

Enter & View

Rainham Health Centre (Dr Abdul-Razaq Abdullah)

Upminster Road South, Rainham RM13 9AB

15 May 2018



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 premises

Dr Abdullah's surgery is located within the Rainham Health Centre, which is owned by NELFT, which uses it for clinic purposes.

Parking was difficult because, although there are 8 spaces including 2 for disabled, part of the car park is used by NELFT staff providing specialist

services. There is a separate reception for NELFT in the main entrance but the team was told that it is often not staffed and Dr Abdullah's reception staff have to deal with queries about NELFT services as well as their own. The building is also next to a school and parents often use the forecourt to drop off their children - this issue needs attention.

The building is in a good state, both outside and in. There are a number of rooms, only 4 or 5 of which are used for this practice. Access is good, with no steps or stairs. The main entrance serves as a waiting area - a number of notices were displayed, including one about Healthwatch, a box for repeat prescriptions (which are dealt with within 48 hours) was available, and the check-in arrangements were clear, although not electronic. Privacy was satisfactory.

The surgery area was clean and furniture is in good state of repair.

The practice

The reception staff were friendly and welcoming - there were four on duty at the time of the visit. Online booking was advertised. No loop system was available for patients who are hard of hearing. Toilets were available. The only hand sanitizing gel was a small bottle in reception, which was not generally available. A translation service was available but, between them, the staff were able to converse in 9 languages so translation was rarely a problem. Signage was clear and the Patient Participation Group was advertised. Contact details for the local GP Hub and NHS 111 service were displayed. It was clear how to get an appointment. Facilities were available for patient feedback and complaints and the team observed good interaction between staff and patients. There was a security buzzer for the safety of staff on reception safe. The GP came out to call patients when it was their turn to be seen.

The practice opening hours, which were displayed outside and in, are 8am to 7pm - a regular locum is used to maintain this level of cover, together with a nurse practitioner who attends 3 days a week. The Practice Manager works 4 days a week, the Senior Assistant Practice Manager works 3 days a

week, the Assistant Practice Manager works 5 days a week and an Administrative Assistant works 3 days a week. There is one full-time Practice Nurse and one Healthcare Assistant 3 days a week. 4 Reception Staff are on duty in the morning from 8am and 3 in the afternoon from 2pm to 7pm. The practice does not have a website. Patients are expected to phone in for test results although anything unusual is followed up. The GP charges for additional services at his discretion.

The team was told that patients start queuing from 7:30am before surgery opens; vulnerable patients are dealt with out of turn if necessary. A bypass telephone number is available to elderly patients. The practice uses the EPS system for prescriptions and pharmacies can collect prescriptions for dispensing.

The practice provides information to patients for the following conditions, BP, Diabetes, Cholesterol, Baby Care, Learning Disabilities, Cancer, Asthma and they do weight checks if necessary. The PPG members told the team that they were not happy about the long wait which can occur between the GP referral to hospital and the hospital response. The Practice Manager said they do not experience difficulties over the transfer of patient records when someone joins the surgery. EMIS is very quick.

The CQC had noted a very high number of patients failing to attend for appointments - DNAs - which is quite unacceptable for both GP and the nurses. Letters are sent to persistent DNAs and records are marked. The PPG would like to see patients asked to find a GP elsewhere after three DNAs. The practice is trialling the use of text messaging reminders of appointments, which appears to be helping reduce DNAs as it is younger patients who use texting and other social media who mostly DNA; elderly patients tend not to use texting but are not usually DNAs.

The team was told that there were a number of administrative issues which need addressing but now there is an administrator in post it is hoped that training and records, regular appraisals etc will be put in place. The practice is improving record keeping for diabetic patients, who are invited to attend for reviews, and is also trying to improve their blood pressure check figures, both issues that had been remarked on by the CQC. Most training is arranged

in-house but is external. Some staff have had chaperoning training. Some minor surgery is done on Thursdays and steroid injections are given by the GP. Over 70s are given annual reviews. The team was told that the practice did not have clear records of numbers of patients with dementia; only 20 patients out of 5,120 were registered as living with dementia, but the number of carers is known and they are supported, with a specific policy in place. 16 patients were recorded as having a learning disability (LD); these patients have an annual check. There are many babies registered at this practice.

Staff views

The second Assistant Practice Manager had been with the practice for 10 years and had been promoted from Receptionist in March 2018. She appeared to be highly motivated and able to converse in 5 languages. She told the team that she particularly liked helping the elderly and notices when they need support. She told the team that she believed the telephone system needed to be updated but that the text system was working. Provision was made for patients with special problems like autism. She was pleased to participate in any e-learning training offered. She added that the reception office could usefully be enlarged, particularly for when 4 staff are on duty. She found the GP very approachable and felt supported in her new role. She had recently updated health and safety training. At present there were very few practice meetings and no appraisals to attend. She felt that better identification of patients when issuing repeat prescriptions was needed and was instituting steps to ensure that. She kept a register for special drugs. She would like to see more appointments available.

The team also met the Administrative Assistant, who had only been in post at the practice for 2 months, although she had a background in general practice work at a high level and had undergone a lot of training in her previous post. At the time of the visit she only worked 2 days a week but was catching up with outstanding record keeping etc. She had not attended a staff meeting yet but thought it would be a good idea to establish a system for them, and for staff appraisals. She felt well supported by the GP.

Patient Participation Group

The surgery has a Patient Participation Group (PPG) of 15 members, five of whom had come in to meet the team. The team met the Practice Manager who introduced them to the PPG members, so they were spoken to first. They had all been on the practice for between 12 and 34 years and were generally quite happy with the service provided. The PPG meets once a month with a staff member present and discusses any issues which have arisen, including any complaints, which are dealt with internally. They did see the need for an external whistleblowing system. The rise in patient numbers is mainly due to the closure of nearby practices and the PPG felt that the practice premises and facilities are really too small now for the number of patients needing to be seen. The PPG would be happy to see that improved, and particularly the phlebotomy (blood test) clinic which is provided at the premises by staff from Queen's Hospital. Only 30 tickets a day are available for a clinic which closes at 11.15am; moreover, staff from the hospital do not always attend and patients have to be redirected elsewhere or return, which is not very satisfactory as far as the PPG are concerned.

Patients' views

The patients spoken to by the team told them that the GP gave them enough time and listened, explained and helped them understand their treatment and medication. Their medication was reviewed when necessary. One said the GP had saved his father's life. All said information was readily available and the staff at the surgery were friendly and very helpful. All, however, expressed frustration with the telephone system. Some patients told the team that they would like to be able to see a female GP.

Recommendations

That:

- Patients' identities be checked before repeat prescriptions are issued

- Arrangements be sought for ensuring that the limited parking facilities available are used only by those attending the Health Centre for the clinic or GP surgeries
- The practice consider the possibility of providing additional GP and/or practice nurse cover, including a female GP, to relieve the pressure on existing GP staff
- The practice consider introducing regular staff meetings
- The practice consider introducing regular training and appraisal of staff
- Hand sanitizer gel dispensers be made available, particularly in reception

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 15 May 2018 and is representative only of those service users, 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



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

*Registered Office:
Queen's Court, 9-17 Eastern Road, Romford RM1 3NH
Telephone: 01708 303300*

Email: enquiries@healthwatchhavering.co.uk

Website: www.healthwatchhavering.co.uk

Twitter feed: @HWHavering

