



**Enter and View Report**

**Long Ashton Surgery**  
**14<sup>th</sup> March 2018**



## Contents

<b>Details of the Visit</b> .....	3
<b>Acknowledgements</b> .....	4
<b>Purpose of the Visit</b> .....	4
<b>Description of the Service</b> .....	4
<b>Planning for the visit</b> .....	5
<b>How were the findings recorded?</b> .....	6
<b>Communication with the Manager</b> .....	6
<b>Observations and Findings</b> .....	7
External Building Condition.....	7
Internal Decoration, Cleanliness and Furnishings .....	7
Outside Long Ashton Surgery.....	7
Reception Area .....	8
Waiting Room.....	8
Information Boards/Leaflets .....	9
Patient Contact .....	10
<b>Communication with the Practice Manager at end of visit</b> .....	10
<b>Good Practice</b> .....	11
<b>Out of Hours</b> .....	11
<b>Review of the Practice Website</b> .....	11
<b>Recommendations</b> .....	13
<b>Provider Response</b> .....	14
<b>Enter and View</b> .....	17
<b>Key Benefits of Enter and View</b> .....	18



## Details of the Visit

### Location

55 Rayens Cross Road, Long Ashton BS41 9DY

### Date and Time of Visit

14 March 2018 09:15

### Enter and View Representative

Sue Stone

### Registered Provider

Tyntesfield Medical Group

### Type of Service

GP Surgery

### Specialisms

### Manager

Kathy Turner, Support Services Manager (Tyntesfield Medical Group)

Amber Tiley, Operations Manager (Long Ashton Surgery)

## Acknowledgements

Healthwatch North Somerset Authorised Enter and View Representatives wish to thank Tyntesfield Medical Group and in particular the staff and patients at Long Ashton Surgery.

## 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. Long Ashton Surgery was selected as part of our series of North Somerset GP Enter and Views 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 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

Long Ashton Surgery is part of the Tyntesfield Medical Group, which includes Backwell, Brockway and Tower House Surgeries. The Practice is situated in a residential street in the village of Long Ashton. The Practice building is a two-property conversion. It provides access to patients Monday to Friday between 8.00 am to 6.30 pm. The total number of patients registered with the Tyntesfield Medical Group is approximately 32,185

The Practice has a treatment room team whose work includes

- 👉 Travel Immunisations
- 👉 Respiratory Clinics
- 👉 Diabetes reviews
- 👉 Cervical smears
- 👉 Influenza & Pneumococcal Clinics
- 👉 Asthma Clinics
- 👉 Blood Pressure follow up
- 👉 ECG recordings
- 👉 Smoking cessation
- 👉 Child Immunisations
- 👉 Ear syringing
- 👉 Regular injections
- 👉 Heart Disease management
- 👉 Dressings
- 👉 Warfin Clinics
- 👉 Routine Blood tests
- 👉 Contraception
- 👉 Well Baby Clinics

During the visit at Long Ashton Surgery the Enter and View Representative asked about the structure of the group and how it worked across the four surgeries as the Representative had noticed the signs for each Surgery identified them as individual Practices, while the Tyntesfield Medical Group logo is quite small. The Support Services Manager explained that in discussion and consultation with patients, the patients all identified with the individual Practices they are registered with. To aid this the structure for the group is as follows:

Tyntesfield Medical Group structure is made up of 14 GP Partners across the 4 Surgeries.

The Group has an executive team, and each member of the team has a base at one of the surgeries.

- The Executive Manager is based at Nailsea Family Practice (Tower House Surgery)
- Clinical Services Manager (clinical matters) is based at Backwell and Brockway Surgeries
- Support Services Manager (non-clinical matters) is based at Long Ashton Surgery

The Executive, Clinical Services and Support Services Managers make up the SLT (Senior Leadership Team).

Each of the Surgery sites has a designated Operations Manager - these individuals are responsible for the day to day running of the Surgery they are responsible for.

Each week the ELT (Executive Management Team, comprising of a Partner from each surgery) and the Senior Leadership Team meet.

The Support Services Manager meets with the Operational Managers every other week (this has been reduced from every week and is flexible depending on the projects in hand).

## Planning for the visit

The visit was an announced visit with Support Services Manager for the Tyntesfield Medical Group being given two weeks' notice. We sent a confirmation of visit letter which covered all four Surgeries, along with a Practice Manager questionnaire, poster and leaflets to inform patient, relatives, carers and staff about the Enter and View visit and about the role of Healthwatch North Somerset. The Enter and View visit was arranged for 9.00 am to observe the Practice during a busy period of their day.

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

## How was the Enter and was Conducted?

One Enter and View Representative carried out the visit. The Enter and View Representative met with the Support Services Manager for the Group and the Operations Manager for the Practice at the start of the visit. At the end of the visit the Enter and View Representative was able to speak with the Support Services Manager.

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

The Enter and View Representative had a general conversation with two patients whilst undertaking the observations in the waiting rooms. The information and evidence detailed in this report is collated from speaking to the managers and patients 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 Support Services and Operations Managers. 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 Support Services Manager and 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?*

- We operate a Patient Niggles spreadsheet whereby if a patient expresses some discontent about something it is passed onto the Support Services Manager or the Operations Manager at the surgery and it is addressed and logged. Staff know that if someone is complaining about something they can contact the Support Services Manager or the Operations Manager about something and we will either meet the patient immediately or phone them back if management is unavailable. Our ethos is that it is much better to address complaints at the outset.
- Tyntesfield Medical Group also runs a Prescription Hub for all repeat prescriptions. This has taken the pressure for repeats off the receptionists, the script clerks and the GPs.
- Our EMIS, telephone and secretarial systems are all merged and provide a background continuity of service during times of vacancies, sickness and annual leave.
- We phone and remind our patients of their early morning appointments; reception staff contact the patients the evening before their appointment.
- Good relationship with Patient Participation Group (now merged) - this has involved working with the PPG on mental health events at local schools and locally to cover the different age groups.
- During the recent snow there was an appeal for 4x4 drivers. The support provided enabled clinical staff to be brought in and bloods to be taken to hospital labs. This worked successfully. With this support the surgery was also able to provide some home visits.

- GPs working across sites and integrated systems means telephone calls can be taken at other surgeries.
- During the recent evacuation of Long Ashton Surgery, GPs were accommodated at Backwell Surgery, nurses at Nailsea Family Practice and the rest of the staff in the other surgeries. As our systems were merged, there was no break in service for the patients. Within an hour, patients were being seen at the other surgeries.

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

- We have early and late appointments for our patients 07:30 to 19:30.
- Patients did not want to wait on the phone for simple appointments and we have now introduced and driven more information for patients so they know they can book on-line for their appointments.
- We have recruited more receptionists to deal with the demand on the phones.
- At Long Ashton Surgery we are creating a lifestyle corner, this is building on from the suggestion to have scales in the waiting room.
- Higher chairs for elderly patients - these are now being put in all the surgeries waiting rooms.
- More chairs with arm rests.
- We have a 'you said, we did' section on notice boards in the waiting room

**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?**

- Create more awareness with our patients regarding on-line access

## Observations and Findings

The Enter and View representative observed the following:

### External Building Condition

- Long Ashton Surgery is based in two converted houses in a residential area.
- The main patient areas are on the ground floor, with staff and administration areas on the first floor. The Practice has a lift.
- The area outside was observed as being well kept and tidy.

### Internal Decoration, Cleanliness and Furnishings

- The Enter and View Representative observed that the decoration and furnishings were satisfactory.
- The level of cleanliness of the communal areas and waiting rooms was good.

### Outside Long Ashton Surgery

- Access to the Surgery is off the main street in the village.
- The Surgery has a small car park at the rear of the building.
- No disabled parking spaces were noted.



- Patients have the option to park in the streets around the surgery, however it was noted that the Surgery has an agreement that patients and visitors can use the car park at the Community Hall located a few hundred yards away.
- There is a bus stop located nearby.
- Although there are no signs directing patients from the main road, the Surgery has a large sign on its wall.
- Access to the building for wheelchairs and pushchairs was good, with a built-in ramp.
- Patients must use two doors to access the reception, both were wide and easy to use. Although these doors were not automated the door restrictors/closers were set for a slow close.
- The area between the outer and inner doors is large and carpeted. It was observed that there was a book shelf with health-related books for patients to loan.

### Reception Area

- The Reception desk design is low and open.
- On the day of the visit one staff member was on duty at the desk.
- The staff on duty had their name badges on display and the Enter and View Representative observed that the receptionist on duty was friendly and approachable. There was a good interaction with the patients at the desk.
- The flow of patients through reception was good; some used the automated check-in and others spoke to the receptionist.
- Although the reception was open plan, the waiting rooms were away from this area and reduced the possibility of overhearing conversations. It was also observed that there was background music playing.
- The automated check-in is accessible to patients and visible to them as they come through the second door. It was observed that the bottom of this machine had several sticky marks on the bottom of it as if a sign or poster had been removed.
- Waiting time information is available to those patients booking via the automated system.
- As the reception desk is positioned in front of the main entrance, patients went directly to speak to the receptionist.
- Sanitising Gel machines are in several places around the ground floor.
- Two hearing loops signs were observed. The one of the reception desk was slightly covered up by items on the desk.
- No information relating to the GPs/nursing staff were observed, however full names and qualifications could be found by patients on the Practice website.

### Waiting Room

- The layout of the Practice is such that it has two waiting rooms served by several consulting and treatment rooms. This layout is a best fit due to the constraints of being housed in what was two residential houses.
- Both waiting rooms had soft washable coverings on all the chairs, which were all in good condition.
- Several chairs had arms to help with leverage for those patients who required support. In addition, a larger high back chair was observed in waiting room 2.
- In both waiting rooms the seating was arranged around the perimeter of the room and allowed wheelchairs/pushchairs space to manoeuvre.



- The doors to the consulting/treatment rooms were of a standard width and may restrict easy movement for those patients in a wheelchair or parents with a child in a push chair.
- No signs were seen to indicate where the toilets were located, however the door to the designated patient toilet had several signs on the door (disabled logo and toilet).
- It was observed that within this patient toilet there were baby changing facilities.
- This patient toilet area was clean and tidy with lino flooring.
- The flooring throughout the ground floor was lino and observed to be in a good condition.
- It was noted that the walls where the sanitising gel machines were placed were showing several marks on the wall which could be from splashes from the gel. Waiting room 1 had a plastic cover for the walls, however waiting room 2 did not.
- Water is provided to patients if they make a request to the receptionist.
- The noise level was very low. There is background music being played and as one patient commented to the Enter and View Representative that the music was very relaxing.
- In each of the waiting rooms there was a TV screen, which had a looped presentation giving specific information about the Practice.
- During the time of the visit several patients were being seen and when it was their turn the GP or nurse came out from their rooms to call for the patient.

### Information Boards/Leaflets

- The Enter and View Representative was able to look at the information available for patients in the two waiting rooms.
- It was observed that there is a community feel within Practice, several pieces of information on a Long Ashton Community Board.
- There was no visible Practice Mission Statement on view.
- All the information on the Practice notices boards was relevant to health and social care. It was observed that the information was current and all the boards were neat and tidy.
- The results from the CQC (Care Quality Commission) and Family and Friends test results for February were both on view.
- Two notices were seen on the notice boards in the two waiting rooms which gave information about “*you said, we did*”
- If patients wished to raise a concern or complaint there is a notice at the reception to ask for information or a form.
- Information about translation services were not visible.
- During the observation the Representative noted that there did not appear to be information about Patient On-line. This was discussed in more depth along with other observations after the visit. *See Communication with Manager after visit.*
- Sections of the information boards in both waiting rooms had information about and forms on how to join the PPG.
- Healthwatch North Somerset information about the Enter and View visit was on display.

## Patient Contact

- During the visit the Enter and View Representative spoke with two patients and explained what the visit was about. Both patients were very positive about their experience at the Practice and commented

*“It would be good if we had a bigger Surgery due to the catchment area and house building. It would be good if the Practice bought the house next door which had just become vacant, they could have more clinical rooms and extra parking. Likes the surgery.”*

*“It was 6 months before I realised there was a waiting room 2; the background music was very relaxing; always well treated.”*

## Communication with the Practice Manager at end of visit

At the end of the Enter and View visit the Representative met with the Support Services Manager to clarify some of the points observed whilst in the patient areas. There was an opportunity to walk through the patient areas with the Support Services Manager. The Representative was able to discuss the points not immediately clear from the observations made.

Several areas were discussed as follows, and amendments/changes were discussed.

- One of the questions on the observation sheet related to the patient toilets/baby changing facilities. It should be added that these areas were very clean. The signage although on the door, there was no indication if a patient was in the waiting room where the toilets were situated. No baby changing facilities signs were seen. The Support Services Manager advised that this would be actioned.
- The automatic sign in for patients appeared to have a sticky residue for tape on the bottom of the screen. The Support Services Manager advised that there had been a sign there and this would be cleaned and sign replaced.
- In waiting room 2, there is a hand sanitiser gel dispenser attached to a wall and from its use the gel had stained the wall. However, in waiting room 1 there was a plastic film directly underneath to minimise the damage to the wall. The Support Services Manager said that waiting room 2 would have the screen added as well.
- The hearing loop sign was positioned on the reception desk, however it was partially covered by some leaflets and a box. This was immediately cleared.
- The Representative also asked about the Practice mission statement and was informed that this would be added to the information on display.
- A comment box was available to patients, however there did not appear to be any forms to hand for patient to complete. This was actioned by the Support Service Manager after the visit.
- Several questions about translations services and Patient On-line. The Support Services Manager said that when patients registered with the Practice these were questions asked on the registration form. Also, the Tyntesfield Medical Group had recently had a big drive on informing patients about Patient On-line (these posters had only recently been taken down). The Practice website has more information about Patient On-line and the facility for patients to translate a page.
- There was no specific information board for Carers however the Practice uses their computer system to flag which of their patients is a registered carer.

During this discussion, the Representative and Support Services Manager looked at the possibility of utilising the TV screens with information for Carers and You Said/We did

## Good Practice

- Should a patient express some discontent about something it is passed onto the Support Services Manager or the Operations Manager at the surgery. This is recorded on a Patient Niggles sheet. Staff know that if someone complains about something they can contact the Support Services Manager or the Operations Manager. If the Managers are available they will either meet the patient immediately or phone them back.
- Tyntesfield Medical Group runs a Prescription Hub for all repeat prescriptions. This has taken the pressure for repeats off the receptionists, the script clerks and the GPs.
- The EMIS (computer system), telephone and secretarial systems are all merged and provide a background continuity of service during times of vacancies, sickness and annual leave.
- Patients are phoned and reminded of their early morning appointments; reception staff contact the patients the evening before their appointment.
- Good relationship with Patient Participation Group (now merged) - this has involved working with the PPG on mental health events at local schools and locally to cover the different age groups.
- Developing a good relationship with local community, recent example was use of 4x4s during period of snow enable clinical staff to be collected, some home visits completed and bloods taken to local hospital laboratories.
- GPs working across sites and integrated systems means telephone calls can be taken at other surgeries within the group.

## 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:

- When calling the Surgery phone number, the group name only was provided (Tyntesfield Medical Group).
- No surgery hours were given, callers are directed to the Tyntesfield Medical Group website.
- Callers are advised that if they require medical attention and numbers given are NHS 111 and 999 services.
- There is no information given relating to the cost of calls ie phone calls from landlines and mobiles are free when calling 111.
- System automatically cuts the caller off at the end of the message.

## 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 for the Practice is accessible on both a laptop/PC and iPad/mobile phone (Smartphone).
- When viewing on the iPad and smartphone the site becomes truncated and displays the minimum of information - some examples from the Home page (details of the Tyntesfield Medical Group), prescriptions for Long Ashton patients, feedback forms, links to Twitter and Facebook feeds.
- Opening Times: this tab on a smartphone and iPad appears to only provide information about the times at Backwell and Nailsea Surgeries and not Long Ashton.
- Contact details: gives full address and telephone numbers for each Practice in the group alongside the out of hours 111 number.
- The tab for online services: patients can click onto order your repeat prescription, cancel your appointment, access the appointment system. These are all linked to the Patience Access (Patient on-line).
- Patients also have the option to click on a tab Main Site, this takes them to the full website.

When reviewing the main website for the Tyntesfield Medical Group, the patient has several options if they want information about out of hours, contacting 111, details on how to raise a concern and register as a new patient.

- To find the information on what to do out of hours patients need to navigate through the tabs to locate the information, which is found under Opening Times - When we are closed.
- Details on this screen give the 111 services, however there is no information that these calls are free. If patients click the logo next to this screen it will automatically take them to the full page and link to NHS Choices “Urgent and Emergency Care Services in England”.
- On this page the patient is also informed about access to the to walk in centres in Bristol. However, no reference to the MIU (Minor Injuries Unit) at North Somerset Community Hospital was observed.
- At the bottom of the home page there is a logo for NHS 111, on clicking this the Representative was able to move to the NHS Choices pages. (see comment on opening times)
- If a patient wished to give feedback or find details on how to make a complaint or details on who would be able to support them with an issue:
  - There is a feedback form, located at the bottom of the contact us page. By clicking onto this link patients are taken to a “comments and suggestion” form. The patient is informed that they should not use this form for an official complaint.
  - The Representative used the search function on the home page to locate information about complaints. Complaints are in a section within the Practice policies tab. Details on how to complain directs the patient to ask for a form from Reception or contact the Operations Manager. It was noted that no further information, ie NHS England, Independent Complaints Advocacy was available on the website.

The Representative then searched for information if someone wished to register with the practice.

- From the home page, the representative was able to find the tab New Patients very quickly.

- Details within the section held information on New Patient Registration, Non-English Speakers and Temporary Residents.
- New patients are advised that the Reception staff will be happy to guide patients through the procedure. Eligibility is confirmed from the patients address when proof is provided. There is also a guide to GP services via a PDF document produced by the Royal College of General Practitioners.
- The Representative was not able to locate a direct dial number for the Practice Management Team or Operations Manager

The Enter and View Representative found the Practice website clear and easy to navigate. Using a laptop/PC, iPad and smartphone worked in a shorter format.

## 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:

- Several recommendations were made on the day of the visit. These were actioned by the Support Services Manager following the visit and confirmed in an email to the Enter and View Representative.
  - Ensured the Hearing Loop sign was visible.
  - The Comment box had comment forms next to it.
  - Wall covering by sanitiser gel dispenser in Waiting room 2.
  - Signage for the toilet and baby changing facilities in the waiting room and communal areas.
  - Review the information on the waiting room TVs with view to include carers' information, you said we did, Patient on-line.
- On reviewing the Practice website and out-of-hours information as a mystery shopper, it is recommended that the Tyntesfield Medical Group
  1. Check the opening times for Long Ashton as they appeared not to be on view when accessing the Practice website from a smartphone/ iPad (truncated view).
  2. Review the options given to patients for out of hours, details of walk-in centres in Bristol, as there was no reference to the Minor Injuries Unit at North Somerset Community Hospital.
  3. To make patients aware that calls to NHS 111 from both mobile and landline are free.
  4. Consider having a direct navigation to a feedback/concerns/complaint page and to give patients the options of downloading the concerns/complaints patient information. Also to ensure that contact details of NHS England, Independent Complaints Advocacy are available on both the website and in the patient information leaflet.

5. To consider providing an interactive map of the catchment area, so potential new patients can search via their postcode prior to any contact being made with the Practice.

## Provider Response

Thank you very much for our report. I have noted the things below which we were asked or advised to change, and I have commented next to each point. Our Chief Executive Lawrie Lewis based in Tower House (Nailsea) has said if you wish to discuss any of our responses he will happily pop across to see you and discuss in person with Eileen Jacques.

1. No disabled parking spaces were noted - *There is a disabled parking space directly outside the main entrance of the surgery.*
2. There are no signs directing patients from the main road - *I believe this would have to be addressed with the council as it would be a public sign. I have emailed North Somerset Council to ask if this would be something they can provide, and I am waiting for their response.*
3. Check-in machine had several sticky marks on the bottom of it. Support services manager advised there had been a sign on there and that it would be cleaned, and the sign replaced. - *This has been done.*
4. Two hearing loops were observed. The one of the reception desk was slightly covered up by items on the desk. This was immediately cleared. - *It is still visible.*
5. No information relating to the GP's/nursing staff were observed, however full names and qualifications could be found by patients on the website. - *We feel this is adequate.*
6. The doors to the consulting/treatment rooms were of a standard width and may restrict easy movement for those patients in a wheelchair or parents with a child in a push chair. - *Patients do not have a problem accessing the rooms. If we were to relocate, new building regulations would allow for this.*
7. No signs were seen to indicate where the toilets were located - *There is now a sign which has been put up to direct patients to the toilet.*
8. Splashes on the walls from sanitising gel and room 1 had plastic cover but room 2 didn't. Support services manager said we will have a plastic screen in room 2. - *New plastic covers have been added to both waiting rooms so this is no longer a problem.*
9. *There was no visible practice mission statement on view. This would be added to the display. - This is now on display in our waiting room.*
10. Information about translation services were not visible - We now have a poster in the waiting room to show that we use Language Line. *This is an interpreter service.*
11. There did not appear to be information about patient on-line. - *We now have posters in both waiting rooms.*
12. No baby changing facilities signs were seen. Support services manager advised this would be actioned. - *This has been done and there is a sign on the wall.*
13. A comment box was available to patients, however there did not appear to be any forms to hand for patients to complete. *This was actioned by the support services manager. - There are still forms available.*
14. No specific information for carers however the practice uses their computer system to flag which of their patients is a registered carer. - *Information is being added to our TV screens. This is on an action plan and will be completed by June 2018.*
15. TV screens information for carers and you said/we did. - *Information is being added to our TV screens. This is on an action plan and will be completed by June 2018.*
16. Rep was not able to locate a direct dial number for the practice management team or operations manager - *The management teams and ops managers are happy to be*



*contacted however they must all go through the receptionists. Management will take the calls if they are available.*

## Website

1. When viewing the website on an iPad and smartphone the site becomes truncated and displays the minimum of information. - *Our website is supplied by a company on a template. They are the largest supplier to the NHS and this would be the same for all of their customers. The I.T Co-ordinator is contacting them to see if they can do anything. There is a button on it though that says "Main Site" which will show the full desktop site with no issues.*
2. Opening times - The tab on iPads and smartphones only gives information about Backwell and Nailsea, not Long Ashton. - *If you click "Main site" then you will be able to see this. (As above)*
3. 111 services - There is no information to say this is a free number from a mobile and landline. - *Statements to say that it is free have been added to the website where the number is mentioned.*
4. Review the options given to patients for out of hours, details of walk-in centres in Bristol, as there was no reference to the Minor Injuries Unit at North Somerset Community Hospital. - *The I.T co-ordinator will add this information shortly.*
5. Consider having a direct navigation to a feedback/concerns/complaint page and to give patients the options of downloading the concerns/complaints patient information. Also to ensure the contact details of NHS England, Independent Complaints Advocacy are available on both the website and in the patient information leaflet. - *We already have a section on the website for complaints.*
6. To consider providing an interactive map of the catchment area, so potential new patients can search via their postcode prior to any contact being made with the practice. - *This service is already available on the NHS site- <https://www.nhs.uk/Service-Search/GP/LocationSearch/4> where patients can search and see distances from their postcode and review the practice.*

## Phone

1. When calling the surgery phone number, the group name was only provided (Tyntesfield Medical Group) - *One message covers all sites so cannot be specific. We wouldn't want to change that as to ensure business continuity calls may be redirected to any of the surgeries in periods of peak demand. We want patients to know they are dealing with TMG and will be treated in a consistent manner.*
2. No surgery hours were given, callers are directed to the TMG website. - *The pre-message is almost a minute long as it is and contains all that is recommended - longer messages frustrate the majority of patients. If we gave a set time for opening hours as we make ourselves more accessible on different days of the week through Improved Access provision the message would have to be changed frequently through the week which is impractical.*
3. There is no information given relating the cost of calls i.e. phone calls from landlines and mobiles are free when calling 111. - *Again we are limited by what is a reasonable length of time for a message. Callers ringing us are ringing a local geographic it is the callers responsibility to know what that costs them from their network provider - it is not the same for all network providers. The NHS advertise 111 as a free number.*
4. System automatically cuts the caller off at the end of the message. - *This only happens when we are closed. Once the message is played there is no queue for the patient to be placed in to as we are closed and do not want them within the system thinking they might be answered. What is the benefit of putting it on a loop in those circumstances? What is the evidence base that is being done elsewhere and is*



*promoted as good practice in call handling? When we are open callers are placed in a queue system with position in the queue announcements.*

Many thanks,

Amber Tiley  
Operations Manager  
Long Ashton Surgery, 55-57 Rayens Cross Road, Long Ashton, Bristol, BS41 9DY



Tyntesfield Medical Group is comprised of Backwell Surgery, Brockway Surgery, Long Ashton Surgery and Tower House Medical Centre

## 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).



Healthwatch North Somerset  
3rd Floor  
The Sion  
Crown Glass Place  
Nailsea  
BS48 1RB

01275 851400

[contact@healthwatchnorthsomerset.co.uk](mailto:contact@healthwatchnorthsomerset.co.uk)

[www.healthwatchnorthsomerset.co.uk](http://www.healthwatchnorthsomerset.co.uk)



Local voices improving local  
health and social care services.

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