

Enter and View Report:

OAK LANE MEDICAL CENTRE

Address:

6 Oak Lane,
Twickenham,
Middlesex,
TW1 3PA
Tel: 020 87440094
Website: Not available

Date of visits:

October 9th and 10th

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Healthwatch Richmond Enter and View Representatives:
Mariangela Presti, Keisha Forteau, Rasha Hussein.

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, the December 2013 Practice Survey 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 Oak Lane Medical Centre 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.

Oak Lane Medical Centre is located in Twickenham and has a sister practice, Woodlawn, in Whitton. While the practices share a patient list, Woodlawn serves around 3000+ patients, where Oak Lane serves around 800 patients. Between the two practices, there is one practice manager, one medical secretary, seven receptionists, two nurses, one healthcare assistant, one IT support person, two cleaners and five doctors (three full time, two part time, one locum).

The findings from Oak Lane Medical Centre are presented in this report, along with recommendations for improvements to the practice which would enhance patient satisfaction. The reader may also wish to consider the report from Woodlawn, which is also available.

Methodology

Setting up the visits

The visits to Oak Lane Medical Centre took place on the 9th and 10th of October. Each visit lasted two hours and was undertaken by two volunteer authorised Enter and View Representatives. Enter and View Representatives undergo a thorough recruitment and training process including application, references, interviews, Enter and View training, specific training on conducting visits in GP Practices, 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, which 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. These findings are presented below.

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 volunteers observed that a good range of literature was provided at the practice. Some patients described using the information provided: those that did found the information useful. Other patients said that the information was not comprehensive enough and that more information, for example about children's services, was needed. Some commented that there was no information available in other languages, which our representatives also observed. Additionally, the translation service was not promoted despite being available. Staff interviewed explained the patient's record indicates whether they need a translator or not. Additionally, there was no hearing loop available.

There was good signage to fire exits throughout the building, but we did not observe any signs detailing opening hours or information on an out of hours service.

While the Patient Participation Group (PPG) was advertised, patients were not aware of it. Our interview with a member of the PPG suggested that it is a very small group of patients.

Our volunteers did not observe any information promoting the compliments or complaints procedure, or a system to provide feedback to the practice.

We recommended that the practice consider the information provided in the waiting area and assess whether the range of materials covers areas of need that may be required by the population, such as improving the information on children's services. We also recommended that the practice consider providing information in other languages, or promoting the option for information in other languages, and should also consider the option of installing a hearing loop for patients in need of assistance.

Local Healthwatch organisations provide a signposting service which is open to all. This aims to help people navigate the NHS and Social Services and help them to access additional sources of support. CILS provide a similar service for vulnerable adults, Age Concern provide a similar service for older people. These organisations can help the practice to identify useful information for patients but there 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 responded to our recommendations stating that they have access to a translation service which offers help in different languages. They also responded saying that there are cost implications to obtain printed materials in a variety of languages, and they look to Healthwatch Richmond for advice on how to manage this.

We recognise that the practice has access to a translation service, and that producing leaflets in multiple languages may not be financially feasible. Producing a small amount of information in multiple languages, for example a poster which advertises the availability of a translation service may not be expensive.

Environment

Patients who had also attended the Woodlawn Medical Centre told us that they prefer Oak Lane because there is more confidentiality in reception. Our visitors observed that the reception area allowed a degree of privacy because the waiting room is separated from the reception area.

Booking Appointments

The route for booking an appointment is currently via phone or through visiting the practice in person. The practice states that they do not accept walk-in appointments, however in an interview with the practice manager we were told that if someone comes into the surgery *“we never say no; it’s not a walk in service, but we will give them time”*. Some patients made suggestions that the practice should offer walk-in appointments

The process of booking appointments was perceived as mixed: some found it easy and others did not. Several patients described having to go into the surgery to book an appointment because *“it’s easier”*, having described the telephone communication as *“poor”*.

Access to appointments varied across patients interviewed: some were able to get an appointment on the day if they needed whereas others had to wait a week or two. One patient felt that, in order to get an appointment on the day, they were forced to lie and say it was an *“emergency”*, another felt that the surgery were not clear enough by what ‘emergency’ meant, making the appointment booking system confusing. Some patients interviewed told us that they were often forced to go to the Teddington Walk-in centre or A&E for medical attention because they could not get an appointment.

As with Woodlawn, there is a 30 minute morning slot for all telephone consultations and triage, however several patients stated that *“30 minutes consultation time on the phone in the morning is not long enough”*.

Some patients said that they are sometimes offered appointments at Woodlawn if they are unable to be seen at Oak Lane. One patient described Woodlawn as more personal than Oak Lane and that *“they know you better there”*. However Woodlawn was described as having less privacy at reception than Oak Lane, and patients expressed concern that everything the receptionists say at Woodlawn can be heard by patients in reception. The receptionists were also described as less flexible at Woodlawn than Oak Lane.

Patients seemed reasonably happy with appointments they are given, although a few reported being unhappy and described the appointment booking as *“stressful”*. While visiting the

practice, our volunteers observed some confusion relating to appointment times, with two patients turning up having been given the wrong information about their appointment. One patient chose to wait for a long period of time, the other chose to reschedule their appointment. While the practice did their best to accommodate these extra patients, the patients felt that the booking system was weak and that mistakes where appointments are confused are quite common. Additionally, several patients described the practice as “*chaos*” and “*not very organised*”.

Some staff commented that they feel there needs to be an appointment reminder system and that there is a need to improve communication around appointments, such as appointment cards for more elderly patients and a text system for those with mobile phones.

The poor communication through the process for booking appointments combined with the very short window of time where it is possible to book appointments creates inequality in access to appointments.

We therefore recommended that the practice review and clarify their appointment booking system and ensure that it is clearly communicated to patients. Additionally, we suggested that the practice explore the option of providing a system for reminding patients about their appointments, such as card or text reminders.

Online Booking

Oak Lane does not have an online booking system or website. The website for Woodlawn is published as ‘Woodlawn’ and the only mention of Oak Lane is on the home page.

GP Practices are required to offer online appointment booking and access to a summary of their patient information as part of the 2014/15 GMS contract¹. By April 2015, all practices are expected to offer this service.

Practice’s Response

The practice responded stating that online booking is a controversial issue.

While we appreciate that online booking and repeat prescription services may be a controversial issue for the practice, the practice is required by the 2014/15 GMS contract to provide this service by April 2015.

Opening Times

Our representatives did not observe any opening times advertised. Most patients interviewed were happy with the opening hours but felt it would be helpful to have extended opening hours more frequently, which should include weekends.

¹ <http://www.england.nhs.uk/ourwork/pe/patient-online/po-gp/>

We recommended that the practice clearly advertise the opening hours and the days on which these hours are extended. The option of providing more days with extended hours should be explored to ensure that the practice meets the needs and demands of the patient population.

Staff

Staff were described by around half of the patients as “*respectful*”, “*friendly*” and “*pleasant*”, accommodating patients’ needs where possible; “*the staff are very kind and helpful*” and “*I have full trust in the staff at the surgery and I receive all the information I need*”. Staff were also observed to have a caring attitude towards patients. From our interviews with staff we were told that they feel well supported in their role, are offered regular training and are encouraged to learn. Staff told us that they enjoy their job and try to accommodate patients as much as possible.

Reception Staff

Many patients were complimentary about the reception staff, describing them as “*brilliant*”. One patient commented that reception staff can be helpful “*when the appointments are straightforward*”. Several patients commented that there were language barriers with reception staff, some staff couldn’t speak English and they can be rude. Additionally, one patient described the receptionists as having poor interpersonal skills and not having the skills to successfully triage patients on the phone. Another patient reported that “*sometimes they speak in another language between themselves and I do not understand what they are saying*”.

We recommended that the practice monitor the performance of reception staff, ideally through patient feedback. Particular attention should be paid to language skills to ensure that staff communicate clearly and effectively with patients. The practice should also review receptionists’ interpersonal and customer service skills, providing training where necessary. This should ensure patients are not left feeling that staff have been rude to them. Additionally we recommended that the appointment booking arrangements should be reviewed to ensure that receptionists are not left to triage patients inappropriately.

Quality of Care GPs and Nurses

Patients were very complimentary about the clinical staff. The nurses, Jan in particular, were described as “*empathetic*”, “*couldn’t be better*” and “*marvellous*”.

Dr. Kudra and Dr. Sammi were also described as very good; one patient said that “*they are the best thing about the practice*”. Patients reported having high confidence and trust in the doctors and nurses, most said they have never had problems discussing things with the GPs and that they were involved in discussions about their treatment. The GPs were

complimented on being easy to talk to, that *“Dr. Kudra handled my crisis well”* and that they go the extra mile to accommodate patient needs.

We hope that the practice will pass on the positive feedback that we have gathered about staff from patients.

Involvement in Care

Most patients reported feeling involved in discussions about their care, that doctors listen and involved them in discussions and are willing to explain anything the patient did not understand. One patient said that they did not feel appointments were long enough to cover their needs and another felt that their concerns had not been listened to and their problems had been dismissed.

Prescriptions

One patient described a problem with the repeat prescription system, describing the move from the manual to an electronic system and how they could not get a repeat prescription. They said it has been 6 months and the problem still has not been solved. Issues surrounding prescriptions were also an issue identified at Woodlawn, where patients commented on their prescriptions ‘getting lost’ between the practice and pharmacy.

We recommended that the practice review their prescription service to identify the cause of failings and prevent any future breakdowns in communication about prescriptions between the practice and pharmacies.

Practice’s Response

The practice assured us that while they will try to implement the recommendation as much as possible, there have been some problems with the Electronic Prescription Service (EPS) throughout the area.

Overall Satisfaction with the Practice

Most patients would recommend the practice *“I am happy that they took care of me, especially when I was severely ill for a long period”*.

Summary of Recommendations

The practice assured us that they will try to implement the recommendations as much as possible. A summary of these recommendations are highlighted below.

- **Review the signage throughout the building** and ensure that details of: opening times and the days on which these hours are extended, services provided (e.g. clinics), the names of doctors and staff, how to get involved in the Patient Participation Group and offer information on how to complain or compliment the practice .
- Consider the **information provided in the waiting area** and assess whether the range of materials covers areas of need that may be required by the population, such as improving the information on children's services.
- Consider providing **more days with extended hours** so that the practice meets the needs and demands of the patient population.
- Review and **clarify their appointment booking system and appointment booking arrangements** to ensure that receptionists are not left to triage patients inappropriately and that the system is clearly communicated to patients.
- GP Practices are required to **offer online appointment booking** and access to a summary of their patient information as part of the 2014/15 GMS contract². By April 2015, all practices are expected to offer this service.
- Consider **increasing the time available for telephone consultations** which would improve patient access to services and possibly reduce waiting times for appointments. Additionally, the practice should explore the option of providing a system for reminding patients about their appointments, such as card or text reminders.
- The practice should **review receptionists' interpersonal and customer service skills**, and monitor their performance ideally through patient feedback. Training should be provided where necessary. Particular attention should be paid to language skills to ensure that staff communicate clearly and effectively with patients.
- The practice should **review their prescription service** to identify the cause of failings and prevent any future breakdowns in communication about prescriptions between the practice and pharmacies.
- The practice should also consider the option of installing a hearing loop for patients in need of assistance.

² <http://www.england.nhs.uk/ourwork/pe/patient-online/po-gp/>

Further Recommendations

The practice asked for Healthwatch Richmond's advice on implementing some of the recommendations.

Information

We recognise that the practice has access to a translation service, and that producing leaflets in multiple languages may not be financially feasible. Producing a small amount of information in multiple languages, for example a poster, which advertises the availability of a translation service may not be expensive.

Conclusion

Healthwatch Richmond welcomes the positive way the practice have responded and their commitment to implementing our recommendations. We look forward to receiving assurance from the practice that these changes have been made.