



Healthwatch Walsall is an independent consumer champion created to gather and represent the views of the public. Healthwatch will play a role at both national and local level and will make sure that the views of the public and people who use services are taken into account.

At a local level, Health watch Walsall will work to help people get the best out of the health and social care services in their area; whether it's improving them today or helping to shape them for tomorrow. Local Healthwatch is all about local voices being able to influence the delivery and design of their services - not just people for who use them, but for anyone who might need them in the future.

Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as 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 Walsall Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Walsall safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.



Provider Details

Name: Kingfisher Berkley Practice (Modality Partnership)

Address: Churchill Road

Walsall

West Midlands

WS2 OBA

Service Type: Primary Care

Date of Visit: 26/6/18

Authorised Representatives

Name: Ross Nicklin Role: Healthwatch Walsall Advisory Board

Name: Tom Collins Role: Healthwatch Engagement and Information Lead

Purpose of Visit

To observe the physical environment of the practice.

 To listen to and capture the experiences of service delivery from the patients, relatives and carers.

• There was no specific intelligence prior to the announced visit.

Physical Environment

External

The exterior of the building is well maintained. With an automatic door, entry and exit and offering wheelchair access.

There is ample car parking and the practice is served by a bus stop directly opposite.

Internal

The central reception area is large and welcoming with ample seating.

There is a digital display to inform patients on appointment status. Also displayed in reception are the last CQC accreditation, fire procedures, comments and complaints leaflet and copious other relevant patient information.

Also available in leaflet form was the comments and complaints leaflet, with details how the practice deals with and processes complaints.

The employer's liability insurance is displayed in the general administration office together with the Health & Safety legislative poster. This was the older version and required replacement to the relevant format.

As visitors, we were requested to sign in and were provided with name tags and the necessary safety information.

The practice is arranged over 2 floors, accessed by a lift, with all the consultation rooms on the lower floors. We were told that the upper floor is mainly given over to administration offices, although one patient told us that she attended physiotherapy on the upper floor.

All areas we observed appeared to be well furnished, bright, well equipped, free from hazards and accessible. Visitor toilets were located just off reception. There is an adequate provision of hand sanitisers.

About

The Kingfisher Berkley Practice is part of the Modality Partnership.

Website: www.modalitypartnership.nhs.uk

Telephone number is: 01922 211237.

There are currently circa 9000 patients registered at the practice.

The practice opening hours are 08.00am- 18.30pm Monday, Tuesday, Wednesday & Friday Thursday is early closing 08.00am- 12.30pm. Appointments can be made in person, over the telephone and online via 'Patient Access'.

Out of hours GP appointments are available through one of three designated hubs as directed by Walsall CCG. However, these are not walk in centres and patients will only be seen by prior appointment.

In addition to routine clinical appointments, the practice offers the following services; -

- Health checks on patients with chronic conditions.
- Childhood immunisations.
- Travel injections and advice.
- Blood pressure checks.
- Diabetic health checks.
- Asthma & COPD clinic.
- Hypertension.
- Well women checks including smear test.
- Well man check Contraception review.
- Ear syringing.
- New patient checks.
- Blood tests.

Community services within the practice are Midwife, CPN, (counsellor) and AAA screening, (Abdominal Aortic Aneurysm).

Home visits are offered but only for patients with serious illnesses who are unable to get to the surgery.

The practice complies with the Named Accountable Doctor Scheme; all patients must have an allocated named accountable GP.

The named accountable GP is responsible for an individual's overall care at the practice. All patients can request the name of the GP dedicated to them individually.

At the time of our visit, the combined practices which were registered on the 26th March 2018, had not yet been inspected by the CQC. However, prior to merging facilities, both practices had previously been inspected independently and rated as good by the CQC.

The latest NHS choices rating for Berkley is 4 stars and for Kingfisher 4.5 stars These are based on patient feedback concerning telephone access, appointments, dignity and respect, involvement in decisions and providing accurate information.

Staff Numbers

Total staff= 32

Including 4 GP partners, 2 salary GP's, 2 registrars ,2-year 2 foundation GP's, 2 Nurses and 3 Healthcare Assistants. In addition, there is a Practice Manager, a Reception Manager and 15 other administration staff including receptionists.

Patient Experiences and Observations

We managed to speak to 9 patients during our visit in ascertaining feedback. The subjects covered were appointments, the waiting area, toilet facilities, receptionists, doctors, nurses, healthcare assistants and patient participation.

Appointments

- 1. Getting appointments 5 out of 9, 56%, rated this as good or very good. The remaining 4, 44%, rated this as fair.
- 2. Waiting time for appointments- 5 out of 9, 56%, rated this as good or very good, 1 out of 9, 11%, rated this as fair, 2 out of 9, 22%, rated this as poor and the remaining one respondent, 11%, was not applicable 5.
- 3. Getting through on the telephone 4 out of 9, 44%, rated this as good or very good. The remaining 5, 56%, rated this as poor or very poor.
- 4. Online appointments 5 out of 9, 56%, responded as not applicable predominantly citing they did not know about, or did not use this facility 2 out of 9, 22%, rated this as good or very good 1 out of 9, 11%, rated this as poor and 1 out of 9, 11%, rated this as fair.
- 5. Seeing a GP of your choice 4 out of 9, 44%, rated this as not applicable, citing for example it was more important to be seen by a GP 3 out of 9, 33%, rated this as fair, 1 out of 9, 11%, rated this as good and 1 out of 9, 11%, rated this as poor.
- 6. Cancelling appointments 7 out of 9, 78%, responded that this was not applicable to them, 1 out of 9,11%, rated this as difficult and 1 out of 9, 11%, rated this as easy.

The majority of the patients used the telephone to make their appointments and the majority confirmed it was easy to do so. Most of the respondents had consultation

appointments within 24 hours. One patient who was visiting for physiotherapy told us that they had to wait six weeks for their treatment appointment.

Waiting Area

All the patients we spoke to rate the waiting area as good or very good in terms of comfort and cleanliness 8 out of 9, 89%, rated the ease of access to the building as good or very good. 1 out of 9, 11%, rated this as fair, citing that parking for patients with young children could be improved.

Toilet Facility

3 out of 9,33%, rated this as good or very good. 1 out of 9,11%, rated this as fair. 5 out of 9, 56%, rated this as not applicable mainly on the basis they had not used the facilities.

Receptionists

8 out of 9, 89%, rated this as good or very good in terms of friendliness, helpfulness and informative. 1 out of 9, 11%, return was not applicable.

Doctors

6 out of 9, 67%, rated this as good or very good in terms of friendliness, helpfulness and informative. 2 out of 9, 22%, rated this as fair, citing that it is dependent on who you see. 1 out of 9, 11%, return was not applicable.

Nurses

8 out of 9, 89%, rated this as good or very good in terms of friendliness, helpfulness and informative. 1 out of 9, 11%, return was not applicable.

Healthcare Assistants

3 out of 9, 33%, rated this as good or very good in terms of friendliness, helpfulness and informative. 6 out of 9, 67%, returns were not applicable.

Surgery Recommendation

8 out of 9, 89%, responded that they would recommend the practice to others. 1 out of 9, 11%, responded they would not recommend the practice to others.

Opening Hours

6 out of 9, 67%, responded that broadly the opening hours of the practice were acceptable. 3 out of 9, 33%, responded that they would prefer more unsociable opening hours.

Staff Experiences and Observations

We spoke to two staff members, the practice manager and the reception manager.

Training carries a high priority both locally at the practice and in the wider community of the Modality Partnership. We saw evidence of a non-medical training matrix for staff incorporating mandatory requirements through the Bluestream E learning program.

Important topics such as Safeguarding Children & Adults, Equality and Diversity, End of Life Care and Domestic Violence Awareness were all covered.

We were told that management place an importance on recruitment and that staff are encouraged to acquire new skills and qualifications.

We were also told there is an emphasis on team working, including all colleagues, for example by using daily huddles to identify issues as they arise.

The staff we spoke to confirmed they felt supported in their roles and a good working environment prevailed.

The Practice is trying to facilitate improved methods of access for patients, for example text messaging and online appointments scheduling However, we were told that there are CCG constraints to be complied with in implementing these.

We were told that the Patient Participation Group meets every 2 months with minutes produced and action points identified. We also saw minutes of meetings designed to discuss important issues impacting on the practice in general.

Summary, Comments and Further Observations

Overall the feedback for the Practice was mostly positive of the patients we spoke to on the day of our visit, almost 90% said they would recommend the Practice to others.

The infrastructure and facilities as provided are very good. However, not surprisingly issues exist for patients mainly around access and information.

There was also some disparity in the responses to getting appointments with 56% rating it as good or very good; however, by contrast most of the same respondents had consultation appointments granted within 24 hours. A greater uptake and implementation of online/text technology would no doubt help improve communication between the Practice and patients accordingly.

Choice of GP remains an important factor for patients and providing the information regarding their dedicated accountable GP would no doubt help to smooth this issue.

In addition, the Practice needs to determine how it more easily disseminates information on both complaints and Patient Participation channels. From the feedback derived on the day of our visit, there are clearly gaps in patient knowledge concerning their right to both complain and raise concerns and how to engage effectively in the determination of how services are shaped / provided to them.

This is despite the obligatory information being adequately displayed in the reception. Clearly, this is a difficult task to negotiate for such a large practice.

We thank the patients, relatives, staff, management and owners for their cooperation and contributions during our visit.

Recommendations and Follow Up Action:

- Review the provision of information regarding patient access to scheduling online appointments.
- Consider dedicated parking bays for patients visiting the surgery with young children/babies.
- Review the provision of information for patients for out of hours services.
- Further review text information for patients.
- Review providing all patients information on their dedicated accountable GP.

Provider Feedback

With regards to the comment that one patient attended physiotherapy on the upper floor, Bentley Health Centre is a multi-occupancy building, with Community Services contracted by Walsall CCG and Walsall Health Care Trust hosted on the first floor. Kingfisher Berkley Practice has no patient services on the first floor of the building.

With regards to the 6 weeks wait one patient had experienced for physiotherapy, again this is not a service directly provided by the Practice and we have no control over waiting times for the physiotherapy service.

The Health & Safety legislative poster in the admin office has been updated to the newest version.

The Health Centre is an NHS Property Services building, so we can't make any changes to the environment, but can certainly pass on to Property Services the suggestion about designated child and parent parking.

We are hoping that the text messaging services will be available soon from Walsall CCG, and we continue to advertise the availability of online services including telephone consultation booking to patients across the Practice.

Details of patients accountable GP is available to all patients on joining the Practice and on request and is also included on the rear of prescription issues. Information for patients on how to raise complaints and concerns is available in the Practice as the report stated, and all staff are happy to advise on request. Information is also included in our patient leaflet.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.





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