



**Enter and View Report**

**Sunnyside Surgery**

**Clevedon**

**16<sup>th</sup> January 2018**



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## Details of the Visit

### Location

Sunnyside Surgery, 4 Sunnyside Rd, Clevedon BS21 7TA

### Date and Time of Visit

16<sup>th</sup> January 2018 08:15am -10.15am

### Enter and View Representative

Gill Auden  
Sarah Wakely

### Registered Provider

Sunnyside Surgery

### Type of Service

GP Surgery

### Specialisms

N/A

### Manager

Deborah Gadd

## Acknowledgements

Healthwatch North Somerset Authorised Enter and View Representatives wish to thank Sunnyside Surgery Clevedon and in particular the staff and patients at Sunnyside Surgery.

## Purpose of the Visit

Healthwatch North Somerset is carrying out a series of visits to GP Practices in North Somerset to ascertain the experience and opinions of local patients.

Sunnyside Surgery, Clevedon was selected as part of our series of North Somerset GP Enter and Views of GP Practices in North Somerset.

Healthwatch North Somerset made the decision to visit GP Practices in North Somerset to observe the patient experience of using the services. Feedback gathered from local people provides a lot of positive feedback and there are numerous examples of good practice. Access to primary care is a theme frequently identified in the intelligence gathered by Healthwatch North Somerset and Enter and View visits allow observation of the patient environment.

The purpose of this Enter and View visit was aimed at outlining what was observed and recognising, highlighting and sharing of good practice and making any suitable suggestions for improvement to the service concerned.

The report may also make recommendations for commissioners, regulators or for Healthwatch North Somerset to explore particular issues in more detail. Unless stated otherwise, Enter and View visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

This report relates only to this specific visit and feedback received directly by Healthwatch North Somerset during the two hours of the Enter and View visit. It is not Representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

## Description of the Service

Sunnyside Surgery is situated in Clevedon. Sunnyside Surgery has approximately 7,477 registered patients.

Sunnyside Surgery opens from 08:00am-6:30pm Monday to Friday.

## Planning for the visit

The visit was an announced visit with Sunnyside Surgery Practice Manager being given two weeks' notice. We sent a confirmation of visit letter, a Practice Manager questionnaire, posters and leaflets to the Surgery to inform patients, relatives, carers and staff about the Enter and View visit and about the role of Healthwatch North Somerset. The Enter and View visit was planned at 8:15am to observe the Surgery during a busy period of their day. As part of the planning the Enter and View Representative did some background research - online and out of hours.

## How was the Visit Conducted?

Two Enter and View Representatives carried out the visit. The Enter and View Representatives met with the Practice Manager's deputy. The representatives met with the Practice Manager at the end of the visit.

The Enter and View Representatives observed the condition of the premises and the interaction between the staff and patients.

The Enter and View Representatives were not approached by or talked to any patients or staff, the information and evidence detailed in this report is collated from speaking to the Practice Manager and the Enter and View Representative's own observations.

The Enter and View Representatives sought background information and reviewed the website to note the information available to patients and made a call out of hours to note the recorded information given to patients.

## How were findings recorded?

Comments and quotes were recorded by the Enter and View Representatives whilst observing the Practice and engaging with the Practice Manager. Observation and prompt record templates were used to make notes, these were typed up after the visit by the Enter and View Representative. The report was compiled and written based on the notes and records of the visit.

## Communication with the Manager

The Enter and View Representatives were unable to meet with the Practice Manager immediately before the Enter and View as she was delayed. The Practice Manager provided written examples for the three prompt questions which are used to establish instances of good practice, evidence change occurring because of patient feedback and identify potential improvements. The three prompt questions and responses are recorded below.

### *Q1. Are there any examples of good practice that you would wish to share with the rest of the primary care community?*

- We have dedicated GP's within the practice who have an allocated nursing/residential home. They carry out fortnightly ward rounds in the homes. We feel this provides continuity to the patients and builds a good relationship between home staff and the surgery.
- Our practice was involved with setting up the Leg Club for the town. Patients go to St Andrews Church on Monday mornings to have their leg ulcers dressed, along with enjoying the social aspect of having tea and cake with other members. We provide clinical trained nurses who work alongside the District Nursing team.
- Our Patient Participation Group (PPG) have been working with staff and students at Clevedon Community School on a project to engage with older people who may be experiencing isolation. They are introducing students to residents in residential homes who may benefit from socialising with younger people.
- We have a deep clean of the Surgery carried out every six months.

**Q2. Do you have any examples of how the Practice made changes following feedback from patients?**

- Offer late and weekend appointments to patients by GP, nurse and health care assistant.
- Very proactive PPG and with the help of the chairperson we have our own version of the friends and family questionnaire which can capture feedback comments.
- Regular monitoring of “did not attend” to see if there is a common trend.
- Send reminder text to patients of when their appointments are taking place.

**Q3. From the Practice perspective, are there any changes or recommendations you would make to improve access to services at the Practice for patients?**

- We are currently in the process of a potential merger with Mendip Vale Medical Group. This will enable the surgery to offer more services and flexibility to patients to see a GP either at Sunnyside Surgery or across the other five surgeries within the group.

## Observations and Findings

The Enter and View Representatives observed the following:

### External Building Condition

- Sunnyside surgery is a converted and extended bungalow, located on a street corner. There is plenty of street parking outside the building. The area of road by the dropped curb is marked to avoid it being obstructed. There are facilities to secure a cycle at the front of the building. The access is via level paths with easy entry to the building. There are some shrubs to the front of the building.
- There is a sign displaying opening hours and the out of hours' number 111.

### Internal Decoration, Cleanliness and Furnishings

- The internal décor was clean and tidy. The walls were painted with buffers to prevent chair backs damaging the waiting room walls.
- The waiting room was light and had good natural light, however it was cold.

### Outside Sunnyside Surgery

- The surgery is a converted bungalow situated on the corner of a residential road.
- There is plenty of on street parking, with a dropped curb.
- A bus stop was located close to the building.

### Access to Sunnyside Surgery

- There is clear signage for the building with automatic doors to the front.
- The building is easily accessed by wheelchairs and pushchairs via a level path.
- The area just inside the main door where the reception desk is located is small and if a few people are waiting at the desk it could make getting through difficult.

### Reception Area

- The reception area has a combination of high and low areas, with no screens.
- There was one receptionist on duty who was wearing a name badge.
- Some of the conversation at reception could be heard in the waiting area.
- Generally, there was not a queue at reception except at one time when a few people were waiting.

- All the staff encountered were approachable and friendly.
- There is an electronic check in between the reception and the waiting room with hand gel on the adjacent wall. The check in has language options on it.
- There were some information boards in the reception area and leaflets there seemed up to date.
- There is a notice board with names of staff but not photos.
- The toilets were clean and tidy, and a toilet seat and step provided for small children to use.
- Translation services are available through reception and on the auto check-in board.

### Waiting Room

- The waiting room was light and airy but a little cold.
- There was a water dispenser, but this was out of action due to mains water problems in the area.
- The seating was around the room and the seats were plastic covered. Some chairs had arm rests but chairs higher than normal were not seen. There was plenty of seating available.
- There is a wooden toy for children in the waiting area.
- There was room to move around the chairs with a wheelchair or pushchair.
- The floor in the waiting room was carpeted and this appeared to be clean and in good order.
- Patients were called by a ticker tape screen which was very loud. There was no background music.
- The ticker tape system also gave some online booking appointment information.
- Some staff came out to get their patients.
- Waiting times are displayed on the auto check-in in reception but not in the waiting room.
- Patients didn't appear to wait for long for their appointments during the observation time.
- Conversations in the reception area could be heard in the waiting room.
- There were plenty of notice boards around the waiting room and some information also on a small corner table.
- The practice Mission Statement was not visible.
- There are hearing loop signs.
- Signs to the toilets are visible.
- There was a blood pressure machine in the corner of the waiting room for patients to use.
- The reception area was clean and tidy with a rubbish bin provided.

### Information Boards/Leaflets

- There was plenty of information available on numerous boards in the waiting area and reception.
- The information was relevant and up to date.
- The PPG was advertised.
- Family and Friends information was visible.
- The latest CQC report was available in the waiting room.
- Healthwatch North Somerset information including 'patient story' and 'volunteers needed' were displayed.
- Information about complaints was visible.
- There was a comments box in the waiting area but no "you said we did" information.

- There wasn't a specific carers' notice board but information was available on other boards.

### Patient Contact

No patient contact was undertaken

## Communication with the Practice Manager at End of Visit

At the end of the Enter and View visit the Representative met with the Practice Manager to clarify any issues that were unclear. Responses to queries raised are below.

- Background music would be provided as the practice have a performing license and the Practice Manager agreed it might help with privacy issues
- The notice board with names and photos of all staff was in the process of being put together
- The Practice Manager was not sure what could be done about waiting times being displayed within the waiting room
- The Mission Statement would be displayed within a patient area
- Notice boards would be rearranged to ensure there were 'Carers' and 'You said, We did' boards

## Good Practice

- Following a collapse in the waiting room the medical staff successfully resuscitated a patient with the defibrillator. The practice received a letter from the paramedics saying how well the practice had done.

## Out of Hours

As part of the background research the Enter and View representative noted the following details when they phoned the surgery out of hours: -

- The surgery name was given and the opening hours. Details of when to call 111 or 999 were given. It was also mentioned that 111 was free.

## Review of the Practice Website

As part of the background research the Enter and View representative noted the following details when researching the website: -

- The practice website was viewed via a laptop, the full website page was visible.
- The opening hours were displayed.
- The out of hours' phone number was displayed.
- The website provided out of hours' information and is easy to find on the front page, it also states that calling 111 is free.
- The NHS 111 logo is located at the bottom of the home screen, however when clicking it does not open a webpage
- From the information on the Practice website it is possible to locate information on complaints. It requires clicking onto several tabs to locate the information. There is no direct link to this information.
- The website provided clear guidance and contacts, also an explanation that PALS (Patient Advice and Liaison Service) is there for commissioned services not primary care. The Practice has included details about Independent Health Complaints Advocacy. The Complaints policy could be printed out.



- There is no downloadable patient information leaflet about complaints/concerns.
- Contacts are given options to speak to someone outside of the practice ie NHS England and SEAP (Independent Health Complaints Advocacy).
- Able to find how to register as a new patient, following the tabs from the home page and from the direct link for the practice introduction.
- The website provides an interactive map relating to the catchment area and outer boundary.
- Unable to find a direct dial number for the Practice Manager.
- Found that the Practice website was clear and easy to navigate.

## Recommendations

Healthwatch regulations stipulate that service providers and commissioners have a duty to respond to local Healthwatch reports and recommendations within 20 working days, in writing, to acknowledge receipt and to explain what action they intend to take; or if they do not intend to take action they must explain why. (Health and Social Care Act 2012: Addendum to summary report: issues relating to local Healthwatch regulations).

Healthwatch North Somerset recommends the following based on the Enter and View Representative's observations and feedback received by the public in North Somerset.

We believe the following recommendations to be achievable, affordable and evidence based:

- Background music could help dissipate any noise from the reception area and thus ensure as much privacy as possible
- The addition of all staff names and photos on the notice board which provided only GPs names.
- Waiting times were not displayed within the waiting room only in the Reception area and therefore were not visible once a patient was sat down and waiting
- There was no Practice Mission statement on display
- No identified 'Carers' or 'You said, we did' boards - although all the information was probably available if patients were prepared to look

## Provider Response

- We have received our Enter and View Report and are happy with the content and have noted the recommendations which we will try to accommodate.

## About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

### Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a Representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

### Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

## Enter and View

To enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch North Somerset Representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch North Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)

- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

### Key Benefits of Enter and View

- To encourage, support, recommend and influence service improvement by:
- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning.

### Relevant Legislation

- The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).
- The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).
- The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).
- The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



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