

Enter and View Report

Brentford Family Practice

Brentford Health Centre, Boston Manor Road, Brentford, TW8 8DS

2nd October 2019



Service visited:	Brentford Family Practice (BFP) Brentford Health Centre, Boston Manor Road, Brentford TW8 8DS
Practice Manager: Registered Managers:	Loretta Fernandes (LF) Dr Jill Tan
Date and time of visit:	2 nd October 2019 11am – 1pm
Status of visit:	Announced
Enter and View Authorised Representatives:	Gurdeep Sagoo (GS), Ranjana Selvaraj (RS) and Mystica Burrige (MB)
Lead Authorised Representative:	Mystica Burrige
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Healthwatch Hounslow has the power to enter and view services in the borough of Hounslow. Enter and View visits are conducted by teams of trained Enter and View Authorised Representatives.

Background for the visit

The Health and Social Care Act allows Healthwatch Hounslow (HWH) Enter and View Authorised Representatives to observe service delivery and speak to patients, residents, staff, relatives, friends and carers. The visit can happen if people tell us there are concerns, but equally, the visits can take place when services have a good reputation. We can therefore learn from shared examples of what they are doing well from the perspective of the people who experience the service first-hand.

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 the HWH Safeguarding Policy. If at any time an Authorised Representative observes a potential safeguarding concern, they will inform their lead. The lead Authorised Representative will then end the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) and Hounslow Council's Safeguarding Team.

On this occasion, three Enter and View Authorised Representatives attended the visit. The Authorised Representatives spoke to patients and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

HWH liaises with the CQC, Clinical Commissioning Group (CCG) and the Local Authority (LA) to create an Enter and View Programme, as well as the information that it collects about the experiences of local people. Several health and social care providers are selected to be visited to provide a sample of different services.

Acknowledgments

We would like to thank Loretta Fernandes (Practice Manager), and the patients and staff at BFP for making us feel welcome, facilitating our visit and for taking the time to talk to us on the day.

We would also like to thank HWH Enter and View Authorised Representatives Gurdeep Sagoo, Ranjana Selvaraj and Mystica Burrige.

Methodology

This was an announced Enter and View visit. We spoke with staff members and patients about their experiences at BFP.

Information about Brentford Family Practice

Brentford Family Practice (BFP) is a GP practice located in Brentford. The practice is part of NHS Hounslow Clinical Commissioning Group (CCG) and provides primary medical services to approximately 3,800 patients. The practice is located on the ground floor of a health centre and shares the premises with other health care providers. The premises are accessible by wheelchair.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic & screening procedures; maternity & midwifery services; surgical procedures; and treatment of disease disorder & Injury.

CQC are the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Observations

On arrival, we were asked to wait in the reception area. LF (Practice Manager) gave us a tour of the health centre showing us the clinical rooms, waiting area, meeting rooms etc. BFP share the waiting area with 2 other GP practices.

Interview with LF (Practice Manager)

Staff make-up

LF gave us an overview of staff roles:

- 2 Locum GPs
 - Pharmacist for the locality area – oversees prescriptions and carries out audits.
 - Pharmacist technician shared with Albany Practice (located at BFH).
 - 5 Reception staff working on a rota basis.
 - 4 HCA's (Healthcare Assistant)
 - 1 Admin
 - 2 GP Partners
 - 2 Practice Nurses
 - 1 Advanced Nurse Practitioner (ANP)
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- Every Saturday Male GP
- 1 Practice Manager – 2 years in post.

Mental health care and advice

LF said they carry out mental health reviews 3 times a year. They also carry out ECG's for the locality area.

An electrocardiogram (ECG) is a simple test that can be used to check your heart's rhythm and electrical activity.

Vacancies

LF said they have not got any vacancies at the moment. They received feedback from the CQC about having too many female staff. They have worked on this and have a male staff in place now.

Training

LF said they have Bluestream training available which is a customer service refresher, fire safety and fire training (online training). Reception training and CPR training are carried out annually.

GP appointments

LF said for emergency appointments patients must phone from 8am. A GP or ANP will see patients. Usually these slots are prioritised for babies/children and the elderly. When booking an emergency appointment, patients do not get a choice in the GP they see and sometimes they don't want to see the ANP. They used to have a high attendance rate but with the hub and ANP it has slightly reduced. Routine appointments can be booked within 2 weeks. However, if patients want a specific GP this will take longer. LF said appointments are available online too. Patients are redirected using the voice messages on the phone. Most patients book online, however not many elderly patients do. LF mentioned that there is a higher use of online prescriptions due to national prescribing. They explain that Pharmacists are medically trained and most medication is available over the counter. A link is sent as well to patients. LF said telephone consultations are available too.

Temporary or unregistered patients

LF said that they have a homeless register – every 6 months they call the patients or text them. Also, ask them to collect any mail. Many patients do not report when they have left the practice. A letter is sent out and they are contacted by phone (3 times). LF mentioned some patients who are not in the catchment area are not accepted as patients. Some patients have been here for years and have moved but they keep them on the register just in case.

Home visits

LF said GPs carry out two visits a week and during some weeks there are no home visits. The GP visits mainly the elderly. However, usually they are referred to Hounslow Integrated Community Response service (ICRS). District nurses also carry out visits. They have one district nurse who visits patients and updates the GP.

ICRS – The aim of the service is to prevent patients from being admitted to hospital if they don't need to be and ensure that if patients do need to have a stay in hospital, that they are discharged as soon as possible to continue their care at home.

Additional Facilities

LF said they have a diabetic specialist nurse who runs a clinic every month. They have several patients with mental health conditions. They hold regular MDT (Multi-disciplinary Team)

meetings, including with 111 service. LF said they have the highest number of care plans and are leading on mental health reviews and asthma reviews in the locality area. They also proactively contact patients.

Vulnerable Patients/Significant events and incidents

LF said they have a carers register in which they update carers information e.g. flu jabs. LF said the most recent incident was related to a medical issue involving a patient.

Uptake of cervical screening

LF said 52 – 64-year olds are contacted every 5 years and uptake is at 94%. 25 – 49-year olds are contacted every 3 years and uptake is at 70%. LF said they used to have a low uptake, but they sent weekly texts out to remind patients. They have 90% on cervical screening – 5 years. LF said they send a letter with a disclaimer to sign for patients who do not want to take part in cervical screenings.

Extended Opening hours

LF said they are open on Saturdays 9am – 1pm which used to be on Wednesdays, but their contract had changed. They now have later appointments during the weekdays and Saturdays. LF said they have posters in the waiting area advertising the 111 service.

PPG (Patient Participation Group)

LF said they have an active PPG. Their PPG is joint with other GP practices in the health centre. GPs are not leading on this as they want patients to be actively leading. These take place every first Monday of every month. The Chair and Vice Chair take the initiative to run the meetings. The PPG hold awareness days such as mental health day, respiratory day etc. LF said joining the PPG is advertised on the website and posters are displayed around the GP practice.

Complaints Procedure/Comments/Feedback

The practice advertises their complaints procedure on their practice leaflet and website. LF said complaints go straight to the Practice Manager. LF said all complaints are acknowledged within the first 3 days. LF either writes or meets with patients within 7 – 14 days. They follow a zero tolerance of abuse on staff. They had a patient who displayed racist behaviour. A letter was sent explaining breakdown in relationship.

How else do you communicate with patients?

LF said they communicate with patients through texts, website, practice leaflets etc. They have an app which patients can download – this can record height and weight. It is aimed at COPD/Diabetic register and patients can express an interest in taking part. LF forwards the referrals over to 'Path' who call patients up. COPD/Diabetic patients are also referred to other services such as IAPT (Improving Access to Psychological Therapies).

Good Practice/Challenges

LF said that they have access to language line. They have a deaf and dumb patient and when they arrive the receptionist knows who it is and collects them for their appointment. They ask family/friends to come for the patient's first appointment. LF said that the GP has seen almost all LD (Learning Disabled) patients for their annual reviews. There is an alert on their record to remind GPs of their annual review.

Are there more patients attending your practice than there used to be?

LF said that they have had a huge increase in patient registrations. This may be due to the online form that patients have been filling out. They ask for proof of ID and address. This helps

them pick up on carers and patients wanting to join the PPG. LF said there hasn't been any pressure and the practice are coping.

Is there anything else you would like to tell us about?

LF said what works well is calling patients. She said newly joined patients are asked if they would like to join the PPG. LF mentioned that the ANP as a new addition has been hugely helpful. LF said there had been talks of moving to a new building. The current building is 30 years old. LF said they are thinking of naming receptionists as ambassadors to represent the GP practice. She said this helps change the way patients perceive receptionists and GP practices. LF said hub appointments have taken the pressure off. ANP carries out appointments which takes pressure of GPs. If there is an issue the GP can pop in. Every Wednesday there is a reception meeting. Once a week LF meets all the staff.

Other

LF said they will be holding a PPG event on the 5th October 2019. Their patient list size is currently 4000. They have a mixture of patients – elderly, more working class, housebound and patients from Greenrod care home. As it is a smaller practice, the GPs know all the carers. Therefore, they can accommodate slightly longer appointments for carers. The new health check-up asks if they are carers as well. LF said their GP Partner is the Safeguarding lead.

Interview with Receptionist

Induction/Training

They said they have been working in this practice as a receptionist for 2 years. Their role involves checking emails/letters/post, scanning the post (electronic copies), attending to phone calls, booking appointments, turning on the system and keeping everything ready for the GP to review the patient's records, prescriptions, ordering of stock, checking the delivery bottles and the temperature of the freezer etc.

Induction/Training

They have been with the NHS for 8 years but have been given training in this practice. Their induction included training on the phone, system training, what the staff do and do not do. They have also undertaken e-learning training every year on safeguarding, health & safety, fire safety. They said they were up to date with their training.

Safeguarding

They said they know the procedure and how to report the safeguarding incident through their induction pack. They report the safeguarding incident to the Practice Manager, so she escalates it to the Safeguarding lead.

Calls

They said they were previously in a larger GP Practice which operated between 8.30 – 6pm with 3 – 4 telephone lines with a much 'heavier workload'. They said it was 'much more manageable' here. At BFP, they must answer phone calls in the morning and there are two staff members. Therefore, they can manage the high volume of calls from patients.

Signposting

They said that they signpost the patients usually to HRCH (Hounslow and Richmond Community Healthcare) as they share the building with them as well. The GPs and staff signpost patients to services like the baby clinic, stop smoking sessions etc. They said they knew the basics and said it would be helpful to be given a bit more information about community/voluntary services.

They said if the information could be provided through leaflets and websites then that would be useful.

Language barriers

They said that they take their time to explain to the patient about the appointment. They also have access to language line where they can book an interpreter for the patient. They said during the appointment, sometimes they ask the patient to bring someone along with them, but most patients know basic English and understand their appointment to a certain extent. They said when a patient with a language barrier is asking for a same day appointment, they book the patients with the hub and they 'seem quite happy about this'.

Challenges

They said it is a challenge to deal with difficult patients who demand for a same day appointment and their preferred choice of GP. They said that they try to explain to patients about the options available to them such as seeing different GPs who are 'just as qualified' to see the patient's condition. Another challenge they mentioned were related to prescriptions. When it comes to patients' prescriptions changing, it usually is the same drug but a different brand. However, the patient 'demands for the same brand' as they are more comfortable with the previous dosage and are used to it. They said this makes it harder for them to explain it and make them understand. They said that they have an in-house Pharmacist who gives the patient a call if they are not happy. The Pharmacist explains the change in medication in more detail.

Good Practice/Improvements

They said that they work well as a team and are 'not overloaded too much'. Even though they are a small GP Practice, they can manage well. They said if there are any issues, they can go to the Practice Manager or GP who will help them out. They said some of the improvements that can be made are reducing the waiting time to see the main GP or the ANP. To decrease appointments for the nurse as they are 'only part-time'. Even though they are managing the appointments, they said it would be 'nice to improve on that aspect'.

GP Feedback

As Enter and View Authorised Representatives were not able to speak with a GP on the day. Several questions were sent which the GP filled in themselves.

GP appointment

'We offer 15-minute appointments which allows us to give patients more time especially as we are seeing more complex patients with several problems which need to be addressed'.

What are the most prevalent issues that patients raise with you?

'Social issues are becoming more prevalent e.g. housing, financial strain, loneliness. This impacts on patient's mental health so we are seeing more anxiety and depression'.

How do you deal with patients who require home visits but do not engage?

We attempt to visit several times, try to speak to their relatives or carers with the patients' permission. If appropriate we discuss them in our MDT meetings in case other healthcare professionals involved in their care are able to help support them'.

How do you encourage the uptake of cervical screening?

'We offer more flexible appointments with the practice nurse e.g. Saturday mornings. We also opportunistically encourage patients to attend for screening. We are proactive in sending out text messages to invite them to attend. We have posters in our consulting rooms and waiting

rooms emphasising the importance of attending for cervical screening. We have information on our website about what cervical screening involves (e.g. a video from cancer UK)'.

What is the main drain on resources in your GP surgery?

'Patients presenting with social problems are challenging as we are not always able to help them. For example, they see GPs for issues with housing, but we cannot help with this. We are finding patients presenting frequently with non-specific symptoms which turn out to be related to loneliness or lack of social support.

We struggle with the lack of support from secondary care mental health services. These patients come to us needing support and help which we are not equipped to provide. The mental health services are under-resourced. This lack of care is therefore leading patients to contact us for help'.

Apart from referrals, do you signpost patients to any community/voluntary services? Do you feel that GPs should be provided with more local information to refer patients to community/voluntary services?

'We do signpost patients to charities such as Age UK or the Samaritans. More information on services available would be really useful'.

Hounslow is a diverse borough, are there any language barriers between you and the patient? If yes, how are they addressed?

'We have patients from a wide variety of cultures and backgrounds. We do not let a language barrier restrict and limit the care we give to our patients. We use language line for telephone interpreting which is easy and accessible during our consultation times. One of the GPs is also fluent in Arabic'.

**Hounslow CCG (Clinical Commissioning Group)
Do you feel supported by the CCG?**

'We have regular meetings with the CCG and their representatives. In particular, we have a good relationship with the medicines management team who are supportive and helpful'.

Do you support your CCG?

'We have colleagues working hard on the CCG board and they do make a difference to the services we have commissioned for patients. We attend the monthly CCG meetings'.

Safeguarding

'Due to being a small practice, we often report on average at most 2 to 3 incidents per year. The practice team follow the set out safeguarding reporting policy. The surgery has up to date safeguarding policy that is saved in every desktop in the surgery. Laminated copies of up to date details of safeguarding contacts are also found in every clinical room and administrative offices. A hard copy of the latest safeguarding policy and safeguarding contact details are also filed in a marked safeguarding file at the back of reception. There is a nominated safeguarding lead GP at our surgery whom staff are all aware of and can discuss their concerns with. The clinical staff at the surgery also meet with the local health visitors once a month and any safeguarding issues are discussed as well as safeguarding register list is updated and discussed. The reporting safeguarding procedure follows the latest local guidelines and often involved a telephone call to the duty social worker followed by a formal written referral within 24 hours'.

As a GP, what are some of the challenges you face?

'We are struggling with more complex patients and with more work from secondary care being transferred to GPs with little resources to follow. We need more staff and more space to do this'.

What works well in your GP surgery?

'We have a good team within the practice (GPs, nurses, practice manager and receptionists) as well as good links with the multidisciplinary team (district nurse, community matron, social services, health visitors). We meet regularly. We are also a smaller practice which allows us to provide continuity of care to our patients with chronic diseases and we are able to give a personal touch'.

What improvements could be made to the GP surgery?

'We need more space to grow and expand our services'.

Nurse Feedback

As Enter and View Authorised Representatives were not able to speak with a nurse on the day. Several questions were sent which the nurse filled in themselves.

How long have you been a nurse here? Can you tell us what your role entails?

'1 year. I work as ANP and practice nurse, so my role involves seeing patients for minor ailment, those who want to be seen on the day urgently; and also, for bloods, asthma, diabetic reviews, BP control dressings, INR monitoring, care planning'.

Does the GP Practice provide any training or support your professional development? If yes, how?

'Yes – attending courses that are available'.

What is the procedure to reporting safeguarding incidents? Are you required to report safeguarding incidents?

'Yes, I do need to report, should speak to Safeguarding lead and document my concerns fully in the records and actions taken etc.'.

Is there a high volume of patients you see? If yes, what are some of the most prevalent patient issues at the GP Practice?

'Yes, there is a high volume of patients. I see many depressed or anxious patients consulting about aches pain headaches and minor issues'.

Do you signpost patients to any community/voluntary services? E.g. Pharmacies, One You, Age UK etc. Do you feel that nurses should be provided with more local information to refer patients to community/voluntary services?

'Yes, to both'.

Hounslow is a diverse borough, are there any language barriers between you and the patient? If yes, how are they addressed?

'Language line or book an interpreter – try to avoid family members as they can bring their own concerns about the patient and never 100% sure they are translating fully'.

As a nurse, what are some of the challenges you face?

'Time pressures, lots of changes each year to OOH, QOF etc, trying to keep up to date with guidelines.'

What works well in your GP surgery?

'Good supportive doctors/Practice Manager and good communication between all staff'.

What improvements could be made to the GP surgery?

'Occ PMs to discuss issues. Fixed appointment times with adequate catch up'.

Any other comments

'I love working here'.

Interview with Patient**GP Registration/Access to GP Practice**

The patient had been with the practice for 3 years. They said that they don't 'exactly remember the registration process but think it was okay'. They said that they live by the corner and find it easy to access the GP Practice. Usually they walk and sometimes they use the car.

GP appointments

They said that they prefer to call the practice to make an appointment and it's 'not too bad to get through the line'. They said that they have never taken a same day appointment but for a routine appointment, it usually takes up to 2 weeks which they felt was quite long.

Waiting times

They said that they usually wait 10 – 15 minutes for their appointment. They said sometimes they had to wait longer, 5 – 10 minutes.

Awareness of Patient Participation Group (PPG)

Generally made up of a group of volunteer patients, the practice manager and one or more of the GPs from the practice, patient participation groups meet on a regular basis to discuss the services on offer, and how improvements can be made for the benefit of patients and the practice.

They said they haven't heard of the PPG and have not been given any information on it.

Treatment and Care

They said, they were 'quite satisfied with the service' the practice provide. They said the quality of the doctors here are 'good'. They said they usually see their choice of GP.

Explanation of results or treatments

They said that results and treatments were explained well. They said when they ask for more information, the staff are helpful.

Choice of GP

They said that they get to see their choice of GP. They specifically ask for their choice of GP and they book an appointment with that particular GP in a couple of weeks. They also said they are aware that certain doctors are only available on specific days however this has not been an issue.

Communication with staff and GPs

They said they have had 'only one issue' in which they had to wait for a call back from a GP regarding a test result. They had to wait next to their phone for 3 hours (12pm – 3pm).

Patient experience

They said that they thought the waiting time could be improved – both for booking appointments and the waiting time at the practice on the day of the appointment. In terms of good practice, they said that BFP have 'a good quality of experts'.

Complaints procedure/Compliments/Feedback

They said they were not aware of the complaints procedure and did not ask or look for this information. They said they haven't made any complaints so far.

Any other comments

They said they had never tried to book an online appointment but think it's their own fault.

Interview with Patient

GP Registration/Access to GP Practice

They said they had been with their GP Practice for 15 years. They said that they lived around the corner from the GP Practice which is convenient for them.

GP appointments

They prefer to book their GP appointments over the phone or use the online system. They said it was 'impossible and very difficult' to book a GP appointment. They said that they have to come into the GP Practice personally.

Waiting times

They said they must wait 30 – 45 minutes before they see their GP.

Awareness of Patient Participation Group (PPG)

They said they were not aware of the PPG. They said they would not be interested in joining the PPG as they haven't got the time.

Treatment and Care

They said that they're satisfied 'most of the time' with the treatment and care. They said that they feel that the GP/nurse explain the results/treatments well.

Choice of GP

They said that they don't see their choice of GP.

Communication

They said they have not had any problems when communicating with staff or GPs.

Patient experience

They said that the staff are 'rude' at the front desk.

Complaints procedure/Compliments/Feedback

They said that they were aware of how to make a complaint. They said that 'however nothing comes out of it' when they complain.

Any other comments

They said that they came in today at 9am with their child who had a head injury. They said the receptionist was 'not helpful at all and seemed not bothered at all'. They said the receptionist 'talked down' to them. They were 'not polite' and were 'very rude'. They said they were still waiting to see a doctor at 12pm.

Interview with Patient

GP Registration/Access to GP Practice

They said that they had been with the practice for 10 years. They said it was convenient for them to travel to the GP Practice.

GP appointments

They said that they prefer to book their appointments over the phone. They said emergency/same day appointments were 'good'. Otherwise, it takes 2 – 3 weeks for a routine appointment.

Waiting times

They said it 'depends' and sometimes they wait 5 – 10 minutes before seeing a GP/nurse.

Awareness of Patient Participation Group (PPG)

They said they were not aware of the PPG and would not be interested in joining.

Treatment and Care

They said that they were satisfied with the treatment and care they received and felt that the GP/nurse explained the treatment/results well.

Choice of GP

They said that they get a choice in GPs and said, 'both the doctors are good'.

Communication

They said they have not had any problems when communicating with staff or GPs.

Patient experience

They said they were happy with the service.

Complaints procedure/Compliments/Feedback

They said they knew how to make a complaint.

Interview with Patient

GP Registration/Access to GP Practice

The patient said that they had been with the GP surgery for 40 years. They said it was 'very easy' and 'not a problem' for them to access the GP surgery.

GP appointments

They said that they prefer to phone their GP surgery to make an appointment.

Patient experience

They said that they had 'no problems' and were 'happy with the service'.

Waiting times

They said that it 'depends on the day' and it can take 5 – 25 minutes before seeing the GP/nurse.

Awareness of Patient Participation Group (PPG)

Generally made up of a group of volunteer patients, the practice manager and one or more of the GPs from the practice, patient participation groups meet on a regular basis to discuss the services on offer, and how improvements can be made for the benefit of patients and the practice.

They said they were not aware of what a PPG is. When asked about joining their PPG, they said that they didn't have a reason to and didn't have the time.

Treatment and care

They said they were satisfied with the treatment and care they were receiving from the GP surgery. They said that their GP/nurse explains the results well and they get to see their choice of GP/health professional.

Communication

They said that they haven't faced any problems when communicating with staff or GPs.

What works well in your GP surgery?

They said that their GP surgery 'runs smoothly'.

Complaints procedure/Compliments/Feedback

They said that they were aware of how to make a complaint.

Conclusion

Overall, this is a well-run practice. The Practice Manager and staff were friendly and welcoming on the day. We felt that staff answered questions openly, highlighting good practice/initiatives and challenges they faced as a practice and individually. It was clear that there was a lot of emphasis placed on proactively contacting patients regarding their health reviews and smear tests which is positive to see.

It was encouraging to hear that their PPG is proactive, and patient led. We are aware of their awareness days as we have been invited in the past to hold a stall. LF made sure to highlight areas they were leading on i.e. reviews (mental health, learning disability, asthma) in the locality area. From staff feedback it was clear that the ANP is a valuable role. Staff also mentioned positive team working.

We spoke with 4 patients. Therefore, the views are not reflective of all the patients registered at the practice. Many of the patients were pleased with the service the GP Practice was providing i.e. treatment and care and staff attitude. However, patients highlighted issues around booking routine appointments which can take up to 2 – 3 weeks, especially if they want to see their choice of GP. Patients said waiting times before seeing the GP/nurse could be anywhere from 5 – 25 minutes depending on the day.

Next steps

The report will be published on the Healthwatch Hounslow website www.healthwatchhounslow.co.uk/enter-and-view-visit-reports/ and will be circulated to the provider and the commissioners of GP services in Hounslow.

This report is based on our observations and the views of patients and staff that Healthwatch Hounslow spoke to on the day of our visit, and we appreciate it does not necessarily represent the views of all the patients and staff members at Brentford Family Practice.