



Enter & View

Modern Medical Centre

195 Rush Green Road, Romford, RM7 0PX

16 March 2017

*Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383*



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.

The Practice

On arrival, the team was greeted by the Practice Manager. Entering the reception area, it was clear that a good deal of information was on display for patients. The décor was clean, bright and airy and the furniture was in very good condition. A toilet was available for disabled patients. Hand gel was also available too. The exterior of the building was in a good condition and wheelchair access was

good. At the time of the visit, there were no disabled parking bays in the car park as they had been marked out incorrectly, but the team was assured that rectification was in hand. Additional car parking facilities were available across the road.

The practice is located at a very busy, noisy crossroads in Rush Green. Staff in the reception office often find it hard to hear patients due to noise from traffic, glass partitioning and doors opening and closing.

The staff appeared very friendly and approachable, although one individual was on the phone at the time and unable to speak to the team. Healthwatch had been told that staff were abrupt and unfriendly but, as no evidence of that was seen during the visit, that complaint may have been due to stress and workload at a particular time. The team noted the reception staff dealing with a constant stream of patients and phone calls etc.

No hearing loop was available, but deaf patients would be contacted by text. Leaflets etc were available in a number of languages. The Patient Participation Group at the practice had fallen into disuse but was now being rebuilt, with new members being appointed.

Appointments were available when phone lines opened at 8am. Emergencies were included here, with priority being given to children and the elderly.

The Practice Manager had been working at the practice for 9 years, and was very approachable. There were two regular doctors at the surgery but one was recovering from a serious illness and had been away; it was hoped he would be returning to full time duty in mid-April although he had been doing working sessions when practicable during his treatment. Two locums were currently providing cover and it was hoped that a third would join the practice (for whom interviews were shortly to be held). There were no healthcare assistants but two practice nurses covered all shifts. Reception staff worked with two on each shift and there was a “floater” who covered

reception and administrative tasks when needed.

The practice's opening hours were 8.30am to 1.30pm and 3.30pm to 6.30pm daily (half day on Thursday). Other times were available for ante-natal and minor surgery and some extended opening hours were also available.

The team was told that the impact of new house-building in the surrounding area had led to the practice becoming over-stretched, with an increase from 4000 patients to 5684 at the time of the visit. The practice had also been assigned to two local care homes, Ebury Court and Chase View. Funding had been sought from the CCG to enable the employment of another GP but without success so far.

The practice website was being updated at the time of the visit.

The team was told that the GPs acted on test results both morning and afternoon; if urgent, the GP would phone the patient but all other results were dealt with by staff. Charges were made for travel immunisations and letters, but discretion would be used before applying a charge. As the practice did not have sufficient GPs available, it was sometimes difficult for patients to get an appointment.

The team was aware of a complaint by a particular patient about medication. The practice manager gave assurance that the issue in question had been resolved and a new procedure put in place that was working well. The turn round time for repeat prescriptions was 48 hours, which was in line with practice elsewhere.

It was noted that blood test forms informed patients where and when test could be done. Occasionally, it would be possible for elderly and frail patients to have their blood tests done at the surgery by a GP or nurse. Various clinics and services were offered by the practice including diabetes, immunisation, asthma, family planning, smears and annual healthchecks for patients who had a learning disability.

Care plans for patients were dealt with during appointments as and

when needed. Carers who were seen by GPs would be referred onwards for support and finance help. The Community Treatment Team is sometimes involved here.

There had been a problem obtaining new patient medical records from other surgeries. There used to be a weekly delivery until November 2016, when deliveries stopped. Following complaints, a new company had now taken over this service, which had resumed in mid-January 2017. This had proved a difficult time for the practice as GPs were having to call the previous GP for details of new patients' medical history, adding additional workload and stress for all concerned.

Complaints are dealt with by a first response within 3 days, with a final response completed in between 10 to 14 days. If necessary, patients would be invited to call in for further discussion.

All compulsory training was undertaken at regular intervals by staff as appropriate to their positions. The Skills for Health scheme was in use. Checks and good record keeping were included. Governance training was now in place, along with infection control and safeguarding. All patients had a named GP.

Practice meetings were held but not on a regular basis, however a daily briefing took place and staff told the team that they felt very well supported. GPs had regular updates and meetings with District Nurses.

Patients' views

The team were able to speak to several patients. Their comments about appointments were that getting through on the phone is frustrating and can take up to 20 minutes, often requiring re-dialling as there is no phone queuing system. Online appointments can, however, be booked although it was commented that the new system was not yet as effective as it might be. The patient felt the GPs were very good but said that they had experienced rudeness from

reception staff. One patient commented that she had been waiting 10 minutes after the booked time for her appointment but felt overall that care and treatment were good and that she was always involved in discussions about her care.

Conclusion

The team felt that this was a very busy practice, struggling to cope with the additional workload brought about by the new housebuilding in its area, but striving to offer the best service it could in the circumstances.

Recommendations

- 1 That the phone system be updated to allow queuing to avoid patients having to re-dial.
- 2 That a hearing loop system be installed for the benefit of those patients who are hard of hearing.

In addition, Healthwatch is supportive of the practice's application for funding to employ an additional GP.

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 16 March 2017 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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