

Follow-up visit to Rosewood Medical Centre

3 December 2018

On arrival at 12.15pm, the team and were welcomed by the Practice Manager and her Assistant, and were showed around the building until the senior partner became available after morning surgery. The team considered that it was one of the best-appointed surgeries they had ever seen (the building in which it is located was once the Officers' Mess of the former RAF Hornchurch airbase). It made good use of the available space and was in good order, which must have made it easier to accommodate the additional patients who recently transferred to the practice from a neighbouring practice when GP there retired.

The team explained the purpose of their visit and what had led to it, including complaints about difficulty in getting appointments made at meetings of the Havering Over Fifties Forum and about inaccuracies in the website. They were told that the practice staff were aware of the problems and had acted to remedy them.

It was noted that one of the partners had overseen this and the manager accepted that the website was not up to date but explained that administrative staff had not been able to update it; the senior partner undertook to deal with this. The website was not up to date: for example, the names of several recently-appointed GPs were not shown. Rosewood is a training surgery with Registrars and GPs under training among the staff - there are dedicated training rooms. In response to a question, the senior partner confirmed that telephone work was a standard part of a GPs training.

There were two nurses who cover 80 hours between them and there was also a Health Care Assistant. Three Reception staff were on duty when the team arrived and they were part of a team which, between them, covered

the surgery's opening hours and was now stable; one receptionist had worked at the surgery for 27 years. Regular practice meetings were held. The team were told that staff were trained, using online training through the Blue Stream Academy.

In response to a question, the team was were told that the practice worked well with patients who have mental health issues, including dementia.

Rosewood had continued involvement in a CCG pilot telephone scheme and had taken on more staff for it; they had found that triage telephone consultation with GPs could be unsatisfactory, and patients did not always like them. The bulk of appointments and visits were face to face (including all of those with nurses), but the number of online bookings had increased. At the time of the visit, a visit by CQC inspection staff was imminent and the team were given information from the preparatory work. They expressed concern that some of the statistical information was up to six months old.

The practice opened at 8am. Two random examples showed 1,356 and 1,189 appointments available per month. The team concluded that the whole practice had been, and was still, engaged in improving the way they responded to patients' needs. They had been monitoring calls and the response time had now down to less than a minute most of the time. If a face-to-face appointment was not possible, patients would be offered a telephone consultation. The average waiting period for an appointment was 4 days - each GP had three emergency slots available each session, as well as the time for phone consultation.

Although all appointments were available for on-line booking, only 15% of patients were registered for on-line services. Appointments could be made well ahead of time. The practice manager explained that it was not easy to increase that way of working. If that did not meet their need, they were told about the GP Hub scheme (the surgery was host to one of the

Hubs) and walk-in service at Harold Wood Polyclinic. Text reminders were used to try and keep the number of patients failing to attend (DNAs) under control.

The team were told that the practice's Patient Participation Group at the practice was not functioning very well. One member of the team, who has extensive PPG experience, discussed with the senior partner and practice manager at some length about how useful a PPG can be in providing support to the surgery, urging them to encourage patients to become involved. He advised that the CCG would be able to help them with a formal constitution for the PPG.

The team also suggested that the waiting room environment could be improved by placing a dementia-friendly clock in the waiting room, and setting up a "Welcome to the Rosewood Medical Centre" sign there.

Conclusion

All in all, the team felt that the surgery had made, and was continuing to make, changes in the way they worked to deal with the criticism they had been subjected to. The team fed back this view to the senior partner and and asked that that praise should be filtered back to staff.