



ENTER AND VIEW:

WELL STREET SURGERY

Content

Executive Summary	3
Visit details	7
What is an Enter and View?	7
Purpose of the visit	8
What we did, why and how	8
About the service	11
Findings	12
Accessibility	12
Appointment booking	14
Reception staff	16
Quality of care	18
Privacy and dignity	19
Patient voice	21
Recommendations	22
Post-visit engagement	23
Service Provider's Response	24
Closing remarks	28
Acknowledgements	28

Executive Summary

On 21st October 2024, Healthwatch Hackney visited Well Street Surgery, prompted by concerns raised by the People Feedback Panel¹ about patient experience at this surgery.

This visit supports our commitment to ensuring high-quality, patient-centred care, and aligns with Healthwatch's mission to amplify patients' voices, ensuring their feedback informs improvements in local health and social care services.

What we did, why and how

Preparation included reviewing the practice's website, the latest CQC report, and existing patient feedback dating back 15 months, to align with the new manager joining the surgery. Altogether, we gathered 262 pieces of patient insight, providing a robust evidence base on which to ground our visit.

Based on this insight, our visit was guided by four questions:

1. What is the patient experience like regarding booking appointments?
2. What is the quality of interaction between reception staff and patients?
3. How well does the practice meet the needs of its most vulnerable patients?
4. To what extent does the practice respond to and engage with patients' compliments, feedback and complaints?

To answer these questions, we used a qualitative research method, including observations, and interviews with patients, staff and the practice manager. Throughout the process we maintained an ethical approach, including minimising disruption to the Practice's operations, seeking patients' consent and anonymising data at collection.

Finally, we coded and analysed the data to identify key themes, while comparing the patient and staff feedback to offer a comprehensive and balanced view of the Practice and identify any discrepancies.

¹ Healthwatch Hackney collects and reviews patient feedback about all health services in the borough, from opticians and pharmacies to GPs and hospital services. Every two weeks, a team of staff and volunteers meets online to read through the most recent patient feedback and identify trends in service provision, compliments, and complaints. When we identify serious issues, we bring them to the service provider's attention, with suggestions for improvements. Likewise, when we identify exceptionally good practices, we share them with the service providers to acknowledge their good work.

During our visit we spoke with 10 patients, the surgery manager, the reception coordinator and a member of the clinical team. While our data is not representative of the entire patient population, we captured a diverse sample to ensure we gathered a broad range of perspectives and experiences, reflecting different patient needs and interactions with the surgery.

Key Findings

Accessibility: Well Street Surgery is based in a modern building which supports accessibility. This includes automatic doors, a lift to each of the two upper floors, and a hearing loop, along with plans to add a ground-floor computer for patients needing digital access. On the other hand, the lower desk at reception is out of sight for wheelchair users and the emergency cord in the disabled toilet on the ground floor does not reach the floor, meaning that someone who fell would be unable to reach it. While systems are in place for supporting vulnerable patients, language barriers remain a challenge, impacting the quality of support for non-English-speaking patients.

Appointments booking: The surgery uses an online triage form, which staff complete for patients unable to do so independently. Patients without a phone can walk in and be seen on the same day if necessary. While the surgery manager views the phone and appointment systems as strengths, patient feedback reveals mixed experiences, with some difficulties navigating the online system, limited slot availability, and delays in callbacks.

Patient interactions with reception staff: Despite management's open-door policy and ongoing training efforts, feedback remains largely negative, with 61% of social media comments since July 2023 and 80% of patients interviewed in our visit describing reception staff as "unwelcoming", "indifferent", and providing "inconsistent information". This has a negative impact on patients' trust in the surgery.

Quality of care: Patients generally report that the quality of care provided by clinical staff is good. However, the lack of continuity in seeing the same doctor poses challenges, especially for those with ongoing or complex health issues.

Privacy and dignity: Patients generally feel that clinical staff respect their privacy and dignity, often describing doctors and nurses as "respectful" and "sensitive". On the other hand, many patients reported concerns about privacy at reception, with some citing "unprofessional behaviour" and instances where personal information was discussed openly, leading patients to feel uncomfortable and reluctant to share sensitive details.

Patient voice: While the surgery offers multiple ways for patients to provide feedback or file complaints, some patients report unresolved complaints and poor handling, impacting their trust in the surgery. Efforts to relaunch the Patient Participation Group (PPG) do not fully meet the group's expectations and more needs to be done to reduce the gap about listening to and acting on patients' voice.

Recommendations to the Practice Manager

Based on all the evidence collected in the last 15 months, our findings and observations, Healthwatch Hackney would like to make the following recommendations:

1. **Adjust the emergency cord in the disabled toilet so that it reaches the floor**, ensuring it is accessible to anyone who might fall.
2. **Add signage on the reception desk directing wheelchair user patients to the lower counter at the far end of reception**. Patients entering the surgery cannot see the lower counter, therefore a sign will improve accessibility for them, leading to a better experience.
3. **Reinforce a culture of professionalism to improve the quality of interactions between patients and reception staff** by exploring creative training options to include in staff meetings, such as role-playing difficult scenarios.
4. **Ensure compliance with NHS guidelines on accessing interpreters**. Take steps to ensure reception staff proactively offers Language Line to patients whose first language is not English and accommodate any patient requests for an interpreter. Additionally, incorporate this as a regular agenda item in staff team meetings, to reinforce adherence to the guidelines.
5. **Prioritise consistency in patient care**. Address continuity-of-care issues by allowing patients to see the same clinician for ongoing or complex health concerns whenever possible. Seeing the same clinician has been shown to be associated with improved health outcomes.
6. **Expand and strengthen the Patient Participation Group (PPG)**. Increase PPG membership by displaying information on how to join both on the surgery's website and in the reception area. Raise meeting frequency to four times a year to allow for more regular feedback. These steps will create a broader, more representative group and ensure ongoing patient input for continuous improvement.

7. **Increase Transparency in Patient Feedback and Complaints.** The surgery actively incorporates patient feedback into its improvement efforts; however, many patients are unaware of these actions. To bridge this communication gap, consider enhancing transparency by displaying a “You Said, We Did” poster in the reception area. This will help patients see how their input is used to drive positive changes at the surgery.

These recommendations aim to improve attitude of reception staff, accessibility, privacy and communication and ensure a better patient experience at Well Street Surgery.

Healthwatch Hackney met with the surgery manager, the reception team and the whole team in the two months following the visit, to discuss the report findings and recommendations.

Following these meetings, the service provider shared their response. This can be read in the full report below, on page 23.

Healthwatch Hackney will continue monitoring patient feedback and welcomes the opportunity to revisit the surgery in six months to gather further insights from patients.

Visit details

Service Visited	Well Street Surgery
Address	28 Shore Rd, London, E9 7TA
Practice Manager	Sherine Sallion
Date and Time of Visits	21 October 2024 at 9.30 am to 12.30 pm
Authorised Representatives	Catherine Perez-Phillips, Ismael Ibrahim, Sara Morosinotto
Lead Representative	Sara Morosinotto

What is an Enter and View?

Healthwatch Hackney has a legal power under the Health and Social Care Act 2012 to visit health and social care services and observe them in action. This power to *Enter and View* services allows us to engage directly with service users and staff, providing a unique opportunity to assess both what is working well and where improvements could be made.

Enter and View visits are not limited to services where complaints or concerns have been raised; we also visit services performing well, enabling us to identify and share best practices more widely. During each visit, we observe how a service is delivered and speak directly with patients, their families and carers to understand their experiences. We also speak with management and staff to gain a comprehensive view of how the service operates.

After a visit, we produce an official *Enter and View* report, which is shared with the service provider, commissioners and regulators, outlining key findings and

offering evidence-based recommendations for improvement. All reports are available to the public on our [website](#), ensuring transparency and accountability.

Enter and View is a valuable tool for driving patient-centred improvements. Through these visits, we have gathered insights which have led to meaningful changes across several services. This feedback has helped shape adjustments in service delivery, raising care quality, patient satisfaction, and health outcomes. Beyond these improvements, our Enter and View work supports broader system changes by making patient and staff's voices central to the ongoing development of high-quality, patient-focused care in Hackney.

Purpose of the visit

Healthwatch Hackney visited Well Street Surgery in response to concerns raised by the People Feedback Panel about patient experience at this surgery, with a particular focus on accessibility, quality of interaction between patients and reception staff, support for vulnerable patients and improvements based on patient feedback. This aligns with Healthwatch's mission to amplify patients' voices and supports our commitment to ensuring high-quality, patient-centred care.

What we did, why and how

This Enter and View was guided by four questions:

1. What is the patient experience like regarding booking appointments?
2. What is the quality of interaction between reception staff and patients?
3. How well does the practice meet the needs of its most vulnerable patients?
4. To what extent does the practice respond to and engage with patients' compliments, feedback and complaints?

Preparation

Prior to the *Enter and View* visit, we reviewed the practice's [website](#) to gather information about staff; accessibility; the registration process; services provided; appointment booking; resources for patients, including support for those whose first language is not English; safeguarding policies, and complaints and feedback processes.

We also reviewed the latest CQC [report](#) to evaluate the quality of care provided and the practice's strengths and areas of improvement, focusing on key areas such as safety, effectiveness, patient care, responsiveness to patients' needs, and leadership.

Lastly, we reviewed patients' feedback publicly available, including Google Reviews, NHS Choices and the Friends and Family test, and all the comments shared directly with Healthwatch Hackney in the last 15 months, since the current manager joined the surgery.

Altogether, patient insight gathered in the preparation stage originated in 262 pieces of evidence, providing a robust foundation on which to ground our visit.

Data collection

During our visit, we collected information through direct observations, interviews with patients, and discussions with staff and the practice manager, using the knowledge gained in our background research to inform our questions and observations.

Observations: We used a checklist to evaluate the practice environment, including accessibility, cleanliness and overall atmosphere, focusing on the reception area, waiting room, and toilets. We also observed interactions between reception staff and patients, focusing on professionalism, respect for patient privacy and dignity.

Patient interviews: We interviewed patients to understand their experience with appointments, accessibility, quality of care, interactions with staff and service efficiency.

Staff interviews: We spoke with the reception coordinator, one clinical staff member and the surgery manager, to understand the overall approach to patient care. Discussion points included strengths, challenges, support to vulnerable patients, handling feedback and complaints, support for staff and teamwork.

Data analysis

Following the visit, all 262 pieces of evidence and the additional insight gathered from our interviews and observations were subjected to qualitative analysis.

First, we read through all the feedback from patients and the notes from our discussions with staff and the surgery manager. This helped us get a good sense of what people were saying about the surgery. Then we went through each piece of feedback and highlighted important points, such as waiting times, the friendliness of the staff, or how easy it was to book appointments. Each of these points was labelled to help us organise the information.

After labelling the feedback, we grouped similar points together. This helped us identify bigger themes, such as "Reception Attitude" and "Patient Voice". Once we had the themes, we went back to the feedback to make sure they accurately reflected what people said.

Lastly, we compared what patients shared with what staff and the practice manager told us. This helped us see the full picture, ensuring that our themes captured both sides of the story—what it's like for patients and how the practice operates behind the scenes.

Ethical considerations

To minimise disruption to the surgery's operations, we notified the surgery manager via email two days before the visit and provided a digital version of the notification leaflet, requesting it be displayed in the waiting area.

Observations and interviews were conducted in a manner respectful of the patients and staff's time and space. Before engaging in the questions, all participants were informed about the purpose of the visit, the nature of the questions and their right to withdraw at any time. Participants' identities were kept confidential, and data anonymised during collection.

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 they feel uncomfortable about, they will inform their lead who in turn will inform the surgery manager.

Patient profile

During our visit we spoke with 10 patients. While our data is not representative of the entire patient population, we captured a diverse sample to ensure we gathered a broad range of perspectives and experiences, reflecting different patient needs and interactions with the surgery.

About the service

Well Street Surgery is a general practice located in Hackney, London, with a patient list size of about 14,500 in the E9 area. We understand from the surgery manager that she is working to expand the catchment area to include nearby residents currently outside its boundaries.

The patient population is diverse, with about 20% Turkish, 20% African, 10% Polish and the remaining patients representing a mix of other different ethnic groups. According to the manager, many patients present with complex needs, which the surgery is equipped to meet: *“doctors are flexible and happy to provide extended consultations”*.

The surgery is staffed by 15 GPs, two Registrars, one Physician Associate, one Practice Pharmacist, three Practice Nurses, one Women’s Health Nurse and two Healthcare Assistants. The practice also offers a Turkish clinic on Wednesday mornings with a Turkish advocate speaking the community language available to patients seeing a doctor or nurse.

We understand from the manager that staff sickness is a challenge, particularly with regards to covering for clinical staff. She told us that, *“Staff get sickness from the patients. These are things you can’t control and prevent – it’s the nature of the job [...] Clinical cover is hard, and you can’t exhaust a GP to work 2 or 3 extra shifts a week. It exhausts them”*.

The surgery offers a variety of services, including family planning, antenatal clinic, baby clinic, mental health support, sexual health services, and a smoking cessation program which later a service user described as *“excellent”*.

They also offer community initiatives aimed at improving local health outcomes, including cooking, yoga, gardening and meetings for new fathers, although we heard from the manager that the funding for these activities is at risk. Commenting on this, she said, *“this is a part of the surgery I don’t want to lose”*.

In 2016 the [Care Quality Commission \(CQC\)](#) rated the surgery “good” across all areas. According to the [Family and Friends test](#), in August 2024, 85% of patients rated the surgery as “good” or “very good”, falling under the national average of 94%².

² NHS, 2024. Friends and Family Test. Available at: <https://www.england.nhs.uk/wp-content/uploads/2024/10/Friends-and-Family-Test-FFT-data-collection-infographic--August-2024.pdf>

Findings



The quality of care is good. I would recommend it here, but I would also advise to do self-advocacy and to stick to your guns. (October 2024, conversation with Healthwatch's Authorised Representative)

Accessibility

Well Street Surgery has automatic doors, a lift to the first and second floor, a hot desk room on the ground floor for patient use in case of a lift malfunction, and a hearing loop. Plans are also in place to support digital access by setting up a computer on the ground floor for patients who may not have access at home and wish to travel to the practice to fill in forms.

On the day of our visit, we observed that a lower desk is available at reception; however, it is positioned on the far side of the reception area and is not visible to wheelchair users as they enter the surgery.



Additionally, although all floors have disabled toilets, we noticed that the emergency cord does not touch the floor in the disabled toilet on the ground floor. An Authorised Representative commented, *“if somebody falls, there’s no way they can reach that cord from the floor”*.



We understand from the surgery manager that staff are trained to recognise and adapt to the needs of patients with disabilities. For patients with additional needs, the surgery has recently introduced an alert system tied to patient profiles that flags specific vulnerabilities, disabilities, or other needs as soon as the patient's information is accessed. This system also includes a "problem screen," which notifies staff if a patient may need extra attention due to specific issues. We understand from staff that patients with a learning disability and those who don't speak English as their first language are offered a double appointment. Additionally, the surgery manager has started a new pilot program whereby the phone system automatically places highly vulnerable patients at the top of the call queue, with full implementation expected by December.

In our conversation, the manager acknowledged the need for better inclusivity and support for LGBTQIA+ patients. In response to feedback from the Patient Participation Group (PPG), staff are beginning training sessions provided by the Integrated Care System (ICS) on supporting LGBTQIA+ patients. Staff can now record gender changes in the system, too, and efforts are underway to further embed inclusivity into the surgery's protocols, working in collaboration with the PPG.

The manager told us that for patients who do not speak English as a first language, staff "*proactively offer the Language Line to ensure clear communication*". However, patient feedback collected by Healthwatch Hackney in preparation for this visit highlights that patients who do not speak English as their first language often experience significant barriers due to a lack of interpreting services. This creates "*challenges when discussing health*

concerns”, leaving patients feeling they “*did not receive adequate support*” for their needs.

This was further confirmed on the day of our visit when a patient shared with us how he stepped in to help another patient who could not access an interpreter, despite asking for one.



I was there for an appointment and there was this patient who spoke Arabic. You could tell that he did not understand a word and he was asking for an interpreter, but reception would not budge. I ended up interpreting for him (October 2024, conversation with Healthwatch’s Authorised Representative)

This patient’s experience contravenes NHS guidelines on interpreting and translation services in primary care, which clearly state that primary care providers are responsible for offering interpreting services that meet patients’ communication needs³.

As noted in the 2018 edition of *The British Journal of General Practice*, access to interpreters is essential for meaningful patient involvement in their care, because “*nuances of meaning and subtleties of expression make the difference between shared understanding and total communication failure. All these are the bread and butter of general practice*”⁴.

Appointment Booking

We understand from the surgery manager that patients are encouraged to use an online triage form, which is accessible from 7:30 am to 4:30 pm. For those unable to use the online form, particularly elderly patients, reception staff are available to complete the form on their behalf. If a patient is reluctant to share details with reception, those details are omitted, and the GP will conduct triage via a follow-up call.



The doctors are very easy to talk to. They will always come and talk to a patient who does not want to talk to the reception staff.

³ NHS England (2018) NHS Guidelines on interpreting and translation services in primary care. Available at <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf>

⁴ Lehane, D. and Campion, P. (2018). Interpreters: why should the NHS provide them? *Br J Gen Pract.* 2018 Dec;68(677):564-565. doi: 10.3399/bjgp18X699905. PMID: 30498142; PMCID: PMC6255215.

Patients without access to a phone can speak directly with the duty doctor in person and, if needed, receive an appointment on the same day.

The surgery manager believes that *“the phone and appointment system is a strength”*. However, patient feedback gathered since July 2023 on the triage system and appointment booking shows a mixed experience.

The system is not always easy to use or accessible, with patients reporting *“difficulty navigating online booking systems”* and *“struggling to get an appointment”*. Specific issues include *“long wait times”* and limited availability, as patients *“log in early in the morning, only to find slots already filled”*. Patients also highlighted *“excessive delays in the callback system”* following their initial contact.

This resonates with what we heard on the day of our visit, too, when 82% of the people we spoke to reported difficulties with booking appointments, both online and on the phone.



Sometimes the website is down but when you call them, they insist you go online. I have to say to them: “I have a choice, book me on the phone!” (October 2024, conversation with Healthwatch’s Authorised Representative)

In her conversation with the Lead Authorised Representative, the surgery manager acknowledged this problem and told us that they are working *“to pick up a call within 5 minutes”*.

Despite these challenges, overall patient feedback also shows that the Surgery generally prioritises and responds quickly to urgent cases.



I contacted the surgery and the GP called me back promptly, arranged blood [tests], consulted with the obstetrics team at my hospital etc all within a day or so. He was compassionate, at a particularly vulnerable time as a pregnant woman, and I think the level of efficiency and clear communication and understanding was exceptional (June 2024, NHS Choices)

Patients generally agree that "*when the system works as intended*", it is "*convenient*." For some, especially working patients, digital access provides a valuable option to address minor concerns quickly and efficiently without needing to visit in person. However, there is also a significant number of patients who prefer face-to-face consultations and feel that in-person access has not fully returned to pre-pandemic levels. One patient observed that "*access during Covid was only virtual and has never really recovered*," expressing frustration that in-person appointments remain limited.

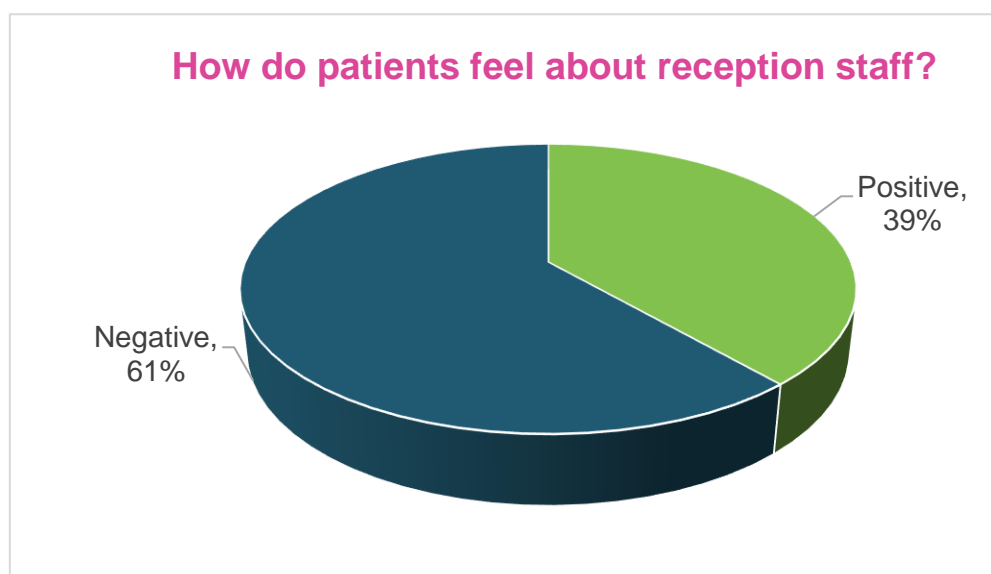
Reception staff

Reception staff play a crucial role as the face of the surgery, setting the tone for patient experience from the moment of first contact.

We understand from the surgery manager that "*the door of the management team is always open*" to support staff and ensure they provide a high-quality experience to its patients. In addition to regular team meetings every 2 weeks and ongoing training, we heard that "*staff who retired has come back to the surgery to transfer their knowledge and support reception staff*".

However, since July 2023, 61% of patients who shared their feedback about Well Street Surgery on social media reported a negative experience with reception staff.

While some patients describe the receptionists as "*accommodating*" and "*polite*", most describe them as "*unwelcoming*", "*indifferent*" and "*unprofessional*".





The only issue I have is the receptionist giggling and laughing when people are here for health issues, and they almost seem unbothered laughing and gossiping with each other. I don't want these people to deal with my personal information.

(August 2024, Google Reviews)

Feedback frequently mentions “*lack of clarity*” as an issue, with patients often frustrated over “*inconsistent information*”, especially regarding booking and prescription inquiries.

This resonates with what we heard on the day of our visit, when 80% of patients we spoke to described reception staff as “*unhelpful*”, “*dismissive*”, “*careless*” and “*rude*”. These negative interactions have a direct impact on patients’ overall perception of care at the practice.



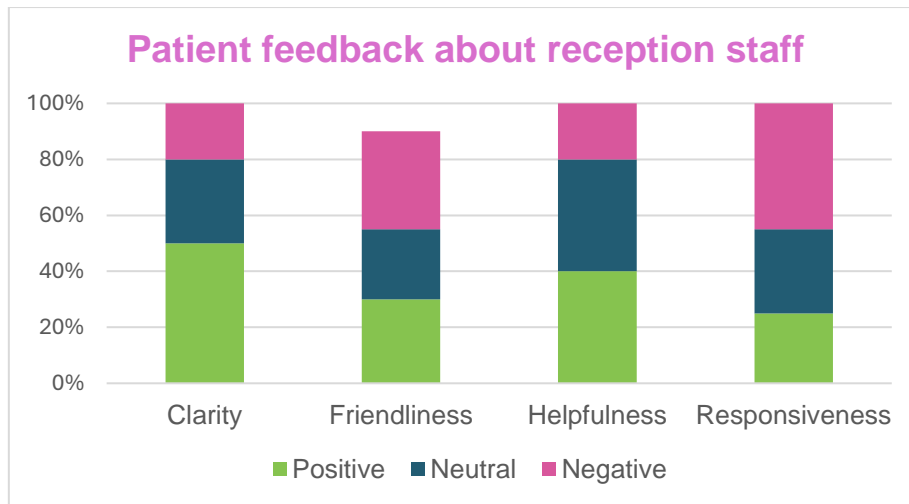
They do not listen. They give you a stock answer.

(October 2024, conversation with Healthwatch’s Authorised Representative)

One patient even told us that “*only today they appear to be friendly and helpful*”, suggesting that staff behaviour may have improved temporarily due to our presence.

The graph below summarises patient feedback collected over the past 15 months on reception staff, focusing on clarity, friendliness, helpfulness and responsiveness. It is apparent that positive experience with reception staff (shown in green on the graph) is not the norm.

Overall, while some feedback highlights examples of “*friendly and efficient service*”, more frequent feedback indicates the need for greater consistency and professionalism to build trust and improve patient experience.



In conversation with the Lead Authorised Representative, the surgery manager honestly acknowledged the issue. When asked what needs improving, she responded “*frontline staff interactions with patients and customer care*”.



We still have issues with patients who think staff are rude and abrupt [...] I have regular reviews of phone calls. We listen to 3 phone calls per person per week to identify training needs [...] We give people training and chances but if it doesn't work we part ways. (Surgery manager in conversation with Lead Authorised Representative)

Quality of care

Patients generally agree that the quality of care provided by the clinical staff is good.



I would like to say thank you so much to the Well Street Surgery. The Doctors and Nurses are absolutely great at taking a good care of their patients (August 2024; Google Reviews)



[The nurse] had the most patient, kind and caring bedside manner when taking my blood. Despite my completely irrational fear and crying, I wasn't made to feel foolish and she didn't rush me. A rare gem.



I have had the good fortune to receive outstanding care from an incredibly thorough, caring doctor. She has left no stone unturned in supporting me. (May 2024; NHS Choices)

However, several patients told us that they are not able to see the same doctor even when they explicitly request it. This lack of continuity in care can have several significant consequences, particularly for patients with ongoing or complex health issues.



I can never see the same GP. I come from a history of trauma. Having to see different clinicians and repeat my story every time re-traumatizes me. (October 2024; conversation with Healthwatch Hackney's Authorised Representative)

Continuity of care is particularly important for these individuals, as seeing a familiar doctor helps build a sense of trust, safety, and understanding. When interacting with different doctors, these patients may experience increased stress, which can hinder open communication and make it challenging for them to disclose sensitive information. This disruption can also reduce the likelihood of effective diagnosis and treatment, as trauma patients often require nuanced, consistent care from clinicians who are aware of their background and specific needs⁵.

Privacy and dignity

Feedback collected since July 2023 suggests that clinical staff generally uphold patient dignity and privacy, with numerous comments appreciating doctors and nurses who demonstrate “*respect*” and “*sensitivity*” during consultations and procedures. Patients often mention feeling “*listened to and respected*”, even in vulnerable situations, such as intimate examinations, where clinicians’ “*professional and compassionate behaviour*” is valued.

⁵ Nowak DA, et al. (2021). Why does continuity of care with family doctors matter? Review and qualitative synthesis of patient and physician perspectives. *Can Fam Physician*. Sep; 67(9):679-688. doi: 10.46747/cfp.6709679.



Compassionate and prompt service. I am extremely impressed and delighted with my consultation.

(July 2024, NHS Choices)



It felt good to speak with someone so knowledgeable, who truly cared about my wellbeing. I felt empowered, knowing that I was in good hands (Google Reviews, Sep 2024)

Conversely, reception staff received more mixed reviews about maintaining patient dignity and privacy. Some patients expressed concerns about *“unprofessional behaviour”*, citing instances of *“receptionists openly discussing patient information within earshot of others”*, demonstrating a lack of discretion and leading to feelings of embarrassment.

Additionally, patients reported *“dismissive attitudes”* and *“unsympathetic responses”* especially during stressful conversations about urgent needs or complex queries, creating a sense of diminished dignity for some patients.

Privacy at the reception area emerged as a concern during our visit, too, with 40% of patients we spoke to reporting a lack of discretion when discussing sensitive health issues. This lack of privacy left many feeling *“uncomfortable”* and *“reluctant”* to share personal information openly.



There’s no dignity. They shout your business, they say “what’s wrong with you?” in public.

(October 2024, conversation with Healthwatch’s Authorised Representative)



I asked to have a conversation in a private room but was dismissed.

(October 2024, conversation with Healthwatch’s Authorised Representative)

Additionally, it is worth noting that on the day of our visit the Lead Authorised Representative also observed a receptionist talk to a patient across the reception desk, openly asking about their medical issue, thus further reinforcing the feedback we received from patients.

Patient voice

A member of the Patient Participation Group (PPG) shared that efforts at engaging patients have declined steadily since 2016 when the then practice manager retired. Successive temporary managers failed to encourage participation and restart meetings. Even with a recent attempt to revive the PPG, we understand that meetings remain infrequent, and progress limited.



[The doctor] organised a meeting to reboot the PPG in February (on Zoom) and there were new patients attending. It was agreed to have regular meetings BUT nothing else! (October 2024, conversation with Healthwatch's Authorised Representative)

In contrast, the surgery manager described recent efforts to improve patient engagement. She told us that the PPG currently meets every six months, with the last meeting held in April. She noted that *"the group is not too big, we only have 8 people but we were hoping to get more - we sent out 100 invites. It's a new group; we started off meeting every 3 months because it was completely dead and we wanted to bring it up. We had to educate the people so they can tell us what we are doing wrong"*.

The surgery manager also mentioned changes made in response to PPG feedback, including training staff on LGBTQIA+ and changes to the appointment booking system. Looking ahead, she hopes that PPG members will support a patient survey in December.

The surgery manager told us that they offer a variety of options to patients wishing to make a complaint, including filling in an online form, sending an email or text message and in-person meetings with the manager herself. The surgery commits to acknowledging complaints within 48 hours and replying within 28 days. When there is a delay, this is communicated to patients. We understand from staff that they *"try to resolve things immediately, informally"*. Additionally, the surgery manager told us she is open to *"frequent, face-to-face interactions with patients"*.

Despite this, our evidence suggests that some patients feel their input is not heard.



The practice does not comply with their complaint policy and fails to respond to and acknowledge patient complaints. (October 2023, Healthwatch outreach event)

Similarly, on the day of our visit, a patient told us that complaints “*are handled poorly*” or remain unresolved for extended periods. This left them “*disappointed*” and “*impacted [their] trust in the practice*”.



I tried to complain. I made an appointment; I was cancelled twice. I am still waiting for an outcome – it’s been 6 months
(October 2024, conversation with Healthwatch’s Authorised Representative)

These different perceptions about engagement with patient voices suggest a need for further improvements in frequency of engagement, responsiveness to feedback, and transparency in handling complaints.

Recommendations

Based on all the evidence collected in the last 15 months, our findings and observations, Healthwatch Hackney would like to make the following recommendations to the surgery manager:

1. **Adjust the emergency cord in the disabled toilet so that it reaches the floor**, ensuring it is accessible to anyone who might fall.
2. **Add signage on the reception desk directing wheelchair user patients to the lower counter at the far end of reception**. Patients entering the surgery cannot see the lower counter, therefore a sign will improve accessibility for them, leading to a better experience.
3. **Reinforce a culture of professionalism to improve the quality of interactions between patients and reception staff** by exploring creative training options to include in staff meetings, such as role-playing difficult scenarios.
4. **Ensure compliance with NHS guidelines on accessing interpreters**. Take steps to ensure reception staff proactively offers Language Line to patients whose first language is not English and accommodate any patient requests for an interpreter. Additionally, incorporate this as a regular agenda item in staff team meetings, to reinforce adherence to the guidelines.
5. **Prioritise consistency in patient care**: Address continuity-of-care issues by allowing patients to see the same clinician for ongoing or complex health concerns whenever possible. Seeing the same clinician has been shown to be associated with improved health outcomes.

6. **Expand and strengthen the Patient Participation Group (PPG).** Increase PPG membership by displaying information on how to join both on the surgery's website and in the reception area. Raise meeting frequency to four times a year to allow for more regular feedback. These steps will create a broader, more representative group and ensure ongoing patient input for continuous improvement.
7. **Increase Transparency in Patient Feedback and Complaints.** The surgery actively incorporates patient feedback into its improvement efforts; however, many patients are unaware of these actions. To bridge this communication gap, consider enhancing transparency by displaying a "You Said, We Did" poster in the reception area. This will help patients see how their input is used to drive positive changes at the surgery.

These recommendations aim to improve attitude of reception staff, accessibility, privacy and communication and ensure a better patient experience at Well Street Surgery.

Post-visit engagement

After the Enter and View visit, Healthwatch Hackney shared the draft report with the Surgery manager for factual checking and to provide an opportunity for the Surgery to comment on our findings and recommendations. This aimed to ensure accuracy and promote collaboration in addressing the issues raised.

During the follow-up period, we held four meetings to discuss the report in detail and support the implementation of improvements.

1. **Meeting with the Practice Manager:** We discussed the report's findings and recommendations, agreeing on specific actions and a timeline for implementation, in line with the recommendations provided. This meeting provided clarity on the steps needed to address key areas of concern.
2. **Meeting with Reception Staff:** We met with the reception team to discuss patient feedback about their interactions and brainstorm ideas for improving customer care. The session focused on identifying what good customer service looks like and ways to enhance professionalism and consistency in patient interactions.
3. **Meeting with the Manager and Assistant Manager:** This meeting centred on identifying additional support and training required for



reception staff. We explored practical strategies to ensure the team feels equipped to handle patient interactions effectively and professionally. Ideas included a huddle at the beginning and end of each shift and more frequent check-ins with reception staff to ensure their needs are met.

4. **Whole Team Meeting:** We discussed the report and findings with the wider team. We addressed how to manage challenging situations, emphasising the importance of holding boundaries while maintaining patient dignity and respect, and keeping communication open. Additionally, we discussed the importance of ensuring patients have access to interpreting. A volunteer offered to look after patients requiring an interpreter, until one could be sourced.



Service Provider's Response


The Surgery Manager shared with Healthwatch Hackney the plan the Surgery intends to implement to address our recommendations.

This can be read below.

ISSUE	ACTIONS	BY WHOM	BY WHEN	PROGRESS/UPDATE	RAG
Emergency Cord in disabled toilet - ensuring it is accessible to anyone who might fall.	<ul style="list-style-type: none"> Adjust the emergency cord in the disabled toilet so that it reaches the floor 	SC	23/10/2024	22/10/2024 – Code has been implemented. 	
Signage for Wheelchair user - Patients entering the surgery cannot see the lower counter, therefore a signage will improve accessibility for them, leading to a better experience.	<ul style="list-style-type: none"> Add a signage on the reception desk directing wheelchair user patients to the lower counter at the far end of reception. 	SS/JN	15/11/2024	15/11/2024 – Signage installed 	
Customer Service Development - exploring creative training options to include in staff meetings, such as role-playing difficult scenarios.	<ul style="list-style-type: none"> Reinforce a culture of professionalism to improve the quality of interactions between patients and reception staff Staff to revisit and complete Customer Service/Care training 	Surgery Management Team, Partnership and Healthwatch Hackney	31/01/2025	11/11/2024 – Healthwatch attended Admin Team meeting 20/11/2024 – Staff accounts reset on Blue Stream 4/12/2024 - Healthwatch attended Practice Team	

	<ul style="list-style-type: none"> via Bluesteam • Arrange sessions with the support of Healthwatch 			meeting	
<p>Language Line - Take steps to ensure reception staff proactively offers Language Line to patients whose first language is not English and accommodate any patient requests for an interpreter. Additionally, incorporate this as a regular agenda item in staff team meetings, to reinforce adherence to the guidelines.</p>	<ul style="list-style-type: none"> • Ensure compliance with NHS guidelines on accessing interpreters • Add to agenda at Whole Team and Admin Team Meeting so staff are aware • Staff to proactively offer to patients who are struggling 	SS	31/01/2025	20/11/2024 – staff informed and updated at Admi Team meeting	
<p>Prioritise consistency in patient care - Address continuity-of-care issues by allowing patients to see the same clinician for ongoing or complex health concerns whenever possible. Seeing the same clinician has been shown to be associated with improved health outcomes.</p>	<ul style="list-style-type: none"> • Ensure we are actively acknowledging patients request for specific Clinicians to provide continuity of care 	SS	31/01/2025	4/12/2024 - discussed in admin and team meeting	
<p>Expand and strengthen the Patient Participation Group</p>	<ul style="list-style-type: none"> • Advertise inhouse and via our website 	SS	31/01/2025	02/01/2025 – Meeting date set for 20/01/2024	

<p>(PPG) - Increase PPG membership by displaying information on how to join both on the surgery's website and in the reception area. Raise meeting frequency to four times a year to allow for more regular feedback. These steps will create a broader, more representative group and ensure ongoing patient input for continuous improvement.</p>	<ul style="list-style-type: none"> • Set a date in January 2025 for the next PPG meeting • Increase meetings to four times a year 				
<p>Increase Transparency in Patient Feedback and Complaints - The surgery actively incorporates patient feedback into its improvement efforts; however, many patients are unaware of these actions. To bridge this communication gap, consider enhancing transparency by displaying a "You Said, We Did" poster in</p>	<ul style="list-style-type: none"> • Update all staff as to where they can locate Patient Feedback and Complaints literature in surgery • Ensure these are in every clinical room and floors • Implement posters in the building on notice boards • Implement "You Said, 	SS	31/01/2025	<p>21/12/2024 – Policy reviewed and implemented in surgery</p>  	

<p>the reception area. This will help patients see how their input is used to drive positive changes at the surgery.</p>	<p>We Did" poster in Reception</p>			 <p>Outstanding - "You Said, We Did" poster</p>	
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Closing remarks

Healthwatch Hackney will continue to monitor patient feedback and welcomes the opportunity to revisit the surgery in six months to gather further insights from patients.

Acknowledgements

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