

# Lewes Road Surgery

<b>Service address:</b>	The Surgery 188 - 189 Lewes Road, Brighton, BN2 3HP
<b>Service Provider:</b>	Contracted to Brighton and Hove Clinical Commissioning Group
<b>Date and Time:</b>	28 <sup>th</sup> July 2015, 09:00 - 12:00
<b>Authorised Representatives:</b>	Sylvia New and Farida Gallagher
<b>Healthwatch Address:</b>	Healthwatch Brighton and Hove Community Base, 113 Queens Road, 3XG

## Acknowledgements

Healthwatch Brighton and Hove would like to thank the service provider, patients, visitors and staff for their contribution to the Enter and View programme.

## Who are Healthwatch?

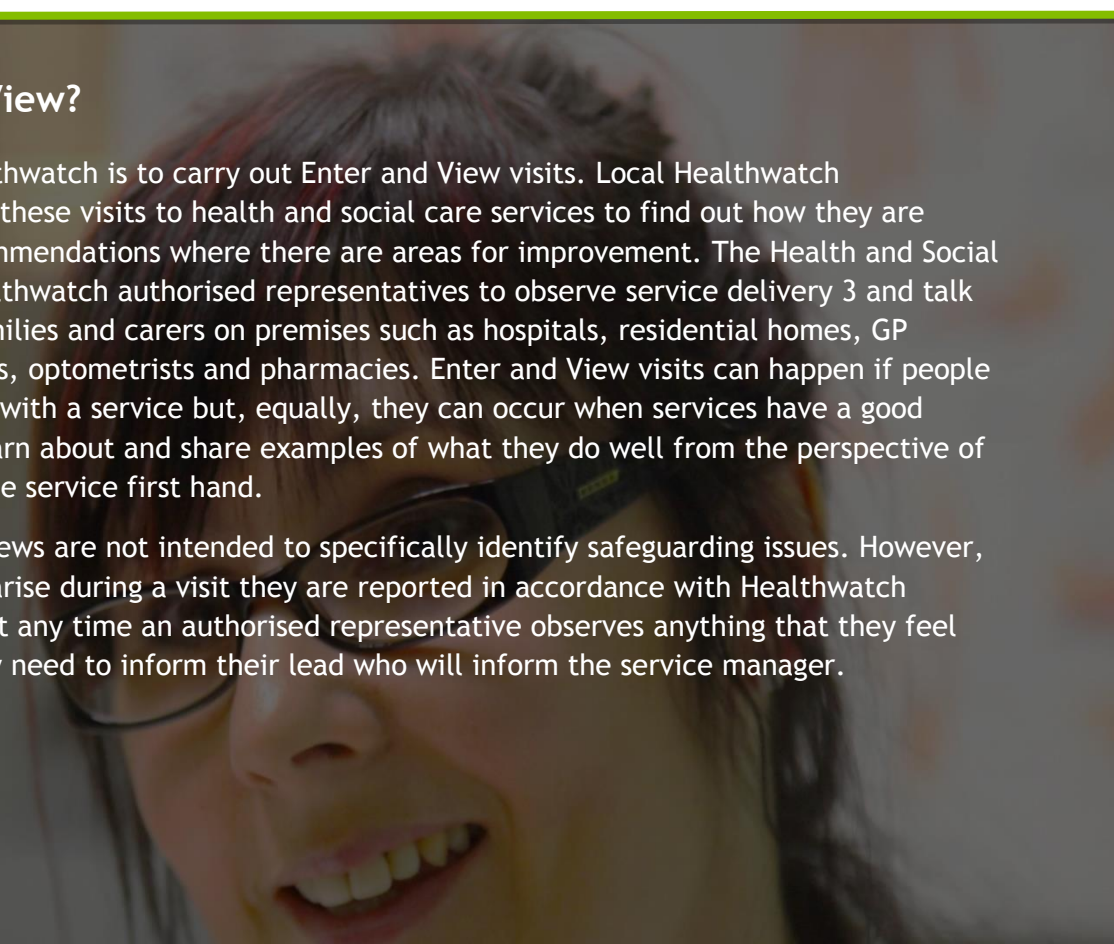
Healthwatch Brighton and Hove supports local children, young people, adults and their communities to influence the design, delivery and improvement of their local health and social care services, now and for the future. We enable people to make informed choices about their health and wellbeing by assisting them when they have concerns or complaints about these services.

Healthwatch Brighton and Hove is a part of the Healthwatch national network, established by the Government under the Health and Social Care Act 2012 to ensure local patients and users have a greater input to shaping and designing local services. There are 148 local Healthwatch organisations across England.

## What is Enter and View?

A part of the role of Healthwatch is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch 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, optometrists 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 we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager.





## Why is Healthwatch Visiting GP Practices?

Healthwatch Brighton and Hove (HWBH) is undertaking a programme of visits to GP Practices across the city during 2015. In total we will visit 15 GP practices, including three pilot visits in March 2015. As part of this HWBH is undertaking an online survey asking the same questions, to ensure that as many people as possible are able to give feedback on their local practice.

During our time in each service, authorised volunteer representatives will be talking to patients about their experiences of care and accessing services, and recording what they see in the waiting rooms. At a time when GP practices are going through significant change both locally and nationally<sup>1</sup>, Healthwatch wants to understand how patients feel services in Brighton and Hove are performing, and make recommendations to ensure high quality health and wellbeing services.

We want to highlight what good care looks like to patients, and to look at how patients can be empowered to have more of a say in how their practices are run. The Clinical Commissioning Group<sup>2</sup> and Brighton and Hove City Council are currently working with GPs in the city to transform primary care and there are many new initiatives in place. These include 'EPIC'<sup>3</sup>, which is run by BICS<sup>4</sup> and aims to bring multi-disciplinary teams into surgeries together with extra services such as 'Community Navigators'<sup>5</sup>. Healthwatch does not act as an inspectorate for Health and Social Care; this is the job of the Care Quality Commission.

Healthwatch chose the visits based on a range of criteria:

- Those practices about which we had received calls via our helpline.
- Those not recently visited by the Care Quality Commission.
- A cross city representation of the 6 GP clusters<sup>6</sup> in the city.
- Feedback from NHS choices
- Patient populations
- Soft intelligence from partners and community engagement

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<sup>1</sup> [Important Changes to Healthcare in the Community](#), Department of Health

<sup>2</sup> [Clinical Commissioning Group](#) NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

<sup>3</sup> [EPIC](#) Stands for Extended Primary Integrated Care

<sup>4</sup> [BICS](#) stands for Brighton Integrated Care Service

<sup>5</sup> [Community Navigators](#) provide community service signposting to individuals

<sup>6</sup> [Developing Enhanced Health and Wellbeing Activities](#), Health and Wellbeing Board, March 2015



# Methodology

Two Authorised Volunteer Representatives for Healthwatch Brighton and Hove visited Lewes Road Surgery on 28th July 2015. It was one of a programme of 15 visits to GP Practices which Healthwatch Brighton and Hove chose to undertake in 2015-2016. Both representatives were fully trained and supported by the Healthwatch office. They have also both completed a full Disclosure and Barring Service check prior to the visit.

We received 21 completed questionnaires in total, all of which were obtained during the visit itself. The details of the visit were shared with the practice manager in advance of the session; however staff were not informed about what time or day the representatives would arrive, only the week of the visit was disclosed. Healthwatch B&H stresses that the E&V method is intended to be a snapshot of patient opinion, and therefore may not capture the wider concerns of the patient population.

Patients completed a set of questions with the representatives (see appendix 1), who were located in the waiting room of the surgery. If any surveys were not completed at the end of the session, they were left on reception with freepost envelopes for patients to complete and return separately. Alongside talking to patients, the volunteers also conducted an observation (see appendix 2) in the waiting room. The representatives had a checklist to encourage them to note down observations for a variety of key information. Equalities information was also collected for those who took part, to help us to understand the issues that might face particular groups in the community.

## About the surgery

Lewes Road Surgery currently has around 2400 patients, and is serviced by 2 GPs, 1 nurse, and 2 reception staff. They currently do not have a patient participation group, but plan to set one up. They are also part of the city's EPIC project. At the time of the visit the surgery was about to undergo refurbishment.

## What does n= mean?

In the results section of this report, you may notice that we use the term 'n='. This is a way to show how many patients responded to each individual question in a particular way. It is a way for us to be more honest and transparent about our findings. If we say that 100%



of patients agree with a statement, but next to this is an (n=2), you will know that whilst 100% sounds impressive, only two people agreed with the statement.

## Results of Visit

### Appointments & Referrals

As with the majority of GP practices, at Lewes Road Surgery it is possible to book appointments with doctors and nurses over the phone, in person and via the internet. Of these options, patients found it easiest to book over the phone, with 100% (n=18) of those who used the service finding it easy or very easy to do. 100% (n=20) also found it easy or very easy to book in person. No-one found either of these pathways difficult, which reflects clear good practice in this area.

How has it been for you to	Very easy to do	Easy to do	Difficult	Very difficult to do	I have not used this service
Book an appointment in person	14	4	0	0	3
Book an appointment by telephone	14	6	0	0	1
Book an appointment online	1	0	0	0	19
Order repeat prescriptions online	3	0	0	0	16
Get your test results back via telephone	6	7	0	0	6

Only one person had used online appointment booking, but they found the experience to be very easy. Of the 3 patients who had used the online prescription service, all found it very easy to do. Patients who had received test results over the telephone also had a good experience, finding the process very easy to navigate (100%, n=13)

53% (n=10) of patients we spoke to said they were able to get the non-emergency appointment they needed within 3 days. 37% (n=7) said it could take up to a week, and two patients told us it took longer than a week for them to take their appointment. One patient mentioned that the waiting times at the surgery can be very long, with their average experience ranging from 30 minutes to 1 hour in the waiting room.



Sometimes if face to face appointments are not available, GP practices will offer telephone appointments with doctors as an alternative. 40% (n=8) of those asked thought that a telephone appointment was not as good as attending a face to face appointment. Of the patients we have spoken to, 45% (n=9) said they had received this service.

## “ it’s a good idea to have a same day telephone consultation instead of face to face appointment ”

- A patient at Lewes Road Surgery

Of those patients who had experienced referrals to hospital care, 78% (n=14) felt that the process went smoothly. Of those who experienced delays, two patients felt that the surgery kept them up to date with what was happening, and one patient felt that they were not kept up to date.

### Quality of service

Of the patients we asked, most said that said that doctors (95%, n=19), nurses (92%, n=12) and reception staff (89%, n=17) gave them enough time to explain what they needed to. Patients also largely felt listened to by doctors (95%, n=19), nurses (92%, n=12) and reception staff (95%, n=18). This indicates that those patients we talked to consider staff provide a high quality service in these respects.

However, lower scores were received when patients were asked whether staff ensured they understood their treatment (doctors 80%, n=16: nurses 69%, n=9) and if there was choice in the treatment being offered (doctors 60%, n=12: nurses 69%, n=6). On the other hand, 95% (n=19) of patients felt that when they attended an appointment with the doctor, the doctor had all the relevant medical information for them available during the appointment.

Our authorised representatives observed reception staff being polite and helpful during the visit. The front desk was in the waiting room, so patients could be overheard when they went in. One patient suggested that a glass screen could improve the issues around confidentiality. A bell was rung and names were called out to indicate the start of an appointment, however this was not always heard by the patients.



We asked patients what is important to them when visiting their GP practice. Of the patients who responded, there was a clear theme related to the importance of having a doctor who made patients feel listened to, welcomed and respected. The majority of patients noted that they felt they received this experience and that was why they went to the surgery. Dr Shah was highly regarded by many respondents and is therefore worthy of specific mention.

**“ Dr Shah is very good, I live a long way away, but want to come here ”**

- A patient at Lewes Road Surgery

## Environment

Hand sanitiser was observed at the entrance and by the reception desk. There was no information about infection control, but there was a small notice by the dispenser about how to use it correctly. The waiting space was reported to feel stuffy and warm. There was a wheelchair accessible bathroom available for patients to use. However, the representatives observed that toilet roll and paper towels were placed out of reach. They also observed that no hand soap was available in the bathroom.

The waiting room was found to be clean and tidy. There were no children's toys or magazines, although this could have been for infection control reasons. Basic chairs were provided in the waiting room although it was noted that none had arms. Our authorised representatives also noted that the doors were small and heavy, making the surgery difficult to access with wheelchairs or buggies.

## Providing information

One notice on cervical cancer screening was available in the waiting room but there was no information obviously available with regard to breast or testicular screening. Despite this, 89% (n=17) of the patients we talked to were aware of cancer screening services being available at the surgery. Information was displayed regarding free NHS health checks for those between the ages of 40 and 74 and 42% (n=8) of the patients we asked were aware of this service. Slightly more were aware of annual health checks for patients with long term conditions (63%, n=12). Information on smoking cessation services were available on the whiteboard, and had the same awareness rate at 42% (n=8).





The surgery is a part of the 'EPIC' project, however information was not observed on the day of the visit to promote this. No extra materials were provided for patients with protected characteristics. Given that the population of the surgery is very diverse ethnically we would expect to have seen information about interpreting services and/or other specialist information for Black and Minority Ethnic communities. Generally, the noticeboards available were observed to be very clear, tidy and up to date. Laminated notices were displayed with regard to chaperoning, booking online appointments as well as a poster regarding alcohol units.

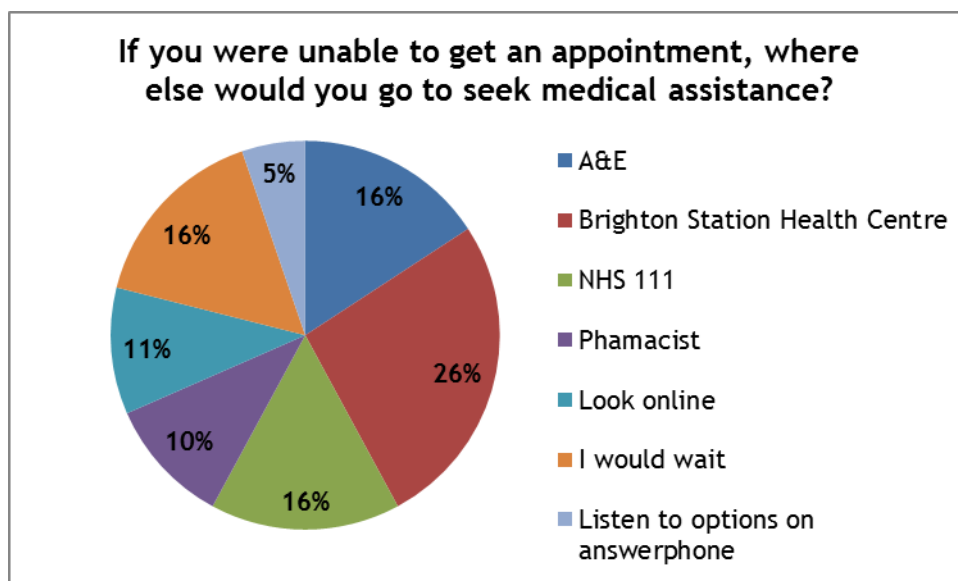
## Feeding back to the service

Information on how to make a complaint about the surgery was not visible to patients on the day of the visit. When asked if they knew how to complain if they needed to, 72% (n=13) said that they knew what to do. However, just 39% (n=7) were aware of what the national 'GP Patient Survey' is, and only three patients felt they understood what a practice manager's role was.

Currently, Lewes Road Surgery does not have a patient participation group. This was reflected by the fact that just one patient knew what a patient participation group was. Other feedback systems available on the day of the visit included PALs leaflets and suggestions forms and box. No Friends and Family Test information was available.

## Out of Hours

We asked patients where they would go if the surgery was closed and they needed medical assistance. Most patients replied with a range of options, and said that their actions would depend on the severity of the issue. In those cases we chose the first answer given as the decisive choice. Of the options available, five patients we asked said they would go to A&E before mentioning alternative options. Some patients commented that they would see if another doctor was available, or that they would not use another service because they trusted their doctor. Mixed experiences were shared about using NHS111, and one patient thought that nothing had replaced NHS Direct. There was no information about alternatives to A&E visible on the day of the visit.



### Summing up and looking forward

We asked patients to rank the surgery from 1-10 (with 1 being the very worst, and 10 being the very best) and the surgery was generally well rated. Of the 20 patients that ranked the surgery, the average score was a high 8.6. The lowest score we received was 6, and the highest was 10. This reflects a recent CQC inspection<sup>7</sup> which rated the service ‘good’ on all inspection criteria. The national ‘GP Patient Survey’ feedback confirms many themes in this report, including the quality of care from doctors, and the indication of longer waits<sup>8</sup>.

Our representatives asked patients what improvements they would like to see at the surgery. Two key themes came through in the answers that were given. The first was around improved environment in the surgery. This included better chairs in the waiting rooms, improved ventilation, provision of water and redecorating. As the surgery was due to be redecorated at the time of the visit, it is possible that some of these issues will be addressed. Secondly, some patients felt that they would like to see a reduction in the time they spend waiting in the waiting room before appointments.

<sup>7</sup> [Care Quality Commission](#) Summary Report, Lewes Road Surgery

<sup>8</sup> [National Patient Survey](#) summary report, Lewes Road Surgery





## Additional findings

Alongside telling us about their experiences of Lewes Road Surgery, patients also told us about issues outside of the surgery. One patient at this surgery shared concerns they had about the expensive parking at Royal Sussex County Hospital, and another commented that they had not had any problems to note with health and social care services in Brighton and Hove.



## Our Recommendations & Responses

1. When the patient participation group is formed, discuss ways to ensure patients are better informed about how to make complaints, what the role of the practice manager is, and how to get involved in the national GP Patient's Survey.

**Practice's response:** All this information is displayed. You were notified of the painting of our reception area and that all posters etc were not displayed. All this information is now displayed.

2. Some patients told us that they were experiencing long waits in the surgery before being called in for their appointment. It might be helpful therefore to purchase comfier chairs with arms in the shorter term, and consider ways to improve waits in the longer term.

**Practice's response:** Waiting times to see a doctor is be addressed.

3. Consider options such as automatic doors or door widening to improve access issues to the surgery.

**Practice's response:** As far as we are aware there are no access issues. Patients in wheelchairs have expressed no difficulty to the surgery.

4. Awareness and availability of materials for a range of services and health promotional information was at times sporadic. A leaflet rack or posters around the 'We could be heroes' campaign, the EPIC project, different types of cancer screening or health checks would provide patients with a better awareness of these issues.

**Practice's response:** Again this visit was undertaken when we were in the process of re-decorating and all relevant posters etc. are now displayed

5. As the surgery appears to have a higher than average population of patients with English as a second language, it would be beneficial for there to be clear information about what translation services are available, and to provide key leaflets in languages commonly spoken amongst patients to improve accessibility. Specialist health



information would also be valuable.

**Practice's response:** We have asked the translation services for any posters etc. but have not heard from them yet.

- 6.** Alongside the planned decoration work taking place at the surgery, patients felt that improved ventilation and provision of water in the waiting room would improve their experience of the surgery.

**Practice's response:** Water machine will have to be discussed between partners.



## Next Steps

Once the provider has responded to each of the recommendations, we will include these responses in the final report, which is published on our website<sup>9</sup> for the general public to see. The report will also be shared with key organisations in the city including the Care Quality Commission, Brighton and Hove Clinical Commissioning Group and others. After the report's release, Healthwatch Brighton and Hove will conduct some planned follow up activity to ascertain whether changes have been made following the visit. The online survey will be available until 30<sup>th</sup> September 2015. Any surveys collected after this report is completed will be included as an appendix to the report at a later stage.

Once we have visited all 15 practices, we will also compile a larger strategic report which will pull together key themes across this snapshot of primary care provision in the city. This report will also be made available to all practices visited as well as partner agencies. An easy read version will be made available to the public.

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<sup>9</sup> [Healthwatch Brighton and Hove](#), 'What We've Done'

# Appendices

## Appendix one: The questions we asked

- 1. How has it been for you to:** Book an appointment in person; book an appointment by phone; book an appointment online; order a repeat prescription; get your test results back via telephone
- 2. How long do you usually wait between booking a non-emergency appointment and attending it?** The same day; up to 3 days; up to a week; longer than a week; I have not booked an appointment
- 3. Have you ever been offered a same day telephone consultation instead of a face-to-face appointment?** Yes, it's as good as a face-to-face appointment; yes, it's not as good as a face-to-face appointment; no, but it wouldn't be as good as a face-to-face appointment; no, but it would be as good as a face-to-face appointment
- 4. If you were unable to get an appointment here, where would you go to get medical help?**
- 5. Please tick or cross below (grid)** Do the Doctors/Nurses/reception staff give you enough time/listen to you/make sure you know about your treatment/give you choices about your treatment
- 6. Are you aware of the following services which are available through the practice? (please tick if you are aware of them)** Free health checks for people between the ages of 40 - 74; cancer screening services; annual health checks; services to help you to quit smoking (smoking cessation); I have not heard of any of these programmes.
- 7. What makes a fantastic GP practice, including the things that are most important to you as a patient?**
- 8. How much do you feel you know about the following services at your practice:** How to make a complaint about your GP practice; what a PPG is; how to get involved in your PPG; what the patient survey is; what the practice manager does
- 9. What is your experience of being referred to a specialist?** My referral went smoothly; my referral was delayed but I was kept up to date; my referral was delayed and I was not kept up to date; I haven't needed a referral.
- 10. Do you think the doctor has all the relevant medical information about you available during your appointments?** Yes; No; Unsure; I haven't had an appointment
- 11. Overall, how would you rate your GP practice out of 10? (10 being excellent, 1**

being very poor) 1,2,3,4,5,6,7,8,9,10

12. What changes would you like to see to make your GP practice better?
13. Is there anything you would like to tell Healthwatch about other NHS or social care services in Brighton and Hove?

## Appendix two: The Observation Checklist

1. **Noticeboard:** Is it cluttered, does it have up to date information, is the information easy to read?
2. **Hygiene:** Is hand gel available in the practice waiting room, and information about stopping bugs from spreading? Is there a bathroom available and is it accessible for people in wheelchairs?
3. **Information through leaflets, posters and TV screens:** Healthwatch Materials, ICAS Materials, We Could be Heroes Campaign, Free NHS Health Checks, Cancer Screening Programmes, Smoking Cessation, The EPIC Project,
4. **Communication:** How are receptionists and other staff interacting with patients? What is their tone of voice, and how helpful are they being? Are conversations easily overheard by other patients? Are patients clearly informed/ called in for their appointment?
5. **Waiting area:** Is there any information about the practice's patient group, feedback boxes, complaints info and forms, or any other type of feedback information available? How is it presented? Is there any information on the Friends and Family Test?
6. **Feedback:** Is there any information about the practice's patient group, feedback boxes, complaints info and forms, or any other type of feedback information available? How is it presented? Is there any information on the Friends and Family Test?
7. **Additional observations**

