

Enter & View

St George's Health and Wellbeing Hub

Suttons Lane, Hornchurch, Essex, RM12 6RR

29 April 2025



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.

Introduction

St George's Health and Wellbeing Hub ("the Hub") opened in late 2024 and provides a range of health and care services under one roof.

It is located on the northern half of a site formerly occupied by St George's Hospital (which at one time was the medical facility for RAF Hornchurch, famed as a front-line RAF station during the Battle of Britain in 1940/41). Most of the hospital premises have been demolished and the rest of the site has been redeveloped to provide housing.

As well as a GP practice (St George's Country Park Surgery), there are outpatient and mental health services and convenient access to a range of health care professionals as well as faster access to blood tests, MRI, X-Ray, CT and ultrasound scans. It is also a major centre for kidney dialysis.

A wide range of voluntary sector organisations support the patients, residents and health professionals operating from St

George's Hub, as well as a team of 100 volunteers weekly who "meet and greet" patients and visitors on arrival.

More services will be available in the future, including a new Community Diagnostic Centre, avoiding the need for extra visits to local hospitals. There is also a community café.

St George's Hub operates 7 days a week and is used by a wide-reaching range of individuals from our communities.

St George's Hub was deliberately provided with limited car parking facilities in the expectation that patients and staff would arrive and leave by public transport rather than car. The car park is now regularly full, and its use is restricted to four hours, which is not always convenient for those undergoing treatment.

This visit was carried out by two teams at the same time: one team visited the Hub itself and this report is the account of their findings; the other team visited the Country Park Surgery and is reported separately.

The visit

The general environment

Approaching the entrance from the street, the team noted that the perimeter fencing still consisted of temporary builders' fencing, which gave the site an unfinished appearance. The flower beds, which had been planted expertly before the Hub opened, appeared in sore need of water, with as many as half

the plants already dead or dying. During the course of the visit, the team noted this applied to all the garden areas around the Hub, despite there being an automatic watering system in place; the Site Manager appeared to be unaware whether or not it was functional. Consequently, the external area looked uncared for. The lawns to the rear were unmown. No visitors were availing themselves of the gardens at the time of the visit, but this might have been due to the time of year and that use of the gardens would improve with the weather.

[Note: subsequently, we learned that the grounds' appearance is the result of an intention to "rewild" the grounds, returning them to their natural state as a means of enhancing biodiversity, boosting the resilience of the ecosystem and helping to combat climate change. This is a process that can only be achieved over time. The planters available are intended to provide therapeutic activity for patients for whom gardening can provide exercise, mood improvement and stress/anxiety reduction and a sense of accomplishment.]

The external signage at the front of the building was inadequate; the entrance was not clearly marked and, certainly for drivers calling for the first time, it was not clear that more parking was available to the side and rear of the building. The team felt that there also needed to be further signposting within the side entrance as patients come into building not realising that this was intended only for access to the Ageing Well

Centre and the Dialysis Unit (which occupies discrete premises on the second floor). The fact that the phlebotomy (blood test) service and X-Ray department was located just inside the double doors to the left of this lobby meant that patients arriving for blood tests entered this way and not by the front entrance, which was not the intention. Additions to the internal signpost at the side should mention the correct entrance for callers to the main reception to check in for phlebotomy appointments.

The team were told that a number of local residents – presumably to the rear of the premises – have complained about over-looking from the Hub; some of the Hub's windows do face adjacent residential properties (although possibly not so close as to permit people in the Hub seeing into the houses, or vice versa).

Parking provision

There is an excellent facility for parking bikes but, at the time of the visit, no bikes were actually parked there.

There is very limited car parking onsite, only available to patients or members of staff who hold blue badges. Some bays are designated for Dialysis Unit patients and there are also designated ambulance bays. There are also twenty four electric car charging points.

Initially parking, although free, was limited to 2 hours but this had recently been extended to 4 hours as some patients would be on site for more than two hours. Although parking is free, drivers must register their cars, for which there are screens located in both the main reception and first floor reception areas. Non-registration and stays in excess of 4 hours will attract a parking penalty.

In response to a question about car parking, the site manager advised that there has been a considerable number of complaints about car parking – marginally fewer since the time allowed has been increased, but it remains an issue, particularly as there is no parking available for staff except for blue badge holders. Staff are required to park in local streets, many of which have time restrictions. A concession has been granted during winter times, so that staff working late shifts may bring their cars onto site after 6.00pm. There have been no recorded incidents of patients missing appointments due to their inability to park on site. As far as is known, there have been no issues with the charging points which are among the spaces reserved for dialysis patients.

Part of the rationale for the restricted parking was that staff and patients should be encouraged to travel to and from the Hub by public transport, but current bus services serving the Hub are limited and the bus stops at which they call are some distance from it.

The Hub building

On entering, the team were greeted by volunteers, who were clearly identified by their uniforms and the team were impressed by their attention. A shining light! The team were directed to the registration area where they were met by the Site Manager; the building was bright and welcoming and spotlessly clean.

Mental health services are located on the first floor and it was noted here that the balustrade is rather low and may present a potential hazard for people experiencing a mental health crisis; a bid has been submitted for funding to rectify this problem. In the meantime, large free-standing posters have been sited along its length to distract from the problem.

The café, which had experienced teething problems, had opened on a regular basis only in the week of the visit. It now opens from 9am-5pm Monday to Friday and from 10am – 1pm on Saturday and Sunday. Charges were seen to be very reasonable.

The team were unable to visit the Renal Dialysis Unit owing to infection control measures but were reliably informed by a staff member that both staff and patients were very happy with the new service (which is open from 6am to 10pm 6 days a week). New units had been delivered recently in order to expand the service, which may be over subscribed at the present.

A meeting room is available for use by voluntary organisations, free of charge, but to date, there has been little take-up of the facility, despite it having been advertised widely.

There is an area equipped with a large number of IT workstations, available for use by all NHS and LA staff providing a service within Havering. The team noted that there were a number of people using the facility at the time of the visit and were advised that it is well used. It has been proposed that part of this facility should be sectioned off to provide an extra confidential facility for use when the meeting rooms are otherwise occupied.

Fire tests are carried out on a regular basis but it was noted that the need for evacuation was reduced as the building has been designed with compartmentation doors along corridors; in accordance with latest good practice, there are two sets of stairs and lifts. The team were told that the Dialysis Unit, Ageing Well Centre and MRI/CT patients would only be evacuated if there were to be a fire within the respective unit's accommodation owing to the obvious difficulties in moving patients in the middle of treatment. All staff have undertaken fire training and there are Fire Wardens who carry out monthly checks. Full evacuation exercises are planned to take place at 6-monthly intervals (again with the exception of the Dialysis Unit, Ageing Well Centre and MRI/CT patients).

The facility has a dedicated phlebotomy service. This is an appointment-based system (part of the Havering-wide phlebotomy network) and has proved very successful, replacing the service formerly provided at Elm Park clinic (which has now closed) as well as being available to patients across the borough. There are two rooms, one of which is for the use of wheelchair-bound patients. Signposting to the front exterior of the building needs to indicate that the front door is the access route to this service and not the side entrance, which is dedicated to the Ageing Well Centre and the Renal Dialysis Unit. Each member of the clinical staff has a duty to assist and deal with accidents/ incidents; each department also follows its own policies and procedures. There are a number of registered First Aiders on site and the duty of care is paramount.

Prior to opening, there was an issue with pigeons fouling walls underneath windowsills but this has been successfully dealt with the installation of deterrents on the windowsills.

The Hub is not a polyclinic and thus some services are not available – there is no Urgent Treatment Centre, for example.

Following this discussion, the team undertook a tour of the building with the Site Manager, who provided information and pointed out a number of issues.

It was also confirmed that there are currently no staffing vacancies.

The team spoke to one patient who advised that his appointment letter had instructed him to report to the desk on the first floor but, on arrival there, where there was no receptionist, he was told he should have registered at the desk on the ground floor – not an ideal situation for a person who has poor mobility. The team were told that there is a plan to swap the roles of the two desks, which will resolve this situation and appears to be more sensible.

At the Ageing Well clinic there was only one patient; the team were informed that it had not been possible to find a doctor from Queen's Outpatient department who was willing to attend because of the difficulties with parking on site, although the team were not in a position to verify this. The team were advised that some patients were booked for the afternoon clinic and 28 for the following morning's clinic.

There is a Physiotherapy Gym which is used by falls and physio MSK services. Some other services are planning to use this gym in the future .

Although the midwifery service is situated on the first floor, the baby change unit is on the ground floor, so that new mothers who need changing facilities during their appointments have to go down to the ground floor and then return to the first floor. It would be helpful therefore if the accessible baby change toilet on the first floor could be adapted to include a changing facility.

Although the team were unable to speak to any patients, only one room in the therapy suite was unoccupied.

Provision has been made for the treatment of leg ulcers but it has been found that the shower unit provided for this treatment is inadequate as only one of a patient's legs can be washed at a time and the unit door does not close properly, resulting in the floor flooding. A better unit has been identified but cannot be installed at present as no funding is available for it.

Although there were drinking water stations along corridors, the water supplied was not chilled; people who want chilled water can purchase bottles from the cafeteria. It was noted that one side of the building remained cool whilst the other could become very hot during sunny weather, due to solar gains, which indicated that the availability of chilled water would be very welcome.

There is a specialist children's service on the ground floor that deals with assessments but the team were told that there is a high rate of non-attendance, which is very worrying, given the high demand for this service.

Whilst the team were impressed with the building, which was light and airy, they were very disappointed to be unable to speak to many patients because they simply were not there.

Recommendations

The team does not wish to make any specific recommendations as a result of the visit but it is clear that there are operational issues that require attention, such as the provision of blinds to help regulate the excess heat from the sun and to improve privacy (bearing in mind the complaints of overlooking from neighbouring householders), improvement of leg-washing facilities, adaptation of the baby change toilet on the first floor and alterations to the first floor balustrade. Hopefully, it will be possible to address these issues without avoidable delay.

Given the generally restricted availability of parking, consideration should be given to providing more reserved parking spaces for staff who travel to the Hub from other centres, such as Queen's Hospital, to provide treatment clinics at specific times.

Acknowledgments

Healthwatch Havering thanks everyone at the St George's Health and Wellbeing Hub for their co-operation before and during the visit.

Participation in Healthwatch Havering

Local people who have time to spare were welcome to join us as volunteers. We need both people who work in health or social care services, and those who were simply interested in getting the best possible health and social care services for the people of Havering.

Our aim was 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 was 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 was 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 was 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 was 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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