

**Enter & View
Maylands Healthcare,
Parkview Dental Practice
and Maylands Pharmacy
(Second visit)**

**300 Upper Rainham Road,
Hornchurch RM12 4EQ**

2 March 2020



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. 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 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 by volunteers, both from professional health and social care backgrounds and lay 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, NHS Services and contractors, 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.

Occasionally, we also visit services by invitation rather than by exercising our statutory powers. Where that is the case, we indicate accordingly but our report will be presented in the same style as for statutory visits.

Once we have carried out a visit (statutory or otherwise), we publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

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 welfare of the resident, patient or other service-user is not compromised in any way.

Key facts

The following table sets out some key facts about Maylands Healthcare. Parkview Dental surgery and Parkview Pharmacy. It is derived from information given to the Healthwatch team during the visit, and reflects the position at the time of the visit:

Number of patients on GP practice list:	14,666
Number of partners/permanently employed GPs (<u>not locums</u>):	8
Number of other healthcare professional staff employed:	14
Number of management staff employed:	2
Number of support/admin/reception staff employed:	26
Number of patient sessions available per week:	105
Number of clinical staff (GP/Nurse/Pharmacist/other HCP) spoken to:	0
Number of management/admin/reception staff spoken to	6
Number of patients spoken to	5

Number of active patients seen at dental practice list in last 5 years:	7,306
Number of partners/permanently employed Dental Surgeons:	4
Number of other healthcare professional staff employed:	5
Number of management staff employed:	1
Number of support/admin/reception staff employed:	1
Number of patient sessions available per week:	12-15
Number of clinical staff (Dentist/Nurse/Pharmacist/other HCP) spoken to:	1
Number of management/admin/reception staff spoken to	1
Number of patients spoken to	2

The visit

A previous visit had been carried out in October 2016, following a flooding incident at the premises earlier in that year that had required extensive repairs. The present visit was carried out to see what progress had been made since 2016. The visiting team comprised six Healthwatch members, who visited each part of the complex in three groups of two each.

The Premises

The GP, Pharmacy and Dentistry services are co-located in purpose-built premises on Upper Rainham Road, Hornchurch.

On arrival, the team noted that the exterior of the building appears well laid-out with plenty parking spaces, three of which are dedicated disabled bays. Additionally, further parking (free of charge) is available on the opposite side of the road adjacent to Harrow Lodge Park. A pedestrian crossing was immediately adjacent to the entrance and the busy road was served by the 252 bus route, which runs from Hornchurch town centre, via Elm Park to Collier Row, allowing easy public access to the centre from a wide area.

The dental surgery is housed in its own discrete area whilst the pharmacy has external access to the car park and internal access to the GP surgery waiting area.

There is a ramped access to the main door which is automatic to facilitate access by wheelchair and pram users.

Maylands Health Care GP practice

The GP practice provides services to some 14,666 patients (at the time of the visit). The practice list had expanded recently following the transfer of patients from a nearby practice that was on the verge of closing as a result of the retirement of its GP.

Male/female and disabled toilets are sited immediately inside the entrance. A large waiting area with appropriate seating is adjacent to the reception desk, which can accommodate up to 4 receptionists if required. The visitors observed information posters around this area (including the Healthwatch poster) and a screen used for public information of immunisation, bowel screening etc. A large noticeboard provided additional information about the activities of the Patient Participation Group (PPG), together with a free-standing poster advertising it. There was an electronic checking-in facility, and a board listing all medical and clinical staff which, commendably, also detailed their genders. A notice advised patients about the GP Hub out of hours service and 111 services but there did not appear to be any information about booking appointments on-line.

The reception staff appeared approachable and friendly and the reception area was well-organised, although the design of that area meant that there was a lack of privacy, with conversations between patients and staff being clearly audible within the area. Although a hearing loop was available for hearing aid users at the time of the visit, the sign advertising it had been taken down - the practice has advised that it has since been put back on display in the reception area.

The team was told that language translators could be accessed via the patient liaison officer who was the designated contact for a number of issues, including support, sign-posting to external organisations, ordering items from central stores or referring patients to Social

Services, the Red Cross and St Francis Hospice and for booking transport to hospital.

There were different sub-waiting areas according to whom patients were due to see. All consulting rooms are on the ground floor and there is an isolation room.

In the main waiting area is a new facility by which patients were able to record their blood pressure before seeing a doctor or nurse. The directions appeared to be clear and one patient was seen to be using it without difficulty. The PPG had been instrumental in showing patients how to use it and the team were advised that, of 96 patients who had used it during its first week, 20 had been found to have high blood pressure.

Patients were called to consulting rooms by means of an electronic screen and voice messages.

Only one hand sanitiser was seen during the visit but it was agreed while the team were present that a second one would be installed in the main entrance.

The team met the practice manager who had recently been confirmed in the post.

Unfortunately, it had been necessary to evacuate the premises earlier on the day of the visit, delaying appointments, so the team were unable to meet any of the clinical staff.

The centre is open from 8am until 6p.m. every day and until 8pm on Mondays and Wednesdays.

One doctor each day is designated for emergencies and to take phone calls from patients. Each doctor on duty has two slots allocated to NHS111-referred emergencies and an Advanced Nurse Practitioner also sees emergency patients (other than children under 2 years old). She also undertakes up to 4 home visits per day.

25% of available appointment slots are allocated to on-line booking. Appointments are available for up to 2 weeks in advance and were released at 6pm each evening. This was arranged in response to complaints that patients who were travelling to work would be unable to access the system in time to reserve an appointment if new slots were released only in the morning. Appointment slots were for 10 minutes each.

Priority for other appointments was given to the very young and to the elderly, with some flexibility being offered to registered carers.

Most prescriptions were issued via EPS and a time lapse of 72 hours was required after request; but there were some that were still issued in paper form. Prescriptions were reviewed by the pharmacy.

Test results were allocated to the relevant GP or to the on-call doctor daily. Urgent results were dealt with by the GP who will contact the patients, otherwise the receptionists contacted patients. Patients were routinely given leaflets advising where blood tests may be accessed. The only surgical intervention available at the surgery was cryotherapy.

Problems with obtaining notes for those patients transferring from other GP practices were now relatively infrequent as these transfers were effected electronically but there were sometimes difficulties where different IT operating systems were in use. Older notes were gradually being digitalised.

Doctors' letters were charged for but travel immunisation for the practice's own patients was not chargeable, except for yellow fever, which required specific certification.

Complaints were dealt with in person as far as possible, but others were acknowledged with two weeks and a final response would be given within 2 months.

Some training, mostly mandatory, was undertaken online but a variety of other topics were dealt with on a face-to-face basis - e.g. CPR, anaphylaxis, confidentiality, Fire Warden etc. Training was undertaken during protected time. Partners met on a monthly basis with a full practice meeting taking place on a bi-monthly basis.

The PPG was considered to be very effective, with as many as 25 members at any one time. They met bi-monthly, contributing to a number of initiatives and assisting with the Christmas raffle to raise funds for St. Francis Hospice. They were immensely proud to have been awarded the first CCG plaque to be awarded to a PPG for their efforts during the flooding in 2016.

Few patients failed to attend for their appointments now that reminder texts were sent to them, with a facility to cancel if need be.

Carers were flagged on the clinical system and were offered flexibility in arranging appointments. Patients with long term conditions such as asthma and diabetes were the subject of audits and reviewed yearly or more frequently if necessary, as were patients with learning disabilities.

The practice manager confirmed that the business continuity plan was updated on a regular basis.

The spoke to a number of non-clinical staff, most of whom had worked at the practice for many years. All appeared to be very happy in their role and felt that they were supported and listened to. Training was available on a regular basis. The only minor problem related to the telephone system.

The practice's mission statement was displayed in the reception office - short and to the point: "Working together to improve lives".

The team also spoke to several patients, some of whom were just registering at the practice; their comments to the team were varied, and included the following:

- Difficulty with telephone system
- Sometimes had to wait 2 weeks for appointment (note - most of the patients spoken to by the team had waited considerably less than this)
- Always seen on time
- Happy with care
- No concerns about the surgery
- Plenty of information
- Enough time with GP
- Parking is easy
- Brilliant
- Unable to make an appointment on-line for that day

Recommendations

The team make the following recommendations:

- Further supply of hand sanitisers
- Cleaning of disabled bay following drain clearance
- Consideration be given to improving privacy in reception
- Installation of hearing loop if this is not currently available

Note: since the visit, the practice has advised that hand sanitiser has been provided throughout the surgery, and the disabled parking bay has been cleaned (a broken underground drainpipe had caused the problem).

Parkview Dental Surgery

The Dental Surgery is located in a purpose-built building that is wheelchair friendly. A hand sanitiser was available in the entrance and the team noted that the toilets were clean.

The team met the lead dental practitioner, who was welcoming. Four dental surgeons were employed by the practice; at the time of the visit, there were two dentists on duty, and they were due to see 50 patients between them that day.

The reception area was clean and bright and was very busy but appeared to be efficiently run. Plenty of seating was available, of good appearance and there were many signs on the walls.

The team were told that the practice offered both NHS and private care and noted that price lists for services available were easily visible.

The surgery was allocated 11,405 units of dentistry activity a year by NHS England; if the practice exceeded that by more than 2%, they would not be paid for the excess. The team were advised that, at the time of the visit, as a result of that restriction, the surgery was unable to offer NHS treatment until 1 April 2020, having used all available NHS units for the current financial year. Dentists give patients a written treatment plan which outlined any NHS and Private Charges. If an NHS patient wished to have further private/ cosmetic treatment in addition to their NHS treatment then that was available to them.

Patients who had Learning Disabilities were allocated additional time for an appointment if the surgery were aware of their special needs.

The surgery did not visit care homes but would provide a service for any care home resident able to travel to the surgery.

Emergency slots are allocated in the appointment books daily during the day. If further emergency appointments are needed, they are slotted in wherever possible or at the end of each session.

Patients were expected to give 24 hours' notice of cancelled appointments, but no fee was charged for cancellation. On occasion when the surgery had to cancel appointments, they tried to notify patients by 8am on the day of cancellation.

Although there was no text reminder system, phone call reminders were made 48 hours prior to appointment and patients were also sent reminder letters when check-ups were due.

A defibrillator, oxygen and first aid equipment were available for emergencies. Annual training in the use of the defibrillator was carried out and an emergency plan was in place.

Translation services were available through NHS translation services - although some staff were conversant in several languages.

Patients' feedback

One patient told the team that they went to the surgery twice a year for check-ups. They added that they rarely had to wait to be seen once arrived at the surgery.

Another patient told the team that he booked annually. He was a private patient.

The team were very impressed with the efficiency of this practice and would like to thank all that participated in the visit.

Parkview Pharmacy

Although co-located with the GP and dental surgeries, the Pharmacy is a separate entity and has no connection with the other areas of the building. The visit went very well and a chat with the pharmacist just added to the first impressions ascertained upon arrival of a very busy, clean, bright and well stocked area within the Maylands complex.

The whole complex is very busy, although parking is limited owing to the number of practice staff working on site. Access is good, with excellent signposting and facilities.

The pharmacist was obviously fully conversant with all aspects of his work. Prescriptions could be dispensed more frequently than monthly if need be; blister packs were used rather than Dossett boxes.

The pharmacy did not arrange deliveries to care homes. Medication would be delivered to house bound patients if required.

An interpretation service was also available.

Allergies and intolerances were added to patient notes on screen and he asked patient about their allergies before dispensing prescriptions.

The pharmacist told the team that he had experienced difficulty in sourcing some medications but had developed ways and means of overcoming them.

The team was able to speak to six patients about their experiences of the pharmacy; all gave favourable comments, with no criticisms - they viewed the pharmacy as effective and efficient. Information was readily available and extremely helpful within all aspects of the business, with numerous leaflets and advice on a wide range of topics freely available.

The Team did not wish to make any recommendations for improvement.

Healthwatch Havering thanks all service users, staff and other contributors who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 2 March 2020 and is representative only of those service users, staff and other contributors 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.

Friends Network

Participation in the Healthwatch Havering Friends Network is open to every citizen and organisation that lives or operates within the London Borough of Havering. The Friends Network enables its members to be kept informed of developments in the health and social care system in Havering, to find out about Healthwatch activities and to participate in surveys and events

Interested? Want to know more?



Call us on **01708 303 300**

email enquiries@healthwatchhavering.co.uk

Find us on Twitter at [@HWHavering](https://twitter.com/HWHavering)

To join the Healthwatch Havering Friends Network,
[click here](#) or contact us as above



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