



# Enter and View report

Crossroads Surgery  
(part of Abbey Meads Medical Group)

August 2018



**healthwatch**  
Swindon

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# 1 Introduction

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## 1.1 Details of visit

Details of visit:	
Service address:	Crossroads Surgery, 478 Cricklade Road, Swindon SN2 7BG
Service Provider:	Abbey Meads Medical Group/IMH
Date and Time:	Friday 3 August 2018 at 11.30am
Authorised Representatives:	Alison Evans, Mark Court, Lucy Gibson, Pam Forde,
Contact details (Healthwatch Swindon):	Healthwatch Swindon, Sanford House, Sanford Street, Swindon SN1 1HE

## 1.2 Acknowledgements

Healthwatch Swindon wishes to thank patients, service users and staff from Crossroads Surgery for their contribution to the visit and this report.

## 1.3 Disclaimer

Please note that this report relates to findings observed on the date and time of the visits. It is not a representative portrayal of the experience of service users, patients and staff, only an account of what was observed and contributed at the time.

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## 2 What is Enter and View?

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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 View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. Healthwatch Swindon has commissioned Swindon Advocacy Movement to recruit four Quality Checkers and has authorised them to undertake a number of Enter and View visits, with support, specifically from the perspective of people living with a learning disability or on the autistic spectrum.

### 2.1 Purpose of the Visit

- To find out more about the range of services provided at Crossroads Surgery
- To compare the experience of users, patients and staff with that at other surgeries
- To make practical recommendations about physical aspects of the premises which may have an impact on the experience of users.

### 2.2 Methodology

This was an announced Enter and View visit. We advised the practice management when the visit would be undertaken and confirmed details.

This is what we informed them in writing:

“This is to let you know that we intend to undertake Enter and View\* visit to Crossroads Surgery. This is a formal notice and, therefore, I am copying Nigel Sweeney at [IMH](#)\*\*in to this mail too. \*\*Integral Medical Holdings hold the contract for this primary care service which is part of Abbey Meads Medical Group

1. We have commissioned [Swindon Advocacy Movement](#) (SAM), working with two volunteer Quality Checkers they have recruited, to undertake this visit with two supporters. They will be visiting Crossroads Surgery from about 11.30 onwards on Friday 3 August 2018. The supporters are Lucy Gibson (SAM) and Pam Forde (Healthwatch Swindon). As required, they have DBS certificates and all will have name badges.

2. As you may know, an Enter and View visit can include the public areas of premises where health and social care services are provided but it would be helpful, where possible, to see consulting rooms. They would like to take the opportunity briefly to talk with some staff providing services on the day at the surgery - and they will also want to talk with patients and/or carers - always where appropriate and convenient and absolutely not to disrupt the work of the surgery or individual practitioners.
3. They will form an overall view of the facilities and services based on what they see and hear and will draft a report which we will send you to check for accuracy. We will then finalise the report with any recommendations which we will publish and send to you and commissioners and, if appropriate, to the Care Quality Commission. We will subsequently follow up any recommendations.
4. Please reassure your people that this is not an inspection and that our intention is not to disrupt work. And, should the need arise because of any emergency, our people would withdraw.

**\*Healthwatch Swindon is able to carry out these visits under the terms of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) and National Health Service Act 2006/Local Government and Public Involvement in Health Act 2007 (as amended by the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.\***

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## 2.3 Summary of findings

A full set of recommendations is on page 16-18.

- Consideration should be given to signage and access.
- Consideration should be given throughout to the provision of information, its format and display particularly in relation to Easy read documents and the Accessible Information Standard.
- Consideration should be given to the facilities in the toilet.
- Consideration should be given to the points raised in the discussion with patients and staff.

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## 2.4 Results of visit

### Building signage and disabled parking

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On approach travelling from the north, Crossroads Surgery is clearly signposted on the roadside wall and easily visible. However, from the south there is no signage and the entrance is easy to miss if driving or walking

There is a small car park on site and one space for disabled drivers. However, on driving into the car park there are no signs indicating that disabled parking is available and it could easily be missed as it is the last parking space in a row. It is however, sited closest to the entrance to the Surgery. There is signage on the wall in front of the appropriate space, but, at the time of our visit the space was occupied by a visitor/patient without a Blue Badge.

There is also a small sign, concerning parking, on the wall on entering the driveway into the surgery but there is no mention of a disabled bay.



It was noted that the perimeter fence and wall were in disrepair and it was felt that this could be a hazard for people, especially those with walking difficulties and small children getting in and out of cars.



## Access to the building

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The entrance was clearly signposted and the level ground was accessible for people in wheelchairs and those using walking aids. However, the cobbled surround and the overgrown weeds were felt to be a potential trip hazard.



There was a pinned notice on the entrance with information on opening hours but it was in very small print and not in easy read format. The doors are not automatic and there is an intercom and buzzer for visitors/patients requiring assistance but the signage does not make this clear and is not in easy read format. There were also concerns regarding the reliance on the Staff to respond to the buzzer quickly to minimise wait time, especially in bad weather (although this was not tested).



## In the building

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### Lobby

Access to Reception is through a Lobby and a second door which is not automatic. It was felt it would be difficult to manoeuvre a wheelchair in the limited space, and for visitors/patients with walking aids (or pushchairs) it would also be difficult to open the door without assistance.



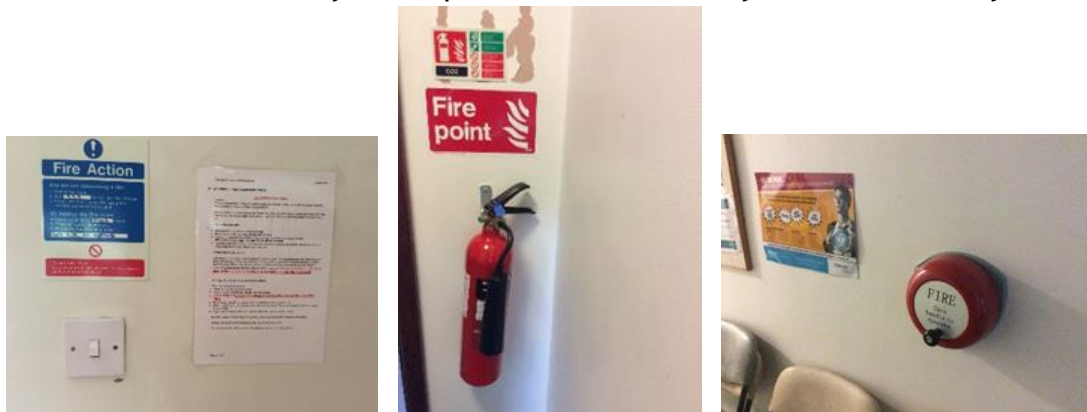
There was a selection of notices randomly placed on the windows and only one in easy read format regarding smoking. It was felt that the key notices should be better positioned to ensure they were more easily visible to visitors/patients - for



example smoking, mobile phones and breast feeding, whilst the other ones could be moved into the Reception/Waiting Area.



The Fire Notices were not in easy read format and also found to be confusing. The Fire Action Notice called for the alarm to be raised and a fire extinguisher to be used if appropriate, but there was no alarm or extinguisher in close proximity. Although, it was felt that the light switch could be confused with the alarm. Also, on closer inspection, the notices seemed to be aimed at Staff rather than visitors/patients, and therefore this added to the confusion regarding the appropriateness of their location. It also caused concern regarding the lack of information for visitors/patients in the event of an emergency. Another Fire Notice was eventually located aimed at visitors/patients but it was randomly stuck on the wall beside many other posters and not easily visible or in easy read format.



In the corridor/waiting area of the Consulting Rooms, there was some fire equipment on the wall but no explanatory notes for either Staff or visitors/patients. There was also a fire extinguisher but again, no details regarding the emergency and evacuation procedures.

Finally, on a general note, the Lobby was dimly lit, glass windows and door panels were dirty, lettering missing on the exit signs which were not in easy read format, the doormat was worn and there were visible leak marks in the ceiling.



## Reception

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The Reception staff were found to be courteous and friendly. On arrival, patients check in directly with the Staff and there is no need to sign in or use an electronic screen system. This was felt to be very user friendly. It was however noted that there were no private areas and all conversation in Reception and the adjoining Waiting Area could be overheard by everyone.

## Waiting Area

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There was plenty of seating and space for patients in wheelchairs and those with pushchairs. There was also a play area for children and a TV/Radio but these were not on during our visit. There were 2 high back chairs for people who might need them although the signage was small and not clearly visible and the seats were being used by other patients. There were no wide seats.



The waiting area was busy and noisy at the time of our visit which raised concerns for patients with learning difficulties especially autism. There was no provision for a quiet zone. It was also very hot and uncomfortable with no open windows or access to a drink of water.

Patients are called through to their appointments by the Doctor or Nurse coming out to the Waiting Area which was felt to be user friendly. There was an electronic appointment display board located on the wall by Reception but this was not in operation at the time of our visit.

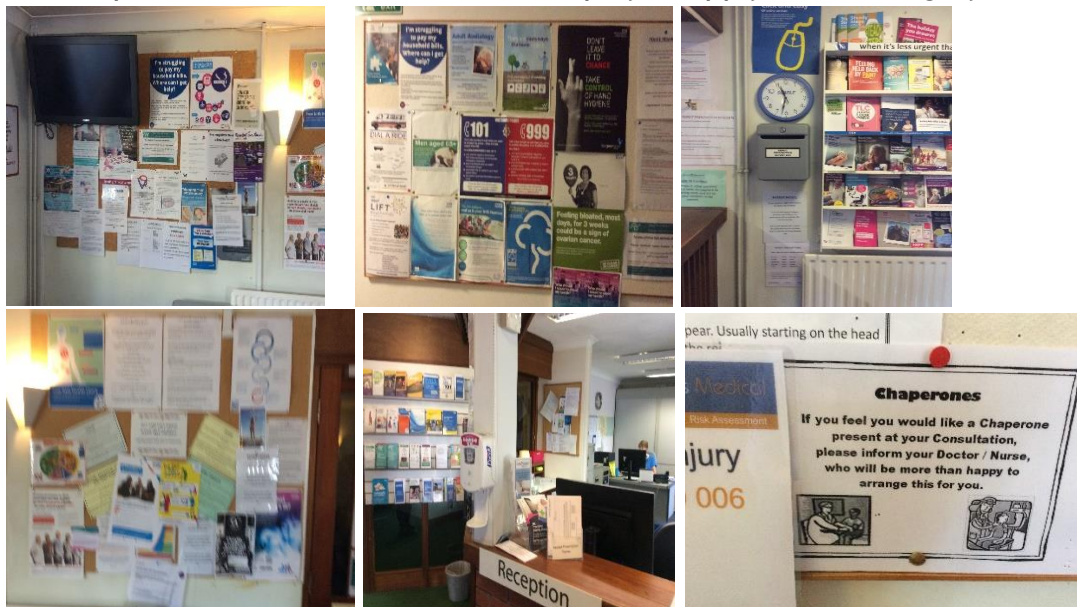
The sign on the door for the Consulting Rooms and Toilet was not in easy read and there was no mention of the availability of a disabled toilet. Also, the additional posters distracted from the signage making it less visible.

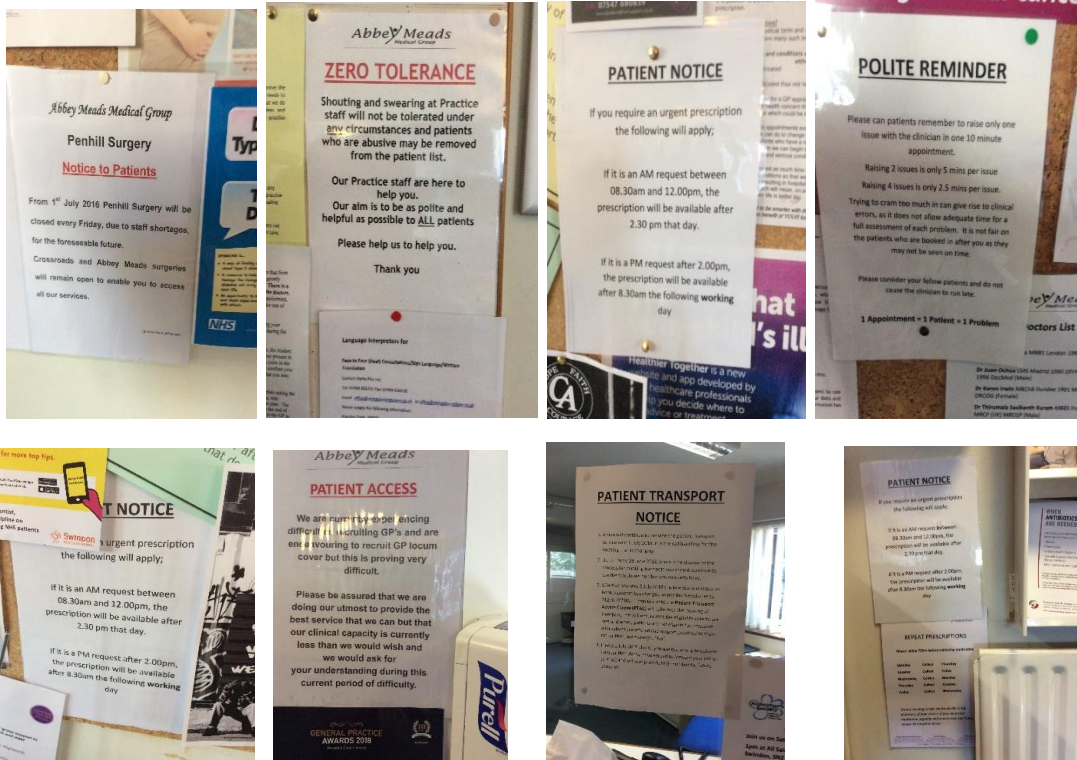


## Notice Boards

There was an abundance of leaflets and notice boards in both the Reception and Waiting Area. They were felt to be overwhelming and almost impossible to go through. Whilst it was acknowledged that it was important for information to be made available, it was made more difficult for these reasons:

- Very few of the posters or leaflets were in easy read format.
- Each poster was in a different size, colour, type face and layout and therefore it was difficult to read through and understand the information.
- The posters were displayed in an untidy and haphazard manner and it was difficult to navigate through the sheer volume of posters.
- None of the posters were grouped in logical order and were all displayed together.
- There were a number of important Patient Notices randomly situated across the notice boards, all in black and white, and most were not clearly visible amongst the back drop of the other colourful posters. None were in easy read format.
- There was also confusion about some of the Notices referring to Abbey Meads Medical Group and no mention of Crossroads Surgery so this raised the question does the information displayed apply to this Surgery.





## Toilet Facilities

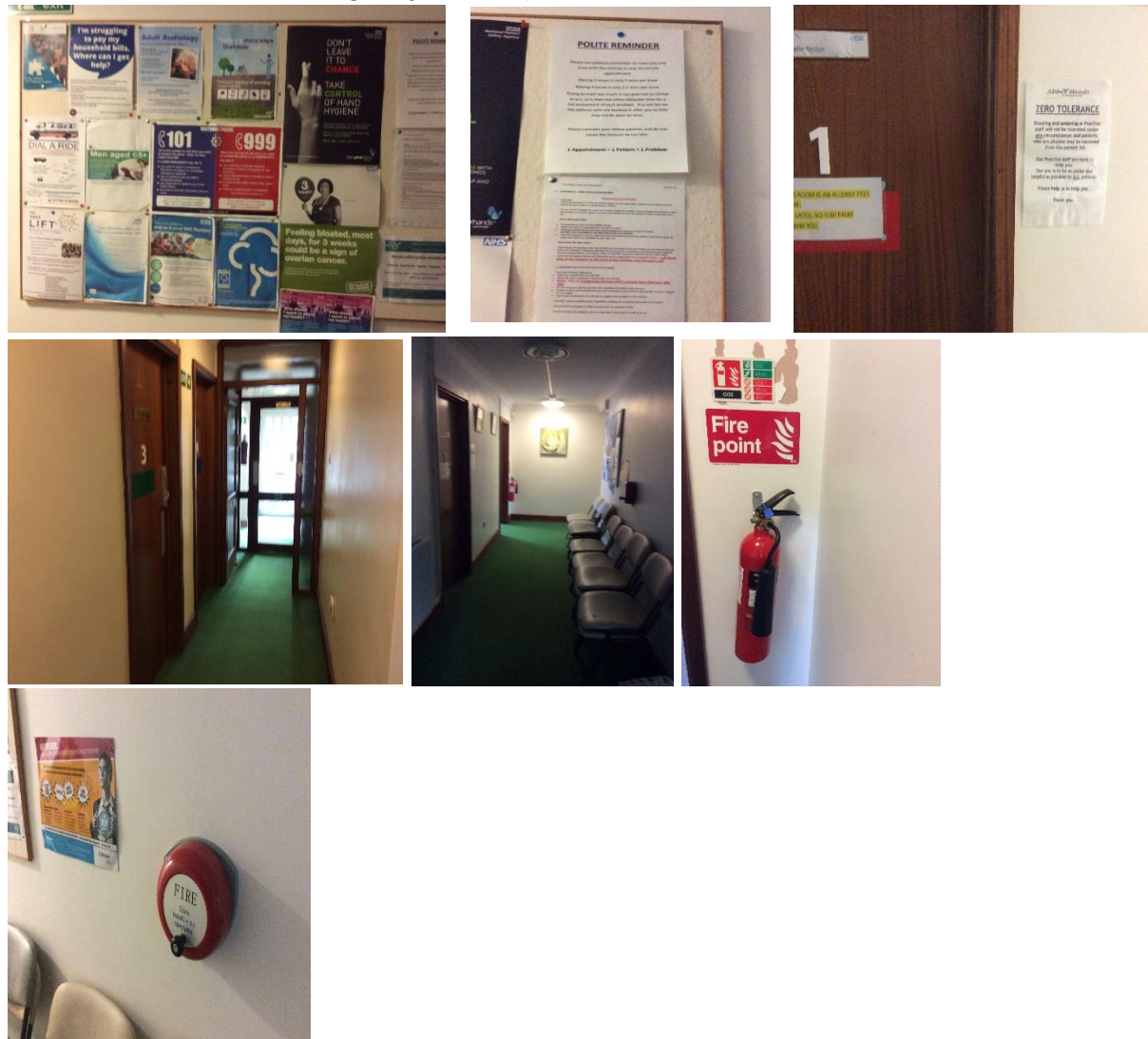
There is one toilet (with part easy read signage) for all patients which has been adapted with support and grab rails to cater for disabled people. However, there were a number of concerns. There was a typed notice stuck on the wall above the basin warning of very hot water but this was not in easy read. There was another notice on the paper towel machine regarding turning off the hot water which caused confusion and again, not in easy read. The emergency pull cord was broken and not in reach in the event of a situation requiring its use. The bin for used paper towels or dirty nappies did not have a lid and signage was not in easy read. There was no mention or provision for disposal of sanitary towels other than this bin. There were two additional patient posters which were also not in easy read.





## Consulting rooms waiting area

Although the Waiting Area was not in use at the time of our visit, there were some concerns highlighted. They were: Posters on notice board, Patient Notices and Fire Evacuation Procedures were not in easy read and in particular, the safety notices were difficult to spot amongst all the other notices. Fire equipment on the walls but no explanatory notes for either Staff or patients. Consulting Rooms located out of sight and no directional sign posting. Some ceiling lights were not working and corridor very dimly lit and seating chairs were worn and stacked on each other (although the Practice Manager did state that an Electrician was due and the chairs were being disposed of).



## 2.5 Feedback on discussion with patients

During our visit we had an opportunity to ask a patient (a man aged 77) about his experience of the Practice.

### Q1. Are you able to see the same Doctor?

Yes, if you are prepared to wait. “In an emergency you see whoever is available, which is fair enough.”

### Q2. Is your Doctor easy to talk to?

This prompted quite a conversation.

“I have no complaints, all the GPs seem very competent.” The patient then described having had a stomach problem lasting over 2 years, which was eventually sorted out by “a very nice Asian doctor, I don't know his name, but I don't know why it couldn't be sorted out in the first place.”

Another concern (later mentioned to the Practice Manager) was that the patient had received a letter inviting him to attend Crossroads Surgery for a flu jab, but it turned out that it should have been at Abbey Meads Surgery: “Someone made a mistake.” **What happened?** “Well, typical Englishman, you don't complain. I've got a car but I felt sorry for the poor old ladies who also turned up.”

### Q3. Can you see a male or female Doctor?

Not sure.

### Q4. How did you book your appointment and was it easy to book?

Always comes to book an appointment in person at the desk, as “I'm not good on the phone and they always talk too fast”.

One perceived advantage of coming into the surgery to make his appointment was that he had been able to book 2 different appointments at once, one for a blood test, and he was delighted to be asked “Can you come in tomorrow?” He gave another good example of coming into the surgery first thing, got a same-day appointment and was then referred to the hospital that same day for “an ingrowing eyelid, or something”.

### [Note

It was not easy for the Quality Checker to conduct this interview against the background noise of children in the waiting area which she found quite distracting. The helper repeated the set questions louder and more slowly when required. The volume and length of this conversation may have deterred other patients, who subsequently declined the invitation to talk to the other Quality Checker. They had been waiting throughout and no doubt expected (correctly, as it turned out) that they would soon be called in to see the GP/practitioner.]

## 2.6 Feedback on Discussion with Practice Manager and Staff

We also had an opportunity to talk to the Practice Manager and our findings were as follows:-

- All staff receive training in line with NHS Swindon Clinical Commissioning Group regulations which includes modular training on dealing with people with learning difficulties.
- The Practice has a Mental Health Nurse who works 2 days a week.
- The Practice does have a register of patients with learning difficulties and this is flagged up each time a patient telephones the Practice so staff know that the individual may need more support.
- Patients are not automatically offered a double appointment but staff are at liberty to make that decision if they feel it is necessary or if the caller requests it.
- The Practice has various ways of allowing patients to book appointments, either by calling in person, on the phone or on line (if they have pre-registered for this service).
- If appointments are running late, the Staff will inform patients.
- Patients are able to request repeat prescriptions on line or in person from Reception with a 72 hour turnaround, and there is a nearby pharmacy.
- Chaperones are available if requested.
- Staff felt that their forms, leaflets and posters were all in easy read format and were not aware of any improvements they could make now but were looking into the Accessible Information Standard.
- Staff will try and help people with filling in forms but mostly patients are required to fill them in at home.
- Although the Practice do not use easy read reminder slips, one member of Staff commented that she has helped patients by drawing clock faces to assist them with timings.
- The Practice does carry out annual health checks for those on the register for learning difficulties and appointments due are flagged up on the computer system. A patient is sent up to 3 letters/reminders in total that their annual health checks are due. The health check appointments are 40 minutes long and are carried out by the Mental Health Nurse. The patient is asked to complete a [Cardiff Questionnaire](#) (at home) before their appointment which is then discussed during the health check along with health education including flu jabs, sexual health services and cancer screening.



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## 2.7 Recommendations

### Building Signage

Kerb/Road side signage for Crossroads Surgery could be improved with an additional sign on available space on the wall opposite at the entrance.

### Parking and Signage

There is an existing sign on the wall regarding car parking. Consideration should be given to an additional sign underneath making reference to a disabled parking space and the location of the bay. Consideration should also be given to conducting spot checks on parking to minimise visitors/patients without a Blue Badge occupying this space.

### External Building/Premises

- Consideration should be given to repairing the perimeter fencing and wall or at least removing the rubble to minimise the risk of harm to visitors/patients to the Surgery. The entrance to Reception should also be kept free of weeds and potential trip hazards.
- Signage regarding Surgery opening times could be made clearer with larger easy read print. Consideration should also be given to a permanently fixed sign and perhaps more appropriately sited on the wall by the entrance so it is easily visible on approach.
- Consideration should be given to easy read signage next to the Intercom more clearly explaining its usage and highlighting which button to press. There was also a concern about disabled patients being made to wait for assistance, particularly in bad weather. And although it was accepted that Staff will respond quickly to the buzzer, in busy Surgery periods this may not always be possible; so consideration should be given to ensure that Staff are reminded of the importance of response times.
- Whilst acknowledging possible financial constraints, consideration should be given to installing automatic entrance doors.

### Lobby

- Door signage should be repaired/replaced in easy read format. (Also lighting could be improved and the ceiling leak repaired or painted over.)
- Important patient notices regarding smoking, use of mobile phones and breast feeding should be better positioned to ensure they are more easily visible and in larger easy read format. Non-specific notices could be positioned in Reception/Waiting Areas.



- Consideration should be given to the location and appropriateness of the Staff Fire Notice and the lack of nearby fire extinguisher.

### **Reception / Waiting Area**

- Consideration should be given to a private area as all conversation can be heard by everyone in both Reception and Waiting Areas. This would be helpful for those patients who would prefer some confidentiality for example when discussing their health concerns or being signposted to medical services. It would also be helpful for those patients who may have learning difficulties and need additional support whether making appointments, reading leaflets or filling in forms.
- Consideration should be given to a quiet zone as excessive noise can be very disturbing for those with learning difficulties especially autism.
- Consideration should be given to the comfort of patients - for example open windows during hot weather and the provision of drinking water.
- Signage for high back seating for those might need them should be made more visible and in easy read format. Seating could be further improved with some wide chairs.
- The signage on the door through to the Consulting Rooms and toilet should be in easy read symbols with specific mention of the availability of a disabled toilet and left clear of any other distracting non-essential notices.

### **Notice Boards (Reception/Waiting Areas)**

- All Management and Staff should be made aware of the Accessible Information Standard.
- As all Staff do receive training on dealing with patients with learning difficulties, consideration should be given to how staff may assist patients, especially those with reading difficulties, navigate their way through the abundance of information posters and notices.
- For all patients, the information on the notice boards could be made more accessible by clearer signage, more easy read posters and better grouping of information.
- Consideration should be given to a dedicated Patient Notice Board where these specific notices are grouped together to ensure that they are more clearly visible and should also be in easy read format. Notices should also be made clearer to avoid confusion so patients know that Crossroads Surgery is within the Abbey Meads Medical Group.

- Consideration should be given for a more prominent location of the Fire and Evacuation Procedure notices for both patients and Staff to ensure that they are clearly visible and should be in easy read format. There should also be in easy read format, signage in the Waiting Area informing patients of the location of the fire extinguisher in the event of an emergency.

### **Toilet**

- Signage in the toilet should be in easy read format, especially as there is a risk of patients harming themselves with hot water. The emergency pull cord should be replaced and for hygiene purposes, a lid should be provided to cover the waste bin which is also used for the disposal of dirty nappies.
- In addition, consideration should be given to a separate disposal unit for sanitary towels and/or supply of disposal bags.

### **Patient Discussion**

- Patients should be made more aware of their choice to book an appointment with either a male or female Doctor.
- Correspondence should be made clearer to avoid confusion between the three Surgeries within the Abbey Meads Medical Group.
- Provision should be made to enable patients who are hard of hearing to make appointments.  
Consideration should be given to ensure their records are noted accordingly so that it is flagged each time they telephone or attend the Surgery. Consideration should also be given to the use of the Hearing Loop or Staff making an extra effort to talk slowly and clearly.

### **Practice Manager and Staff Discussion**

- Our discussions were very positive overall and consideration has been shown in many areas for those patients with learning difficulties.
- However, it was felt that the service offered (specifically for patients with learning difficulties) could be further improved by:-
  - Consideration that Reception Staff should automatically offer a double time slot and the chaperone facility to patients when booking an appointment. Whilst there are Patient Notices offering these, it is reliant on the individual to request these additional services. It was considered that Staff would be better placed to ensure that all patients are made aware of these facilities.
  - Consideration should be given to the process of informing patients that their annual health checks are due. Although the Practice does

make three attempts to contact individuals, there is no further follow up in the case of no replies or missed appointments. It was felt that some patients may suffer unduly as a result of an administration process and this could happen very easily for various reasons:

- For example, appointment letters are not in easy read format and therefore the patient may not understand the reason for the appointment; it may be that patients cannot read at all and are therefore reliant on family members or support staff to visit and deal with their post; it may be because patients feel embarrassed/uneasy about seeing the Doctor or because they do not understand what an annual health check involves. All these may be reasons why patients do not reply to requests to attend their appointments.
- Whilst it was acknowledged that no-one should be forced to attend the annual health checks, it was considered that, if the Practice accepted the responsibility of ensuring that communication had taken place directly with the individual or their appointed support staff, then at least it would avoid any individual being “forgotten or lost” in the system.

The introduction of easy read appointment letters and reminder slips.

Reducing the 72 hour prescription turnaround time or setting up automatic home deliveries for repeat prescriptions.

(The Quality Checkers had many examples to quote of people like themselves with learning difficulties, who were not capable of keeping a close watch on their medication and running out without realising. They then had to rely on support staff or family to visit in order to request more.)

## 2.7 Service Provider Response

“In relation to the comments made at the end of the report, we will endeavour to action as many of the points raised. In relation to the 72 hours for prescriptions, that will remain. Patients also need to be aware that Pharmacies need an extra 2 or 3 days on top for prescriptions”.

Robin Somers  
Group Practice Manager  
Abbey Meads Medical Group, Eldene Surgery, Moredon Medical Centre  
Phoenix Surgery and Taw Hill Surgery



