



**Enter and View visit: Sandringham Practice,
Hackney**

19 December 2016

Address	Sandringham Practice 1A Madinah Rd, London E8 1PG
Date of visit	19/12/16
Time of visit	09:30am
Healthwatch Hackney Authorised representatives	Kanariya Yuseinova Gokchen Odabas Terry Stewart
Responsible practice manager/s name	David Talbot david.talbot2@nhs.net
Purpose of visit	Observe services being delivered at the practice Speak to patients about their experiences Compile a report highlighting good practice and recommendations for improvement
Lead Healthwatch Hackney contact	Amanda Elliot, Healthwatch Hackney amanda@healthwatchhackney.co.uk

About Healthwatch Enter and View visits

The Local Government and Public Involvement Act 2007, as amended by the 2012 Act and directed by Local Healthwatch Regulations 2013, imposes a duty on Health and Social Care providers (including the independent sector) to allow authorised representatives of Local Healthwatch to enter premises that they own or control to observe the services being provided. These are legally binding directions and are often referred to as ‘the right to enter and view’.

Why visit the Sandringham GP practice?

Our decision to conduct an enter and view visit at Sandringham practice was influenced by the report following a Care Quality Commissioning (CQC) inspection in January 2016 which found the practice required improvement. It was also prompted by patients' comments received during our routine comment collections across various health venues in Hackney. Since we conducted our enter and view visit, [NHS England \(NHSE\) has published findings from its engagement on re-procurement for the practice.](#) NHSE received feedback from 39 patients. The NHSE report echoed similar themes, especially in relation to reception staff.

Disclaimer

The observations made in this report relate only to the visit carried out at Sandringham Practice on 19 December 2017 and on feedback received from one carer prior to our visit. This report is not representative of all patients at the Sandringham practice and only represents the views of those who were able to contribute within the time available.

The purpose of this visit was to:

- Observe services being delivered at the practice
- Speak to patients about their experiences
- Compile a report highlighting good practice and recommendations for improvement

Important information for the GP practice

We expect the Sandringham practice to provide an action plan and response addressing issues raised in our 'Recommendations' section. Copies of this report along with the action plan and response will be circulated to City and Hackney CCG, the CQC and will be made publicly available on the Healthwatch Hackney website.

Acknowledgements

Healthwatch Hackney would like to thank the practice manager and staff for accommodating our visit during their busy walk-in clinic. We would also like to thank the patients for participating in our interviews.

How we carried out our visit

Healthwatch Hackney gave 5 working days' notice of our intention to visit and provided the practice with posters to advise patients of our presence on the day. Our three authorised representatives, led by a HWH staff member, spent two and a half hours recording observations and interviewing 18 patients and the practice manager. The visit took place during the busy Monday morning walk-in (no appointment) clinic.

Recommendations

1. User-led staff training

Practice receptionists should undergo training to help them communicate more effectively with patients and respect privacy during interactions. The practice provides information governance, equality and diversity, moving and handling and health and safety training. We believe reception staff would particularly benefit from the addition of user-led training to enable them to adopt a more patient-centred approach. The training should include training on accessible information. User-led training for health care staff is available in Hackney.

2. Patient involvement in staff recruitment

Patients, from the practice patient participation group should be involved in the recruitment of practice staff, particularly receptionists, to ensure staff have the requisite values as well as administrative skills work with patients confidently and with patience and understanding.

3. Readily available information on how to complain

The practice fails to provide clear and readily available information on how to complain about its service. No information was available in the waiting room. Information on the website was listed under 'Practice Policies' and hard to find. The practice should produce a poster and leaflet on 'How to Complain' and make the information readily available in the waiting room and on its website. The information should include a phone number and email address for the practice manager and be available in Easy Read formats. The practice should display Healthwatch leaflets.

4. Appointments

Patients told us they relied on the Monday walk-in clinic because it was so hard to make a routine scheduled appointment with waits of up to two weeks. This means the walk-in clinic becomes extremely busy and the waiting room uncomfortably overcrowded. We were told the clinic can see up to 30 patients but the waiting room only has seats for 15 patients. The practice should review its appointments system to re-balance its routine and walk-in appointments to enable more patients to book scheduled appointments in a timely way.

5. Protocols for unregistered patients

The practice should review its protocols for unregistered patients presenting at an emergency clinic, particularly when the patient is an infant and consider enabling the infant to be seen/triaged by a clinician before signposting.

6. Time To Talk policy

The practice should develop and make public its Time to Talk policy on its website and via leaflets in the practice so eligible patients are aware they can request a longer consultation if they have one or more long term conditions including a learning disability.

7. Triage at the walk-in clinic

The practice should effectively triage patients at the walk-in clinic to prioritise patients in greatest need over those able to wait longer. It needs to communicate this system clearly to waiting patients on a screen/display and verbally when they arrive.

8. Physical environment

The practice should consider redecorating the waiting area to make it lighter including ensuring sufficient lights are switched on. The reception desk could be made more welcoming by removing the Perspex screen and lowering the desk height to make it more accessible to patients using wheelchairs.

9. Practice website

All website pages should be reviewed and pages updated, including the staff team page and the page for non-English speaking patients which currently comprises dead links and no information about how to arrange an interpreter. The Carers page could be usefully enhanced by including a link to the [City and Hackney Cares Centre entry on Hackney iCare](#). The website could include more links to community based health and wellbeing services.

10. Repeat prescriptions

Two patients and one carer mentioned the long wait for repeat prescriptions. One patient complained about this process to the practice during our visit. The practice should review its process for repeat prescriptions. Patients should be offered clear visual/printed information on how the Electronic Prescribing System (EPS) works and timescales involved. An efficient EPS process would ease pressure on reception and reduce patient complaints. The practice should also consider allocating a receptionist/administrator to deal with these.

Key information about the Sandringham practice

- Management consultancy company McClaren Perry Ltd runs the practice.
- The company specialises in caretaking struggling practices
- The company has had caretaker status for the practice since December 2014 following the sudden resignation of the previous GP partners
- The service is provided under an Alternative Provider Medical Services contract
- In 2016, NHS England conducted an options appraisal which found against dispersing the list to other Hackney GP practices.
- This decision was made in response to patient feedback
- NHS England is in the process of tendering the contract to run the surgery
- McClaren Perry Ltd will continue to 'care take' the practice until September 2017 and has expressed an interest in bidding for the long term contract
- The most recent CQC inspection on 28 January 2016 found the practice ['required improvement'](#)
- CCG data suggests patient satisfaction at the practice is average for Hackney
- The practice shares a building with Dalston surgery, a separate GP practice
- The building is owned by NHS Property Services and leased to the practice
- The practice currently has 3,668 patients and is open to new registrations
- The practice employs salaried GPs: two full time male and two part-time female GPs
- Two GPs work on Mondays, Tuesday & Wednesdays and one on Thursdays and Fridays
- A duty doctor is available each day and is the only doctor on Thursdays and Fridays

What the practice does well

- Patients liked the option of the walk in clinic
- The practice offers enhanced services including a coil-fitting service, methadone shared care clinics and evening opening twice a week
- The practice manager reported positive outcomes from using One Hackney non clinical navigators with patients at the methadone clinics
- Seven out of 18 patients described the receptionists as polite and friendly
- Patients with long term conditions seemed happy with their care
- The practice is open to new patients
- One patient told us it was 'easy to register'
- There was praise for the attitude of GPs and the practice nurse who were variously described as 'good', 'very friendly' and 'excellent'
- Patients described the practice as 'clean'
- The practice appears to work well with patients with learning disabilities though it should provide patients with letters in Easy Read format

Physical environment

- The waiting areas was overcrowded with people standing, sitting on stairs, tables and a window ledge due to a lack of seats
- Overcrowding makes the waiting room particularly inaccessible/hard to navigate especially for disabled patients in wheelchairs/using frames and parents with young children
- We felt the overcrowding could be addressed by a combination of reorganising the seating and rebalancing the practice appointments system
- The main reception area was rather dark and gloomy. Further inspection showed less than half the ceiling lights were switched off
- The décor was dull and needs repainting/brightening
- Upstairs was well-lit and more comfortable with fewer patients
- Most patients said the practice was clean
- The downstairs toilet with a baby change unit was not properly clean
- The reception desk is high in some places making it tricky for people using wheelchairs to communicate with reception
- Reception staff are separated from patients with an unwelcoming Perspex 'protective' impeding effective communication

Staff/patient communication

- Several patients told us the receptionists could be rude but others said they were friendly, suggesting inconsistent approaches with patients
- One patient said they felt 'uncomfortable' speaking to them
- Some patients complained about receptionists' 'lack of discretion'
- We witnessed some lack of discretion and empathy at the reception desk
- The reception desk is high in places and not accessible for patients using wheelchairs
- Patients felt receptionists should communicate better during the busy clinic
- There was no verbal communication or apology given about length of waits

Appointments

- Patients spoke of long waits (up to two weeks) for a scheduled GP appointment
- The Monday morning walk-in clinic attracts up to 30 patients – resulting in overcrowding
- Patients rely on the walk-in clinic because it is so hard to get a scheduled appointment
- Most patients interviewed had not booked a routine appointment and avoided doing this due to the long waits, overloading the walk in clinic
- One patient spoke of being 'cut off' on the phone when trying to make an appointment
- The practice receives enhanced payments for extended late opening on Mondays and Tuesdays.

Patient information

- We saw well stocked leaflet holders and posters on walls but nothing on 'How to Complain'
- There were other leaflets on display but these were limited in scope and some were out of date
- There was no leaflet on the practice itself
- The website needs updating, including information about the practice team, carers and for non-English speakers

Consultations with GP/practice nurse

- Patients rated the GPs and practice nurse highly
- Many complained that the consultations were too short
- Patients who did not speak good English felt at a disadvantage during consultations
- One patient spoke of the female doctor being more empathetic
- Some patients said they felt rushed and not adequately informed about their condition, especially at the walk-in clinic

Accessibility

- Interpreters are not easily available and arranging one can take up to a month
- One patient brought her 13 year old child to the clinic to interpret for her
- Telephone interpreting was 'never offered' and there was no leaflet or information on the process
- The practice admitted not having started to actively implement or promote rights under the Accessible Information Standards
- A patient with learning disability said they had received good care and liked the doctor but didn't get letters or information in Easy Read
- The practice has a portable hearing loop

Other relevant observations/interactions with patients

- We witnessed a verbal altercation between a young man and reception staff about the lack of constructive response to his complaint which included a complaint about the 'constant two hour wait' for repeat prescriptions. The young man spoke to our authorised representative and suggested the practice should adopt a box system where patients could post complaints about their experience at the practice.
- At the end of the walk-in clinic, a distressed man carrying a baby approached reception. The man said his baby was sick. He said he was a patient at the practice until he had been temporarily re-housed in Ilford. He was not registered with a GP in Ilford as the accommodation was temporary. In desperation he had returned to the practice. Staff approached the practice manager for advice. The practice manager instructed the man to take the baby to Homerton Hospital A&E. No doctor or clinician at the practice assessed the baby. The man who was clearly distressed took the baby by bus to the Homerton Hospital. He told our representative the baby had been sick for five days.

Interview with the practice manager

The practice is a mix of 'old and new' Hackney. Elders and young families make up a sizeable proportion. The practice promotes enhanced services like health checks for over-40s but uptake wasn't always good. He said they were starting a contraceptive coil-fitting enhanced service in January 2017 and already ran methadone clinics.

GPs will write welfare letters to a support patient if they felt there was detrimental effect on health. He said the practice had 'clamped down' on support letters and that some patients had moved practice as a result.

He said 'nothing is happening' at the moment to implement the accessible information standard in terms of contacting/routinely asking patients how they want to be communicated with and logging and providing this (eg letters in Easy Read, Braille, by text etc).

When asked about patient participation the practice, he was unsure when the most recent patient participation group meeting had taken place; 'possibly in September'. The most recent set of PPG minutes on the website date from 9 May 2015.

Appointments system

The practice manager said he had recently reviewed the appointments system and found it to be working 'OK'. 'Each doctor has 18 appointments available in the morning and 12 in the afternoon. In the morning we keep 4 appointments for 'on the day' (that can only be booked on the day) and 3 urgent appointments that reception will triage for emergencies only. In the afternoon we have 3 or 4 'on the day' appointments and 2 urgent appointments depending on the GP.'

Phone appointments have a two hour call back period. They used telephone triage which allowed for prioritisation based on need. Most appointment time slots are 10 minutes though 30 minutes slots are available. When asked how it was decided when to offer longer slots, he said this 'depends on the condition'. Alternatively, patients could book a double appointment.

Patients and carers comments:

Patient 1 *'I have no issues with Sandringham practice. The place meets my expectations. This once a week walk in clinic has a good system. May be only if the appointment timescale is shorter... I see the same doctor most of the time which is good. But sometimes the time I have to spend with my GP is not enough. Even though I believe I've been given all the information about my condition. I am happy with the services and would recommend the practice to someone else. Confidentiality is kept as far as I can see.'* (Scored 5/5)

Patient 2 *'The waiting time here for an appointment is too long. It can take up to two weeks. That's why I prefer to come here on Mondays and wait knowing I will be seen, even though I always feel rushed and hurried on Mondays as they always say there are many people waiting. Sometimes I feel the receptionists here oversee people. I see them rolling their eyes at patients. They have the worse attitude. I really feel uncomfortable when I have to talk to them and ask how many people are before me. People can wait here for two – three hours. No one will come out to say 'thank you everyone for waiting. We know is tiring and frustrating but thanks for your patience.' You will be seen as soon as possible.' That wold be nice. I was here year ago for an emergency. I had my eyebrows tinted and suddenly they became red and swollen. It was obvious this was a huge issue for me and I came here for an emergency. I*

waited for two hours. This is too long for a local practice. One of the doctors saw me but he

didn't really give me much attention. I didn't feel his empathy and he didn't even want to refer me to a professional dermatologist. Then I went back to the practice and requested to see another doctor and it was a female this time. She was great and empathised with my situation. She referred as soon as she saw how bad my face was. But this could've been done with the first doctor. I would've complained that time but wasn't really sure how. Even now I don't know. (Scored 2/5)

Our representative told the patient about the complaints procedure and gave her a Healthwatch Hackney leaflet.

Patient 3 *'I am diabetic and come here at least once a year for my regular check-ups. They are always very nice to me. Any time I need to see my GP here I always get appointment for the best suitable time for me. I never had a problem. I am given enough time to spend with my doctor and ask all the questions I need to ask. But my doctor is pretty good so explains everything I need to know about my condition and what to be careful with. The receptionists are great and helpful. I receive great care at this practice. There is also lots of information available around. I would highly recommend the place". (Scored 5/5)*

Patient 4 *'I am very happy with the treatment I receive from the doctors at this practice. I feel listened to and they tell me everything I need to know. My condition is fully explained to me and I never felt rushed. I also like the nurse here but the waiting time to see her can be very long sometimes. But, the problem is getting to see and speak with the doctor. There are no appointments available. Usually you have to wait for at least two weeks. The good side of the bad is that there are some cancellations sometimes and they can give it to you an appointment if you request it. But I can't rely on cancellations. I'm using the walk in service on Monday, because even if I wait I know I will be seen at the end. The receptionists are terrible. They are supposed to be the first point of contact but they make things even worse for those who need care. They can be very rude sometimes. I'm not sure I know how to complain if there is something wrong. It would be good if there is some information. I would recommend more walk in services like the one on Mondays and definitely more training for the receptionists as they obviously can't deal with people and are*

not able to empathise with others. Text message reminders would be good before appointments as some other places use.’ (scored 3/5 overall) **Our representative explained the complaints procedure and gave them a Healthwatch leaflet.**

Patient 5 *‘I like this practice. Usually they are good. But I use the Monday services because sometimes can be really hard to book an appointment, especially over the phone. Sometimes it appears to be easier to see the nurse than the doctor. My English is not great therefore sometimes I ask the doctor to repeat what he said so can be clearer to me but I feel uncomfortable doing that all the time. I usually come with one of my children like today, sometimes I have to come by myself as they are all working. I do need an interpreter sometimes. Once I requested an interpreter but it took so long to get the appointment. I’ve never been asked if I want telephone interpreting. That would definitely help me understand more about my condition. The place is usually very nice and clean. They could keep it warmer in winter.’* (Scored 4/5)

Patient 6 *‘They have changed the appointment system. It is harder now. They tell you to book for a week or two weeks ahead but you don’t know how you will feel in a week or two. The receptionists are quite nice. We are waiting up here for an appointment. The time you have with the doctor is so short, especially when the wait is so long, you only see them for a minute or so. We have been at this practice for 12 years.’*

Patient 7 *‘They are polite and helpful. The doctors are very friendly. Yes they are kind and respectful. It sometimes feels a bit busy in in here. It’s a bit noisy.’*

Patient 8 *‘I am a new patient, I have only been a patient here for two months. It was easy to register. This is the third time I have been. It was easy to make an appointment. I just called and booked. They [the staff] are very nice. The receptionists are very nice. And Dr [name of GP] is very nice. The practice seems clean but I don’t have anything to compare it with. The nurse I saw was lovely. The doctor is very patient and explains things. Yes I have been waiting a while but I came early for my appointment today. Based on what I have seen, they are very helpful.’*

Patient 9 Patient was sitting on the stairs waiting because there were insufficient seats. *'You have to wait a while for appointments. Once I was really sick and I came to the drop in and had to wait a long time. I am sitting on the stairs because there are no seats and there are lots of old people waiting to be seen. The receptionists are really nice. I was a bit annoyed when they changed my cream without explaining. The old cream was much better. The doctors are polite but don't always listen to me. Maybe they are under pressure. They take me more seriously when I come in with my mum. I haven't used the nurse clinic. More online booking would be better.'*

Patient 10 *'The walls could be a better colour. More relaxing.'*

Patient 11 This patient had learning disabilities and was supported by an advocate who helped answer my questions after checking the answers with the patient. *'They are very good with us here. She normally needs support to see the doctor. Next door [Dalston practice] is not as a good. I work with another person who is a patient there. They don't write Easy Read letters here. If they write a letter, she can't read so she always shows it to me. They are used to dealing with me as well. She had an amazing doctor. She was very fond of him. Next door, the other person I support is more likely to get random doctors. They are not as good. Here they know her so give her longer. She has given me and her sister consent to speak to the doctors for her, especially when she had treatment for her bad eye. I do get enough time.'*

Patient 12 *'I had five different GPs in the last year. I would change my surgery if I could. I wouldn't recommend it to anyone. They are too slow and too busy. I feel rushed every time I get to see a GP. I don't feel I get enough information about my condition. Reception staff are nice enough but they are loud and I don't get enough privacy, telephone is always busy, when they pick it up they speak quickly. When I was a kid, there used to be toys to play and magazines to read. They don't tell you what services they have, they assume that you already know. The building is dull, dirty'* (Scored 2/5).

Patient 13 *'I am not happy with the GP, she won't recommend/refer and there is not enough information. I only spend 5 minutes but the nurse is good and helpful. The receptionist before was kinder (a Turkish lady), she was phoning and found an appointment even if there weren't any available at first. The walk in clinic is not a nice thing to do but I came because I could not get a hospital referral after a couple of*

unsuccessful appointments. They called me to come to the walk in clinic for a referral'. (Scored 2/5)

Patient 14 *'Before I was happy with my GP but the GP left because of restrictions on treatment budgets (e.g. cancer) and I haven't had regular GP since then. I had 6 different GPs and I wasn't able to build a relationship with none of them. I didn't get enough time or information. They didn't give me medication initially but in the end they*

did. But the disease had progressed. The receptionists are rude, not welcoming, I hate phoning here. They cut me off when I speak. They should be more discrete. Once I had to give her my stool sample. It wasn't discrete, so she was embarrassed. The building is clean in general. There are enough leaflets (scored 2/5 overall)

Patient 15 (sitting on the stairs) *"I am happy with my GP, I get enough time and information, I get the GP I want but before I wasn't able to arrange an interpreter so I had to bring my 13 year old daughter or my husband all the time. Once there was another lady here who asked my daughter to interpret for her. The place is clean but and there are not enough places to sit enough. So far I have no referral problems, I was referred to Homerton last week."* (scored 4/5 overall)

Patient 16. *This patient told our authorised representative that he it found it difficult to make an appointment. He also complained that services lack co-ordination. He felt reception staff were not suitably trained or skilled in dealing with patients' health matters. He spoke of a lack of coordinated services and complained about long waits to collect prescriptions. However, once he got to see a GP, he found the service to be 'excellent' and couldn't fault it.*

Carer 1 (via email). *'My dad is with Sandringham practice. My concerns with the practice are mainly administrative: failure to pass referrals to hospitals; failure to act on referrals from hospital; failure to prepare prescriptions when booked in advance and long delays for appointments.*

Equality data

During our visit we interviewed 18 patients and the practice manager. We also received feedback by email from a carer prior to the visit. At least two patients had long term conditions and one patient had a learning disability. Two other patients had English as a second language and struggled to speak or understand English

Ethnicity	Number
Any other ethnic group	7
Asian British	1
Black British	7
Not given	1
Mixed	0
Other	1
White British	1

Ethnic subcategory	Number
African	4
Asian	2
British	8
Caribbean	2
European	1
Other	1

Gender	Number
Male	5
Female	13

Sandringham Practice Action Plan March 2017

Background

This action plan is based on a Healthwatch Hackney report following a visit on 19th December 2017. McLaren Perry as a temporary contract to caretake the practice during the period NHSE were initially deciding on whether the practice should be dispersed or out for procurement. The original contract in December 2014 was for one year and has been extended every six months since then. This has led to uncertainty within the practice and a reduction in staff morale, although the staff turnover is low which is commendable. The action plan has been produced with the caveat that the contract with McLaren Perry ends in September 2018 and we would not want to make fundamental changes prior to a new provider taking over.

Healthwatch Hackney recommendation	Action to resolve	Responsible person	By when
User-led staff training Practice receptionists should undergo training to help them communicate more effectively with patients and respect privacy during interactions.	The staff have received customer care training in the past, but it did not involve service users. We will look for local training which is user led.	David Talbot	31.05.17
Patient involvement in staff recruitment Patients, from the practice patient participation group should be involved in the recruitment of practice staff, particularly receptionists	We have not been able to offer any permanent contracts whilst caretaking the practice because of the unknown future. Any new staff are agency only.	David Talbot	N/A
Readily available information on how to complain The practice should produce a poster and leaflet on 'How to Complain' and make the information readily available in the waiting room and on its website. The information should include a phone number and email address for the practice manager and be available in Easy Read formats. The practice should display Healthwatch leaflets.	A poster and leaflet on how to complain will be produced and made available in the waiting room and on the website. It will also be produced in easy read formats. Healthwatch leaflets will be made available in the waiting room.	David Talbot	18.04.17

<p>Appointments The practice should review its appointments system to re-balance its routine and walk-in appointments to enable more patients to book scheduled appointments in a timely way.</p>	<p>The appointment system will be reviewed and we are currently collecting data to establish the demand. We are considering offering GP telephone consultations with 'on the day' appointments.</p>	<p>David Talbot</p>	<p>28.04.17</p>
<p>Protocols for unregistered patients The practice should review its protocols for unregistered patients presenting at an emergency clinic, particularly when the patient is an infant and consider enabling the infant to be seen/triaged by a clinician before signposting.</p>	<p>All children will be seen immediately by a GP is presenting as urgent or an emergency. Receptionists are aware of what to do when a patient present face to face or on the phone as an emergency. The protocol will be reinforced and training provided by one of the GPs.</p>	<p>David Talbot</p>	<p>28.04.17</p>
<p>Time To Talk policy The practice should develop and make public its Time to Talk policy on its website and via leaflets in the practice so eligible patients are aware they can request a longer consultation if they have one or more long term conditions including a learning disability.</p>	<p>A Time to Talk policy will be made available in the waiting room and on the website. Administrative staff and clinicians will also ensure that patients are aware that they can book longer appointments when necessary.</p>	<p>David Talbot</p>	<p>28.04.17</p>
<p>Triage at the walk-in clinic The practice should effectively triage patients at the walk-in clinic to prioritise patients in greatest need over those able to wait longer. It needs to communicate this system clearly to waiting patients on a screen/display and verbally when they arrive</p>	<p>The system for triage will be reviewed and triage introduced.</p>	<p>David Talbot</p>	<p>08.04.17</p>
<p>Physical environment The practice should consider redecorating the waiting area to make it lighter including ensuring sufficient lights are switched on. The reception desk could be made more welcoming by removing the Perspex screen and lowering the desk height to make it more accessible to patients using wheelchairs.</p>	<p>McLaren Perry is not responsible for the building as it is owned by NHS Properties. We have requested a number of changes but to no avail. The last CQC report was deemed requiring improvement because of the lack of baby changing facilities. We made an appeal at the time but the outcome could not be changed.</p>	<p>N/A</p>	<p>N/A</p>

<p>Practice website All website pages should be reviewed and pages updated, including the staff team page and the page for non-English speaking patients which currently comprises dead links and no information about how to arrange an interpreter. The Carers page could be usefully enhanced by including a link to the City and Hackney Cares Centre entry on Hackney iCare . The website could include more links to community based health and wellbeing services.</p>	<p>The website will be updated and improved to make it more user friendly.</p>	<p>David Talbot</p>	<p>18.04.17</p>
<p>Repeat prescriptions The practice should review its process for repeat prescriptions. Patients should be offered clear visual/printed information on how the Electronic Prescribing System (EPS) works and timescales involved. An efficient EPS process would ease pressure on reception and reduce patient complaints. The practice should also consider allocating a receptionist/administrator to deal with these.</p>	<p>The practice already has an EPS system in place. This will be reviewed and improved where possible.</p> <p>A specific administrator will be given responsibility for repeat prescribing.</p>	<p>David Talbot</p>	<p>28.04.17</p>