

Enter & View

The Greenwood Practice

Ardleigh Green and Harold Wood surgeries

July and August 2024



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 Community Interest 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?

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 voice, 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.

Note: there may be some repetition of information between the sections of the report relating to the interview with the manager and the report of the actual visit, reflecting discussion as it took place, and the observations made during the visit.

Introduction

The Greenwood Practice has two branch surgeries, one in the Ardleigh Green area of Havering, the other in Harold Wood. Healthwatch Havering previously visited the Harold Wood branch in November 2016 (with a follow-up visit in May 2018) and both branches in January 2019.

This report presents a report of the visit at each of the surgeries in July and August 2024 – separate Healthwatch teams attended at each one – and some general observations and conclusions applying to the practice as a whole appear at the end. The Practice has responded to the report and their comments are set out at the end of the report.

The Practice was given an indication of the week during which the teams would be visiting the two branches but, just before the visits were due, a world-wide failure (outage) of Information Technology adversely affected many GP practices in the UK (among millions of IT users), which led to a request that the visits be postponed, and so they went ahead a week later than originally planned. The practice was not aware beforehand of the exact date and time of the visits.

The pre-visit discussion with the Practice Manager

The practice had received complaints about getting through on the phone and the length of time patients had to wait for appointments. That said, it is no different to other practices in the Borough, which are dealing with the same issues.

The surgery has four partners, with two registrars training to be GP's arriving from a London Hospital in September.

It is currently serving 11,700 patients across both branches.

Doors are generally open across both sites from 8.30am until the close of business at 6.30pm. Phone lines open at 9am across both sites and close at 1pm across both sites to allow for administration and home visits etc, on Monday, Tuesday Wednesday and Friday. On Thursday, the phones close at 1pm for the Ardleigh Green branch and remain closed as calls to the Ardleigh Green branch are diverted to

Gubbins Lane – the Gubbins Lane branch remains open on Thursday afternoon, whereas the Ardleigh Green branch is closed; phones at the Gubbins Lane branch go off at 1.30pm on Thursday for one hour and open again at 2.30pm until the close at 6.30pm. It is expected that, eventually, the lines at both branches will be open all the time.

The visits

Ardleigh Green branch

Initial visit – 31 July

The team had planned an afternoon visit but, on arrival found that there were in fact were no appointments as the doctor was attending a training course; consequently, there were no patients present. Consultation sessions take place morning and afternoon Mon-Wed and Friday, and in the morning on Thursday. The team decided to have a look around the surgery and to complete as much of the visit as possible, and then to return later to interview patients.

The branch is situated in a converted house at a crossroads which is usually very busy but was not so on the day of the visit – possibly due to it taking place during the school summer holiday period.

There are no on-site parking facilities and the building faces a main road with parking restrictions that apply all the time, but the adjacent side streets have on street parking facilities.

The branch is surrounded by a wall and a paved area with a flower bed to the left side. This area needed some attention, appearing very drab and uninviting and the flower bed needed to be filled in or replanted.

There was good wheelchair access to the rear of the premises, with a bell to notify staff of arrivals. There was no provision for the storage of prams but the receptionist advised that mums were permitted to bring them inside to the rear of the reception office for safety.

The team found that the receptionist on duty was very friendly and helpful. In response to a question, she advised that there is an alarm button behind the reception desk but that, because the glass panelling does not fully enclose the reception desk, it was possible for potential intruders to reach over the counter on one side. This glass panelling had been erected because of Covid and did not include speaker phones which would provide some degree of confidentiality at reception. There was no hearing loop in the surgery. The TV, which we understood was linked to the check-in machine, was not in use at the time of either of this team's visits. There was hand sanitiser available in the waiting area, but there was no facility for drinking water. The electronic

check-in equipment was not functioning and patients were directed to check in at the reception desk.

Seating was limited but well set out with adequate space for movement; the noticeboards were up-to-date and contained a lot of information, including details of the GP hub and how to obtain out-of-hours and weekend appointments. Furnishings seen were all clean. The limited signage was sufficient for a branch this small.

The team were advised that the old paper records were now stored off-site and all records were managed electronically, which had proved extremely difficult during the recent IT outage.

The receptionist to whom the team spoke seemed a little diffident about training she had received. The team decided to explore this more with the branch manager on their return the following week.

The team were told that regular checks for specific conditions were undertaken but that there was no specifically nominated GP for the elderly.

An in-person interpreter could be arranged for any patient with hearing difficulties or telephone access for language issues. A physiotherapist attended the branch for two sessions per week.

The team decided to return the following Wednesday morning to complete the visit.

Return visit – 7 August

The team arrived in the late morning and met the branch manager.

The team raised the question of training as the receptionist to whom they had spoken during the initial visit had seemed a little uncertain. The manager explained that the practice had adopted the Blue Stream training service as this encompassed all the mandatory training elements as well as more specific elements. Members of staff were expected to complete the whole syllabus within 12 months but as might be expected, some members of staff were more diligent than others, who had to be prompted into ensuring all the elements were completed. There is a short test at the end of each element. Staff were permitted to carry out the training in or out of work and were paid for doing so; most preferred to carry out their training at work so they could use desktops rather than iPads etc. Their progress was reviewed on a quarterly basis.

There is a defibrillator available at the branch and appropriate training had been carried out recently.

There are two consulting rooms plus a nurse's room in the premises with all offices, apart from the reception, upstairs where repeat prescription requests were completed and test results etc dealt with. There was also a comfortable staff room in this area. The practice dealt with minor surgery such as moles, coils, implants, skin tags and steroid injections.

All furniture and equipment appeared to be in good condition.

The reception desk is managed by three shifts – 7.45 – 13.00; 13.00 – 16.00 and 16.00 – 18.00. The period before 9.00 is used to prepare for clinics. First appointments begin at 9.00 when GPs arrive. There are usually 2 GPs per session (Mon-Wed and Fri am and pm and Thurs am only) although there is some pressure to extend these times/sessions.

Turnover of reception staff is quite low with some members of staff having worked there for 8 or more years. The practice is a training practice so medical staff are supplemented by trainee GPs, one of whom had recently completed his training and joined the practice as a salaried GP.

The recent IT problems had impacted severely on the practice. As all paper records were now stored off-site, staff could only retrieve a list of names of expected patients and it was not possible to carry out normal assessments etc so the GPs on duty triaged all patients who attended and arranged for more complex issues to be dealt with at an alternative appointment. Additionally, any long-term, regular patients, known to the GPs, were also seen.

When told that a Google search had resulted in the team being given the impression that the practice was closed at the time of the visit, the manager advised that the practice were aware that the information on Google was not always correct but that getting this changed was proving difficult.

Fortunately, the IT system had only been unavailable for the one day and it was decided that lists should be printed a day early so that more patient details would be available and patients would not be inconvenienced should there be a recurrence.

The Pharmacy First principle is worked in co-operation with the pharmacy next door, where prescriptions can be issued. This appeared to be very successful.

In addition to the alarm at the reception desk, the team were advised that the building is alarmed, with the designated key holder being one of the GPs who lives locally.

Harold Wood branch

The team were made very welcome during the visit.

The surgery is an end of terrace house on the corner of a side road and is well positioned for easy access. It appeared to be well maintained and well signposted, clean and newly painted. It has a side entrance for the disabled. A disabled toilet and baby change are suitably positioned inside.

The reception area is well appointed with numerous leaflets, notifications and advice available. A lift has been installed but was not working at the time of the visit due to a sensor problem. Upstairs rooms are being decorated for

use when the new registrars come in September. All appeared to be running smoothly.

The reception area was fully operational, with calls being answered quickly. Recent unavoidable staff changes had reduced the number of long serving staff but others were taking their places.

Speaking at length to the reception staff, the team learned that one had been there for at least four years. She explained how the job was extremely stressful on a minimum wage, but that also they received a lot of support from Senior Staff. Training was not on their radar but talking to the Practice Manager the team were told that this was covered by shadowing, the Blue Stream system and regular staff meetings.

The practice has a system whereby patients can ring for appointments from 9am to 1pm on Monday Tuesday and Wednesday, 9am to 1.30pm on Thursday and Friday and on call system is in place. There is an answer phone system and on call messaging service. The team felt this could be confusing for some patients.

The team were told that the practice is about to trial a weekly appointment system (being issued by the Doctors on a weekly basis), which it considers should improve the patient experience. It is expected patients will be seen within a fortnight of booking; appointments for the following

week were being offered at the time of the visit. They were aware of the difficulties that all surgeries are going through currently.

The team asked the two staff on reception duty about training and this was not being upheld. There were some contradictions to their questions i.e. they said the hearing loop wasn't working, but the Practice Manager understood it was! The reception Staff know the deaf patients well and lip reading is used well here.

The staff were asked how they would decide on medical emergencies on phone calls: they replied they would use common sense, and listen to the patient, but the team felt that (bearing mind that receptionists do not have medical training) a clearer pathway to triaging patients was needed. DNA's (do not attend) are a regular occurrence.

The practice nurses complete varying hours to cover opening hours. All patients with specific and long terms conditions are monitored regularly and all patients over certain ages are called in for regular monitoring. This also includes LD patients for their yearly check, if they will respond to letters and texts. This is followed up as needed.

Many healthcare professionals are allied to medicine i.e. PCN's Physios H & WB coach dietician mental health practitioner pharmacist etc.

The team were told there are 48 sessions for the Doctors per week, bearing in mind the GP's cover the other branch as well. Patients are not prioritised. Emergencies are dealt with as necessary. Repeat scripts have a 48 hour turn around, whether ordered online or taken to the surgery. The NHS app is a very useful tool for this now.

New patients' notes are now received electronically.

Some charges are made for non-NHS activities such as DVLA medicals. Blood tests are accessed by the 10 to 8 service available to all GP practices. Very minor surgery is performed i.e. injections, family planning etc. The doctors cover a nearby care home, whose patients are monitored weekly by phone, and if a call there is needed then it is dealt with on the day.

Signposting of patients to other sites is available from the numerous leaflets around the surgery waiting area, such as the GP hub and NHS 111. The practice was hoping to revive its Patients' Participation Group (PPG).

The surgery website was updated very recently and asked what the practice sees as its downfall, is patients' expectations nowadays being too high, with double the number of appointments needed to cope with trends today – as is common, failure to attend appointments (DNAs) is a major problem. Regular meetings are held to try to deal

with this accordingly. All carers are signposted and a written policy, their medical records are tagged.

There is always support from managers etc. Identification is asked for when scripts are picked up, some go across to chemists electronically. Patients are manually called in at the surgery, because the electronic I pad is not always working, this is a problem across lots of practices.

Summing up this visit, the team were made very welcome by the Staff and had very open and honest conversations with them. All GP surgeries are trying to cope with various situations these days and the team felt encouraged by what they saw and spoke about on the day.

Patients' views

Ardleigh Green

Whilst the team were there, they were able to speak to three patients, all of whom were very happy with the service provided. None of them had waited more than two days for an appointment. One patient had driven to the surgery and reported that he had had no difficulty in parking. The other two lived within walking distance. The provision of prescriptions also appeared to be dealt with efficiently and promptly. One patient reported that they had asked for a telephone appointment but that the GP had requested a face-to-face appointment and this

had been arranged for the following day. All three patients reported that the GPs were friendly and approachable.

Harold Wood

It was only possible to speak to a few patients as the visit was outside normal surgery hours. Those spoken to were happy with the care they received and overall impressions of the practice were good. Some patients from the Ardleigh Green branch were sent to Harold Wood, where one patient said the reception staff were a lot friendlier. The screen at the reception desk that had been erected during the Covid pandemic was causing a problem for the Receptionists, who found it hard to hear patients talking. The team were told that the practice was aware of this and discussions were taking place about removing it.

Conclusions and recommendations

General

- 1 That hearing loops be installed (or if installed, brought into use) throughout both branches to assist patients with hearing impairments to communicate with all staff.

- 2 That training for reception staff be improved, especially in relation to how to deal with triaging or prioritising patients' appointment needs.
- 3 That more thought be given to protecting patients' confidentiality, by avoiding asking personal questions and seeking personal information in the open reception areas.
- 4 That the front areas of both buildings be cleaned and tidied and a few plants provided to improve their appearance.

For the Ardleigh Green branch

The team have not made any recommendations specific to the Ardleigh Green branch.

For the Harold Wood branch

- 1 That the check-in machine for patients be brought back into use.
- 2 That the existing TV be brought back into use to provide patients with useful information while they are waiting.
- 3 That a supply of water be provided for patients.

Acknowledgments

We would like to thank the managers, staff and patients at both branches of the practice for their assistance and co-operation during the visits.

Response from the Greenwood Practice

In response to the report, the Greenwood Practice has responded as follows:

“It was a pleasure to meet the ladies from Havering Healthwatch and we are thankful for their time in helping us to improve the patient experience across both surgeries.

“The ladies on reception are asked to complete mandatory training. Additional training is available on a voluntary basis and we had a great team building/training exercise last year.

“The report for the Gubbins Lane site mentions we have new registrars starting in September – the people joining us in September will be the Barts Students – they will be with us in 2 groups starting from 26th September until May next year.

“It was mentioned for both sites that the TV and check in does not work. This has been the case for some time

unfortunately as this is no longer supported by the ICB and the replacements run into thousands of pounds. Some patients have reported however they like it when the GP comes to call for them in the waiting area as it feels more personal. **We will however look into whether another system can be purchased.** [Emphasis added]

“There is no water facility for patients across both sites which is correct as mentioned. It was decided it would be best for patient safety in case children played with it (possible cause of infection and possible cause for slips on wet floor). We always provide water when asked, in disposable plastic cups and would be more than happy to put up a notice in the waiting room. It is also worthy to note that we are a breastfeeding friendly practice and are happy to accommodate breastfeeding mums.

“The point raised about Google displaying the wrong information about opening times is sadly still correct. We have noted it says we are open until 9pm which is not the case and we will continue to try to resolve this.

“The garden area at Ardleigh Green is well maintained but as was seen on the visit, the Gubbins Lane site is a little unkempt. We do have a gardener but he has not been all summer due to the building works but I have emailed him to ask him to start back again as the work is now complete.

“There was a problem highlighted regarding the hearing loop and I have spoken to my colleague at the Ardleigh Green site and it does appear that their one has not been seen in a long time. The one we have at Gubbins Lane does work (it would appear that the reception team do not know how to use it and this has highlighted the need for them to be trained for this). A loop will be ordered for the Ardleigh Green site and training provided into the use of the device.

“With regards to the plastic glass in reception - it was proposed to have this removed now that we are several years on from covid but the reception teams voted to keep these in place as they feel safer - there has been a rise in aggressive patients (the Ardleigh Green site had a key pad installed after one particular incident). We will however look into a speak system or arrange for some speak-easy holes to be installed to aid in the communication to and from patients. The need for confidentiality is paramount and is recognised, and the reception team will often offer to come and speak to the patient to the side of reception to avoid patients having to speak of their personal matters aloud in a waiting room full of people. It is acknowledged we need to improve on this.

“We have noted that our website does need to be updated more often with relevant information.”

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.

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.

Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there is no ongoing commitment.

To find out more, visit our website at

<https://www.healthwatchhavering.co.uk/advice-and-information/2022-06-06/our-friends-network-archive>



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