

Charter Medical Centre

Service address:	88 Davigdor Road, Brighton and Hove, BN3 1RF, United Kingdom
Service Provider:	Contracted to Brighton and Hove Clinical Commissioning Group
Date and Time:	Wednesday 2 nd September, 09:00 - 12:00
Authorised Representatives:	Nick Goslett and Tressa Davey
Healthwatch Address:	Healthwatch Brighton and Hove Community Base, 113 Queens Road, 3XG

Acknowledgements

Healthwatch Brighton and Hove would like to thank the service provider, patients, visitors and staff for their contribution to the Enter and View programme.

Who are Healthwatch?

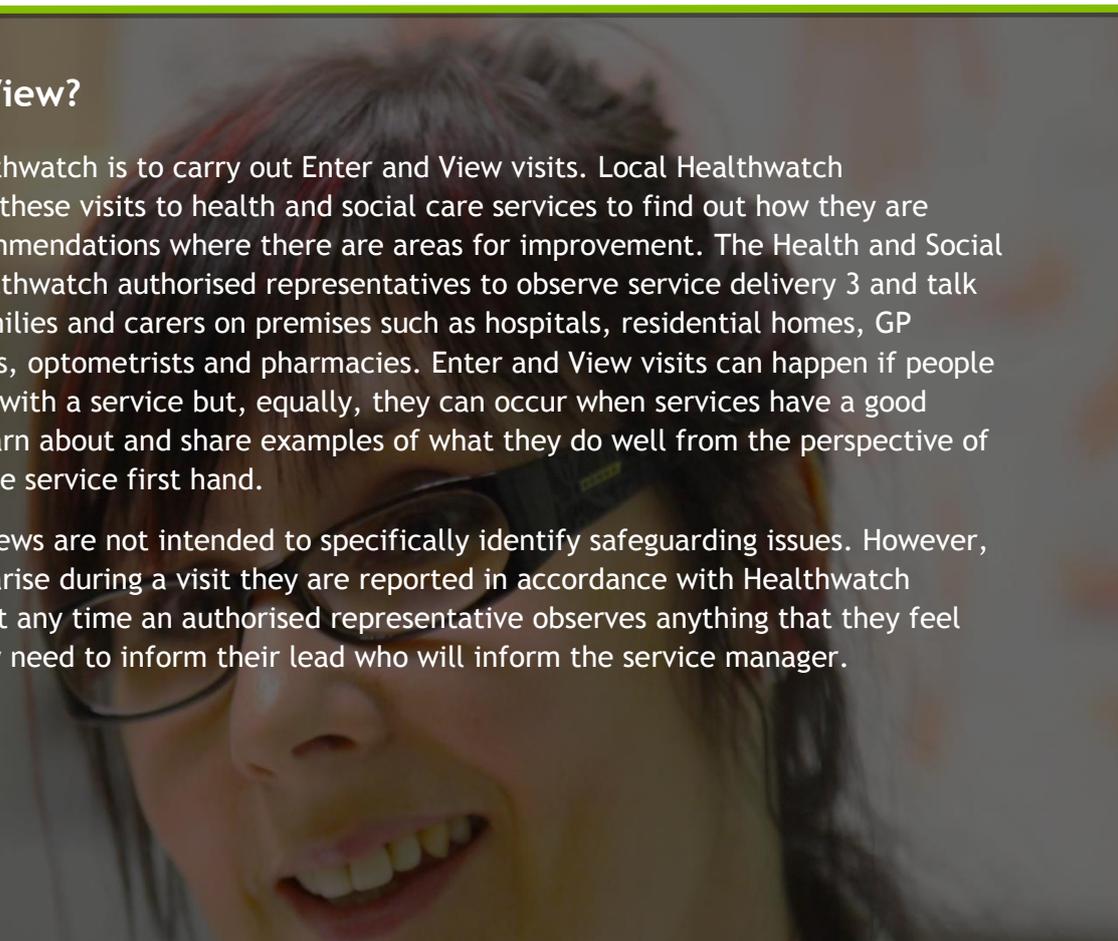
Healthwatch Brighton and Hove supports local children, young people, adults and their communities to influence the design, delivery and improvement of their local health and social care services, now and for the future. We enable people to make informed choices about their health and wellbeing by assisting them when they have concerns or complaints about these services.

Healthwatch Brighton and Hove is a part of the Healthwatch national network, established by the Government under the Health and Social Care Act 2012 to ensure local patients and users have a greater input to shaping and designing local services. There are 148 local Healthwatch organisations across England.

What is Enter and View?

A part of the role of Healthwatch is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager.





Why is Healthwatch Visiting GP Practices?

Healthwatch Brighton and Hove (HWB&H) is undertaking a programme of visits to GP Practices across the city during 2015. In total we will visit 15 GP practices, including 3 pilot visits in March 2015. As part of this HWB&H is undertaking an online survey asking the same questions, to ensure that as many people as possible are able to give feedback on their local practice.

During our time in each service, volunteer authorised representatives will be talking to patients about their experiences of care and accessing services, and recording what they see in the waiting rooms. At a time when GP practices are going through significant change both locally and nationally¹, Healthwatch wants to understand how patients feel services in Brighton and Hove are performing, and make recommendations to ensure high quality health and wellbeing services.

We want to understand what a good practice looks like from a patient perspective, and to examine how patients can be empowered to have more of a say in how they are run. The Clinical Commissioning Group² and Brighton and Hove City Council are currently working with GPs in the city to transform primary care and there are many new initiatives in place. These include 'EPIC³', which is run by BICS⁴ and aims to bring multi-disciplinary teams into surgeries, together with extra services such as 'Community Navigators⁵'. It should be noted however that Healthwatch does not act as an inspectorate or regulator for Health and Social Care; that is the job of the Care Quality Commission.

Healthwatch chose the visits based on a range of criteria:

- Those practices about which we had received calls via our helpline.
- Those not recently visited by the Care Quality Commission.
- A cross city representation of the 6 GP clusters⁶ in the city.
- Feedback from NHS choices.
- Patient populations.
- Soft intelligence from partners and community engagement.

¹ [Important Changes to Healthcare in the Community](#), Department of Health

² [Clinical Commissioning Group](#) NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

³ [EPIC](#) Stands for Extended Primary Integrated Care

⁴ [BICS](#) stands for Brighton Integrated Care Service

⁵ [Community Navigators](#) provide community service signposting to individuals

⁶ [Developing Enhanced Health and Wellbeing Activities](#), Health and Wellbeing Board, March 2015



Methodology

Two Authorised Volunteer Representatives for Healthwatch Brighton and Hove visited Charter Medical Centre on Wednesday 2nd September, 09:00 - 12:00. It was one of a programme of 15 visits to GP Practices which Healthwatch Brighton and Hove chose to undertake in 2015-2016. Both representatives were fully trained and supported by the Healthwatch office. They also both completed a full Disclosure and Barring Service check prior to the visit.

We received 31 completed questionnaires in total; 25 of which were through the visit itself and 6 online. The details of the visit were shared with the practice manager in advance of the session. Staff were only however informed about the week of arrival not the time or day of the actual visit. Healthwatch B&H stresses that the E&V method is intended to be a snapshot of patient opinion, and therefore may not capture the wider concerns of the patient population.

Patients completed a set of questions with the representatives (see appendix 1), who were located in the waiting room of the practice. If surveys were not completed at the end of the session, they were left on reception with freepost envelopes for patients to return separately. Alongside talking to patients, the volunteers also conducted an observation (see appendix 2) in the waiting room. The representatives had a checklist to encourage them to note down observations for a variety of key information. Equalities information was also collected for those who agreed to take part, to help us to understand the issues that might face particular groups in the community.

About the Centre

Charter Medical Centre is a large practice which has around 18,400 patients, who are served by 9 GPs and 10 nurses and nurse practitioners. Charter has a PPG that meets regularly, and it is a part of the EPIC project. The recent closure of a nearby practice led to approximately 6500 additional patients moving to Charter in the months previous to our visit.

What does n= mean?

In the results section of this report, you may notice that we use the term 'n='. This is a way to show how many patients responded to each individual question in a particular way. It is a way for us to be more honest and transparent about our findings. If we say that 100% of



patients agree with a statement, but next to this is an (n=2), you will know that whilst 100% sounds impressive, only two people agreed with the statement.

Results of Visit

Appointments & Referrals

As with the majority of GP practices, at Charter Medical Centre it is possible to book appointments with nurses and doctors over the phone, in person and via the internet. Of these options, patients found it easiest to book appointments in person, with 82% (n=14) saying they found the experience easy or very easy. In comparison, 68% (n=17) found it easy or very easy to book appointments via the telephone and approximately equal amounts of patients found it easy or very easy (n=5) as found it difficult or very difficult (n=4) to use online appointment booking. Large numbers of patients had not used online services but those who used the repeat prescriptions service online seemed to have largely positive experiences. Similarly getting their test results back via telephone was positive.

How has it been for you to	Very easy to do	Easy to do	Difficult	Very difficult to do	I have not used this service
Book an appointment in person	10	4	3	0	13
Book an appointment by telephone	10	7	5	3	5
Book an appointment online	4	1	2	2	21
Order repeat prescriptions online	6	4	1	1	18
Get your test results back via telephone	9	5	1	0	15

48% (n=14) of patients we spoke to said they were able to get the non-emergency appointment they needed within 3 days. 38% (n=11) said they could wait up to a week, and 14% (n=4) said they could wait beyond a week to get an appointment. Patients commented that the length of wait was sometimes dependant on whether you would like to see your own GP or not. The Practice manager later stated that patients should not wait longer than three days for a non-emergency appointment, as additional capacity is put in place if the waiting time reaches three days.

👉 If you want to see your own doctor you could wait up to 2 weeks, or up to 3 days if you can see any doctor. 🍀



Sometimes if face to face appointments are not available, GP practices will offer telephone appointments with doctors as an alternative. 57% (n=17) of those asked thought that a telephone appointment was as good as attending a face to face appointment. Of the patients we have spoken to, 53% (n=16) said they had received this service. One patient fed back that they had a telephone consultation with a nurse practitioner which they found to be 'very patronising' leaving the patient upset and angry.

Of those patients who had experienced referrals to hospital care (n=23), 14 patients felt that the process went smoothly. Of those who experienced delays, 3 patients felt that the centre kept them up to date with what was happening, 6 felt that they were not kept up to date.

The impact of previous Goodwood Court patients on Charter Medical Centre

In light of the transition of patients from the recently closed Goodwood Medical Centre, we asked some additional questions to patients to look at potential impacts on services. Some patients told us that there was no noticeable change, whilst others thought the centre had got better due to the extra investment. The majority said they felt there were longer waits over the telephone, but primarily when making appointments in person.

In addition to the Enter and View activity, HWB&H placed a call out to patients regarding their experience at Charter since the transition of patients. We received several stories of difficulty in getting through via telephone with both new and existing patients reporting frustration with this, with one patient reporting that some Goodwood patients did not have the same access to online services.

Patients were also concerned about the temporary nature of their registration, geographical boundaries and ongoing care but Healthwatch acknowledges that these are issues beyond the control of Charter. They are have therefore been raised with Healthwatch England.

Quality of service

Most patients we asked said that said that doctors 89% (n=24) and nurses 91% (n=21) were good at listening to them. It was also generally felt that patients were given enough time by doctors 78% (n=21) and nurses 87% (n=20). Reception staff at the centre were



considered highly, with 92% (n=24) of those asked saying receptionists were both good listeners and gave patients enough time. Of the clinical staff, both doctors (74%, n=20) and nurses (87%, n=20) were better at making sure patients understood the treatment they were providing. However this was not the case in relation to choices about treatment with 48% (n=13) saying they experienced this with doctors and 56% (n=13) with nurses.

71% (n=20) of patients felt that when they attended an appointment with the doctor, he/she had all relevant medical information to hand. Some patients commented that their faith in this was variable depending on which doctor they had an appointment with.

I'm amazed how good service is

On the day of the visit our representatives observed the receptionists being polite and helpful to patients. Efforts were made to maintain confidentiality by putting seating as far away from the reception space as possible, and creating a waiting line with some distance between queuing patients and the main desk. The check in screen was made available in multiple languages, and patients were called clearly.

We asked patients what is important to them as patients when visiting their GP practice. Of the patients who responded, 4 key themes emerged. The first two related to getting appointments promptly, and the friendliness and understanding of all staff, particularly doctors. This was elaborated in the second two themes, which were around patients wanting a doctor who has enough time and who makes sure they feel listened to.

Environment

On the day of the visit the waiting area was clean and tidy, with comfortable seats. Magazines and children's toys were available and there was a TV screen both upstairs and downstairs displaying useful information. Hand gel was available at reception and in the waiting area. Tissues and water machines were also in the waiting areas as well as accessible toilets with baby changing facilities.

Providing information

Information on cancer and cancer screening was available in the waiting room, both through leaflets and on the TV screen. Despite this, just 39% (n=11) of the patients we talked to were aware of access to cancer screening services through the centre.



Information was displayed on the TV screen regarding free NHS health checks. 29% (n=8) of patients said they were aware of the checks, and the same amount were also aware of annual health checks for patients with long term conditions. The TV screen and noticeboards displayed information on smoking cessation services. 39% (n=11) of patients we asked were aware of these services. Of all the patients we talked to, 28% (n=8) were unaware of all of the programmes we asked about.

Information was available in additional languages in the waiting room, for all other equality groups we did not see any specific information. The noticeboards available were observed to be clear, tidy and up to date. The noticeboards were organised by theme, and were available in the downstairs waiting room. Leaflets were available on a large rotating holder to keep them tidy and accessible.

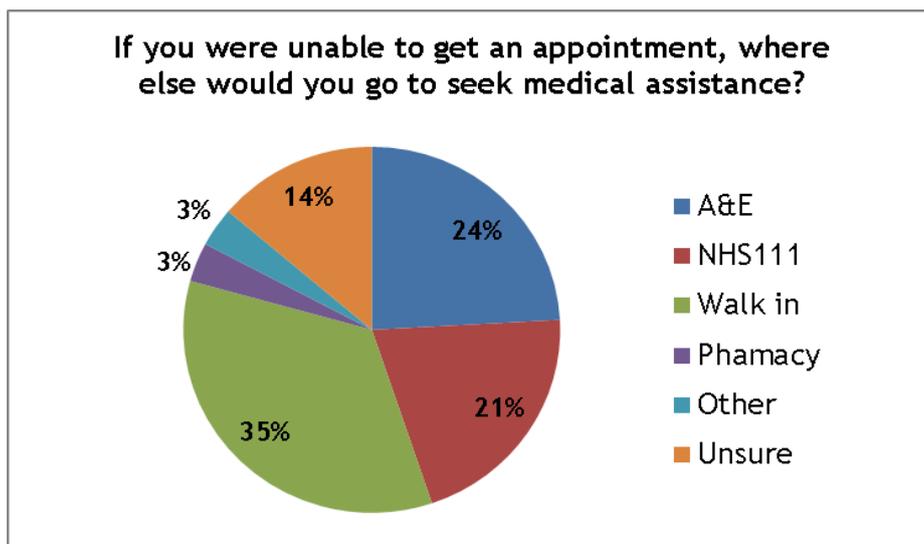
Feeding back to the service

On the day of the visit, information on how to make a complaint about the centre was visible, but it was inconspicuous and difficult to read from a distance. When asked if patients knew how to complain if they needed to, 27% (n=7) of patients felt they knew what to do. Just 1 person was aware of the national 'GP patient survey', and 36% (n=10) felt that they understood what a practice manager's role was.

Charter Medical Centre has a well established patient participation group, and Information about the next PPG meeting was available on the day of the visit. However, of the patients who responded, 21% (n=6) knew what a patient participation group was, and 18% (n=5) felt they knew how to join the centre's PPG. Other feedback systems available on the day of the visit included friends and family test feedback box and poster, and a general feedback box.

Out of Hours

We asked patients where they would go if the centre was closed and they needed medical assistance. Most patients replied with a range of options, and said that their actions would depend on the severity of the issue. In those cases we chose the first answer given as the decisive choice. The detail in the chart below shows that the majority of patients would go to the Brighton Station Walk in Centre if Charter was not available. Information about where to go out of hours was available on the day through the TV screen, leaflets and a poster.



Summing up and looking forward

Charter Medical Centre is one of the biggest practices in Brighton and Hove, serving a large number of patients in the city, particularly given the recent additional patient registration as a result of the Goodwood Court closure. It would appear that despite this, quality in the practice has been maintained. Whilst there are some improvements to be made around patient awareness of information and feedback mechanisms, patients seem generally satisfied with the service. It would however be worth exploring satisfaction with the telephone service a little further as results on this are mixed.

We asked patients to rank the centre from 0-10 (with 0 being the very worst, and 10 being the very best). Of the 28 patients that ranked the centre, the average score was 8.4. The lowest score we received was 4, and the highest 10. This high score is echoed in the national 'GP patient survey', where 94% of patients describe their experience at Charter as 'good'⁷. This is mirrored in the most recent CQC report which is also positive about charter⁸

Our representatives asked patients what improvements they would like to see at the centre. There were no significant additional themes in the answers patients provided, but some mentioned continuity with regard to the Dr seen, later opening times, and staff training in communication to improve the consistency of listening skills across the centre.

⁷ [GP Patient Survey](#), summary results Charter Medical Practice, extracted June 2015

⁸ [Care Quality Commission Report](#), Charter Medical Centre, Jun 2014



Additional findings

Alongside telling us about their experiences of Charter Medical Centre, patients also told us about issues outside of the surgery. This included concerns about waiting times for children's mental health services, taboos around mental health in general and the travel time to get to the Princess Royal in Haywards Heath.



Our Recommendations & Responses

1. Create an action plan around raising awareness and improving feedback mechanisms in the surgery, with a focus on improving patient knowledge on complaints and how to become a member of the PPG. This could be undertaken in partnership with the PPG who are well established.

Response: The practice currently publishes Friends and Family Data in both paper and electronic format on a quarterly basis. All practice staff receive training around the practice complaints policy and complaints are discussed at formal meetings on a quarterly basis. Through representatives from the PPG the practice is currently engaging with a local community development worker to raise patient awareness of the role of the PPG.

2. Consider ways to improve patient awareness of NHS health checks and annual health checks for patients with long term conditions, to support early intervention and prevention objectives. Consider working with the new Health Checks outreach worker commissioned by the CCG to do this.

Response: The practice has recently established a pro-active system for inviting patients who qualify for an NHS Health check. The practice recently invited the new Health Checks outreach worker to attend a Saturday Flu clinic to promote the service however unfortunately they were unable to attend. The practice will seek to identify future opportunities for promoting all types health checks offered.

3. Patients reported that doctors and nurses did not routinely encourage them to be involved in choices about treatment. It is recommended that this issue is explored further in staff meetings.

Responses: Clinicians at the practice seek to both inform and involve patients with all decisions relating to their care and will continue to do so in future.

4. In order to meet the needs of the diverse patient population it is recommended that the centre consider what leaflets and notices might be appropriate for patients who have protected characteristics, such as LGBT people and those with disabilities.

Responses: The practice will liaise with the PPG around the provision of information available for patients both within the practice and on the practice website.

5. Patients felt that referrals did not always go smoothly, and that they were not necessarily kept up to date when a referral was delayed. It is therefore recommended that the centre consider how to respond to this.



Responses: Brighton & Hove CCG commissions Optum to provide a referral management service for patients in Brighton & Hove. Patients who are referred by the practice to secondary care services are routinely provided with the contact details for Optum as part of the referral process and are encouraged to contact Optum in the event of any delay.

6. Given the mixed feedback regarding the telephone system, consider undertaking further research to ascertain whether the recent transition of new patients is having an impact. As part of this a focus on how to promote online appointments might be useful.

Responses: In early 2016 the practice will be introducing an automated appointment booking system to run alongside the online system to assist with telephone wait times. The effectiveness of the new system will be subject to regular evaluation during the implementation stage and beyond.



Next Steps

Once the provider has responded to each of the recommendations, we include these responses in the final report, which is published on our website⁹ for the general public to see. The report will also be shared with key organisations in the city including the Care Quality Commission, Brighton and Hove Clinical Commissioning Group and others. After the report's release, Healthwatch Brighton and Hove will conduct some planned follow up activity to ascertain whether changes have been made following the visit. The online survey will be available until 30th September 2015. Any surveys collected after this report is completed will be included as an appendix to the report at a later stage.

Once we have visited all 15 practices, we will also compile a larger strategic report which will pull together key themes across this snapshot of primary care provision in the city. This report will also be made available to all practices visited as well as partner agencies. An easy read version will be made available to the public.

⁹ [Healthwatch Brighton and Hove](#), 'What We've Done'

Appendices

Appendix one: The questions we asked

- 1. How has it been for you to:** Book an appointment in person, book an appointment by phone, book an appointment online, Order a repeat prescription, get your test results back via telephone
- 2. How long do you usually wait between booking a non-emergency appointment and attending it?** The same day, up to 3 days, up to a week longer than a week, I have not booked an appointment
- 3. Have you ever been offered a same day telephone consultation instead of a face-to-face appointment?** Yes, it's as good as a face-to-face appointment, yes, it's not as good as a face-to-face appointment, no, but it wouldn't be as good as a face-to-face appointments, no, but it would be as good as a face-to-face appointment
- 4. If you were unable to get an appointment here, where would you go to get medical help?**
- 5. Please tick or cross below (grid)** Do the Doctors/Nurses/reception staff give you enough time/listen to you/make sure you know about your treatment/give you choices about your treatment
- 6. Are you aware of the following services which are available through the practice? (please tick if you are aware of them)** Free health checks for people between the ages of 40 - 74, Cancer screening services, annual health checks, services to help you to quit smoking (smoking cessation) I have not heard of any of these programmes.
- 7. What make a fantastic GP practice, including the things that are most important to you as a patient?**
- 8. How much do you feel you know about the following services at your practice:** How to make a complaint about your GP practice, what a PPG is, how to get involved in your PPG, what the patient survey is, what the practice manager does
- 9. What is your experience of being referred to a specialist?** My referral went smoothly, my referral was delayed, but I was kept up to date, my referral was delayed, and I was not kept up to date, I haven't needed a referral.
- 10. Do you think the doctor has all the relevant medical information about you available during your appointments?** Yes, No, Unsure, I haven't had an appointment
- 11. Overall, how would you rate your GP practice out of 10? (10 being excellent, 1**

being very poor) 1,2,3,4,5,6,7,8,9,10

12. What changes would you like to see to make your GP practice better?

13. Is there anything you would like to tell Healthwatch about other NHS or social care services in Brighton and Hove?

Appendix two: The Observation Checklist

1. **Noticeboard:** Is it cluttered, does it have up to date information, is the information easy to read?
2. **Hygiene:** Is hand gel available in the practice waiting room, and information about stopping bugs from spreading? Is there a bathroom available and is it accessible for people in wheelchairs?
3. **Information through leaflets, posters and TV screens** Healthwatch Materials, ICAS Materials, We Could be Heroes Campaign, Free NHS Health Checks, Cancer Screening Programmes, Smoking Cessation, The EPIC Project,
4. **Communication:** How are receptionists and other staff interacting with patients? What is their tone of voice, and how helpful are they being? Are conversations easily overheard by other patients? Are patients clearly informed/ called in for their appointment?
5. **Waiting area:** Is there any information about the practice's patient group, feedback boxes, complaints info and forms, or any other type of feedback information available? How is it presented? Is there any information on the Friends and Family Test?
6. **Feedback:** Is there any information about the practice's patient group, feedback boxes, complaints info and forms, or any other type of feedback information available? How is it presented? Is there any information on the Friends and Family Test?
7. **Additional observations**

