

Enter and View Report

Stamford Hill Group Practice

March 2023



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Visit Details	
Service Visited	Stamford Hill Group Practice
Manager	Tania Fidler
Date & Time of Visits	29 March 2023
Authorised Representative	Kelsey Robinson, Malcolm Alexander
Lead Representative	Kanariya Yuseinova

What is an Enter and View visit?

Mandated by the Health and Social Care Act 2012, Enter and View visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated, and being experienced.

Following the visits, our 'Enter and View Report', is shared with the service provider, local commissioners and regulators. The report describes what has worked well, and gives recommendations on what could work better. All reports are available to view on our website.

Purpose of the visit

Enter and View visits enable Healthwatch Hackney to form an impartial view of how services operate and how the service is experienced by service users and carers, and to produce a report.

Our decision to visit was influenced by the following factors:

- Routine comments and feedback from patients to Healthwatch Hackney
- Healthwatch Hackney's priority to review the service delivery and quality of care of all health and care services in the borough.
- Follow up review of the services from our previous review in 2017

Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed by the Safeguarding lead (one of the GP partners) to the [Care Quality Commission \(CQC\)](#) where they are protected by legislation if they raise a concern.

Disclaimer

Please note that this report relates to findings observed on the specific date set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report only presents limited patient feedback, however, the analysis and the recommendations are based on all patient feedback received on the day.

If we spoke to you on the day and you cannot see your feedback here, please be reassured that your comments are valuable and your experience has been noted. The full patient feedback collected on the day was shared with the practice for them to consider when planning the implementation of our recommendations.

Methodology

We visited Stamford Hill Group Practice on the 29th of March 2023 for a duration of two and a half hours.

This was a semi-announced visit. We informed the practice manager of our intention to visit the practice without giving them the exact date and time of the visit.

We sent the practice posters informing them about our visit and asked them to make these available for patients to see. We notified the service five days prior to the visit and sent them leaflets and posters to notify the patients about our arrival. The posters were available in the waiting area.

Three Enter and View Authorised Representatives and one staff member attended the visit. The Authorised Representatives spoke to patients and carers in the waiting areas while patients were waiting for their appointment.

On the day we spoke to twenty-three patients, two members of the reception team and the practice manager at the time Tania Fidler.

The accessibility observations were made by one of our Authorised Representatives who is a power wheelchair user.

Suggestions have been made on how to improve the service and good practice has been highlighted.

Acknowledgments

Healthwatch Hackney would like to thank the Stamford Hill Group Practice manager, staff and service users for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and writing this report.

About the practice

CQC report and rating

The service was inspected by the Care Quality Commission on 5 April 2023. The report has yet to be published.

The service was previously inspected by the Care Quality Commission on 20 May 2021. A report was published [on 2 July 2021](#).

The service was marked as GOOD and for being **Safe, Effective, Caring, Responsive and Well-Led**.

Online patient feedback

The surgery's [Google review page](#) contains mixed feedback mostly related to booking an appointment, administration and staff attitudes. The average rating given is 2.0 out of 5. It is worth noting that the Practice has not responded to much of the patient feedback.

The practice has an accessible and well-presented [website](#) containing a good amount of up-to-date information.

Location and services

Stamford Hill Group Practice is located on Egerton Road, within a 5 minute walk of Stamford Hill rail station and bus stops.

The building has two floors and is owned by the six GP partners who are responsible for maintaining the building and making it accessible. There are over 17,300 registered patients. When we last reviewed the service in 2017, the number of patients was 15,200. We were told that the size naturally increases due to the high birth rate in the area. The surgery welcomes around 500 babies a year.

Stamford Hill Group Practice has six partners and four salaried doctors (one of them is currently on maternity leave). The practice is also a training practice and currently one GP in training supports the team of GPs.

All GPs work part-time and five or six GPs work at the practice at any one time, including an all-day Duty Doctor, during the days when the practice is open.

The practice is supported by seven to eight receptionists every day. This number has increased by two since we last visited the practice in 2017. One or two receptionists welcome patients at the front of the practice and at least four receptionists (daily) respond to patients' calls.

The practice is also using an internal supply of bank staff through the GP Confederation when additional support is needed.

Stamford Hill Group Practice is open from Monday to Friday from 8am - 6:30pm. As part of the enhanced access programme, the practice also offers all-day appointments on Sundays to support the needs of the local community. The practice manager reported that uptake of immunisation is higher at weekends because bigger families have more flexibility. There are also no parking restrictions on Sundays which help bigger families to come together.

In-house services

Apart from the regular GP services, the practice also offers:

- First Contact physiotherapy - patients can be seen the same day
- Complex physiotherapy – access through a referral. A physiotherapist comes to the practice once a week
- Home visiting service
- Nurse - two part-time Practice nurses and one Lead nurse who works full-time
- Pharmacists - two full-time and a part-time
- One full-time Advanced Health Care Assistant & Student Nurse
- One full-time Health Care Assistant
- Two Paramedics
- Mental health nurse
- Health and wellbeing coach
- Social prescriber

Three practices within the *Springfield Park* [Primary Care Network](#) share the mental health nurse, the health and well-being coach and the social prescribers.

Access to services

Since 2019 the practice has run telephone triage and provides same day appointments for GP consultations. For some vulnerable patients and those with special needs, doctors can book regular sessions in advance.

Appointments with other professionals such as nurses, physiotherapists, and social prescribers can also be booked in advance.

Stamford Hill Group Practice moved to on-the-day appointments as patient feedback suggested unhappiness with the long waits for appointments (three or four weeks or longer) because the appointments were so booked up in advance. The practice manager also reported a high Did Not Attend rate during this period because often patients' problems were resolved or they would find another way of getting treatment.

“With the new way of working, we felt we could deal with people's medical concerns better. We found that people responded to telephone calls from the practice and do come in if they need to.” (Practice Manager)

Stamford Hill Group Practice offers the following methods of booking appointments:

- Walking in
- Online booking
- Patient Partner - an automated system by which patients can book appointments using a telephone keypad
- Phoning the surgery between 8am and 11am. Most patients try to call at 8am. A message will indicate the patient's position on the phone line. The average wait on the phone is seven minutes. With large families, the calls often get long because they often have multiple questions for family members. If all the appointments have gone callers are asked to call back the following day.
- Online consultation – the practice recently changed its online consultation provider following an engagement review and patient feedback. Patients reported negatively on the previous online consultation form, which had too many sections to complete.

Appointment slots with GPs are for 10 minutes unless a double appointment is booked. A double appointment can be booked if the patient has any special needs.

Appointments with the nurse are around 15 minutes, but the timing may depend on the patient's needs. Longer, half-hour appointments are allocated for physiotherapy consultations.

The Duty Doctor sits in reception with the staff, screens each call and directs patients to the most appropriate professional. The busiest time is between

8am to 11am. If there are no regular appointments left when the patient calls, they will be seen by the Duty Doctor.

Staff training

The practice works closely with the GP Confederation where training resources are made available for GP practice staff.

One example of this collaboration is that the Lead Nurse and three pharmacists are now medical prescribers following the completion of an advanced prescribing course.

Different staff members undertake different regular training depending on their roles and professional needs. All staff undertakes the following mandatory training:

- Data Security Awareness
- Equality and Diversity and Human Rights
- Conflict Resolution
- Fire Safety
- Infection Prevention and Control
- Health, Safety and Welfare
- Moving and Handling
- Preventing Radicalisation
- Basic Life Support & Resuscitation
- Safeguarding Adults
- Safeguarding Children
- Sepsis
- Chaperone
- The Oliver McGowan Training on Learning Disability and Autism

All staff members we spoke to on the day were Safeguarding aware and knew whom to go to and how to report a safeguarding concern.

Supporting vulnerable patients

Stamford Hill Group Practice uses a flagging system to record patients' additional needs. The practice manager told us that they would try to respond to and accommodate any support needs that their patients may have. This includes providing an induction/hearing loop and arranging a language interpreter or BSL interpreter. However, the practice team was unaware of how to and where to source communication support for visually impaired patients (such as providing information in Braille); Easy Read materials for patients with learning disabilities; requesting a BSL interpreter for deaf or hard of hearing patients. *"We never had such a request so never had to deal with this before."*

The practice has an induction/hearing loop fitted in reception and a portable loop that can be used in consulting rooms and home visits. However, our Authorised Representatives did not see the equipment on the day nor any signposting information.

Dealing with complaints and patient feedback

The practice prefers to deal with patient complaints internally. Patients can either request a complaint/feedback form at reception, email the practice or share feedback on Care Opinion.

“We’ve been asking Patient Participation Group members to come along and help us collect some patient feedback and do something similar to what you’ve done in the practice today and talk to patients. Unfortunately, only one member of the PPG was prepared to take on this role.” (Practice Manager)

If the complaint is more complex, then patients would be signposted to contact NHS England and the practice would respond through formal channels.

Any complaint that is received by the reception team will be flagged up with the Practice Manager, however, if it can be dealt with immediately, the receptionist would use their own initiative.

Patient Participation Group (PPG)

The group has 15 members, however, the practice manager is concerned that the group is not active. *“We tried different things to encourage new members to come along. Some of them actually left the PPG, because I don’t think they find it very inclusive. They felt that the conversations are quite controlled by some members.”* (Practice Manager)

The last PPG meeting was held in February 2023 and the next meeting is planned to go ahead in June 2023. Those meetings are usually attended by practitioners, paramedics, nurses and other professionals.

Patient feedback and Healthwatch Hackney observations

The Authorised Representatives made the following notes and observations.

General Environment and accessibility

We found the practice overall accessible. Most patients also reported positively on accessibility *"I think the practice is accessible. I live two blocks away and I walk here."*

- There is an accessible ramp leading to an automated door at the entrance. Our Authorised Representative who is a power wheelchair user was able to successfully use the entrance. There is a bell that patients with physical disabilities can use to notify the reception team of their arrival and support their needs. However, our Authorised Representative thought the bell is too high and too far away and patients with physical disabilities may not find it easy to reach.
- The waiting areas had a welcoming layout and were clean. There is good lighting and enough seating and space for patients. However, our Authorised Representative who was attending in a power wheelchair felt that the space was not wide enough to move about comfortably and that there was no safe space for them to wait without obstructing other patients.
- The practice has a high counter and a low counter suitable for patients in wheelchairs or power wheelchairs.
- There is an e-check-in kiosk that is at the right height for patients in wheelchairs or mobility scooters.
- There were two accessible toilets on the ground floor. However, the cords, which are supposed to touch the floor to easily assist a person in an emergency, were both tied up high and not reachable from the floor. **We raised the issue with the team and the cords were untied immediately.** There was an updated cleaning schedule for both toilets on the wall. When we first arrived the toilets were clean, however, as the day went on they became dirty. We raised this issue with the staff who arranged for the toilet to be cleaned.
- Toilets also had a baby changing facility. When our Authorised Representatives assessed access to the toilets, they had difficulties with locking the door of the toilet to the right of the reception. The door was also opening outwards which can potentially be a hazard for people coming through the corridor.
- 17 consulting rooms were available at the premises. Locations of all were clearly signposted by the reception.
- There is an accessible lift to take patients to the consulting rooms on the first floor. However, the turning space in front of the lift was

not big enough for a power chair or a large wheelchair user to turn safely.

- The consulting rooms are designed to facilitate access for wheelchairs, mobility scooters, and walking aids.
- There is a First Aid Kit located behind the receptionist's desk which can be seen from certain parts of the downstairs waiting area.
- There was no defibrillator/AED visible from the waiting area or behind the receptionist's desk. We were told it is kept in a nurse's room down the hall.
- There was no visible induction/hearing loop or any leaflet promoting the availability of this device.
- The practice has an in-house wheelchair to be used by patients while at the practice
- There is a fire alarm and fire extinguishers located near all exits of the building and the elevator
- We observed the notice boards to be well organised with up-to-date information. However, we noticed that a limited amount of information was available
- Healthwatch Hackney Enter and View notification leaflets were displayed in different places around the practice

Access to services (booking appointments)

All patients on the day reported booking their appointment over the phone. Only one patient had a standing bi-weekly appointment. All other patients were able to book an appointment for the same day and all were seen in person.

All patients told us they had to call at 8am to book their appointments. Almost all patients (22/23) expressed difficulties getting through to a receptionist over the phone. The feedback shared by patients indicated most patients usually wait over 40 minutes to speak to a receptionist if they call at 8am. One patient reported that they had started their call at number 38 in the queue, even though they had called at 8am. Many patients told us that often by the time they get through to reception, there are no more appointments available, and patients are asked to repeat the same process at 8am the next morning. The long wait and the uncertainty of whether they will be able to book an appointment has caused many patients stress and worry.

None of the patients we spoke to had any experience of booking an afternoon appointment. They believed that calling at 8am was the only time they could book an appointment.

None of the patients we spoke to reported booking an emergency appointment.

Some patients told us that they felt they needed to exaggerate their symptoms in order to be seen by a health professional more quickly.

“Booking an appointment is incredibly difficult. I have to call at 8am exactly and if I don't then I am already not going to get an appointment. It is not accessible and I have to exaggerate my problems even to get an appointment.”

Only one patient we spoke to on the day experienced a language barrier when accessing services. The patient knew that requesting an interpreter was an option.

The two receptionists we spoke to told us that if someone calls on behalf of a patient to request an appointment (even if they are not the patient's registered carer) this will be accommodated. However, a few patients on the day told us that this often is not what happens in reality *“It is very hard to book an appointment in the first place. I have called three times and started as 13th 14th and 17th in the queue at 8am. Usually, there is a two hour wait even if you call in the morning. Because of this, I have not been able to see my GP for over a year, because I haven't had the time and needed my children's help. I'm not even sure who my doctor is anymore. I also called yesterday at noon and I had to give up because it took too long. Now I have to ask my children for help. However, when my children called to try and book an appointment they were not allowed to because they are not my official carers. This is frustrating because I need their help and even if I give them access, the practice is still not very accommodating by letting them help me.”*

One patient had a negative experience accessing services for administrative purposes *“I asked them to help me complete a form to apply for a job and they said they would on the phone and I sent it over. Now, three weeks later they have still not completed it and it is due. This is why I'm here today because no one has filled out the sheet and I need them to. I did not feel listened to.”*

Patient care, dignity and support

We observed that receptionists operated in a professional way towards patients.

The practice manager told us that patients with physical disabilities will be seen on the ground floor for easier access unless the patient would like otherwise. However, on the day of our visit, the practice was attended by an elderly patient who had difficulties walking in and was breathless by the time of her arrival. She was directed to an appointment on the first floor.

"I am now 84 and I get very tired once I get here. I was sent straight upstairs for more walking when I was already out of breath. I was able to take the elevator but by the time I had got into a seat, I was very tired. I wish I was seen downstairs."

Thirteen out of the twenty-three (13/23) patients we spoke to have been with the service for over 20 years and 4 of those for over 40 years. Most of them had mixed experiences of access to and quality of services. Some patients reported both positive and negative changes to the services over the years

"I've been using this service for about five years now. But I feel like in those five years it has changed a lot. The GPs are more accommodating."

"I've been using the service for 57 years. It was good but now it is bad."

Over half of the patients (12/20) commented that sometimes communication with receptionists is poor and they may lack empathy for the needs of patients.

Some patients told us that they did not feel comfortable asking the receptionists questions either 'face to face' or over the phone.

We were surprised at this finding in light of our report published in 2017. We feel that the interaction between patients and reception staff needs to be explored in more depth, in relation to staff training, staff numbers and the triaging system used by the practice.

"I don't find the reception team helpful when I call them on the phone and request a certain doctor or a certain time. I feel like I have to exaggerate my symptoms for them to let me have access to a doctor. Also, when I request a certain doctor, they always seem to increase my wait time."

"I am not happy. A receptionist said to me "Just get on with it" and rushed me."

Over half of the patients felt there was adequate privacy at the reception desk (11/19). However, three patients felt like this privacy was disrupted by receptionists raising their voice when they spoke to them.

"There are always people standing behind you. The receptionists talk very loudly. I think they do not realise how loud they are. Privacy is very difficult to get."

A Plexiglas screen separates patients from the reception team, but we observed that personal patient information can still be overheard when patients are speaking to reception staff.

Most patients felt satisfied with the quality of the service received from clinicians, felt listened to, their concerns taken into account and felt comfortable asking questions during the consultation.

"They always explain my treatment or medication in a way that I understand. It's very nice."

"Access is a problem but clinical staff are sympathetic."

"I trust my clinician and I am comfortable asking them anything."

However, others felt the opposite *"I feel fine asking questions, but that doesn't mean they're always going to answer them or listen to what I need. I do not really feel like I have enough time with my clinician. There is not enough attention to my needs."*

Most patients felt they were given adequate time during the consultation, with a few patients (3/18) feeling rushed.

14/16 patients interviewed said they had to wait past their scheduled appointment time to be seen. No communication on the actual waiting times was provided by the practice.

"I wait a maximum of 30 minutes in the waiting room to be seen by my GP usually. No apologies are given for delays. It would be better if they did."

Most patients told us that they did not see the same clinician at each appointment:

"Before I was able to see the same clinician. Now with this appointment system it is someone new and I wasn't able to choose."

7/13 patients who requested a male or female doctor had their request fulfilled. However, some other patients felt that they cannot rely on the service to accommodate these needs. *"I would like to see a female clinician and I must, based on my religious preferences, but when I try they're not helpful and it seems like they do not want to do it."*

Greater sensitivity is needed when requests of this kind are received.

One patient said they are grateful for the home visits and prompt response from the on-call GP (Duty Doctor).

Feedback and complaints

Information about how to make a complaint was posted on the notice board. The information was posted on one A4 sheet, but the size of the text was very

small and hard to read. The sheet included a link, a QR code, a phone number, and an option to request a printed copy of the form.

No patients interviewed on the day had raised a complaint in the past.

One patient spoke about the need to complain and was provided with the necessary information.

Signposting and information

Accessible Information - No information about the Accessible Information Standard (AIS) was visible in the practice. Staff also did not recognise the AIS as a document and procedure that they needed to comply with.

There was no reading material available for patients while waiting to be called for their appointment.

The Stamford Hill Group Practice – General Practice Privacy Notice was posted on the notice board over five A4 sheets, but the text was far too small for patients to read. Increasing the text size should be considered to provide better access to information.

The notice boards were neat and all leaflets were up to date. Leaflets were informative and included information about Hackney's Health and Social Care Complaints Charter, the Care Quality Commission rating, Polio Vaccination, Domestic Violence, Diabetes, Antibiotics, Comments and Complaints, Young Person Welfare, requesting Repeat Prescriptions, Cost of Living Support, and the Patient Participation Group (PPG).

Many patients we spoke to were not aware of the different services available within the practice such as Duty Doctor, Social Prescriber, Health and Wellbeing Coach.

Staff feedback

We spoke to two receptionists on the day. One of them was fairly new to the role and the other had been working for the Practice for over 10 years. Both team members told us they enjoy their roles, but often find it somewhat challenging to deal with patients and respond to their demanding requests.

Receptionists also reported on the increasing number of patients presenting with mental illnesses, and found the Mental Health First Aid training, and other forms of trainings offered helpful when experiencing such challenges.

Both receptionists felt well supported by colleagues and the management and felt comfortable suggesting ideas and improvements during team meetings. One example of their recommendation being implemented

following their feedback, is the Duty Doctor's presence at the back of the reception.

Receptionists told us that some patients can become very impatient if they do not get a quick response to issues and concerns they have raised.

"We suggested that if there's a doctor downstairs and patients see someone in authority, they're less likely to become confrontational. And so now the doctor sits downstairs."

The staff also find this helpful when responding to patients' inquiries as often the Duty Doctor can respond to those inquiries straight away.

Both receptionists thought that providing patients with written information about changes in services would be beneficial both for patients and the practice team. Communicating in hard copy will be more suitable for those patients who do not have access to online information.

What we fed back immediately

- The emergency red cord in the accessible toilet to be untied
- Patients complained about long waits on the phone to book an appointment
- Patients wanted to be able to book appointments in advance
- Patients did not know about the role of the Duty Doctor
- Patients were not aware of the existence of other health and care services provided by the practice such as the social prescriber and the health and wellbeing coach.
- There was not enough printed information available within the practice

Recommendations

What changes do patients and staff want to see?

Patients and staff told us that they would like:

- to be able to book appointments in advance to avoid the stress of calling at 8am
- shorter waiting time on the phone to book an appointment
- more information about additional services provided by the practice and be kept updated about any changes to existing services.
- Improved communication from the reception team to better understand and respond to the needs of patients on the phone and in person.
- Enhanced training for reception staff to better understand the cultural and religious needs of patients.
 - *“The receptionists need training on how to deal with people from all different backgrounds and how to be kind not only on the phone but in person too.”*
 - *“I would say that they could give a little bit more time so the elderly can rest or they could let the elderly stay on the ground floor. I also think that they need to make the phone call system more acceptable to the elderly. The new service they have developed is confusing because nobody has explained it to me and they won't let my daughter help.”*
 - *“I think you should be able to book appointments in advance. This will take a lot of stress off having to call at 8am and will allow people to have more flexibility with their days. It would be very nice to be able to do this.”*
 - *“I have only used the practice for a month. My first contacts with the service have been ok. The receptionist was not very helpful when I said I needed a doctor's note to apply for a job.”*
 - *“Staff would benefit from training to improve their communication skills.”*

Based on the analysis of all feedback obtained, as well as on the Authorised Representatives observations and the website review, Healthwatch Hackney would like to make the following recommendations.

Healthwatch Hackney recommendation	Stamford Hill Group Practice response	Action by
<p>General Environment and Accessibility The Practice should make sure that the building and facilities are always fully accessible while in operation. We, therefore, recommend that the practice should:</p>		
<p>Relocate the bell outside the building to make it more accessible for patients in wheelchairs, walkers, or powered wheelchairs.</p>	<p>Although there is a buzzer located outside the building there is no requirement to use it as we have fully automatic doors that will open when approached. The buzzer was used during the pandemic as we were following government guidelines and limiting the patient flow within the building. When we have another refurbishment in the future we will consider lowering it.</p>	<p>N/A</p>
<p>Ensure the red cord in all toilets is reachable from the floor and close to the toilet pan.</p>	<p>All emergency red cords hang freely all the way to the floor. All red cords now have a Evans Guide card attached to them. This card reminds all staff and visitors to the practice how the cord should be hung. We are aware of the importance of this and it is checked daily.</p>	<p>Completed</p>
<p>Ensure the door of the toilet at the right of the reception is in full working condition, to avoid patients being locked in the toilet and to ensure privacy. The door to the toilet further down the hall should open inward to allow easier access for disabled patients.</p>	<p>All toilet doors are in full working order. The disabled access toilet door located opposite reception can open inwards and outwards but we prefer it to open outwards. The idea being that if you are less able bodied or have an accident or fall over against the door, and can't get up, then you are able to push the door open to call for help and to get help rather than block the door. This also allows us and the emergency services to gain entry in case of an emergency.</p>	<p>N/A</p>
<p>The practice to consider designated space for wheelchair, powered chair or mobility scooter users in the waiting area.</p>	<p>We will consider removing/relocating two of the chairs in our downstairs waiting room to enable a designated space. We will also explore the option of having wall mounted foldable chairs in order to create space for a wheelchair.</p>	<p>N/A</p>
<p>Ensure the defibrillator can be seen from the reception by patients and offer training in its use.</p>	<p>We have discussed the possibility of moving our defibrillator but felt it was extremely important that all of our emergency equipment was stored together for ease of access in case of an emergency. We do think it is important that we</p>	<p>N/A</p>

	advertise that we have a defibrillator onsite so we will display signs in the surgery informing everyone where it is located. The surgery is not in a position to offer individual training to use a defibrillator but we would like to explore the options of providing some Basic Life Support training at one of our Sunday open day events.	
Ensures the induction/hearing loop is well advertised at the reception and information is available about the loop in the waiting areas.	We are in the process of increasing the amount of notice boards that we have in our waiting rooms. This will enable us to display more information for our patients including advertising the hearing loop at other locations other than the reception area.	31.08.2023
The practice considers enhanced access for patients using wheelchairs	As part of our refurbishment project the building was designed to be as wheelchair accessible as possible. There is ramp access to the main entrance with automatic doors, there is a lowered desk in the reception area and all communal doors are automatic. We have a lift to allow access to the upstairs consultation rooms. Despite this, we are aware that there may be some people that will still struggle to access some areas of the building. We encourage anyone in this situation to speak to a member of our reception or management team who will be able to arrange for their consultation to take place in a more accessible room. We welcome feedback from all of our patients and to contact our management team with any concerns or suggestions around access for wheelchair users.	N/A
<p>Access to services (booking an appointment)</p> <p>There were several comments from patients about the long waiting times on the phone to book an appointment. Therefore, we recommend that the practice carries out a review of its existing booking system to ensure quicker access to services by:</p>		
Giving extra attention to the timeliness of responding to patients' calls. This should involve implementing a call-back system so patients do not have to stay on the phone for so long, e.g. an automated call-back system to call patients back when they are reaching the top of the queue.	Our current phone system allows up to 50 people in the queue call at any time, this was increased from 20 people. Although we know some patients do not like this, we have found the majority do appreciate knowing which number caller they are. We have increased the amount of staff we have answering calls at peak times. Our reception supervisor monitors our call volumes throughout the day and adjusts staff duties accordingly. We are currently in the first stages of updating our telephone system to be in line with NHS England's guidance to have a cloud-based system in place by the end of 2024. Our local ICB and Primary Care Network teams are supporting us with this process. The new system will allow	End of 2024

	patients to request an automatic call back so they do not have to wait on the telephone for an extended period. When they reach number one in the queue, they will be called back and be put straight through to one of our receptionists.	
Instead of asking patients to call in the next morning because no more appointments are available for the morning surgery, patients to be advised to call in the afternoon for an afternoon appointment.	The majority of our GP appointments are released "On the Day". We encourage patients to call on the day that they would like to be seen rather than booking in advance. 25% of our GP appointments are available to book using our automated telephone service (Patient Partner) or by using an online booking service i.e. NHS app. We have found that we have less DNAs (Did Not Attend) since adopting this model. We have a Duty Doctor who is available from 8am – 6.30pm each day. The Duty Doctors triages all of our calls alongside our reception team. The Duty Doctor will direct all patients to the most suitable service for them. We now have a wide variety of clinical staff available at the practice, these include Clinical Pharmacists, Paramedics, First Contact Physiotherapist, Mental Health Nurse and Social Prescribers that offer services ranging from Lifestyle Coaching to help with Housing issues.	N/A
Ensuring patients' gender preferences for clinicians and their cultural needs are considered and accommodated (if possible) by offering patients pre-bookable consultations so that patients are able to book appointments with a clinician of their choice.	We understand that some patients have a preference around which gender clinician they consult with. We encourage patients to inform us of their preferences at the point of booking their appointment. Although we will always do our best to accommodate individual requests, we cannot guarantee it on every occasion.	

Patient Registration

We were reassured by the reception team that no proof of ID and or address was required from new patients who are asking to register. This is also reported in our last review of the GP registration in Hackney.

However, receptionists told us that sometimes patients are turned away following completion of a registration form, because they do not live within the practice's catchment area. Receptionists shared that this often makes patients frustrated as limited information was given about the catchment area.

[NHS suggests that patients can register permanently with some GP surgeries outside their local area](#) although this can affect the NHS services that the patient can access including:

- **home visits and urgent care from your GP, including out of hours care**
- **community services, such as physiotherapy and midwife appointments**

Patients wishing to register with a GP further away should discuss alternative arrangements for these services when they register.

There was also no information about new patient registration in the waiting areas. We, therefore, recommend that:

<p>The Practice should adopt the Doctors of the World, 'Safe Surgeries' methodology to promote patients' rights on access to high quality healthcare.</p>	<p>Our surgery aims to improve access to primary care we are committed to delivering inclusive and accessible services for everyone in our community. We do ask patients if they are in our catchment area, but we do not ask anyone to provide us with proof of address. We never ask anyone about their immigration status or entitlement to NHS treatment. We will not turn anyone away if they cannot provide an address in our area, we will offer to register them at the practice address if necessary. We are planning to put up a notice board in our entrance lobby, this will display information about Doctors of the World, Safe Surgeries</p>	<p>30th September 2023</p>
<p>Poster/ information is made available within the practice welcoming new patients. This should include a list of postcodes that fall within the practice's catchment area.</p>	<p>We will be increasing the number of notice boards within the surgery. One of the new notice boards will be placed within our lobby area and will be dedicated to new patients. We will include a copy of our catchment area on a map and a full list of postcodes or road names. In the meantime, we have a full list of road names and a copy of the map available upon request at reception. This map is available on our website.</p>	<p>30th September 2023</p>
<p>Before providing a registration form to potential new patients, receptionists should check if the patient's postcode is within the practice's catchment area and the additional information about restrictions of living outside of this area should be provided on time so that the patient can make informed choice.</p>	<p>We have a very large catchment area with over 17,500 patients currently registered with us. To ensure that we provide the best possible care to our patients it is our practice policy not to register anyone outside of our agreed catchment area. To avoid any confusion or inconvenience our reception team will check the postcode or road name of any new patients wishing to register with us.</p>	<p>30th September 2023</p>

Patient care, dignity and support		
<p>The practice should ensure that information about the Accessible Information Standard is available within the practice, to ensure those who potentially need such additional support are aware of its existence and how to request access. Resources can be found here:</p> <p>https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/resources/</p>	<p>We will display information about the Accessible Information Standards in the practice waiting rooms. We will also look at our new patient registration pack to see if we can adapt our forms to include this.</p>	<p>30th September 2023</p>
<p>All staff are made aware of the Accessible Information Standard and its requirements</p>	<p>We have identified that there is training available for the Accessible Information Standards on the same platform that we use for all our annual Mandatory training. We will ask all our staff to undertake this training to raise further awareness.</p>	<p>31st August 2023</p>
<p>Some patients commented on the need for enhanced communication skills from the reception staff. We, therefore, recommend that:</p>		
<p>The reception team is provided with regular formal training on effective communication skills and how to deal with challenging situations that arise.</p>	<p>Our reception team have attended a variety of different courses to improve communication with patients and colleagues. We strongly encourage the development of all of our staff at SHGP and will engage in all available training offered. Our receptionists are encouraged to talk about and share experiences in our regular team meetings.</p>	<p>N/A</p>
<p>All team members who come into contact with patients should be required to undertake cultural awareness training to better understand the needs of specific communities served by the practice.</p>	<p>Some of our staff have worked at the Practice for many years and have a vast understanding of the needs of our patients. We regularly share knowledge and understanding at our practice meetings. We would welcome any support that Healthwatch Hackney could offer in providing additional cultural awareness training. We feel we have a good relationship with our patients and will respond to anything that is felt to be culturally inappropriate. We encourage all our patients to</p>	<p>HWH to suggest resources and examples of good practice with SHGP</p>

	contact our management team with any concerns that they may have.	
We recommend that regular independent reviews of patient satisfaction are carried out to monitor patient experience.	The national Patient Survey is carried out annually, but we have a very low uptake in the number of patients that complete it. We have found that we get a higher number of responses by surveys that are conducted by the practice, but we cannot class these as independent reviews. We would welcome support from Hackney Health Watch in conducting regular reviews at the surgery.	Healthwatch Hackney agreed to conduct quarterly visits at SHGP to collect patient feedback. A short report of feedback analysis to be shared with the practice.
Feedback and Complaints		
The Practice's Complaints Policy was posted on one A4 sheet and provided good quality information including a QR code, a phone number, and an option to request a printed copy of the form. However, the size of the text was very small and hard to read. Information about sharing general feedback was also missing. We, therefore, recommend that:		
The font size used in the Complaints Policy available in the waiting area on the ground floor should be increased. The same information to be available in the waiting area on the first floor.	We are increasing the number of notice boards throughout the surgery. Once these are in place, we will increase the font size of the Complaints Policy and ensure that a copy is also displayed in the upstairs waiting room.	30 th September 2023
General feedback forms should be available in the waiting areas. The forms to provide information about Healthwatch Hackney as the independent health and care watchdog, as well as information on the local Independent health and care advocacy service.	We are in the process of setting up a comments and suggestions box. We think it would be useful to include information about Healthwatch Hackney and the local independent health and care advocacy as part of this display.	30 th September 2023

<p>The practice should place a board in the waiting areas, with pictures and the role of each staff member so that patients are able to identify the professional or the staff member when they need to.</p>	<p>We have a plan to display our staff pictures and roles on our TV screens within the waiting rooms.</p>	<p>31st October 2023</p>
<p>Patient Participation Group – the practice to improve their communications regarding the PPG, to ensure diversity and equal opportunities and to enhance patients' participation. Examples of good practices in other GP practices to be shared and reviewed.</p> <p>The practice should consider attending one of the monthly Resident Engagement Support Surgeries run and delivered by the Neighbourhoods Involvement Manager at Healthwatch Hackney. The surgeries provide a space where staff working with residents can get practical guidance and resources for different PPG engagement activities. The Healthwatch contact is: sabrina@healthwatchhackney.co.uk</p>	<p>We have a very small PPG and despite trying to recruit other members we have been unsuccessful. Our management team will engage with Sabrina Jantuah as suggested by Healthwatch Hackney and will attend the monthly Resident Engagement Support Surgeries. We will also contact our neighbouring practice to learn about their PPG.</p>	<p>Contact has been made with Sabrina Jantuah</p>
<p>Signposting and information</p>		
<p>The notice boards within the practice were well organised with up-to-date information. However, we noticed that only a limited amount of information was available and that some of the available information was printed in a small, hard to read font. We, therefore, recommend that:</p>		

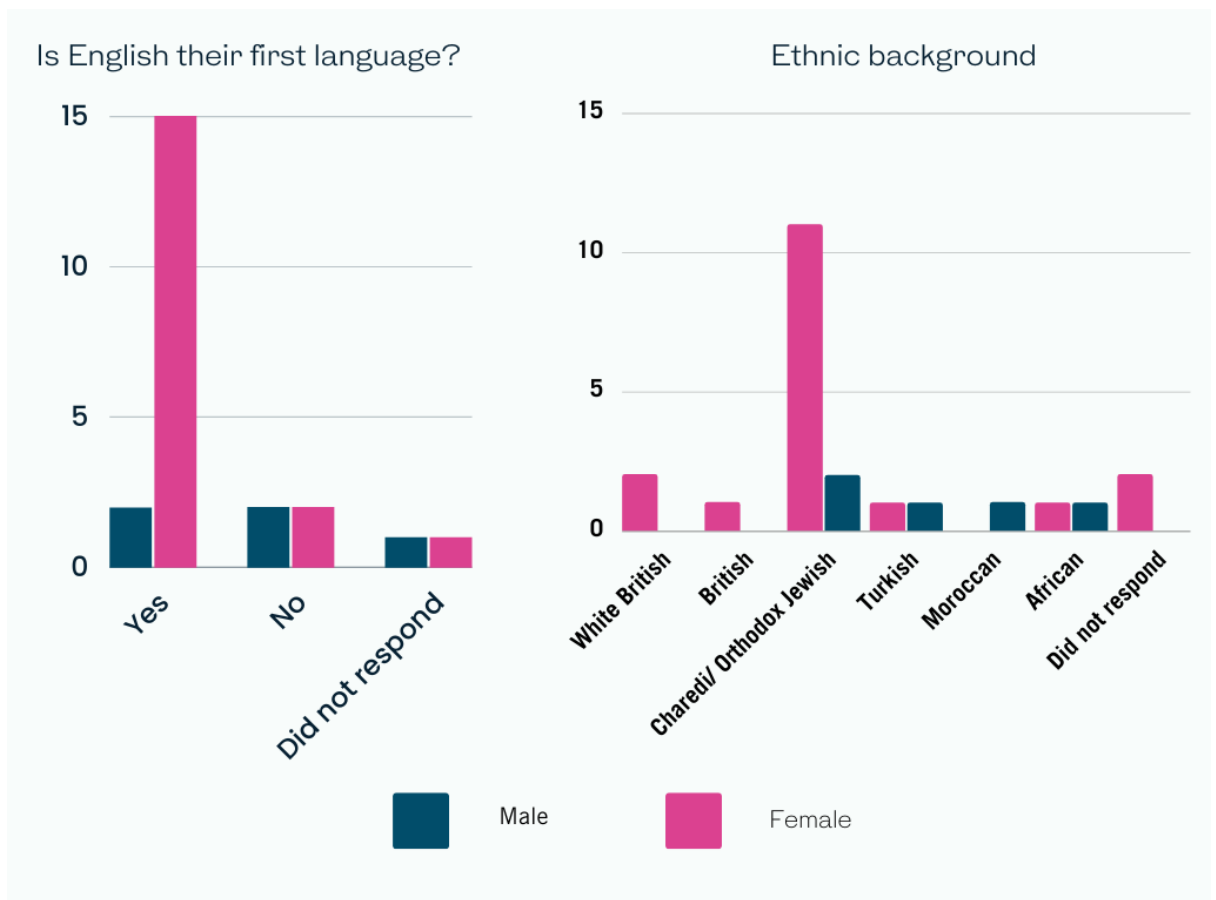
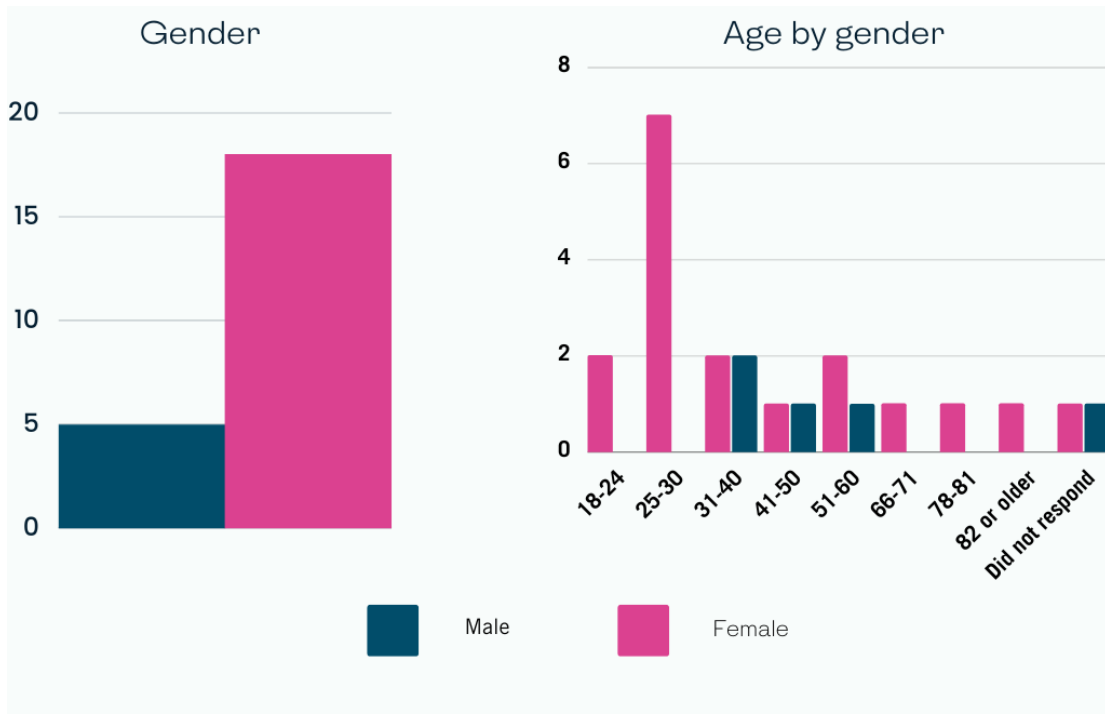
Information about the different ways of booking appointments is promoted through hard copy. This information also to include information about the morning and afternoon slots, so that patients are not restricted to call only in the morning.	We will produce a leaflet containing all information around our appointment system and the different ways patients can access us. The leaflet will be available at the reception front desk area, we will also include it as part of our new patient registration pack.	31st October 2023
Information about other services offered by the practice is promoted in hard copy for those who have no access to the internet. This to include information about the Duty Doctor, Social Prescriber and Health and Wellbeing Coach.	We think this information would be good to include within the leaflet mentioned above.	31st October 2023
When the practice produces leaflets they should ensure the text is large enough to be read by all parties.	All leaflets produced by the practice can be provided in a larger font size upon request at our reception desk.	N/A
Information on the website		
The practice website has a designated page providing information for carers . However, it is missing important information about local support. Therefore, we recommend that the leaflet also includes information about Carers First www.carersfirst.org.uk/hackney/#welcome – the organisation commissioned by the Local Borough of Hackney to provide	Our website's dedicated page for carers has lots of information, but it will be updated to include local information from Hackney.	11 th August 2023

support to unpaid carers in the borough.		
None of the links providing information to non-English speakers were working. These should be reviewed and updated.	At the time our website was reviewed there were some links to non-English speakers that were no longer available on the GOV.UK website. As soon as this was brought to our attention, we contacted our website host and asked them to fix the links to avoid confusion. This issue was fixed immediately. Our website does include a function that allows users to translate all pages into multiple different languages.	Completed

Healthwatch Hackney comments:

Healthwatch Hackney will work in collaboration with the Stamford Hill Group practice to support the implementation of our recommendations. This will include continuing to share patient feedback as we receive it and sharing resources or examples of good practice.

Demographics



One patient shared caring responsibility.
 One patient stated they had disability.

This report is available to the general public and is shared with our statutory and community partners.



Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.



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