

Enter and View Report

Firstcare Practice

Blenheim Centre, Prince Regent Road, Hounslow, TW3 1NL

12th September 2019



Service visited:	Firstcare Practice (FP) Blenheim Centre, Prince Regent Road, Hounslow, TW3 1NL
Practice Manager: Registered Managers:	Saira Juma (SJ) Dr Talac Mahmud and Dr Sukhdev Matharu
Date and time of visit:	12 th September 11.30am – 1.30pm
Status of visit:	Announced
Enter and View Authorised Representatives:	Steven Mayer (SM), Ranjana Selvaraj (RS) and Mystica Burrige (MB)
Lead Authorised Representative:	Mystica Burrige
Healthwatch Hounslow contact details:	Healthwatch Hounslow 45 St Mary's Road Ealing W5 5RG Tel: 020 3603 2438 Email: info@healthwatchhounslow.co.uk

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 Saira Juma (Practice Manager), and the patients and staff at FP 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 Steven Mayers, Ranjana Selvaraj and Mystica Burrige.

Methodology

This was an announced Enter and View visit. This is the first time HWH have visited a GP Practice. We spoke with several staff members and patients about their experiences at FP.

Information about Firstcare Practice

FP provides primary medical services in Hounslow to over 12,500 patients through a general medical services (GMS) contract. It falls within the Hounslow CCG area.

The practice operates from the ground floor of a purpose-built building which is fully accessible to patients using a wheelchair. The practice is open between 8am and 8pm, seven days a week with both GP and nurse appointments available throughout the week and at the weekend. The practice provides patients with information about how to access primary care or other health services out of hours if they need urgent advice or treatment.

The practice is registered with the CQC to provide the regulated activities of maternity and midwifery service; treatment of disease; disorder or injury; family planning; diagnostic and screening procedures and surgical procedures.

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

SJ (Practice Manager) took the Enter and View team on a tour of the practice. We were shown one of the clinical rooms which was not in use, the medicine stock room and the patient record room. We were also shown the kitchen and the fire exit. In the waiting area, there is a screen that displays the patient's name along with an announcement when they are called in for their appointment. There is also a water dispenser for patients. There is a table in the waiting area which contains leaflets of local community/voluntary organisations. Patients have access to the toilet which was clean. There is a sign-in system for patients (available in different languages). Posters are displayed all around the waiting area too. These were clear and easy to read.

Interview with SJ (Practice Manager)

Staff make-up

Below is a breakdown of the staff make-up.

Admin/Reception staff:

- 7 Care Navigators – All reception staff were upskilled for this role. The role involves signposting and supporting clinical staff.
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Clinical staff:

- 5 salaried GPs
- 3 Healthcare Assistants (HCA)
- 2 Physician Associates – This is a new role, a condensed version of a doctor. They cannot prescribe yet.
- 2 Trainee Physician Associates
- 2 Practice Nurses – Their role involves carrying out smear tests, travel injections etc.
- 1 Trainee doctor – This role was acquired through an International GP scheme.
- 1 Clinical Pharmacist
- 1 Nurse Practitioner

4 Managers:

- 1 Practice Manager
- 1 Practice Manager Assistant
- 1 Business Manager
- 1 Communications Manager

Innovation Lab

SJ said the innovation labs involve all staff and makes sure to involve GPs. All staff are split into project groups via personality tests. The 5 projects are Diabetes, Care Planning, Immunisations, Public health and Mental health. One group is currently focusing on mental health patients. They are looking at what services are available, where to signpost, evaluating annual reviews and are currently sending out review packs to mental health patients to fill in before their GP appointment.

The Immunisation group recently gave a presentation in which they sent a survey to patients to find out why there was a low uptake. They found that some patients were not notified, other patients had gone back home and sometimes there was a lack of information about the procedure. So, they looked at solutions such creating specific clinics, folders, safeguarding etc.

Vacancies

They currently have 1 Care Navigator post which has been vacant for 3 months. There has been a high volume of applications, but they are looking for the right person. There is 1 GP post which has been vacant for 2 weeks. In the last year, they have recruited 4 salaried GPs.

Training

All reception staff have been upskilled to care navigators. These are the following training they have available for staff:

- Signposting training (to be held next week)
- Conflict resolution
- Online (mandatory) training, especially for care navigators.
- Basic systems
- Safeguarding had been revisited within the team.

To help staff with daily room checks and identify what equipment is required in all clinical rooms, the practice organised all equipment in a box with a laminated picture of what was required.

GP appointments

FP is open Mon – Sun, 8am – 8pm. Between 8am – 10am, patients can speak to a GP or make a same day routine or emergency appointment. Patients can call after 12pm to make an appointment with a nurse or HCA. The nurse and HCA are available throughout the day. Patients are given the option to come into the practice to book an appointment or go through the website to make an online booking. Phone/Skype consultations are available too in which they can discuss test results, get prescription advice, follow up, medical certificates, and some referrals. Online messaging is available throughout the day and patients can ask for advice – staff will aim to respond within 2 days. SJ said they have shared how they use online messaging and been asked by CCG to help with how they implement online consultation across Hounslow as per GP forward view.

This information is displayed on their website – <https://firstcare.org.uk/wp-content/uploads/2018/05/NewAppointmentV2-2.pdf>

A list of treatments/activities that clinical staff provide are listed too.

Posters/leaflets advertise their booking system in the practice. SJ said their telephone system functions almost like a call centre and therefore they can deal with the demand. They also increased telephone consultations by 50%. This is due to the new telephone system installed. The care navigators also signpost patients appropriately.

Innovative Projects

- Duck Diabetes Programme – This included the practice creating short animated videos with characters (Brenda and Brian) to help motivate patients
https://www.youtube.com/watch?v=G_7QfgbSdhM&list=PLbH_Ckjbq23k24p0rVwgufr9kQ-obTLR
- Fertility pack was created for patients which is then sent out beforehand informing them and preparing them for numerous tests.
- Smear tests – Pilot study (Aloha study) where patients will be able to self-sample.
- Survey sent out to patients and FP produced a 'You said, we did'. SJ said before they had 4 telephone lines available which has changed now. There are unlimited lines and queue numbers.
- Better communication – SJ said they have been creating colourful, simple leaflets. They are active on social media and regular texts are sent out.

Temporary or unregistered patients

SJ said all patients who come to the practice are registered. Patients who are not staying long in the country are asked to let the practice know as many don't report this when they leave. Also, if they are outside of the catchment area, they are not registered. New registrations are carried out online. The practice might ask for more information but don't ask for ID. The registration process takes 2 working days.

Home visits

Home visits are conducted by the practice. SJ informed us that the practice has a young population therefore not many are required. Usually, the GP will speak to the patient before conducting a home visit. On some occasions, patients will be referred to Hounslow Integrated Community Response service (ICRS).

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.

Anticoagulation clinic is run by the GP and HCA.

Anticoagulation provides specialised care for patients taking anti-clotting medication to treat and prevent blood clots by offering a monitoring and advisory service.

Additional facilities

- There is a Primary Care Mental Health Nurse who works across the Great West Road locality.
- When extended hours are run, patients are sent to Skyways Medical Centre.
- There are regular Manager's meetings and GP meetings. SJ said they are required to work together due to certain contracts/payments. SJ said this works well.

Vulnerable patients/Significant events

- FP have a few patients at Martindale Road Care Home and Alexandra Gardens. They work closely together with them.
- Annual reviews are carried out for patients with a learning disability.
- They hold campaigns aimed at carers and recently held an event. This was promoted through social media and texts.
- Messages are sent to all patients, especially to vulnerable patients to offer flu jabs etc.
- A business continuity plan is in place.
- Serious case reviews are carried out.
- They are regularly in contact with the safeguarding team who are impressed with their documentation.

Extended opening hours

FP is open Mon – Sun from 8am – 8pm. They used to provide extended hours for other practices but as of July 2018 Skyways Medical centre is the extended hours HUB practice. These are advertised on posters and as voice messages on their telephone lines.

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 are currently running a virtual PPG and their PPG lead is also the locality lead. SJ said they advertise for members to join through their newsletters, online, social media etc. They send out questionnaires, carry out mind-mapped problems, feedback and feel that virtual works better. So far, 400 patients responded to a survey. More information about joining can be found on their website: <https://firstcare.org.uk/category/patient-participation/>

Complaints Procedure/Comments/Feedback

There is a noticeboard informing patients how to complain. They can send an email or request a call back from the Practice Manager. SJ said that there is a formal complaints process in place. All negative feedback is dealt as complaints and are documented. FP documents all feedback received.

Communication with patients

There is a community page which has information on diet, exercise, pregnancy/family planning and long-term conditions – <https://firstcare.org.uk/new-venture-home-page/hiyos/>. Facebook and social media are used regularly. They have a newsletter. SJ said they also attended the West Middlesex University Hospital (WMUH) Open Day.

Equality and diversity

There are automatic doors for ease of access. SJ said that they have access to language line and don't ask patients to bring family along. When they book it, they have access to an interpreter immediately. They have braille in the clinical rooms and access to lowered desks.

Good practice/Challenges

SJ shared examples of good practice and challenges the practice faces:

- SJ said they currently have lots of new patients joining. They currently have 12,500 patients and believe this number will increase due to the new building works taking place all around the practice.
- Staff are given laptops, so they can work from home allowing for flexible working.
- All staff at FP wear uniforms reflecting the practice being a non-hierarchical organisation. SJ said they wanted all the GPs to be involved on all levels.
- Hounslow CCG contacted the practice to ask if they would like to be on the BBC for a short interview on GP support. SJ took part and showed the video <https://www.youtube.com/watch?v=czoOBH7Blfc&t=2s>.
- SJ said they had been working on changing their name to HIYOS – healthy in your own skin – which is in line with the practice providing more proactive care personalised to patient's needs.
- They have a YouTube account in which they display their short videos on topics such as 'Planning your care'. Their Comms Manager creates short animation clips e.g. for diabetes.
- They use the PAM (Patient Activation Measure) ratings to target patients with long-term conditions. They involve Level 4 patients in this. PAM is simple to measure with a short questionnaire where there are no right or wrong answers.

PAM – Patient activation is a measure of a person's skills, confidence and knowledge to manage their own health. It's simple to find out, like measuring blood pressure, and is scored from one to four.

- They recently held a Post-natal event and released a Ramadan newsletter.
- Innovation labs helped the team work cohesively, get involved in practice issues, feel confident to contribute ideas and increase job satisfaction. The Diabetic group had been nominated for an award as well.
- SJ said they are working hard on patient education, so patients can take responsibility for their own health.
- They are carrying out all care plans before the winter season.
- SJ said they have been looking into telephone reports about the new system, especially into patients who give up on calls. They don't want to waste patients time.
- FP are working closely with partners – Hounslow and Richmond Community Healthcare (HRCH), district nursing team, Chelwest Trust. They also have a joint Multi-disciplinary Team (MDT) meeting which is facilitated by HRCH.
- They recently gave away 30 Ipads to staff and patients. 16 of the patients were elderly. Including one patient who is over 90 years old and uses online access. They would like to help patients access more online services and advice.
- FP presented their idea at the House of Commons – local MP in January 2019. The practice then had a training away day in July 2019 at Cumberland Lodge.
- Issues of parking have been raised with the practice by patients. Due to the new building works taking place all over, this has caused problems for some patients.

Briefing

SJ invited the Enter and View team to attend their 11am briefing. Majority of the FP team were part of meeting. No names of patients were given due to confidentiality. They mentioned that today (Thursday) there was an unusual high number of calls – 118 compared to 80 usually. MB gave an intro to HWH and explanation of the Enter and View visit.

Interview with Pharmacist

Role

They have been working at FP for 6 months. Their role involves dealing with tasks such as answering queries related to drugs, issuing prescriptions, advising patients and all staff regarding medication, medicine reviews over telephone conversation e.g. dose details, side effects etc., calling discharged patients and giving updates about medication.

Induction/Training

They are employed by HRCH and work in this practice part-time. They have undertaken various training. Some of which are through e-learning modules – fire safety. Their induction was given by the Practice Manager. Safeguarding training was provided by HRCH. They are currently undergoing training by NHS England for CPPE.

Safeguarding

As they are fairly new to the role, they haven't had to report any safeguarding incidents yet. They are aware of how to report safeguarding incidents. Any such incidents are reported at the briefing meeting.

Managing calls

Part of their role is to answer calls as well. As they don't receive a high volume of calls, managing the calls have not been an issue.

Signposting

They have signposted patients to local community/voluntary services such as Diabetes support group, IAPT – Improving Access to Psychological Therapies etc. Sometimes GPs also help provide information and guidance to different services as they are new to the role. They feel that more information on local community services is vital.

Language barriers

So far, they haven't come across any patients with language barriers. But they have access to language line in which they can book an interpreter. They also said they have colleagues who can speak different languages.

Challenges

Sometimes they have to have difficult conversations with patients when advising them to buy medication from the pharmacy rather than a prescription. This is in line with the North West London Prescribing Wisely initiative

<https://www.healthnorthwestlondon.nhs.uk/news/2017/10/31/prescribing-wisely>

What works well

They said that FP is 'very innovative and technology based'. They said that they have a great team dynamic. Also, there is plenty of capacity in the workforce in case of illness.

Improvements

They suggested an improvement that could be made is communicating with patients sooner. For example, when a letter is sent out it usually takes 2 weeks. Perhaps doing something different to speed it up may help.

Interview with HCA

Role

They have been working at FP since 2004. They're trained to carry out BP, height, weight, lifestyle and feet check for diabetic patients. They report to the nurse and prepare for the GP to review.

Induction/Training

They have been trained in wound care, COPD, asthma, blood infusion etc.

Safeguarding

They have been given safeguarding training in-house and online. They said that the CCG organises various training. For example, flu update was the most recent one. Any safeguarding incidents must be reported to the lead GP and practice manager during the briefing meeting. They are also aware of safeguarding protocol.

Volume of patients

They said their role is limited. They deal with patients who have acute problems but mostly follow-up with patients who have chronic illness and inform them about their tests/reviews – patients with respiratory problems will be called in for their lung function test such as Spirometry.

Signposting

They said that they do signpost patients to various community/voluntary services such as One You Hounslow, Diabetes prevention program, stop smoking, Good Samaritan etc. Through the briefing meetings, they have been updated about services that are available.

Language barriers

They have access to language line and can book an interpreter when there is a need. They said that their practice is quite diverse, and their colleagues speak several languages. They said that they have noticed that new patients whose first language is not English usually bring someone with them for help.

Challenges

They said that their role is mostly delegated by a nurse/GP, so they must wait until it's delegated.

Good practice/Improvements

They said FP was modern and technology based. They said there were more doctors and a younger working age environment, most with enthusiasm. They felt that the workload is well distributed among themselves especially when there are late/over bookings. They said during their briefings, discussion is transparent. They discuss patient education, how appointments work and health education about lifestyle.

Interview with GP

GP appointment

The GP said all appointments are 15 minutes long, expect triage appointments which could be 10 minutes if this is appropriate. They said that they would prefer to see 20-minute appointments for some patients but said patients are able to book double appointments if needed.

Most prevalent issues that patients raise

They said that they thought the most prevalent issue was social issues – ‘We’ve done lots of research and internal audits. We traditionally (as medical staff) think of patients as diagnoses but I think we should treat them as people. I believe that demand is increasing due to younger people wanting things to move quickly. I was told that GP appointments are being used by those seeking housing letters but GPs are reluctant to write them as to not waste appointments. Other appointments were being used by the young mums who are excessively worried about their children and the elderly’.

Main drain on resources

They said that the GP practice could work better and more efficiently to improve resources and to get it right the first time. The biggest drain on their resources are frequent attendees, worried well, women with kids, bringing in kids with minor ailments that could have used other NHS resources. They run a “CPR course” for parents to demonstrate what to do when children are unwell.

Signposting

They said they have a self-referral pack for community referrals. For example, Hounslow IAPT and Hounslow One You. This portal is on their website. He said they were struggling to get information on local resources such as food banks etc.

Language barriers

The GP said they have a diverse staffing team. They have a Romanian trainee doctor and if needed they have access to language line. Their website can be translated too.

Do you feel supported by the CCG?

They said that they’re now a bit disillusioned by the whole thing as they try to share best practice, but no one is interested. No support from the CCG to deliver their innovations – ‘It could be better; it could be worse’. I think they are focusing on NWL (North West London) too much.

Social Prescribing

They said they were aware of social prescribing and said, ‘it’s marvellous’. They want to know what they are showing to people. They want to work closer with them and the likes of Healthwatch.

Safeguarding

On safeguarding, there is a poster of SOVA contacts, the practice is on the lower end of reporting scale. They said that 3 referrals in the last 3 months were carried out. They’re aware of the reporting procedures.

Good Practice

They said that they believe that they are in a ‘really good’ place now and that they enjoy coming to work, saying ‘it’s great’. They said their team is great and enjoy trying new things. They said

that they wanted to make improvements to the premise space and more funding for innovations was needed.

Interview with GP

GP appointment

They said that there is enough time to see patients for their problems.

Most prevalent issues that patients raise

They said that the most prevalent issues they deal with are patients with hypertension, diabetes, high blood pressure, high cholesterol and mental health issues.

Main drain on resources

They said that they do have a stock-controlled mechanical service in their practice. They have a person who carries out regular checks in each clinical room to make sure it is refilled and stocked.

Signposting

They have referred and have been referring patients to the local community/voluntary services such as One You Hounslow, IAPT, domestic violence services etc. They have already been given a pack which contains all the information including which services to refer patients with certain conditions/issues and the contact details of those community/voluntary services.

Language barriers

They said they have a care navigator who can signpost patients to the right place and have access to language line. In case of an emergency, they can book an interpreter immediately.

Do you feel supported by the CCG?

They said that they feel supported by the CCG and have volunteered for them, but they have ignored them. They said that they should allow GPs to get involved and to work along with the CCG on things such as public awareness, vaccination programmes etc.

Do you support your CCG?

They said they have given their support in the counselling area and in creating awareness about diabetes.

Safeguarding

They have been working with the practice for 11 months. Within this time, they have reported one safeguarding incident. They phoned the safeguarding team and sent a referral. They know the procedure of reporting safeguarding incidents as it was part of their induction and they are kept up to date.

Challenges

They said sometimes they must deal with complicated cases and are not sure what to do next but have the help from their colleagues. When dealing with patients, especially those addicted to drugs for sleeping it is a challenge to convince them that it is not beneficial. There are issues when trying to reduce the dosage of the drug.

Good Practice

They said that this is the best practice they have worked in. They said this is a 'gold standard practice' which is innovative. There is a great team and there have been improvements in the target.

Improvements

They said more funding should be provided regarding innovation. Increased immunisation rates need to be given more time to work in these projects.

Interview with Care Navigator

Role

They have been working at FP for 3 years. Their role involves dealing with patient's appointments, queries, following-up referral appointments and discharge summaries from the hospital, signposting, referrals and letters regarding change in medication and dealing with pharmacies and GPs.

Induction/Training

They have been given an induction which includes a care navigator pack and a step by step guide on how to use system one. They have also been given training on anything new that comes in – pregnancy information etc. Training is regularly provided until they feel confident.

Safeguarding

They said that they have received e-learning and training related to safeguarding. Any incidents are reported to the safeguarding lead.

Managing calls

They said that they have a digital board which shows the number of calls coming in and the calls in the waiting list. They said during busy hours, mainly between 8am – 10am especially on Monday mornings it becomes 'a bit stressful'. They said that doctors join by answering calls making sure the waiting list is cleared on the same day.

Signposting

They said that they signpost patients to different community/voluntary services. For example – mental health crisis number, counselling services for drug and alcohol abuse, urgent care centre, early pregnancy units, etc. They said they already have a good understanding of the local community/voluntary services but would like to have more information on these.

Language barriers

They said when the patient walks in, they have access to language line and can connect right away. They said they have a diverse team and their colleagues speak several languages. When a patient requires an interpreter for their appointment, this is booked in advance.

Challenges

They said dealing with difficult patients who have unreasonable expectations such as wanting an appointment then and there is always a challenge. Also, receiving calls during closing time and patients wanting to be immediately seen. One of the solutions is for patients to be signposted to 111 or urgent care centre. Also, informing them of their online messaging service that FP run or booking an appointment the following day.

Good practice

They said that there are several things that are done well at FP. For example, each day 2 doctors are allocated to carry out different tasks. Some will help with the admin and calls and the other will be dealing with clinicians clearing their queries. FP has invested in a call board which makes things easier for all staff. They said the Practice Manager usually tracks calls when a caller is not able to get through on the phone. In terms of relationship with colleagues, they said

they have a great team and 'good work environment'. Briefing meetings take place regularly which helps.

Improvements

They said more appointments, especially on Sunday's may help. They suggested only pre-booked appointments on Sunday. They also suggested staffing of care navigators to be improved.

Any other comments

They said that they loved working here, but the amount of work is immense. The great support network system helps them to keep going. More awareness and patient education on how the service works is needed. More information on PPG should be provided to staff members.

Interview with Physician Associate

Role

They said they have been with FP for 10 months and their role involves carrying out assessments of acute conditions, emergency appointments, administration, results, public health innovation, internal audits and can see chronic patients too.

Induction/Training

They were encouraged to attend CCG HEAT sessions as part of their training and attend team huddles and away days.

Safeguarding

In terms of safeguarding, they said that they gather the initial facts and pass them to a senior GP for review. They feel more comfortable now reporting safeguarding procedures.

Appointments

They said that they see roughly 20 patients in the morning and between 12 – 1pm they see patients with minor ailments.

Signposting

They signpost to the pharmacy, they're not aware much about other services but would like to learn more.

Language barriers

They understand several languages but are not able to speak them. They said that interpreters were being cancelled at short notice or could be late.

Any other comments

They said that most patients thought they were a doctor. Additionally, they said they had a great team.

Interview with Patient

Joining the practice

They said it has been 8 months since they joined the practice (February 2019). They said that they tried to register online through the government website but were asked to download, complete and bring the form in person. When they arrived at the practice, they were told that they didn't require the completed form and they were able to use the computer in the waiting

area to register themselves. They were told to wait for a call from the practice for a week or so. They were then called in for an initial check-up.

Convenience of travel

They usually take the bus to the practice and it takes about 20 minutes. So far, they haven't faced any issues because of the construction works.

GP appointments

To date, they have made 3 GP appointments with the practice in the last 8 months. They usually ring them. They said it's quite easy to get a same day appointment when calling before 8am.

Waiting times

They usually wait 10 – 15min. Once they were made to wait longer but the physician associate apologised for it.

Patient Participation Group (PPG)

They are not part of the PPG as they're not aware of it and would like the practice to give out more information on these to those who are new to this country and newly registered. They expressed an interest in taking part.

Treatment and care

They said that they were satisfied with the investigation and treatment received. They said that the staff did explain their condition well but after the investigation was done, they received a call to discuss the results. They felt this could be made better with more information rather than a 'short call not lasting even for a minute'.

They said that when it came to explain the drug dosage (as per their prescription), this wasn't clearly explained, and it could have been dealt with in a more professional way. For example, what time of the day they should take the medication and whether it's before or after food. They said, 'even the prescription did not contain those information'.

Communication

They said most of the staff members were nice but one of the receptionists was a 'bit rude the other day'. They said that the HCA didn't want to mention their name but should be trained to receive the patients in a more friendly manner.

Patient experience

They said when compared to most other GP practices, they felt that FP was 'doing their best' by holding same-day and weekend appointments and having long working hours from 8am to 8pm. When they needed to re-print their prescription, staff did it without any hassle. They said that they have the options to view their results online and the process to access it is 'very simple'. They said they can drop by the practice and request online access immediately.

In terms of improvements, they would like to see results and medication dosage being explained more clearly. They also would like to see different issues being dealt with in the same appointment. They were politely told to book another appointment for their other issues which made them take time off work – travel costs needed to be considered as well.

Complaints

They said they don't know how to make a complaint and would like to receive information about that.

Any other comments

They said cleanliness was good.

Interview with Patient

Joining the practice

The patient said that they joined the practice about 9 months ago. In terms of the registration process, they completed it through the system in the waiting area and were asked to wait for a call from the practice for an initial appointment.

Convenience of travel

They said that they couldn't find a GP practice close to their home with good reviews, so they decided to register with FP which is a 20-minute walk and 10 minutes by bus. They said the building works have not been a hindrance in accessing the practice.

GP appointments

They haven't booked any appointments yet. They said they knew that FP provide online facilities in terms of booking an appointment and accessing test results. They had only booked an initial check-up with the practice.

Waiting times

They waited around 15 – 20 minutes for their initial appointment.

Patient Participation Group (PPG)

They said that they were not aware of the PPG but would like to receive more information about it.

Treatment and care

They haven't needed any treatment yet but the service for the initial appointment was 'good'. They said they preferred to see their GP of choice in the future.

Communication

They said staff were good so far.

Patient experience

They said other than their initial appointment, they can't comment much on the service. However, they did like the online aspects of the service as it made 'things easier' for them.

Complaints

They said that they were not aware about complaints procedure but would like to know more about it.

Conclusion

Overall, this is a well-run practice offering an impressive range of services to patients. The building is clean, and purpose built. Their innovation labs were interesting and impressive as this is something that HWH have not come across yet.

Staff were open about their experiences at FP. Their team seemed to work well together and it's positive to see non-medical and medical staff both attending to reception calls. All the staff we spoke with were commenting on how well they worked as a team. It was also good to see that reception staff were upskilled to the care navigator role. However, it is important to make sure that the care navigators were signposting appropriately. Most staff expressed an interest in

learning more about local voluntary/community services. Most staff also commented on FP being an innovative and technology-based practice.

They have a well-designed accessible website and a community page (Hiyos Healthy in your own skin) which was shown by the Practice Manager and it was encouraging to see that they helped patients to use online services. Social media was well utilised, and the short informative videos uploaded on YouTube by the Comms Manager were informative and easy to understand. We were able to see the FP's Patient survey prior to the visit which was shared by the CCG. It was good to see that they were proactively seeking feedback from patients.

Being part of the briefing was insightful. They were mindful of patient confidentiality and did not disclose any patient details. However, we were only able to speak with 2 patients, therefore the views are not reflective of all the patients registered at the practice. The patients we did speak with were positive about the practice but felt some improvements could be made about explaining medication and not having to book multiple appointments for different issues.

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 Firstcare Practice.