

# Enter and View Report:

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## WOODLAWN MEDICAL CENTRE

**Address:**

19 Powdermill Lane,  
Whitton,  
TW2 6EE  
Tel: 020 8894 4242  
Website: <http://www.woodlawnsurgery.co.uk/>

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Healthwatch Richmond Enter and View Representatives:  
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# Introduction

In February 2014, Healthwatch Richmond held a public GP forum with local residents, GPs and key organisations involved in General Practice. We asked the community for feedback about their experiences of using the GP services. The feedback we received encouraged us to further investigate the level of service provided in the Borough.

Healthwatch Richmond analysed data collected in the Ipsos Mori July 2014 GP Patient Report. We triangulated this data from practices across the borough with data available on NHS Choices between January and September 2014, data collected for the Healthwatch Richmond Infobank, the Friends and Family Test and our GP Report, March 2014. This information indicated that there was a variation in patient experience of GP services across the borough. We identified practices with high, medium and low levels of patient satisfaction and cross-referenced these with comments on NHS Choices. Based on this we identified a number of practices to visit across the range of patient experience. It was based on these findings that the Woodlawn Medical Centre was selected to receive visits.

Our intention in conducting Enter and View visits to GP surgeries, was to identify positive practice which has led to improved services and to identify any issues on which we may make recommendations for improvements.

Woodlawn Medical Centre is located in Whitton and has a sister practice, Oak Lane, in Twickenham. While the practices share a patient list, Woodlawn serves around 3000+ patients, where Oak Lane serves around 800 patients. Between the two practices, there is one practice manager, one medical secretary, seven receptionists, two nurses, one healthcare assistant, one IT support person, two cleaners and five doctors (three full time, two part time, one locum).

The findings from Woodlawn Medical Centre are presented in this report, along with recommendations for improvements to the practice which would enhance patient satisfaction. The reader may also wish to consider the report from Oak Lane, which is also available.

# Methodology

## Setting up the visits

The visits to Woodlawn Medical Centre took place on the 8th and 9th of October. Each visit lasted two hours and was undertaken by two volunteer authorised Enter and View Representatives. Enter and View Representatives undergo a thorough recruitment and training process including application, references, interviews, Enter and View training, specific training on conducting visits in GP Practices, and DBS checks. All the Enter and View representatives carried photographic identification cards at all times during the visits.

The practice was contacted in advance and a mutually acceptable date was found for the visits, which was then confirmed in writing. The visits were conducted in line with the Healthwatch Richmond Enter and View Policy, a copy of which was provided to the practice before the visit.

## Conducting the visits

Enter and View representatives approached patients in the waiting room of the practice, introducing themselves, Healthwatch Richmond and the purpose of the study. Patients were then asked for their consent and, once given, volunteers conducted a semi-structured interview. Our interviews with patients encouraged comments on both positive and negative aspects of the practice and focused on:

- Access to services
- Quality of care
- Overall satisfaction with the practice
- Any improvements patients would like to see

In addition, practice staff were interviewed and an observational audit of the service was carried out at each visit.

Each of the four Enter and View Representatives provided written reports of their findings which were analysed by Healthwatch staff to identify trends and key issues arising from the data collected. These findings are presented below.

## Working with the practice

Following analysis of the data and production of a draft report with recommendations, the practice was contacted and sent the report for comment and response on the recommendations. The following report includes the practice's response to these. The final recommendations provided are further actions for the practice to consider resolving. We will be working with the practice to follow up on our recommendations and any activity needed to resolve them.

# Findings

## Access to services

### Physical Access

A small amount of parking was available for disabled patients but parking for other patients was on the road. The inside of the practice had good disabled access, with one disabled toilet: however there was no hearing loop available.

### Signage

While the practice had a large, clear sign outside, there was insufficient other signage. There were no signs indicating where the toilets were, although the door was labelled. There were no opening times advertised and patients did not seem to be aware of the times the practice was open. It was unclear what out of hours services were available, and the NHS Direct number was still advertised on the surgery door. This service ceased to exist on the 31st March 2013 and was replaced by NHS 111. However, we understand that NHS 111 many not be the correct number for patients to call if they need an out of hours GP service.

The practice clearly advertised the range of clinics offered and the different services provided by the health professionals working there. However, there was no information on staff at the practice. Comments from staff suggested that this wasn't necessary because *"everyone knows everyone"*. Patients however told us *"they keep changing and I lose track"*.

We recommended that the practice review the signage throughout the building to ensure it is accurate, up-to-date and complete. References to NHS Direct should be removed and replaced with appropriate advice on accessing out of hours services as a matter of urgency, as patients were not given the correct information at the time of our visit.

We also recommended that signage should be present giving details of: opening times, the names of doctors and staff and how to make compliments or complaints. It is not correct to assume that patients know who works at the practice and such views within the practice should be challenged. Additionally, we recommended that the practice should promote its Patient Participation Group.

## Practice's Response

The practice responded to our recommendations stating that since our visit they have removed the sign for NHS Direct and would implement the other recommendations as much as possible.

## Information

Patients commented on the information available in the surgery as being *"useful and informative"* but *"sometimes there is too much"*. Several patients commented that they have visited the practice to collect a leaflet and that the information displayed in the practice was

useful. Our observations of the practice's information provision confirm that, while there is plenty of information provided, it is not effectively displayed and some was out of date. The information was displayed in a very small area and lacked clear organisation making it difficult for patients to know where to look to find information. We also noted that there were no leaflets available in other languages and certain services were not advertised, such as the availability for translation service or advertising the Patient Participation Group (PPG).

Following our visit we recommended that the practice should review the information it provides. Clear information should be provided for patients whose first language is not English, including promotion of the translation service. The quantity and relevance of information provided is clearly a strength for the practice. However, the practice should consider how this is displayed and ensure the information is in date to improve the value of information for patients.

### Practice's Response

The practice responded to our recommendations stating that they have access to a translation service which offers help in different languages, but that there are cost implications to obtain printed materials in a variety of languages. They asked for our advice on how to manage this.

We recognise that the practice has access to a translation service, and that producing leaflets in multiple languages may not be financially feasible. Producing a small amount of information in multiple languages, for example a poster which advertises the availability of a translation service, may not be expensive.

### Environment

The waiting room in reception was very small with 12 chairs in a small space. Patients commented about how the practice was “*always really clean*”. Our observations of the practice attest to this: the surfaces were washable and non-slip. Patients described having less privacy at the Woodlawn than Oak Lane reception area and expressed concern that everything the receptionists say at Woodlawn can be heard by patients in reception. Some patients told us that they were not comfortable attending the Woodlawn Practice because of the lack of privacy and so choose to attend the Oak Lane Surgery if possible. Our visitors also raised concerns about privacy at Woodlawn's reception.

Section 3a of the NHS Constitution sets out that “*You have the right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure.*” We told the practice that patients' rights under the NHS constitution are not being met in the existing environment. We therefore recommended that the practice take steps to improve patient confidentiality at reception.

### Practice's Response

The practice responded saying that the surgery had been renovated recently and that in reality, no more can be done because of the cost implications. They asked for Healthwatch Richmond's advice on how to manage confidentiality at reception.

While we recognise that structural changes to the building may not be feasible, other practices advertise and offer space away from the reception desk and waiting room to conduct confidential conversations, if required. This may be a solution for Woodlawn to consider to manage confidentiality at reception.

### Opening Hours

Opinions of the opening hours were generally mixed, some patients were happy with the practice opening hours, but others commented that it would be helpful if the practice was open longer some evenings, or on a Saturday.

The practice website provides information on the opening hours, including details of extended hours on a Monday evening. However, conversations with patients suggest that many are unlikely to look up information about the practice online and are therefore unaware of these times.

We recommended that the practice should clearly display information on opening times. The practice should also work to understand and suit their patient population's need for extended opening hours and should consider options for meeting this demand.

### Appointments

The route for booking an appointment is currently via phone or through visiting the practice in person to book an appointment for another day. The practice does not offer online booking. While the practice states that they do not accept walk-in appointments, we were told that if someone comes into the surgery *"we never say no; it's not a walk in service, but we will give them time"*. One patient commented that *"It is very easy to get an appointment on the day, there have been times when I walked in and I got an appointment on the spot"*. It is unclear whether people are treated the same if they phone or visit the surgery in person, creating confusion as to how the practice's appointment system operates. This creates an inequality in access for patients as many may not be aware that they can have an appointment on a walk-in basis.

Patients stated that in order to get an appointment, they are required to call between 8:30am and 9:30am. A couple of interviewees mentioned being unable to speak to anyone on a Monday morning. Additionally, the practice patient satisfaction survey states that 71% of patients found the phone line engaged when first called, and one respondent commented: *"Took quite some time to get through on the phone, it is very difficult for us to book an appointment"*<sup>1</sup>.

The practice offers an early slot between 8:30 and 9am when patients can speak to a doctor over the phone. The doctor advises whether the patient needs to attend the surgery, usually on the same day. Appointments for children and those over 65 are prioritised, and these

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<sup>1</sup> Patient\_Satisfaction\_Survey.ppt <http://www.woodlawnsurgery.co.uk/appointments.html>

individuals are offered same-day appointments where possible. The action plan from the PPG, as detailed on the website, includes “*Provid[ing] more telephone triage*”<sup>2</sup>.

To others, the appointment booking system was seen as “*fine*” and some patients “*would not like computerised or messaging systems*” to book appointments. A few said they would not use an online system or would not need reminders, although some said that their carers may appreciate being able to book appointments online for them. We were unable to identify an online appointment booking service in operation at the time of our visit.

Most patients interviewed were happy with the appointments they were given. Occasionally patients were asked to visit Oak Lane, which wasn't seen as a problem as it is on the same bus route. It was recognised that the practice try and accommodate the patients: “*they always try to fit me in*”, but it can take a while. Patients also acknowledged that it can take longer to get an appointment with a specific doctor; “*it usually takes a week to get an appointment with the doctor of my choice*”.

The experience of booking appointments was therefore very mixed. While some patients found booking appointments relatively easy, others found that they had to wait; some up to two weeks. Waiting this long for an appointment, for some, was a problem. Many acknowledged that “*it can take a long time to get an appointment*” but that in emergencies, or if it involves children, getting appointments is easier. One patient felt that the reception staff over-stepped their position in asking for detailed information on their condition before booking an appointment “*Why do they need to know...isn't that information confidential with the doctor?*” Some patients stated that they had resorted to using other services, such as A&E or the walk-in centre in Teddington, because they couldn't get an appointment. Other patients declared that they were able to access treatment when they needed. This was indicative of the age range of patients, with those over 65 able to access treatment more easily than others. One patient commented “*when I tell them my date of birth, getting a same day appointment is much easier*”.

We recommended that the practice should review and clarify their appointment booking system and ensure that it is clearly communicated to patients. The lack of clarity over the process for booking appointments combined with the very short window of time where it is possible to book appointments creates inequality in access to appointments.

In a practice survey on Telephone Consultations, the practice recommended that “*more staff [would] reduce time that phone is engaged*”<sup>3</sup>. However we recommend that, other, more economical, avenues should be explored to resolve the problem, for example increasing the time available for telephone consultations would also improve patient access to this service.

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<sup>2</sup> <http://www.woodlawnurgery.co.uk/PPG.html>

<sup>3</sup> [Patient\\_Satisfaction\\_Survey.ppt http://www.woodlawnurgery.co.uk/appointments.html](http://www.woodlawnurgery.co.uk/appointments.html)

GP Practices are required to offer online appointment booking, repeat prescriptions and access to a summary of their patient information as part of the 2014/15 GMS contract<sup>4</sup>. The practice should set-up and begin promoting an online appointment booking system for patients in time for the April 2015 deadline when all practices are expected to offer this service.

### Practice's Response

The practice responded stating that online booking is a controversial issue.

We appreciate this. However, the practice is required by the 2014/15 GMS contract to provide this service by April 2015.

## Quality of Care

### Staff

Overall, staff at the practice were seen as one of the most positive aspects of the service. Patients commented that the best quality was the personal approach, which came across strongly in almost all of the patient interviews and was experienced by our volunteers. Staff members commented how much they enjoy their job and helping patients, and how supported they feel in their role. They also mentioned that they have team meetings regularly with staff at Oak Lane Medical Centre. The practice manager explained that Woodlawn and Oak Lane share the same staff, same patients, and the same computer system.

### Reception Staff

There were many positive comments about the reception staff, with patients using words such as “friendly”, “efficient” and “helpful”. Our volunteers observed and experienced their friendly nature and the jovial atmosphere in reception. One patient commented “*I always get a laugh or a smile from them*”, others commented that “*everyone knows everyone*” and “*the staff know my name*”. However, some commented that “*sometimes they’re good, sometimes the opposite; they do their best to assist you*”.

### GPs and Nurses

Responses to our interviews suggested that the patients had confidence in the medical staff: they felt that clinicians had the skills needed and patients felt comfortable discussing anything with them. Patients felt that the doctors treated them with dignity and they inspired confidence in medical matters. A few comments were made on how patients feel the doctors know them well, leading to a feeling of better care. The practice's satisfaction survey results suggest that patients and the GPs have a good relationship, with 95% of respondents stating that they felt the GP understood their problems<sup>5</sup>.

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<sup>4</sup> <http://www.england.nhs.uk/ourwork/pe/patient-online/po-gp/>

<sup>5</sup> Patient\_Satisfaction\_Survey.ppt <http://www.woodlawnsurgery.co.uk/appointments.html>



Overall, patients were very complimentary of the clinical staff. There was a lot of positive feedback about Dr. Sammi; *“He is my favourite doctor”* and one of the nurses was described as the *“best nurse ever”*. Patients also spoke highly of Dr. Kudra.

We hope that the practice will share the positive feedback that we have gathered about staff from patients.

### **Involvement in care**

Patients felt that they were always involved in their care and that they understood the treatments offered. Of the patients asked, the majority stated that the doctors were willing and able to explain anything they did not understand: others said they never needed to ask because their treatment plans were self-explanatory or just common sense. Patients said that the doctors took their time to think about a patient’s treatment and how to deal with their specific conditions, and that the primary explanations offered for this were very comprehensive.

Additionally, where there have been referrals these *“are always done quickly”* and communication between the hospital and GP has been good. Some patients acknowledged that issues with their treatments were often down to the hospital; *“if there are any problems then it’s usually due to the hospital not the GP”*.

## Satisfaction with the practice

Most patients spoken to would be happy to recommend the practice, some had been recommended the practice and had changed accordingly. One patient stated that they were “*very happy with the change*” after a recommendation. Another stated that “*some of my friends and family are not happy with this practice, but I think it is a good practice*”. A minority of patients spoken to would not recommend the practice.

### Compliments and Complaints

It was explained to Healthwatch that Dr. Kudra deals with the complaints and that they are only shared with staff members if they are relevant. No information on making complaints was available in the practice when we visited. The complaints record showed that there have been 4 complaints in 2014.

Compliments and complaints are an important way for the practice to monitor its performance and to ensure continuous learning and improvement. We recommended that patients should be encouraged to lodge compliments and complaints with the practice. Findings of investigated complaints should be shared with all staff to ensure that the practice learns these. Additionally, we recommended that the practice consider sharing information on resolved complaints in the form of ‘you said, we did’ to encourage patient feedback on the practice.

### Prescriptions

Some patients told us that prescriptions had been “*mislaidd*” by the practice leaving the patient with delays in receiving medication. One of the four complaints this year was about prescriptions. They stated that the practice was good at dealing with the problem when it occurs: “*it is always sorted out quickly*”. Problems have also been reported regarding prescriptions at Oak Lane suggesting that the way prescriptions are managed across both practices needs improving.

We recommended that the practice review their prescription service to identify the cause of failings and prevent any future breakdowns in communication about prescriptions between the practice and pharmacies.

### Practice's Response

The practice assured us that while they will try to implement the recommendation as much as possible, there have been some problems with the Electronic Prescription Service (EPS) throughout the area.

## Summary of Recommendations

The practice assured us that they will try to implement the recommendations as much as possible. A summary of these recommendations are highlighted below.

- **Signage** should be present promoting: opening times, the names of doctors and staff, how to make compliments or complaints and details on the Patient Participation Group.
- The practice should **consider how information is displayed** and ensure this is in date to improve its value for patients.
- The practice should work to understand and suit their patient population's need for **extended opening hours** and should consider options for meeting this demand.
- We recommended that the practice should **review and clarify their appointment booking system** and ensure that it is clearly communicated to patients.
- The practice should set-up and begin promoting an **online appointment booking system** for patients in time for the April 2015 deadline.
- The practice should explore other avenues to resolve the problem with **patients' access via the phone**, for example increasing the time available for telephone consultations.
- Patients should be encouraged to **lodge compliments and complaints** with the Practice. The practice should consider sharing information on resolved complaints in the form of 'you said, we did' to encourage patient feedback on the practice.
- The practice should **review their prescription service** to identify the cause of failings and prevent any future breakdowns in communication about prescriptions between the practice and pharmacies.

## Further Recommendations

The practice asked for Healthwatch Richmond's advice on implementing some of the recommendations.

### Information

We recognise that the practice has access to a translation service, and that producing leaflets in multiple languages may not be financially feasible. Producing a small amount of information in multiple languages, for example a poster, which advertises the availability of a translation service may not be expensive.

### Confidentiality

Practice should take steps to improve patient confidentiality at reception, for example through providing patients the opportunity to conduct confidential conversations away from the reception desk.

## Conclusion

Healthwatch Richmond welcomes the positive way the practice have responded and their commitment to implementing our recommendations. We look forward to receiving assurance from the Practice that these changes have been made.