

Enter and View Report - Tattenhall Village Surgery



Signage under trees on main road



Signage on main building facing car park



Side passageway from car park leading to main entrance

GP Contact Details:

Trevor Ferrigno, Practice Manager

Tattenhall Village Surgery

The Village Surgeries Group, Ravensholme Lane, Tattenhall, Chester, CH3 9RE

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Date of Visit:

31 July 2018

Time of Visit:

10am - 12.15pm .

Healthwatch Cheshire Authorised Representatives:

Elizabeth Bott

Andrew Firman

What is Enter and View?

Healthwatch Cheshire (HWC) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWC represents the consumer voice of those using local health and social services and trades as both Healthwatch Cheshire East and Healthwatch Cheshire West.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health and social care services. Enter and View visits may be conducted if providers invite this, if Healthwatch Cheshire CIC receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the services first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

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1. Description & Nature of Service

Tattenhall Village Surgery is a GP Practice which merged in 2015 with another GP Practice in the nearby village of Farndon to form the Village Surgeries Group. The surgery itself is a single storey building with a small car park and located on the outskirts of the village itself adjacent to the main Chester road.

2. Acknowledgements

Healthwatch Cheshire would like to thank those working at the practice and visitors on the day for their contributions to this Enter and View.

3. Disclaimer

This report relates to findings gathered on a specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to Healthwatch Cheshire Representatives at the time of the visit.

4. Purpose of the visit

- To enable Healthwatch Cheshire CIC Representatives to see for themselves how the service is being provided in terms of quality of life and quality of care principles

- To capture the views and experiences of patients, family members/friends and staff
- To consider the practical experience of patients/family and friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement
- To enable Healthwatch Cheshire Representatives to observe how the service delivers on the statements it advertises on its website

5. Introduction/Orientation to Service

- Authorised Representatives had an extended meeting with the Practice Manager, Trevor Ferrigno, who gave a comprehensive overview of this rural practice.
- The Practice list size is growing, currently with almost 8100 patients across the merged surgeries, about half of whom visit both sites. There is a high proportion of older patients.
- The single merged practice operates with two Partner GPs and six Salaried GPs, three nurses and a fulltime advanced nurse practitioner who is about to retire. She will not be replaced on cost grounds. A physiotherapist visits the practice for two afternoons a week.
- Non-clinical staff include the Practice Manager, Business Manager and receptionists. Reference was also made to the Compliance Manager role.

6. Methodology

Representatives were equipped with various tools to aid the gathering of information. The following techniques were used by the ARs:

- Observing the quality and adequacy of access, parking and other facilities for visitors
- Assessing the suitability of the environment in which the service operates in supporting the needs of the patients.
- Direct observation of interactions between staff and patients
- Talking to patients, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided

7. Summary of Key Findings

- Authorised Representatives had an extended meeting with the Practice Manager, met the receptionist and had conversations with about eight patients who were waiting for appointments
- This appears to be a well-managed and well-regarded practice which has benefitted from the economies and opportunities created from the merger of two practices three years previously
- The Practice operates under the tight budgetary constraints set by NHS England and the Clinical Commissioning Group (CCG). Representatives

wonder if these mechanisms; in calculation of budget; actually recognise the level of social deprivation locally which can be masked by the rural setting.

- The Practice benefits from partnership with an outstanding highly proactive Patient Participation Group and an emerging 'Rural Alliance' cluster.

8. Detailed Findings

8.1 Location, external appearance, ease of access, signage, parking

The surgery is located just off the main road leading into the rural village of Tattenhall. The building, which is about 25 years old, is of brick construction with pitched roof. It is an accessible building with a wide entrance door, no steps and is all on one floor. There is a practice waiting area which seats about 20 people, three consultation rooms and one treatment room. A patient toilet is located in the entrance lobby.

There is little or no public transport serving the practice so patients who live too far away to walk, or cycle, rely on a car or friends and family for transport assistance.

Representatives felt that the signage is a little confusing - the sign on to the road is obscured by trees, and presents an obsolete name and telephone number. Once in the car park the sign to the Patients' Access is clearly visible. A side passage leads to the entrance door which itself has no signage.

There is a good amount of parking space adjacent to the surgery off the side road

Other Factors of note:

- **Local population:** As referred to above this is very strongly a car reliant rural practice with no public service transport alternatives. In general, the Practice Manager explained, the population is relatively affluent and numbers of people, 40-50 year olds especially have been moving to the area. ***“Grade ‘A’ farmland is being swallowed up by housing [local inhabitants being priced out] and there are more houses to build!”***
- This practice has developed an active and very effective Patient Participation Group (PPG) which meets monthly and plays an important community development role.
- A regular, attractive newsletter is produced by the PPG in partnership with the practice. Printed and electronic copies are distributed and placed on the website.
- A detailed and well-constructed patient survey was conducted by the PPG in 2018, yielding 533 responses. Results are posted on the

website and emerging action points demonstrate the impact this has to improve the service. The chair of the PPG also meets with their opposite numbers in a Rural Alliance of six GP practices in the area to share information and ideas.

- The practice currently has 167 housebound patients who are visited by practice and/or district nursing staff for routine visits and completion of annual reviews.

8.2 Initial impressions (from a visitor's perspective on entering the practice)

Representatives felt that the side passageway is unwelcoming. The entrance leads to a lobby with reception window opposite which is a doorway to patient toilet and office for Practice Manager.

The receptionist we met was welcoming and efficient.

A touch screen here enables patients to check in. It also informs them if there is a delay from their appointment time.

The connecting door from the lobby to the waiting area ensures patients have a relatively confidential space if they need to speak to the receptionist.

8.3 Internal physical environment

8.3.1 Décor, Lighting, heating, furnishing & floor coverings - Lighting appears adequate and fit for purpose. Furnishings were clean and reasonably comfortable with a selection of chairs provided in the waiting area.

8.3.2 Freshness, cleanliness/hygiene & cross infection measures - All appears satisfactory.

8.3.3 Suitability of design to meet needs of patients - The surgery is purpose built as a result all appears satisfactory.

8.4 Staff support skills & interaction

8.4.1 Staff appearance/presentation - All staff were dressed appropriately.

8.4.2 Affording dignity and respect - No issues were observed. See above comment on patient confidentiality.

8.4.3 Calm, empathic approach to Patients - No issues were observed during the visit. The waiting room area was calm.

8.4.4 Effective communications - alternative systems and accessible information - The merged practice has invested in the telephone system with one phone number and five lines. Four members of staff answer phones in the busy booking period. Patients are encouraged to use the online Patient Access system for booking

appointments and ordering repeat medication. The PPG has run four clinic sessions to show people how to get online and use this. To date 20% of patients use this system. As well as keeping its own website up to date, the PPG promotes its activity on the local village website and also on Facebook.

8.5 Ensuring Comfort

Patients appear to like that they can attend either surgery and choose to do so depending on the availability of appointments. One patient told us, *“I have not been to the surgery for a long time and was able to get an appointment today for today!”*

There were mixed views about the ease of getting answered on the phone at 8 a.m. when lines open. Some older patients there said they still had difficulty, one commented, *“Its hard getting through on the telephone system.”*

One patient had been told they were booking a double appointment but this turned out not to be the case on arrival

We were told the screen indicating waiting time was often an underestimate. Waiting time after the appointment time was an issue for some of the patients we spoke to.

Our observations generally suggest patients comfort and needs do come first in this caring practice in which there is good staff teamwork and excellent liaison with the PPG.

8.6 Feeling safe and able to raise concerns and complaints.

From the relaxed conversations with waiting patients, Representatives had the impression that patients and others would be able to directly put forward their views, concerns and complaints. A Formal Complaints policy does exist.

9. Additional areas of observation

9.1 Comparisons of observation against providers website

The practice has an attractive and informative website consistent with what we saw on the ground.

9.2 Comparisons with previous Healthwatch visits(s) where applicable

- This was the first time that Healthwatch had visited this service.

9.3 Comparisons with the most recent CQC report

- We could not find the link to the CQC Report mentioned on the Practice website
- The latest CQC Report ([July 2017](#)) rates the provision across all categories as Good
- We found nothing to differ from the inspector's judgements

9.4 Other observations/findings of note

- Following merger, the practice doubled the number of available patient appointments in the first year
- 60% of patients booking an appointment do so on the day with the remainder booking ahead
- Less than 2% of appointments are not honoured by patients
- Recently recruiting a GP for the practice had been a challenge. After four months of advertising, the Practice has been able to appoint a GP from overseas [Canada] after gaining approval from the Home Office
- The overall picture we found from talking to patients was a good level of satisfaction with the service they received
- Two physiotherapy afternoons a week are provided - Is this sufficient? - *"The physiotherapists also do and can relieve GPs of some of the pressures,"* the Practice Manager observed.
- Representatives felt it was not very clear as to how fully effective the services are for the "167" housebound patients. The Practice Manager suggested that the area District Nurses [employed by CWP] did a valuable job but did not have enough time, too much of which was spent on 'paperwork'.? *Could trained Health Visitor volunteers/students under the direction of District Nurses be of some assistance?*

10. Elements of Observed/Reported Good Practice

- Impressively active PPG group Outstanding Patient Survey conducted by PPG already making an impact
- Creation of a Rural Alliance Cluster of six GP practices sharing the same aims and ethos around rurality and looking to appoint an IT Administrator to work across all practices

11. Recommendations

- Improve external signage to reflect current name of practice and phone number, including a welcome notice in the entrance
- Check the accuracy of the waiting time message given to patients on checking in
- Include a link to the CQC Report on the website

- Representatives understand that the contract for the Hospital at Home Service ends December 2018 - A very helpful, important service which should be expanded.
- For the CWP-operated District Nurse Service to consider increasing the level of service provided for rural practices.

Feedback from Provider of Service

I do not recollect any appointment being made but was more than happy to speak to the Healthwatch representatives. Not quite sure what would have happened had I not been there that day.

Actions:

- *We will look at replacing the signage at Tattenhall*

TREVOR FERRIGNO - PRACTICE MANAGER - 25/09/2018