

# The Practice Whitehawk Road

<b>Service address:</b>	Wellsbourne Health Centre, 179 Whitehawk Road, Brighton, BN2 5FL
<b>Service Provider:</b>	Contracted to Brighton and Hove Clinical Commissioning Group
<b>Date and Time:</b>	Monday 13 <sup>th</sup> July, 09:00 - 12:00
<b>Authorised Representatives:</b>	Tony Benton and Tim Sayers
<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?

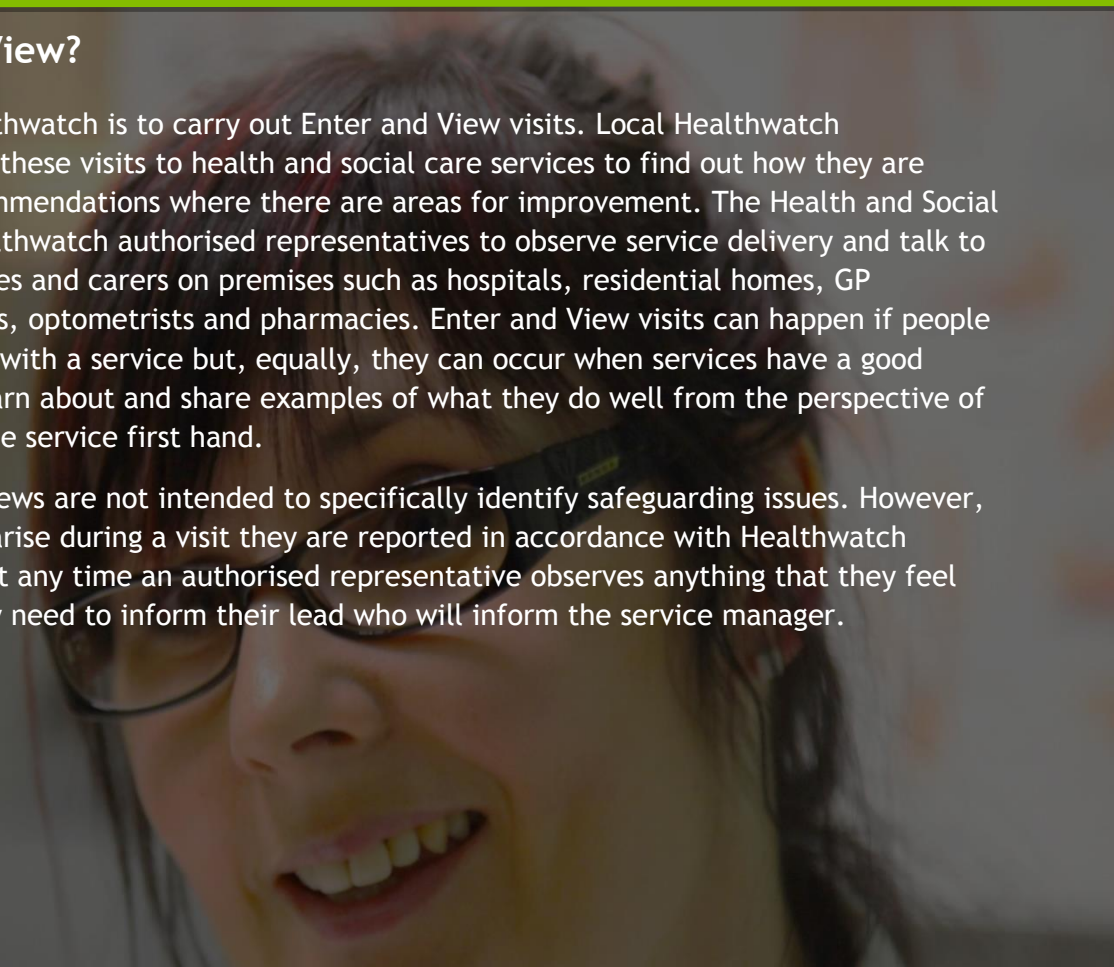
Healthwatch Brighton and Hove supports local children, young people, adults and their communities to influence the design, delivery and improvement of local health and social care services, now and for the future. We enable people to make informed choices about their health and wellbeing by assisting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

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

---

<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 The Practice Whitehawk Road on Monday 13th July, 09:00 - 12:00. 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 had both completed a full Disclosure and Barring Service check prior to the visit.

We received 17 completed questionnaires in total; 16 from the visit itself and one online. The details of the visit week were shared with the practice manager in advance of the session, although staff were not informed about the actual day or time of arrival. 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 practice. If any surveys were not completed at the end of the session, they were left on reception with freepost envelopes for patients to return separately.

Alongside talking to patients, the volunteers also conducted an observation (see appendix 2) in the waiting room. The representatives used a checklist to encourage them to note down observations for a variety of key information. Equalities information was also collected for where participants agreed to complete forms to help us to understand the issues that might face particular groups in the community.

## About the practice

The Practice Whitehawk Road has around 3900 patients and does not currently have partners. This means that most of the GPs who work at the practice there are temporary meaning that the use of locums is common-place. At the time of the visit there was no patient participation group although we understand subsequently that this is being developed. The Practice is part of the EPIC project.

## 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 The Practice Whitehawk Road it is possible to book appointments with nurses and doctors over the phone, in person and via the internet.

When booking appointments in person and over the phone, patients shared a wide range of experiences, varying from finding the process very easy to very difficult.

Patient's experiences around telephone appointments appear particularly problematic at times, with 9 patients saying they found this difficult or very difficult to do. Patients also reported some difficulties with booking appointments in person although this was balanced with a similar number finding it very easy or easy to do.

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	4	5	2	5	1
Book an appointment by telephone	2	6	5	4	0
Book an appointment online	0	1	0	0	15
Order repeat prescriptions online	3	2	1	0	10
Get your test results back via telephone	1	4	2	0	10

Only one person had attempted to use online appointment booking, but they had found it easy to access. Of those who have ordered repeat prescriptions, 86% (n=5) found the process easy or very easy to use. Most patients had not used online services. Finally, of those who received their test results over the telephone, 71% (n=5) found the process easy or very easy to receive.

 **it takes 20 mins plus just to get in touch with them**   
 - A patient at The Practice, Whitehawk Road

50% (n=8) of patients we asked said they were able to get the non-emergency appointment they needed within 3 days. 12% (n=2) said getting an appointment could take up to a week,



and 38% (n=6) said it took them longer than a week to get an appointment, which could be seen as a long time to wait. Patients commented that they have experienced long waits for the telephone to be answered, and no guarantee of getting an appointment even if they call as soon as lines open in the morning. One patient commented that they once called having experienced strong chest pains, and were told that they would have to wait.

The Practice Whitehawk Road offers provisional telephone appointments as standard before an in person appointment can take place. Of the patients who responded, 71% (n=10) said they had received this service. 71% (n=10) of those asked, regardless of whether they had received the service themselves, thought that a telephone appointment was not as good as attending a face-to-face appointment. This indicates that patients we spoke to at this practice are not comfortable with this form of service delivery, although further sampling would be helpful. One patient felt that telephone appointments were particularly difficult for patients with hearing impairments, whilst others reflected that seeing a GP face-to-face can bring about anxiety for some people.

Of those patients who had experienced referrals to hospital care as a part of their treatment, 44% (n=7) felt that the process went smoothly. Of those who experienced delays, 25% (n=4) felt that they were not kept up to date by the practice.

## Quality of the service

Of the patients we asked, most (77%, n=10) said that doctors, nurses and reception staff gave them enough time to explain what they needed to. Patients also felt listened to by the reception staff (92%, n=12), and to a slightly lesser extent by the doctors (77%, n=10). On the day of the visit, reception staff were observed to be polite and friendly, although all conversations at reception could be heard clearly in the waiting room.

 **They have been very good to me**   
- A patient at The Practice, Whitehawk Road

The patients we asked felt that the doctors (77%, n=10) were better than nurses (61%, n=8) at making sure patients understood the treatment they were providing. However, both doctors (54%, n=7) and nurses (46%, n=6) were perceived by patients as doing less well at giving them choices and options within their treatment.



The majority of patients (69%, n=11) felt that when they attended an appointment with the doctor, the doctor had all the relevant medical information available during the appointment. However 31% (n=5) felt this was not the case, or were unsure.

We asked patients “What makes a fantastic GP Practice, including the things that are most important to you as a patient?” Of the patients who responded, the majority felt that having doctors who listen with good conversational skills was most important. Other themes were around getting an appointment on time, and a number of patients felt that it was important to see a regular doctor instead of a locum GP.

## Environment

In general the authorised volunteer representatives felt the environment was clean and tidy. Hand sanitiser was provided in the waiting room, and it was full on the day of the visit. However, during the 3 hours the authorised representatives were present, no-one at the practice appeared to use it. A television screen was available, which was showing television channels rather than electronic information. There were no toys or reading materials in the waiting room, which may have been a conscious decision due to the risk of contamination.

## Providing information

Leaflets on cancer and cancer screening were available, including information about what an abnormal result could mean. 62% (n=10) of the patients we talked to were aware of cancer screening services being available at the practice. No information was present about free NHS health checks for those between the ages of 40 and 74, or annual health checks for those with long term conditions. Only 44% (n=7) were aware they could receive free NHS checks, and 62% (n=10) were aware of annual health checks. Information was available for smoking cessation groups, and 62% (n=10) of the patients we asked were aware of these services. Of the patients we talked to, 2 were unaware of any of the programmes we asked about.

The Practice is a part of the ‘EPIC’ project, and leaflets were available related to this. There was also a range of youth focused materials looking at mental health and other issues. The noticeboards available were observed to be tidy and well kept, however there was some out of date information on display. No translation service materials were observed on the



day, despite some patients telling us they spoke English as an additional language, which they felt often created complications in appointments.

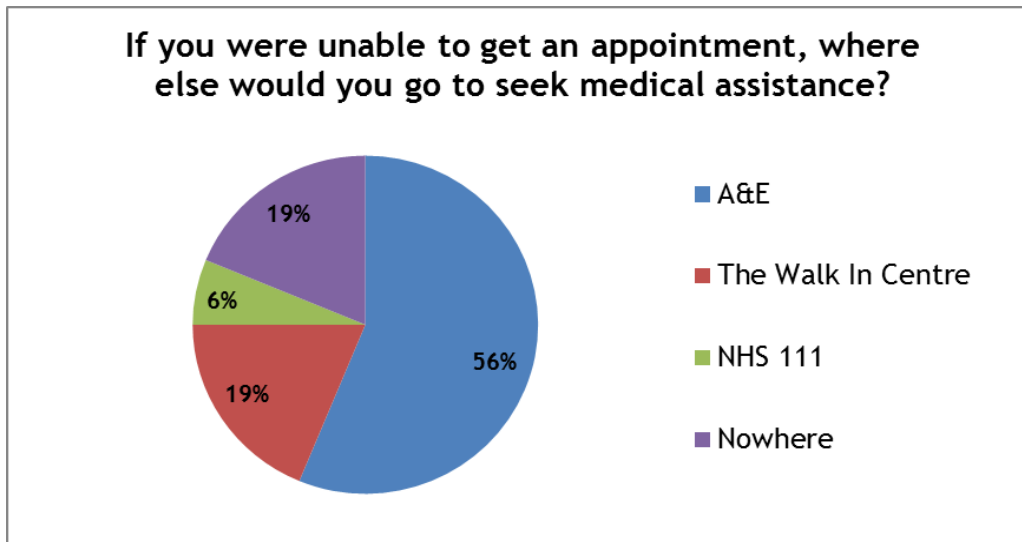
## Feeding back to the service

Only 25% (n=4) of the patients we talked to were aware of how to make a complaint to the practice if they needed to, and no complaints information was visible on the day of the visit. Similarly, only 25% (n=4) had heard of the national 'GP Patient Survey', and 37% (n=6) were aware of what a practice manager's role is in relation to patients. As the practice did not have a patient participation group at the time of the visit no patients we asked were aware of what patient participation groups are.

Friends and Family Test information (FFT) was available at the reception desk. Authorised Representatives reported that reception staff seemed unsure of what FFT was until prompted. The Representatives were also made aware of a welcome pack for new patients with various pieces of information about the practice, but these were not explored in detail on the day of the visit.

## Out of Hours

We asked patients where they would go if the practice was closed and they needed medical assistance. The average number of options provided by patients was 1.0, meaning patients could on average provide us with just one alternative to the practice. The detail in the chart below shows that whilst 25% (n=4) would approach places like the Walk-in Centre and NHS111, 56% (n=9) would go to A&E, and 19% (N=3) would continue to try until they got an appointment. Leaflets were available in the practice around the different healthcare options available for patients besides A&E.



## Other Feedback

In addition to our Enter and View visit we received feedback from local people active in community work in the area. Their perception was that reception staff were frequently changing which exacerbated the problem of access. There was also some suggestion that the entrance and signposting arrangements to the surgery were confusing although we understand this was being dealt with.

## Summing up and looking forward

We asked patients to rank the practice from 0-10 (with 0 being the very worst, and 10 being the very best). Of the 16 patients that ranked the practice, the average score was 6 out of 10. The lowest score we received was 1, and the highest 10.

The latest published report by the CQC<sup>7</sup> (Care Quality Commission) highlights staffing as an area of concern, with The Practice not reaching key standards around the provision of enough trained and qualified staff members to support the patient population. To exacerbate the situation, the closure of Eaton Place Surgery in February led to an additional 400 patients moving to the practice, creating extra demand on their resources. It is notable therefore that patients reflected that availability of appointments is a concern.

Of the 11 patients that gave suggestions to improve the service, 73% (n=8) made reference to

<sup>7</sup> [The Practice Whitehawk Road](#), Care Quality Commission Report, 23<sup>rd</sup> December 2014





improving the appointments system. However, the national ‘GP Patient Survey’ suggests that 88% of respondents say the last appointment they got was convenient<sup>8</sup> so further sampling on this matter would be helpful. Aside from this, patients generally felt that staff listened, gave them enough time to explain their issues and were prepared for appointments. This gives a firm foundation to improve upon other elements highlighted in the report.

### Additional findings

Alongside telling us about their experiences of The Practice Whitehawk Road, patients also told us about issues outside of the surgery. A Patient at this practice shared concerns they had about general GP awareness of Ehlers Danlos Syndrome and P.O.T.S (Postural Tachycardia Syndrome).

---

<sup>8</sup> [National Patient Survey](#) summary results for The Practice, Whitehawk Road, extracted 31<sup>st</sup> August 2015



# Our Recommendations & Responses

1. Review processes around the ease and timeliness of booking appointments. Many patients fed back that they had to wait some time for an appointment, and there was negative feedback regarding booking systems. It may be that further sampling on this matter would be helpful.

**Practice Response:** We agree that further sampling would be helpful. The telephone consultation system that is now in place was implemented last summer as a result of a huge number of complaints and negative feedback around the ‘book’ on the day system. There were often large queues of patients waiting for the surgery to open at 8am and difficulty getting through on the phone. We now offer a range of appointments but most are initial telephone consultations after which the GP will decide whether the patient is required to come in. This system has alleviated this problem and enabled more patients to have contact with a GP each day.

2. Discuss the report with the newly formed Patient Participation Group to support increasing patient voice and engage in focussed conversations about the issues found in this report; particularly telephone appointments, mechanisms, confidentiality in reception and general information provision.

**Practice Response:** The Patient Participation Group is being jointly formed with The Broadway surgery. We hope to be able to discuss matters regularly with our group. There will be details of these meetings and also more information on the part played by a PPG available. We will also be working closely with other local community groups.

3. Ensure doctors and nurses support patients to have open conversations about their treatment and seek their opinions and involvement where possible, as the majority of patients spoken to felt this was not currently the case.

**Practice Response:** Our clinical teams have regular consultation audits in which the lead locality GP reviews a sample of consultations. This oversight ensures that standards of care are kept high. If patients do not feel that they have enough involvement in their care and raise it as an issue then we endeavour to discuss any patient feedback with the team.

4. Many patients told us they were unaware of how to make a complaint to the practice if they needed to. It is therefore recommended that the surgery creates and displays posters or leaflets explaining the various mechanisms available to patients. These should include information about the Healthwatch Helpline and ICAS service.

**Practice Response:** The practice has a robust system in place for patients wishing to make a complaint. We will endeavour to ensure that material is readily available for patients, this



will include Healthwatch details.

5. Brief staff and provide promotional materials to patients around the use of online appointment booking. This could help to alleviate telephone appointment booking issues and provide an alternative to patients.

**Practice Response:** Patients already have the option to book appointments on-line; this being part of NHS contractual obligations in 2015. This gives patients another option to booking appointments. Details of this are available with the reception team.

6. Our representatives reflected that they were able to clearly hear conversations taking place at the reception desk. Please consider alternative confidential spaces for private conversations if patients request it, and also consider other options to minimise this problem.

**Practice Response:** The surgery takes patient confidentiality seriously. We will remind staff and patients that where necessary a private space is available for conversations.

7. Provide information in other languages and promote translation services for those with English as an additional language.

**Practice Response:** We will review our surgery information and ensure that where necessary advice is given on obtaining this in another language. Patients are routinely offered a translator for appointments and these are booked in for double slots.

8. Review promotions of services such as the NHS health checks and annual health checks for people with long term conditions to support early detection and preventative care.

**Practice Response:** We endeavour to ensure that there is up to date information available for our patients. The surgery now has a Health Care Assistant who is able to provide NHS Health Checks.



## Next Steps

Once the provider has responded to each of the recommendations, we 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.

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.

---

<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, 0**

being very poor) 0,1,2,3,4,5,6,7,8,9,10

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**

