

Ardingly Court Surgery

Service address:	Ardingly Court Surgery, 1 Ardingly Street, Brighton, BN2 1SS
Service Provider:	Contracted to Brighton and Hove Clinical Commissioning Group
Date and Time:	27 th August 2015, 09:00 - 12:00
Authorised Representatives:	Sue Seymour and Tapinder Sidhu
Healthwatch Address:	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?

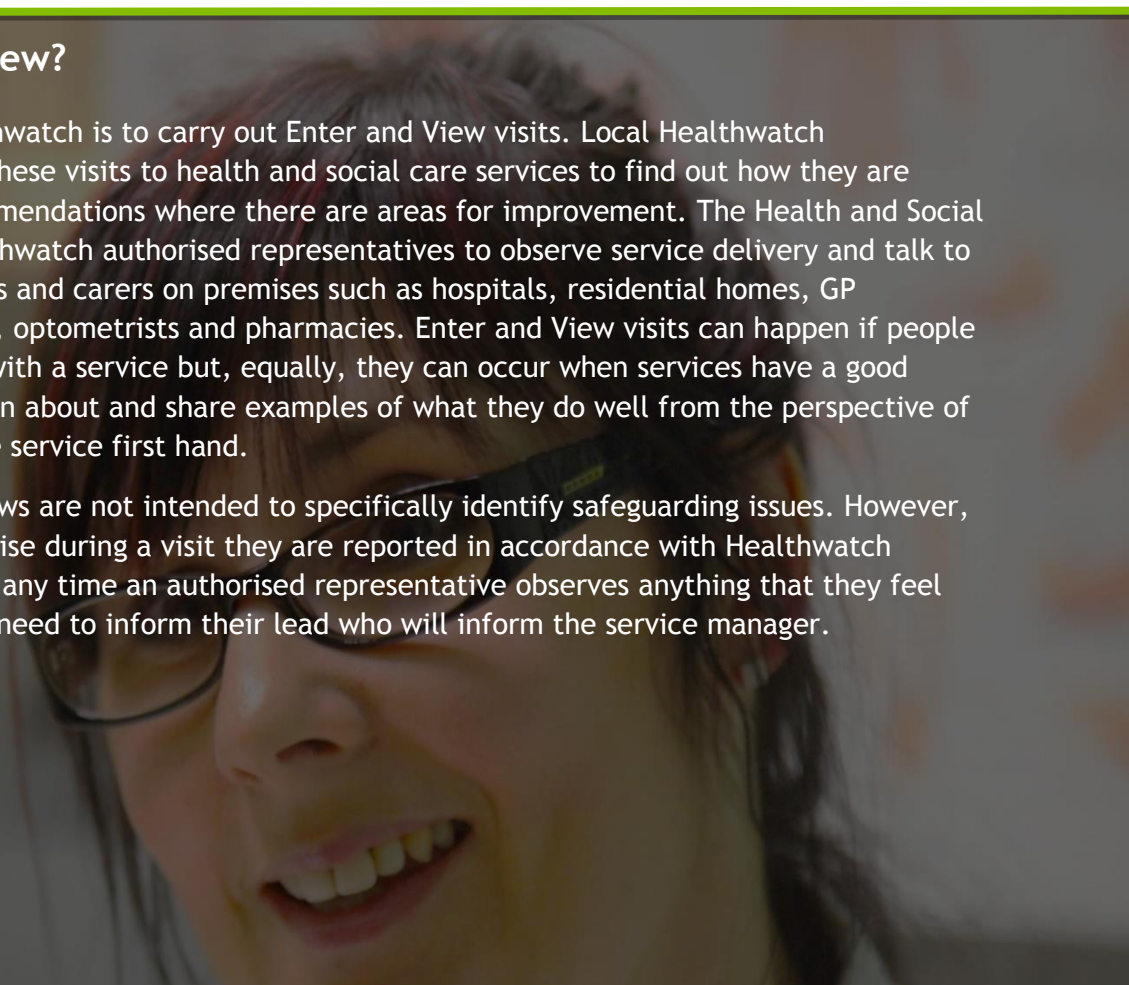
Healthwatch Brighton and Hove supports local children, young people, adults and communities to influence the design, delivery and improvement of local health and social care services, now and for the future. We enable people to make informed choices about their health and wellbeing by assisting them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

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 (HWB&H) is undertaking a programme of visits to GP Practices across the city during 2015. In total we will visit 15 GP practices, including 3 pilot visits in March 2015. As part of this HWB&H 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, volunteer authorised 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 nationally¹, 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 understand what a good practice looks like from a patient perspective, and to examine how patients can be empowered to have more of a say in how they are run. The Clinical Commissioning Group² 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 'EPIC³', which is run by BICS⁴ and aims to bring multi-disciplinary teams into surgeries, together with extra services such as 'Community Navigators⁵'. It should be noted however that Healthwatch does not act as an inspectorate or regulator for Health and Social Care; that 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 clusters⁶ in the city.
- Feedback from NHS choices.
- Patient populations.
- Soft intelligence from partners and community engagement.

¹ [Important Changes to Healthcare in the Community](#), Department of Health

² [Clinical Commissioning Group](#) NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

³ [EPIC](#) Stands for Extended Primary Integrated Care

⁴ [BICS](#) stands for Brighton Integrated Care Service

⁵ [Community Navigators](#) provide community service signposting to individuals

⁶ [Developing Enhanced Health and Wellbeing Activities](#), Health and Wellbeing Board, March 2015



Methodology

Two Authorised Volunteer Representatives from Healthwatch Brighton and Hove visited Ardingly Court Surgery on 27th August 2015, 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 also both completed a full Disclosure and Barring Service check prior to the visit.

We received 20 completed questionnaires in total, 16 through the visit itself and 4 online. The details of the visit were shared with the practice manager in advance of the session, however staff were not informed about the time or day the representatives would arrive; only the week of the visit.

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 complete and return separately. Alongside talking to patients, the volunteers also conducted an observation (see appendix 2) in the waiting room. The representatives had a checklist to encourage them to note down observations for a variety of key information. Equalities information was also collected for those who took part, to help us to understand the issues that might face particular groups in the community.

Healthwatch B&H stresses that Enter and View (which is used nationally by all Healthwatch) is intended to be a snapshot of patient opinion, and therefore may not completely reflect or capture the wider concerns of the patient population.

About the surgery

Ardingly Court Surgery has around 7400 patients, served by 5 doctors and 4 nurses. It has its own patient Participation Group, and is a part of the EPIC project. It recently took on 1500 additional patients due to a local surgery closure.

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 surgeries, at Ardingly Court Surgery it is possible to book appointments with nurses and doctors over the phone, in person and via the internet. Of these options, patients found it easiest to book in person, with (46%, n=6) of those who used the service saying they found the experience easy or very easy. 42% (n=8) found it easy or very easy to book appointments via telephone. Five patients told us they booked their appointments online, with a mixed response on how easy this was to do. However, most people we spoke to had not used the online appointment service.

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	1	5	4	3	6
Book an appointment by telephone	3	5	5	6	1
Book an appointment online	1	1	2	1	15
Order repeat prescriptions online	0	2	3	0	15
Get your test results back via telephone	7	4	3	1	5

Similarly, there was a mixed response to ordering prescriptions online with most having never used the service. Patients appeared to have a better experience of receiving their test results via telephone, with 73% (n=11) finding it easy or very easy to do. 42% (n=8) of patients we spoke to said they were able to get the non-emergency appointment they needed within 3 days. Nine people said they had to wait up to a week for an appointment, with two saying that they had waited longer than a week.

 **If you want an appointment on the same day, you cannot get through on the phone, I had to wait outside surgery and then try to get an appointment** 



Sometimes if face to face appointments are not available, GP surgeries will offer telephone appointments with doctors as an alternative. 58% (n=11) of those asked thought that a telephone appointment was not as good as attending a face to face appointment. Of the patients we spoke to, 68% (n=13) said they had received this service.

Of those patients who had experienced referrals to hospital care, 58% (n=7) felt that the process went smoothly. Of those who experienced delays, two felt that the surgery kept them up to date with what was happening, and three felt they were not kept up to date. One patient commented that the referrals process had always been good at the surgery, whilst two others shared experiences of long delays and lost referrals. Given that this is a referral to secondary services however some of these problems may be due to services outside of the surgery.

Quality of service

Of the patients we asked, most said that doctors (94%, n=16), nurses (81%, n=13) and reception staff (78%, n=11) listened to them. In general terms, patients also felt that doctors (76%, n=13) nurses (87% n=14) and reception staff (78%, n=11) gave them enough time to explain what they needed to. Of the clinical staff, patients reported that doctors (76%, n=13) and nurses (69%, n=11) were better at making sure patients understood the treatment they were receiving; than they were at giving patients choice in their treatment (doctors 35%, n=6, nurses 56%, n=9). 65% (n=11) of patients felt that when they attended an appointment with the doctor, they had all relevant personal medical information available.

 **An excellent practice, been here 15 years** 
- A patient at Ardingly Court

On the day of the visit our representatives observed receptionists and other staff being welcoming, calm and clear with patients. Patients were called in personally for their appointments, and conversations at reception could not easily be overheard by other patients.

We asked patients what is important to them when visiting their GP surgery. Of the patients who responded, themes included having a caring doctor who listened carefully to their concerns; having enough time to discuss issues with GPs and being able to book appointments easily with minimal waiting times.



Environment

On the day of the visit our representatives observed that the waiting area was clean and tidy. There were comfortable seats for waiting patients, and children's toys were available. The TV screen only showed one message on the day of the visit, but Healthwatch was later informed that the screen had frozen and there was usually a variety of information displayed. A disabled toilet was available for patients. Hand gel was provided for patients although no-one was observed using it at the time of the visit. No posters on infection control were observed in the reception area, however they were available in the bathroom.

Providing information

On the day of the visit the surgery did not appear to have information about the various cancer screening programmes available to patients. When asked, 63% (n=12) of patients who responded felt they were aware of these programmes. Promotional materials relating to health checks were also not observed on the day, and a lower percentage (37%, n=7) said they were aware of these. Fewer still patients were aware of annual preventative health checks for people with long term conditions (26%, n=5). No smoking cessation leaflets were observed on the day of the visit, and only 47% (n=9) of the patients we asked said they were aware of help the surgery could provide if they wanted to stop smoking. A poster promoting the EPIC project was visible to patients. Our authorised representatives observed that notice boards were tidy and up to date, with easy to read information. Specific health information and services targeting equalities groups was not observed on the day of the visit.

Feeding back to the service

No information on how to make a complaint was visible on the day of the visit. Perhaps because of this, just 47% (n=9) said that they knew what to do if they ever needed to make a complaint. 39% (n=7) were aware of the national 'GP Patient Survey', but a higher 50% (n=9) felt they knew what the practice manager's role was.

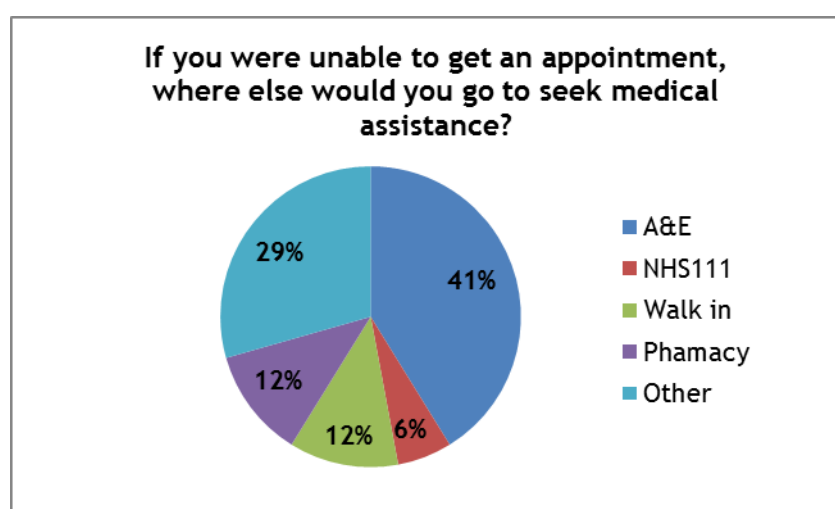
A poster promoting the online patient participation group was visible on the day of the visit. One respondent was aware of what a patient participation group was and another felt they knew how to join the PPG but otherwise awareness levels were low. A poster and feedback box regarding the friends and family test were available on the reception counter although it was



our representatives noted that this was obscured from view.

Out of Hours

We asked patients where they would go if the centre was closed and they needed medical assistance. The detail in the chart below shows that whilst 30% (n=5) would approach places like the Brighton Station Health Centre, NHS111 and their local pharmacy; 70% (n=12) would go to A&E or choose another route to treatment. Of those in the 'other' category, many said they would wait until an appointment was available, and some were unsure. Notably there was no information was available at the surgery on where to go out of hours.



Summing up and looking forward

The latest Care Quality Commission inspection of the service took place in June 2014⁷, and stated that there were no areas requiring improvement at that time. However, the report did make reference to patient dissatisfaction with obtaining appointments. The national 'GP Patient Survey'⁸ in September 2015 also confirmed this, and highlighted that a lower number of patients than average were able to see or speak with their own GP. This is broadly in line with our findings. The patient survey also confirmed the positive feedback about nurses who are good at listening, doctors who treat patients with care and concern, and positive experiences around receiving test results. This is also in line with our snapshot of patient experience.

⁷ [Care Quality Commission](#) Report, Ardingly Court Surgery

⁸ [GP Patient Survey summary](#), Ardingly Court Surgery, extracted 28th September 2015.



We asked patients to rank the surgery from 0-10 (with 0 being the very worst, and 10 being the very best). Of the 17 patients that ranked the surgery, the average score was a 7.3. The lowest score received was 4, and the highest 10.

Our representatives asked patients what improvements they would like to see at the surgery. The most consistent theme from the responses related to obtaining appointments - again supporting the findings of the patient survey and CQC visit. Other responses included creating better awareness of online appointments, more pre-bookable appointment slots and quicker telephone responses.

Additional findings

Alongside telling us about their experiences of Ardingly Court Surgery, patients also told us about issues outside of the surgery. Patients at this surgery shared positive feedback about the dermatology department at Royal Sussex County Hospital as well as health visitors and nursery nurses in the local area.



Our Recommendations & Responses

1. Better awareness of the patient participation group could facilitate discussions with the patient population about some of the issues raised in this report. After the visit, the practice informed Healthwatch that a number of activities are in place to promote the PPG. It is therefore recommended that the surgery continues its work and liaises with local community organisations to use innovative methods of engagement.

Response: We reject this recommendation. As highlighted, there is a poster in the waiting room with information on the PPG, as well as information on our patient information screen and on our website. We feel this is adequate information for patients. Indeed, there are more members of our patient participation group than those you surveyed on the day of your visit.

2. The TV screen in the waiting room is a positive opportunity to share important messages about health promotion surgery services. It is recommended therefore that the surgery considers ways to increase the amount of messages displayed on the screen, guided in particular by the findings of this survey with regard to information provision and patient feedback.

Response: We have 149 slides on our patient information screen highlighting a huge number of surgery information, from infection control to cancer screening to complaints to opening times etc. Clearly if the screen was stuck on one page this would indicate that there was an issue with the slideshow that day. Had one of your representatives flagged this to us in the 3 hours they were at the surgery, we could have resolved this immediately.

3. Patients seemed to have difficulty making appointments at the surgery and this appears to be consistently problematic taking into account the CQC report and patient survey results. It is therefore recommended the surgery consider improvement plans as soon as possible. Given that awareness of online services was very limited, action to address this may help to improve the process.

Responses: We reject this recommendation. We do not feel it is appropriate to make any plan based on the sample size surveyed. The practice is constantly reviewing its appointment system and has recently introduced an additional triage service meaning all patients are able to access an appointment on the day should this be required. We have also taken on an additional 2000 patients due to a local practice closure in the past 12 months. We have taken on additional GP's to cope with this, yet none of this is considered in your report. You also refer to a CQC report relating to a visit over 18 months ago. We have had a subsequent visit since then.

4. Our visit seems to indicate that patients would welcome a more open dialogue about

treatment choices so it is recommended that this is considered further.

Responses: We reject this recommendation. Every patient is advised of their “treatment choices”. There is no context to this question hence it is not clear what this means. Also, again the sample size is not representative.

5. Awareness of where to go for medical assistance when the surgery is closed was limited. It is recommended that the surgery provides information from the Brighton and Hove Clinical Commissioning Group ‘We Could be Heroes’ campaign. Given the close proximity of the patient population to A&E this would be particularly helpful.

Response: This is on the information screen. We also displayed posters for some time. It is not possible to display posters for everything all the time, also too many posters reduces the effectiveness of all of them.

6. There appears to be a mixed response regarding the process of referrals however the numbers responding to the question are small. Further consultation on this matter; perhaps led by the PPG would help to understand this more.

Response: Rejected. 5 people do not accurately portray the experience of 8000 patients. Equally the question about “keeping the patient up to date” again does not make sense. If the practice has processed a referral, it is not then our responsibility to proactively follow this up with the referral management service (RMS)/hospital to find out where this referral is and update the patient with this information. This responsibility then lies with the RMS/hospital. Should a patient contact us to find out progress, we always assist with this.



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 website⁹ 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 following the visit. The online survey will be available until 30th 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.

⁹ [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, 1**

being very poor) 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

