

Enter & View

Suttons Avenue Surgery (Dr Pravin Patel)

24 Suttons Avenue, Hornchurch RM12 4LF

8 December 2016



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both from professional health and social care backgrounds and people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,
but you make a life by what you give.'***
Winston Churchill

What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Background and purpose of the visit:

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the safety of the resident, patient or other service-user is not compromised in any way.

General observations

The surgery is in a residential area, in a small, converted house that has recently been refurbished. There is some parking for staff at the front of the premises and metered parking bays in the road.

Within the premises, space is limited but the layout is good and the areas are well laid out. There is a consulting room downstairs, with another upstairs together with a room for the practice nurse.

At the front of the premises is a notice giving information for patients about surgery times, out of hours' services, telephone numbers and the names of the practising doctors.

The surgery is clean, well-kept and adequate for its purpose. There is wheelchair access to the ground floor only and patients who have access difficulties are seen in the ground floor consulting room. There is a disabled toilet downstairs and another toilet upstairs.

On arrival patients check in at the reception desk which is at the end of the hallway; there is no electronic check in. Interaction between patients and receptionists was observed to be good. However, although there is no privacy at the reception desk, the receptionists appeared discreet, friendly and approachable.

No hearing loop is installed in reception or consulting rooms.

The practice manager has a small office with locking cabinets and there is a small kitchen area, which was clean and tidy and a fire extinguisher was located here.

No sanitisers were available but there were hand washing facilities by both sinks.

The notice board in the small waiting room is well presented with up to date information, including Patient Participation Group (PPG) details. A few posters were displayed and leaflets were available on a shelf in the waiting area. The names of clinicians and staff are set out in the practice leaflet, which is updated as necessary. All staff have name badges.

The patients are called to see the doctor or nurse electronically.

There is clear and accessible information displayed on how to access the service out of hours as well as the GP hub service and NHS 111, and Healthwatch details were clearly displayed.

Staff

The team spoke to several staff members who had worked in the practice for between 1 and 14 years.

All of them told that team that they found the environment friendly and the work enjoyable, said that they got to know the patients and felt that the doctors were approachable and supportive.

The team was told that the care was good and most patients were happy with the service.

Newer staff found 'learning the ropes' a challenge but enjoyed being part of the team.

When asked about incidence of violence, the staff said that in the rare event of an incident they would call for help and colleagues would respond promptly. The consulting rooms have an alarm button on the desk phone.

There were fire notices on the wall and at other relevant locations in the surgery stating what to do in the event of a fire and the location of assembly points. Two fire drills had been held over the last six months and had been documented. In addition, professional advice had been sought as a result of which two new fire extinguishers had been installed, one upstairs and one downstairs.

The oxygen tank is full and a system in place to maintain it is checked regularly. It is located in the downstairs consultation room but as a consultation was in progress at the time of the visit, it was not seen by the team.

All members of staff had recently attended fire safety and basic life support training. The Practice Manager had organised and overseen safeguarding and first aid training for new and current staff, including non-clinical staff. Most of the training had been undertaken on-line and completed.

All new staff had undertaken induction training and were aware of the policies that were in operation; policy documents were stored for easy access on the surgery's computer network for all staff to refer to. The practice has confirmed that new staff receive training throughout their probationary period and all staff updated with new procedures as and when they are applied. Change is constant in General Practice and the practice cannot afford to be complacent; training is therefore an ongoing process for all staff.

All new staff have a criminal record (DBS) check and references are taken before they take up post. All staff records are kept up to date with training records and reviews completed. Staff find the two-monthly meetings very informative and feel they participate in decisions and that the GPs are easy to talk to.

If staff have issues to discuss they are happy talk to the manager who would help them make informed decisions.

One staff member told the team that things are talked through and dealt with by the manager promptly.

The computer system in the surgery is up to date and serves all the needs of the staff. Sensitive information is kept secure, and a back-up system is in place to keep data safe.

Patients

The patient participation group consists of 6 patients and the practice manager, who generally meet every 2 months although the team was told that, currently, there is a lack of enthusiasm and that the Practice Manager has been actively trying to recruit more member to the group.

The waiting room is clean and bright and the information system on the wall gives up to date information about the surgery and its activities plus any other health related information and alerts patients when the doctor is ready to see them.

The team spoke to several patients, one of whom attended the patient participation group. Most patients make an appointment by phone or drop into the surgery but it was pointed out that making an appointment by phone is easier at some times than others but has greatly improved within last 2 years.

Patients who work find it hard to book an early or late appointment and routine appointments can take up to 2 weeks.

One patient told the team that she had had to wait for 2 hours to see the GP and when she did she only got a prescription to obtain her medication and needed to come back another time for an injection (subsequent enquiry revealed that the patient in question required particular medication that had to be obtained on prescription before it could be administered). One patient found making appointments quite easy and said that, in emergencies, they were seen the same day; the patient was very happy with the service and said the appointments were generally on time. Another patient interviewed, who was on crutches was attending the downstairs consultation room, was happy with the service and saw the doctor on time. Most patients see whichever doctor is available, including a locum, but can choose to see a specific doctor if they wish to do so and are willing to wait for an appointment.

When patients were asked if they were involved in discussions about their treatment, one said “very much so” and the other “sometimes”, and that referrals were explained and a follow up consultation was offered.

Information on how to make a complaint was available, advising patients to write to the practice manager who dealt with complaints.

Prescriptions were issued both electronically and manually, in roughly equal numbers and patients could obtain a prescription within 48 hours, much sooner in an emergency.

Overall patients to the team that they found the practice very efficient and were totally satisfied with the service offered to them. They said that staff dealt effectively with whatever was presented to them, that the

receptionists were competent and did not block patients who needed an appointment.

Patients were happy when they were referred to hospital when needed and that reviews were regular.

Patients were also happy with the treatment they received from the nurses: one said “They are fantastic and supportive”. Patients on long term medication were reviewed yearly.

Overall, patients’ views were that the best thing about the practice was that the premises were clean and the care in general very good, staff were efficient and supportive, and patients were not blocked by receptionists.

They told the team that, if information was not displayed, staff were happy to find the information or advise where it could be found.

Recommendation

That the practice consider installation of a hearing loop system for the benefit of patients who are hard of hearing

Response of the practice

The practice has advised that consideration will be given to the installation of a hearing loop once cost estimates have been obtained.

The team would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 8 December 2016 and is representative only of those residents, carers and staff who participated. It does not seek to be representative of all service users and/or staff.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**; or email
enquiries@healthwatchhavering.co.uk



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