things still need to be added including weekend appointments, complaints etc.'

A number of patients who engaged with Healthwatch during the visit advised that they struggled to access appointments when they needed them. They also mentioned 'there is a long wait on the phone' and 'you rarely get a same day appointment on the phone'. A couple of patients said 'you have to say it's an emergency to get an appointment.' One patient said 'they never have appointments, I've been here all my life, you have to say it's an emergency.' A number of patients said that when they cannot get an appointment, they either call NHS111, go to Accident and Emergency or to the 'Walk in' centre at New Cross Hospital. One patient said, 'when you're working you can't always call dead on 8am and the phones are really busy and then it's a couple of weeks before you can see someone.' One patient said 'I always get an appointment on the phone.' Another patient commented 'they have taken too many patients on.'

## Access

The Practice Manager advised that a side room is available for patients to speak to reception staff in private or if they want to talk about a death or something personal. Staff receive mandatory training including CPR and safeguarding; 'staff are given a certificate and all staff training requirements are reviewed by me.'

Training is reviewed at annual appraisal meetings and refresher training is organised as and when required.

Most patients spoken to felt they were treated fairly at the practice. One patient said they felt harassed or discriminated against by 'a certain nurse.'

### Safe, dignified and quality services

Most patients felt that staff treated them with respect and compassion and dignity and privacy was maintained at the practice. One patient said 'sometimes on the phone they are in a hurry' another said 'staff are friendly and helpful most of the time and agreed that staff treat them with compassion except for one nurse.' One patient mentioned staff are not always compassionate and do not always meet their specific needs. One patient had an appointment with a GP at 10.20am however the doctor was running late. There was no communication from staff around this and the patient was still waiting when the Authorised Representatives left the surgery around 11.10am.

The Practice Manager advised that staff have laminated, written information about raising a safeguarding issue available on reception notice board; 'they would refer to a GP in the first instance.' When asked about how patients or relatives know how to raise a complaint, the Practice Manager said 'When patients first register, they are given a handbook which includes How to Complain.' The handbook has recently been updated but still needs to be added to the website and the notice has not been replaced in the waiting area.

None of the staff at the practice have received training in dementia awareness but the practice are looking to provide this at some point. Reception staff know how to use the Induction Loop if required and interpreters can be booked for non-English speaking patients, but this has not been needed very often. Currently the practice has not needed to use British Sign Language support to communicate with any registered patients; specific communication needs are coded electronically and a pop-up message alerts staff when an appointment is requested.

### Information

Most of the patients we engaged with said they did not receive any information from their GP about changes to the practice or how they could be more involved with the practice. All the patients we engaged with the practice did not have a newsletter; one patient said 'I would like to know about any changes with doctors.'

Information about out of hours / extra / weekend / bank holiday appointments is available on the website however they are due to change in July. Currently the practice has appointments on 3 evenings per week and this will reduce to 1 evening a week - they will be producing flyers about this for patients. Patients are able to walk in or call into the practice up to 10.30am (cut off) 'Patients are given

a rough time to come back for an appointment the same morning.’ A couple of patients mentioned they had received an appointment reminder via text message.

## Choice

The Practice Manager advised that routine appointments can be booked 2 weeks ahead and are also available to book online although online uptake is currently low. Patient telephone numbers and smoking status is updated when patient contact is made. The Practice Manager acknowledged that appointments are a big issue for most practices, and they are trying different things to meet the needs of patients.

Most patients we engaged with did not feel they had a choice about appointment dates and times, comments included; ‘here it’s like a tombola’ (take what you are given) ‘you have to be persistent,’ ‘you have to have what there is’.

## Being listened to

Most patients we engaged to knew how to make a complaint; some did not or said they ‘never needed to’ and all patients said they felt able to raise concerns with staff.

## Being involved

The Practice Manager advised that PPG meetings are held every 12 weeks and an Annual General Meeting has been delayed due to the Chair passing away. PPG member numbers are low and the practice is keen to improve this and hopefully have PPG members available to sit and talk to patients in the waiting area. Previously the Practice have used the back of prescriptions to inform patients about PPG meetings but as most prescriptions are now electronic they will be looking at a recruitment drive and poster.

One patient stated that they knew about the PPG from the TV screen message but ‘it’s no good for people that work, they meet in the middle of the day. I would be interested (in attending) if it was more accessible. The Practice Manager mentioned that the PPG had met last week and the notes from the meeting were being typed up.

## Recommendations

1. Some chairs with arm support should be available in the waiting area.
2. Messages on the TV screen should be in a larger font and only primary or more prominent colours used.
3. Information Posters and Leaflets should be reviewed regularly and checked to ensure they are current, ideally by a specific member of the staff team.
4. Hand Sanitising Gel should be available for patients to use throughout the waiting area.
5. Patient access areas should be reviewed and checked for accessibility e.g. handrails.
6. Complaints procedure should be displayed in the waiting area.
7. Practice should introduce a Practice newsletter to update all patients about key changes and explain the appointments system and additional/extended hours available at other practices linked to Keats Grove that should be available to all patients, especially the ones that don't regularly use the practice.
8. PPG meetings time should be changed/trialled to a time that is more accessible to working patients.
9. Improve communication to patients who have to wait longer in the practice for their appointment, especially when it is over 50 minutes behind.
10. Increase awareness of patients being able to book online.

## Provider feedback

### **In answer to the recommendations above:**

1. We will look into purchasing some chairs with arm supports.
2. As this service is owned by a third party, the messages are developed and re-programmed off site, therefore, will contact them to see if this can be altered.
3. Out of date posters removed from waiting area and will be monitored regularly.
4. Hand sanitisers are placed each side of the window opening in reception. Unfortunately, having previously placed sanitisers by self check-in, these were taken off site by patients. Will look into wall mounted hand gel.
5. Patient access areas are reviewed and we do have a patient wheelchair on site, if needed. Will reinforce clinical staff to be aware of patients needs.
6. Complaints procedure has been made available in waiting room.
7. Practice newsletter will be re-started and placed in waiting area and on practice website.
8. PPG times will be looked into but as a GP does try to attend, when possible, this does limit availability.
9. Reinforce to reception staff to communicate with patients when a clinician is running late.
10. Will raise further awareness for patients to book online.

## Comments

- Will reinforce to staff that all non-employees need to use the signing in/out book
- Apologies that no other staff was available on the day, this was due to clinics and work demands
- Website has been updated with access hours (from July) and complaints procedure leaflet
- Update - Dementia Awareness - staff had training/awareness approx. 5 years ago and from this applied to become Dementia Friends. I stated previously that no training had been done but was unaware that it had been before I started in this role

## Response to patient opinions

- Harassed or Discriminated by a 'certain nurse' - we were concerned to hear this comment made by a patient to yourselves but as no previous comments or complaints have been made to us by any patient of this nature we are unable to act upon this
- Rarely get an appointment on phone or it has to be an emergency - to address these opinions, we do ask patients if they need to be seen as an 'immediate and necessary' for same day appointments so patients with acute medical problems can be seen that day
- They have taken on too many patients - We are unable to close our list but our list size tends to remain, on average, as it was 20 years ago. As new patients are registered other patients transfer out

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