



**Enter and View Report**

**Brockway Medical Centre  
Tyntesfield Medical Group**

**21<sup>st</sup> March 2018.**



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## Details of the Visit

### Location:

Brockway Medical Centre, 8 Brockway, Nailsea BS48 1BZ

### Date and Time of Visit:

21<sup>st</sup> March 2018, 2pm - 3pm

### Enter and View Representative:

Karen MacVean

### Registered Provider:

Tyntesfield Medical Group

### Type of Service

GP Surgery

### Specialisms

GP Services

### Surgery Manager

Ros Taylor, Operations Manager

## Acknowledgements

Healthwatch North Somerset Authorised Enter and View Representatives wish to thank the staff and patients for their welcome and hospitality at Brockway Medical Centre.

## Purpose of the Visit

Healthwatch North Somerset is carrying out a series of visits to GP Practices in North Somerset to ascertain the experience and opinions of local patients. Brockway Medical Centre was selected as part of our series of North Somerset Enter and View visits of GP Practices in North Somerset.

Healthwatch North Somerset made the decision to visit GP Practices in North Somerset to observe the patient experience of using the services. Feedback gathered from local people provides a lot of positive feedback and there are numerous examples of good practice. Access to primary care is a theme frequently identified in the intelligence gathered by Healthwatch North Somerset and Enter and View visits allow observation of the patient environment.

The purpose of this Enter and View visit was aimed at outlining what was observed and recognising, highlighting and sharing of good practice and making any suitable suggestions for improvement to the service concerned.

The report may also make recommendations for commissioners, regulators or for Healthwatch North Somerset to explore particular issues in more detail. Unless stated otherwise, Enter and View visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch North Somerset Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

This report relates only to this specific visit and feedback received directly by Healthwatch North Somerset during the two hours of the Enter and View visit. It is not representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

## Description of the Service

Brockway Medical Centre has merged with three other GP practices to form Tyntesfield Medical Group. The Tyntesfield Medical Group provide care to 33,000 patients.

Brockway Medical Centre is a relatively small Practice with approximately 7000 patients registered and is situated in Nailsea. The patients who are registered with Brockway Medical Centre are mainly resident in Nailsea and Wraxall.

Brockway Medical Centre opens from 8.00am - 6.30pm, Monday to Friday and alternative Saturdays from 8am for pre-booked appointments only. Extended hours surgeries are held one evening a week- with last appointments at 7.30pm and one morning a week- appointments from 7.30am. The Treatment room nurses have appointments every morning from 8.50am - 12noon and afternoons from 2.30pm - 5.50pm.

Brockway Medical Centre offers its patients a range of clinics including maternity, contraception, coronary heart disease, diabetes, respiratory clinic (asthma and chronic obstructive pulmonary disease). There are also services attached to the Practice which include visiting specialists, health visitors and district nurses. The Medical Centre also has a minor operation room on site.

## Planning for the visit

The visit was an announced visit with the Tyntesfield Medical Group Operation Manager and the Brockway Medical Centre Operations Manager being given two weeks' notice. We sent a confirmation of visit letter, posters and leaflets to the Medical Centre to inform patients, relatives, carers and staff about the Enter and View visit and about the role of Healthwatch North Somerset. The timings of the visit were at the request of the Practice.

As part of the planning the Enter and View Representative did some background research - online and out of hours.

## How was the Enter and View Conducted?

One Enter and View Representative carried out the visit. The Enter and View Representative met with the Practice Operations Manager at the start and at the end of the visit.

The Enter and View Representative observed the condition of the premises and the interaction between the staff and patients.

The Enter and View Representative was approached by one member of the public. The information and evidence detailed in this report is collated from speaking to the Operations Manager, a patient and the Enter and View Representative's own observations.

The Enter and View Representative sought background information and reviewed the website to note the information available to patients and made a call out of hours to note the recorded information given to patients.

## How were the findings recorded?

Comments and quotes were recorded by the Enter and View Representative whilst observing the Practice and engaging with the Operations Manager. Observation and prompt record templates were used to make notes, these were typed up after the visit by the Enter and View Representative. The report was compiled and written based on the notes and records of the visit.

## Communication with the Manager

The Enter and View Representative met with the Operations Manager immediately before the Enter and View. Three prompt questions were used to establish instances of good practice, evidence change occurring because of patient feedback and identify potential improvements. The three prompt questions and responses are recorded below:

### *Q1. Are there any examples of good practice that you would wish to share with the rest of the primary care community?*

- Tyntesfield Medical Group was recently formed and consists of four Practices. We all use the same computer and telephone systems, and this allows us to work

together to provide a service for patients in difficult situations. Examples recently have been the extreme weather conditions, power cuts and suspected gas leak requiring evacuating a surgery. Calls can be taken from any of the surgeries, staff and clinicians can be transferred to other sites. Appointments can be made, results given, urgent calls dealt with.

- Although a merged Practice it was important to continue to offer our patients individual care from Brockway, we continue to see our own patients and patients have a named GP.
- Regular meetings are held for Tyntesfield Medical Group and individual surgeries.

**Q2. Do you have any examples of how the Practice made *changes following feedback from patients?***

- We have a Patient Participation Group.
- New chairs have been purchased.
- Information Talk evenings have been arranged (Diabetes and Urology).

**Q3. From the surgery's perspective, are there any changes or recommendations you would make to improve access to services at the practice for patients?**

- Fortunately, our access is very good and the feedback from patients is they can generally get an appointment, either by pre-booking or ringing on the day.
- Saturday surgeries will be increasing in the near future.
- Hopefully across four sites we may be able to offer more outreach clinics to patients to save travelling in addition to those already available NHS and Private, (mental health, wellspring counselling, obstetrics, retinal eye screening, AAA, Physio and Continence).

## Observations and Findings

The Enter and View Representative observed the following:

### External Building Condition

- Brockway Medical Centre is set slightly back from a busy road on a corner and is opposite a Leisure Centre.
- There is a small car park in front of the building.
- The building and grounds appeared attractive and well maintained.
- There are some small trees and shrubbery beds around the building and car park area.
- The building and grounds are surrounded by a high wall and have two sets of lockable tall iron gates at the entrance and exit to the centre.
- There are security notices on the gates.

### Internal Decoration, Cleanliness and Furnishings

- Internally the building appeared to be very clean and attractive.
- Most of the public areas were light and spacious, especially the area in the waiting room which has a high glass covered light-well in the middle of the ceiling.
- The walls are painted white with feature walls in a pleasant lilac shade which generally made the public areas observed aesthetically pleasant.
- Mostly the decoration was in a reasonable condition.

- There were lots of framed photographs from a local photography group on the walls, there was also art work created by local school children.
- All the door signs in the centre had braille on as well as the visual information.

### Outside of the Surgery

- The vehicle entrance to the Centre is through gates directly off the main road into a small car park. The exit is through another set of gates which lead onto a service road to the side of the building. Both the entrance and the exit are clearly signposted.
- There is a sign identifying Brockway Medical Centre.
- There are three patient car park spaces and two disabled spaces; there are also car parking spaces reserved for the GP's.
- There is public car parking close by, which also has disabled spaces.
- There are disabled car parking spaces in the Leisure Centre car park which is opposite the centre and there is a pedestrian crossing to allow safe access.
- There are no bus stops in the immediate vicinity of the centre, but there is a short alleyway which leads to Nailsea High Street where all the main bus stops are located.
- There is a pedestrian crossing close by for pedestrians to use if they need to cross the main road to get to the Centre.
- Pedestrians can use either the entrance or exit gate to gain access to the Centre.
- The Centre grounds are all level and easily accessible by a wheelchair or a pushchair.
- The entrance door to the Centre is marked clearly and is accessed through one automated set of doors.

### Reception Area

- The reception desk is located directly opposite the entrance and is away from the main waiting room.
- There are high and low levels to the reception desk and is accessible for patients in wheelchairs.
- The reception desk is open with no screens between patients and the receptionist.
- There was one member of staff on reception the day the Enter and View visit was carried out. This seemed adequate staffing for that period as there was no queue observed throughout the Enter and View visit.
- The receptionist was observed being very approachable, kind, patient and friendly with all the patients attending the Centre during the Enter and View visit.
- The receptionist had a lanyard with an ID badge on.
- There was a degree of privacy for patients talking to the receptionist as the reception desk is in a separate area to the waiting room, but this would not be so if other patients were waiting to speak to the receptionist. However, there was a notice up at reception advising patients to ask if they wanted to talk to the receptionist in privacy.
- There was a notice to advise patients to ask if they required a chaperone at their appointment.
- There is an electronic appointment sign-in machine marked with clear instructions on how to use it. There was hand-sanitising gel next to the sign-in machine.
- There is a Hearing Loop box on the reception desk.



- The Enter and View Representative was advised by the Operations Manager that if a patient was unwell, needed privacy or just needed to be away from the other patients in the main waiting room, the receptionist could let the patient use the minor op room while waiting for their appointment.
- There was a Lifestyle Room leading off from the reception area that had lots of information about weight and a healthy lifestyle available. There were also weighing scales and a blood pressure machine for patients to use themselves.
- Though there is no sign at reception advising patients of waiting times. There was a notice in the waiting room advising patients to speak to the receptionist if they have waited longer than 20 minutes for their appointment.

### Waiting Room

- The waiting room was attractive and light in most parts, with lots of information available and artwork on the walls.
- The chairs were set in rows in one area and around the sides in another.
- There appeared to be sufficient chairs available for patients.
- The chairs were of grey plastic which fitted in well with the colour scheme of the waiting room.
- Some of the chairs had arms to aid mobility.
- The Consultant and Treatment Rooms are off of the waiting room in a square formation.
- There was plenty of room for wheelchairs and pushchairs to manoeuvre in the waiting room.
- The corridors leading to the Consultation and Treatment Rooms were wide enough for wheelchairs and pushchairs, though the two sharp right angles may be a bit trickier to manoeuvre round.
- The bottom corridor housed storage cupboards and one of the doors of a cupboard was observed slightly ajar, which could cause difficulties for patients in wheelchairs trying to go past.
- The Clinicians came into the waiting room to call their patients for their appointments
- There were clean signs up for the different areas of Centre including the consultation/treatment rooms, minor op room and public toilets, baby changing facilities (located in the main public toilet) and the disabled toilet.
- All toilets were unlocked for patients to use as required.
- All the toilets were well stocked with hygiene products and very clean.
- The flooring in the entrance and reception area was tiles and in all the other public areas observed it was grey carpet tiles.
- All the flooring observed was clean and in good order.
- The Enter and View Representative did not note any drinking water available in the waiting rooms.
- There was no background music playing and the noise level was low in the waiting room.
- There were magazines and local newspapers available for patients
- Patient and clinician conversations could not be overheard from the waiting room.
- There were no children's activities or area available in the waiting.



### Information Boards/Leaflets

- Health and social care information was clearly available; all appeared relevant and up to date.
- There were various information boards on the walls including Patient Participation Group, healthy lifestyle, health awareness, carers, 'you said we did', community, research information, sexual health, Practice legislation including complaints procedure and Practice news.
- There were information notices about repeat prescriptions by reception.
- Family and Friend information and a comment box were clearly visible and accessible in the reception area.
- There were lots of health and social care leaflets available, including Healthwatch North Somerset leaflets.
- The posters advertising the Enter and View visit were clearly displayed on the front entrance door and in the waiting room.
- No photos or names of Clinical Staff were noted at the Centre; but there were photos and names of the Patient Participation Group members displayed.
- The Tyntesfield Medical Group Mission Statement was displayed.
- A plaque was on a wall commemorating the opening of Brockway Medical Centre.
- No information about on-line services was noted.
- There was information available about interpreters being available if required but not about translation of information or information being made available in other format.
- A notice about 10-minute appointments was displayed including what to do if a patient had more than one issue to discuss with the GP.

### Patient Contact

- The Enter and View Representative spoke to one patient who enquired about the Representative. The patient declined to fill in a conversation form as their primary GP Practice was Backwell, but they had been unable to get a suitable appointment for a health check at Backwell so had been offered and accepted an appointment at Brockway Medical Practice instead.

## Communication with Practice Manager at end of visit

At the end of the visit the Enter and View Representative met with the Practice Manger to clarify issues that were unclear. Responses to the queries is below:

- Hearing loop: The Operation Manager advised they did have a hearing loop and the box was on the reception desk. At the end of the Enter and View visit the Operations Manager went into reception and removed a box for returned questionnaires that was partially obscuring the hearing loop box, making it clearly visible.
- Translation of information: Information could be translated if required but had not been requested to date.
- Information available in different formats: Information in a different format could be made available if needed. Currently all room signs are in braille as well as in a written format.

## Good Practice

- Lots of useful health promotion and prevention information was available to patients.
- The Minor Operation room was available, and could be used for patients who needed privacy while they are waiting for their appointment.
- A notice advising patients to ask reception about their appointment if they had not been seen in 20 minutes.
- Accessibility and flexibility through merging of practises. Including a joint phone and computer system which avoids patients not being able to get through or having to wait a long time for their telephone calls to be answered.
- Brockway Medical Centre patients have a named GP.
- Braille are on all the room signs.
- Google translate option is available on the website.

## Out of Hours

As part of the background research the Enter and View Representative noted the following details when they phoned the surgery out of hours:

- The name given was for Tyntesfield Medical Group and not Brockway Medical Practice. This is because it is a shared telephone system.
- The opening hours were not given.
- Out of hours callers were advised to call NHS 111 or 999 in an emergency if they needed medical assistance. No information was given regarding NHS 111 being free to call.
- There was no message to advise that patients could not leave a voicemail.

## Review of the Practice Website

As part of the background research the Enter and View Representative noted the following details when researching the website:

- The website was viewed on an iPad and was a truncated view with four tabs in the first instance.
- It took a little while to find the out of hours contact information for NHS 111 on the truncated site, it was under contact and then on the bottom line under each individual surgery address. There was no information about calling 999 in an emergency.
- You can access the full website by clicking 'Main Site' to access the full website for the Tyntesfield Medical Group.
- On the main website under the main tabs that run across the top, you can click on a drop-down list for information about the individual Practices in the Tyntesfield Medical Group. There is also a sub tab list on the right-hand side of the website page.
- The opening hours are available on the main website under each practice.
- There was a rolling ribbon on the front of the website which supplied information among other items about who to contact out of hours.
- Under the opening hours tab that runs across the top of the website page, there is also information about who to contact out of hours; accessed by clicking on a drop-

down list. The information provided included walk in centres, 999 and 111 telephone numbers.

- The website does not mention that it is free to contact NHS 111 & 999 or to go to a Walk in Centre.
- You can see the NHS 111 logo on the bottom of the web page and when you click it takes you to NHS Choices out of hours information page.
- Google Translate option with a list of languages on the sub headers running down the side of the page.

## Recommendations

Healthwatch regulations stipulate that service providers and commissioners have a duty to respond to local Healthwatch reports and recommendations within 20 working days, in writing, to acknowledge receipt and to explain what action they intend to take; or if they do not intend to take action they must explain why. (Health and Social Care Act 2012: Addendum to summary report: issues relating to local Healthwatch regulations).

Healthwatch North Somerset recommends the following based on the Enter and View Representative's observations and feedback received by the public in North Somerset.

We believe the following recommendations to be achievable, affordable and evidence based:

- Access to drinking water made available for patients
- Information about on-line services displayed
- Doors to all store cupboards kept closed

## Provider Response

I would like to acknowledge receipt of the recent Enter and View report for Brockway Medical Centre. Please accept my apologies for the delay in responding but I have recently returned from leave .

It was a pleasure to meet with Karen MacVean on the 21<sup>st</sup> March. To receive feedback from an outside organisation is a very positive exercise and helps the practice to achieve an improved service for the patients.

As a representative for the practice I was pleased with the overall findings of the report.

Reading through there are a couple of factual inaccuracies and they are as follows:-

Treatment room appointments finish at 5:50pm not 5:30pm (description of the surgery)

There are two disabled car parking spaces, but the other spaces are for Gp's only, not three spaces for patients (outside of the surgery)

Please find below replies to your recommendations: -

1. There is a sign on the notice board informing patients to ask reception for water if needed.
2. Information regarding our on-line services to be displayed.
3. Request to the lead nurse to ensure the clinical team keep the store cupboards closed.

I think this covers the points raised but please come back to me if necessary and once again thank you for your valued report.

Kind regards,

Ros Taylor



Ros Taylor

Operations Manager

Brockway Medical Centre, 8 Brockway, Nailsea BS48 1BZ

## About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

### Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

### Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

## Enter and View

To enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch North Somerset representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch North Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities

- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

### Key Benefits of Enter and View

- To encourage, support, recommend and influence service improvement by:
- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning.

### Relevant Legislation

- The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).
- The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).
- The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).
- The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



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