



*Welcome to the*  
**Wick Surgery**

**ENTER AND VIEW:**

**WICK SURGERY**

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# Executive Summary

On 11 February 2025, Healthwatch Hackney visited The Wick Surgery, prompted by concerns raised by the People's Feedback Panel<sup>1</sup> 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 for the visit included reviewing the surgery's [website](#), the latest [CQC report](#), and existing patient feedback. Altogether, this insight provided a robust evidence base on which to ground our visit.

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

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

To answer these questions, we observed the surgery environment and interactions between patients and staff. We also interviewed patients, staff and the manager. Throughout the process we maintained an ethical approach, including minimising disruption to the surgery 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 and identify any discrepancies.

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<sup>1</sup> 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 to 9 patients, the manager, a receptionist 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

**Appointment booking:** The surgery offers online, phone and walk-in booking to ensure inclusive access. A new triage system and increased GP staffing aim to see patients within 3–5 days. Data-driven adjustments, including extra GP capacity on Mondays, help manage peak demand. While 44% of patients report a positive booking experience, 56% face challenges, especially with phone access during busy times. Staff training and patient education are ongoing to support the shift towards integrated care.

**Patient – staff relationship:** Staff are trained in care navigation and communication, with a focus on shared decision-making and a “people first” approach. Reports of staff rudeness have significantly declined, though some complaints about tone and helpfulness remain. 78% of patients were satisfied with reception staff and many praised long-term relationships with specific team members. While most patients shared positive experiences with clinicians, inconsistent continuity of care remains a concern, particularly for elderly patients who value familiarity with their care providers.

**Meeting the needs of vulnerable patients:** The surgery serves a diverse population, including non-English speakers, elderly patients and those with complex needs. Interpreter services, multilingual staff and accessible facilities support inclusive care. The surgery is a registered Safe Surgery and it accommodates homeless patients. Patients with disabilities benefit from home visits, extended appointments and accessible premises. Feedback from vulnerable patients was largely positive, reflecting a strong commitment to personalised and respectful care.

**Feedback, compliments and complaints:** Feedback is collected informally and generally acted on when received but many patients said they had never been asked for their views, indicating an opportunity to strengthen patient engagement.

## Recommendations

Based on the evidence collected, our findings and observations, Healthwatch Hackney would like to make the following recommendations:

### Recommendations to the surgery's manager

1. **Improve access to appointments booking:**
  - Continue to build on strong practices for accessibility and offer additional booking support for patients who rely on family members, are elderly or digitally excluded.
  - Increase patient education about the roles of non-GP healthcare staff to build trust and reduce default expectations of GP-only care<sup>2</sup>.
2. **Strengthen continuity of care:** Whenever possible, ensure that patients who value continuity of care can see the same clinician. This is associated with improved health outcomes, especially for patients with longer term conditions.
3. **Monitor customer service standards:** Maintain ongoing staff training to address concerns over tone and helpfulness of reception staff.
4. **Encourage patients to feedback on their experience at the Health Centre:**
  - Actively promote the Family and Friends Test as a key feedback tool by displaying prompts in waiting areas, on appointment confirmation texts, and through staff encouragement during in-person visits.
  - Ensure the complaints form is easily accessible to patients without the need for them to request it.
5. **Ensure patient information is current and clearly displayed:**
  - Clearly display opening hours and out-of-hours guidance at the entrance to ensure all patients can access this information without needing to enter the building.
  - Regularly audit and update all patient-facing materials to remove outdated content, including information from the pandemic.

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<sup>2</sup> Cabana MD, Jee SH (2004). Does continuity of care improve patient outcomes? J Fam Pract. Dec, 53 (12), pp. 974-80. Available at: <<https://pubmed.ncbi.nlm.nih.gov/15581440/>> .

Healthwatch Hackney is positively engaged with The Wick Surgery around the findings and recommendations in the report. We will republish later in the year to include reflections and responses from the surgery.

Healthwatch Hackney will continue to gather patient insight and work with the practice manager to uphold and enhance the quality of care delivered to the community.

## Visit details

<b>Service Visited</b>	The Wick Surgery
<b>Address</b>	10 Kenworthy Rd, London E9 5TD
<b>Surgery Manager</b>	Claire Lawrence
<b>Date and Time of Visits</b>	11 February 2025 9.30 am to 12.00 pm
<b>Authorised Representatives</b>	Catherine Perez Phillips, Cindy Wanjiku Wairimu, Paula Shaw
<b>Lead Representative</b>	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 voices central to the ongoing development of high-quality, patient-focused care in Hackney.

## Purpose of the visit

Healthwatch Hackney visited The Wick Surgery in response to concerns raised by the People's Feedback Panel about patient experience at this surgery, with a particular focus on appointment booking, patient-staff relationship and engagement with feedback and complaints. 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 relationship between staff and patients like?
3. How well does the surgery meet the needs of its most vulnerable patients?
4. To what extent does the surgery respond to and engage with patients' compliments, feedback and complaints?



## Preparation

Prior to the *Enter and View* visit, we reviewed the surgery'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 surgery'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 year.

Altogether, patient insight gathered in the preparation stage provided a robust foundation on which to ground our visit.

## Data collection

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

**Observations:** We used a checklist to evaluate the surgery 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 and 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 and support for staff.



## Data analysis

Following the visit, all evidence and 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 "patient-staff interactions" and "accessibility". 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 surgery 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 surgery operates behind the scenes.

## Ethical considerations

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

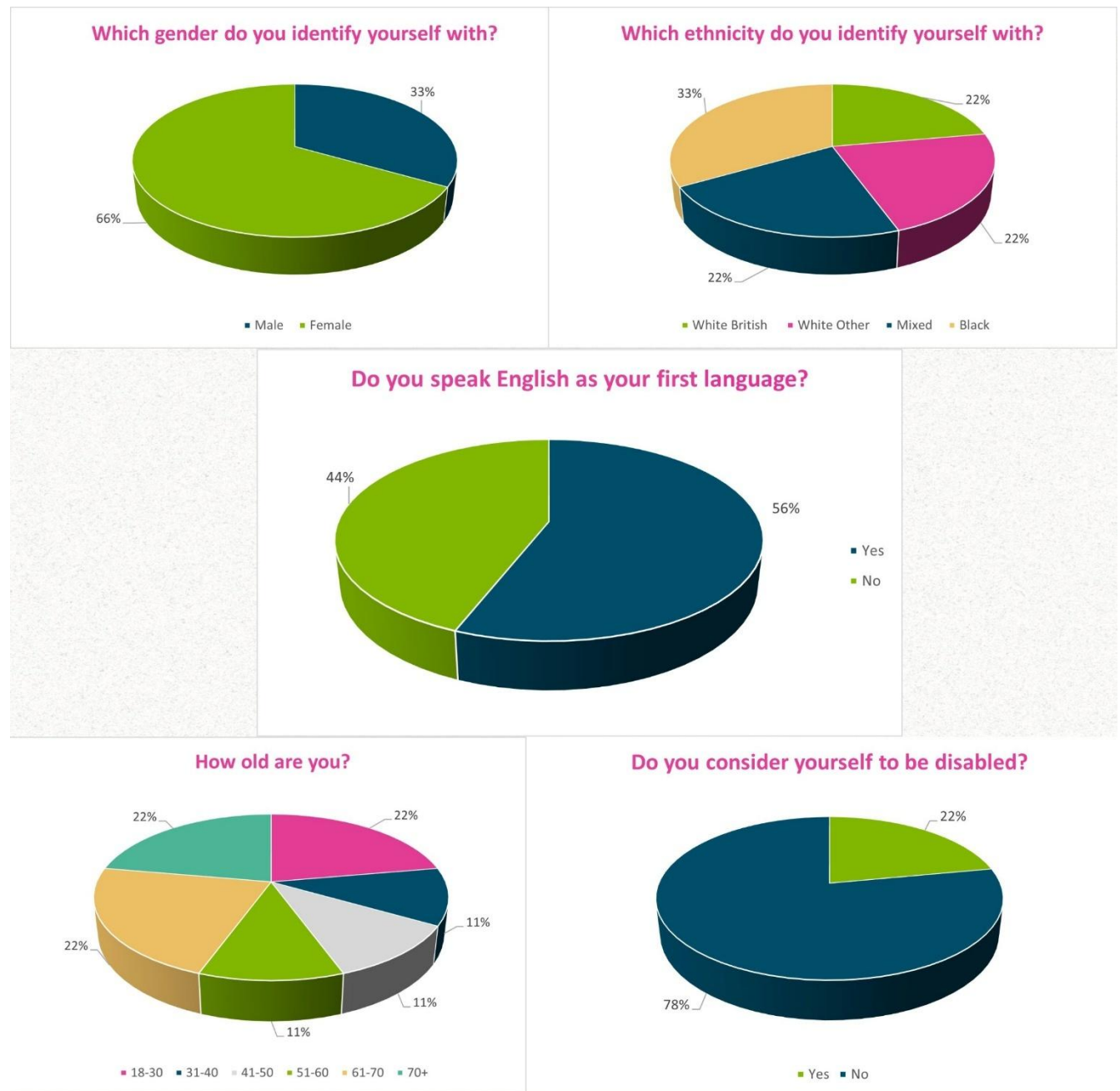
Observations and interviews were conducted in a manner respectful of the patients' and staff's time and space. Before engaging in the questions, all participants were informed about the purpose of the visit, the nature of the questions and their right to withdraw at any time. Participants' identities 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 9 patients. While our data is not representative of the entire patient population at the surgery, 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

Wick Health Centre is located in the London Borough of Hackney on a busy main road. It is served by several public transport links including buses 115, 118, 30, 315 and 370, the Mildmay and Weaver train lines and the Central and District tube lines. There is a shared car park available for patients and staff.

The surgery is situated on the ground floor of a multi-use building shared with Homerton Hospital, which runs clinics on the first floor, and Kenworthy Dental Practice on the second floor. A security guard is stationed at the front desk, monitoring the building in two shifts (6 am–2 pm and 1 pm–8 pm). Outside of these hours, the building is closed.

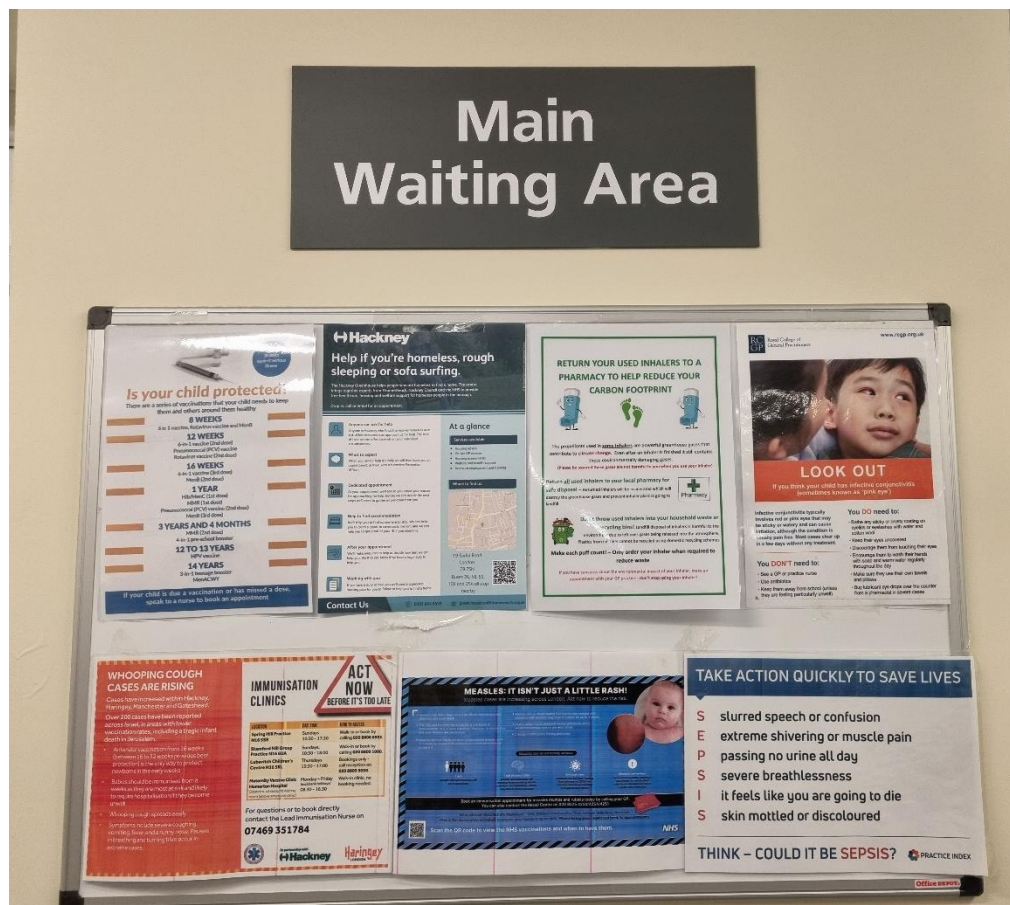
The Wick's reception area is to the left of the main entrance and security desk. The surgery is fully accessible, with wide automatic doors, accessible patient toilets and spacious interiors. Inside, the environment is quiet, clean, well-lit, warm and welcoming, with a fresh, well-maintained feel. The reception and waiting areas are spacious, tidy and child-friendly, with seating options that include wider chairs and a small play area with a table, chairs, crayons and colouring sheets.



There are 11 clinical rooms and the centre hopes to expand further by taking over the remainder of the ground floor. Opposite the main reception, there is a breastfeeding room with a comfortable chair and a small sink. Additional facilities include two accessible patient toilets, both clean and fresh, although one lacked soap in the dispenser. Reception staff informed us that only the

cleaner can refill the soap dispensers. There are also baby changing facilities, one placed in the main waiting room and another in the toilet to the left of reception.

Information is available throughout the health centre, including leaflets on a wide range of topics such as support for the cost-of-living crisis, diabetes management, breast screening, and LGBTQ+ services. Some materials are provided in multiple languages, reflecting the needs of the diverse patient population. Posters include Healthwatch Hackney's "Your Voice Counts" and the NHS "No proof of ID/no proof of address" policy. However, one poster referring to pandemic-related service changes appeared out of date. The manager told us that staff regularly rotate leaflets to keep information current.







Opening hours were not visibly displayed at the front of the surgery but were available inside the smaller waiting room, along with guidance on what to do when the centre is closed.

As of our visit, the surgery had 8,288 registered patients. It serves a mixed demographic, with a high number of elderly patients, young children and people living with long-term conditions. There are fewer patients aged 25 to 50. Many residents in the catchment area require interpreters and the population reflects the wider deprivation seen in the local area.

The manager has worked at the surgery for 15 years, progressing from receptionist to her current role and brings a strong understanding of both operational and community needs.

CQC visited the surgery in 2023 and rated it as Good<sup>3</sup>. However, no Friends and Family Test data<sup>4</sup> was available at time of writing.

## Findings

### Patient experience with booking appointments

Wick Health Centre offers a mix of online, phone and walk-in options to book appointments, recognising that a digital-only model would exclude many patients.

<sup>3</sup> CQC (2023). The Wick Health Centre. Available at: <https://www.cqc.org.uk/location/1-14831713041>

<sup>4</sup> NHS England (2025). FFT GP Data (January 2025). Available at: <https://www.england.nhs.uk/publication/friends-and-family-test-data-january-2025/#heading-2>

The manager told us that the team are actively working to improve access and manage high demands. All decisions about appointments and triage are data-driven, informed by weekly reviews of APEX data, phone logs and appointment use. Mondays are the busiest days with 60 more calls than other weekdays and the surgery has responded with extra GP capacity on those days.

The manager introduced a new triage system and increased GP staffing to ensure patients are seen within 3 to 5 days. Staff told us that patients are triaged appropriately and directed to the most suitable healthcare professional, whether a GP, nurse, pharmacist or another practitioner, rather than defaulting to a GP for every issue.

The surgery is investing in training staff to handle care navigation and signposting effectively and is working to build patient awareness of the full range of services available locally. However, the manager acknowledged that some patients still strongly prefer seeing a GP. She stressed the importance of building trust over time and supporting patients through the shift toward more integrated and multidisciplinary care.



*I have been here for a long time and patients know me and they trust me. But if they hear a new voice on the phone they think we are trying to get rid of them. There will always be people who want to see the GP.*

Most patients we spoke to on our visit book their appointments by phone. The system works well for some but presents barriers for others, particularly for older patients, people without digital skills or those calling during peak times.

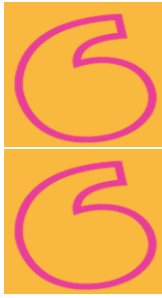
**44% of patients reported a positive experience with appointment booking.**

These patients told us that booking an appointment was “*very easy*” or that they “*never have a problem*”. Notably, one patient, who has been with the surgery for over 20 years, told us she was “*satisfied with both the old and the new systems*”.



*I book appointment on the phone by speaking with reception, I've never had trouble with waiting times.*

However, **56% of the patients we spoke to described a negative experience**, including long waiting times, particularly when calling early in the morning.



*I rang at 8 am and got through at 11 am, only to be told that all clinicians were fully booked.*

*I was refused a phone booking and only got help after struggling to complete the online form.*

### Quality of interaction between patients and staff

According to the manager, staff are trained in care navigation and the “Make Every Contact Count” approach, which increases their confidence and communication skills. Additionally, staff spoke to us about a “people first approach”, that values shared decision-making with patients about their care and maintains open communication.

The manager acknowledged that staff rudeness was a “*big issue in the past*” but said that “*patients reporting issues of staff being rude have significantly decreased*”.

Based on our conversations with patients during our visit, experience with reception staff is generally positive despite occasional concerns with tone and helpfulness, suggesting the need for ongoing improvement in customer service standards.

78% of patients were satisfied or highly satisfied about their interaction with reception staff.





Three patients who have been with the surgery for several years told us of a positive longstanding relationship with specific staff members.

On the other hand, a small number of patients were “*not satisfied at all*” and described reception staff as “*rushed*”, “*with an attitude*” or said they “*did not help resolve my issue*”. These patients said they were considering changing practice.

Patients also generally reported positive experiences with clinicians, too.



*I feel heard.*



*GPs and nurses are helpful, there's no rush, they take time to listen and give me enough information about my treatment and options.*



*Sometimes 10 minutes is not enough but I do feel well looked after.*

The manager told us that continuity of care is a priority. They recognise the value of consistent clinician-patient relationships, especially for elderly patients. It is associated with better patient outcomes, particularly for people who are elderly, have complex, long-term or multiple conditions, or poor mental health<sup>5</sup>.

However, not all patients we spoke to were able to see the same doctor or nurses consistently, despite all agreeing that continuity of care was important. One patient was especially distressed as he told us that not being able to see a familiar clinician affected his confidence in the care received.



*I have to repeat my story over ... and over.... and over again.  
It's not good.*

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<sup>5</sup> Queen Mary University of London (2022). Seeing the same GP is good for your health, but only half of patients are able to do so. Available at: < <https://www.qmul.ac.uk/media/news/2022/smd/seeing-the-same-gp-is-good-for-your-health-but-only-half-of-patients-are-able-to-do-so.html#:~:text=Dr%20Sally%20Hull%2C%20lead%20author,the%20future%20of%20general%20practice.%E2%80%9D> >

## Meeting the needs of vulnerable patients

The manager recognises that the surgery serves a diverse and often deprived population, including a high number of patients who require interpreters, are elderly or live with multiple long-term conditions.

Deaf patients communicate in writing or by lip-reading and the surgery routinely offers them double face-to-face appointments. We noticed signs in Braille for blind patients.

Non-English speakers are supported through a combination of Language Line and multilingual staff, who speak Turkish, Bengali, Mandarin, Spanish, Italian and Greek. Patients requiring an interpreter are coded accordingly on the EMIS system. During our visit, we spoke with four people whose first language is not English. They shared with us a generally positive experience, consistent with the surgery staff's account and our observations.



The surgery is registered as a Safe Surgery and does not require proof of ID or address for registration.

Homeless patients are allowed to use the centre's address for correspondence and are signposted to the Greenhouse Surgery but may remain registered at The Wick Surgery if they wish.

We also spoke with two elderly patients, aged 71 or older. They both rely on family members for support with booking and attending appointments due to *"difficulties with digital systems"* but they are otherwise satisfied with the surgery.

In addition to addressing language barriers and supporting vulnerable patients, the surgery successfully considered and addressed physical accessibility for patients with mobility challenges. During our visit we observed a patient in a mobility scooter, a wheelchair user and a patient using crutches moving around with ease both in the reception area, which has a lower counter, and in the spacious waiting room. Two of the patients shared with us their positive experience. One patient told us,



*The facilities are good for someone in a wheelchair. Doors are wide enough and there is enough space in the consulting rooms for wheelchairs. Access is good.*

The other patient told us that they receive *"home visits when necessary, which is a relief and takes some of the pressure off"*.

### **Engagement with compliments, feedback and complaints**

The manager told us that the team collect feedback through the Family and Friends test, although suggestions are limited. A suggestion box was previously available but was rarely used and it has been removed. Instead, the team has put up a sign inviting people to ask for a complaints form at reception. However, this approach places the burden on patients to initiate what can feel like a confrontational process, which may deter some from raising concerns, particularly those who are less confident, unfamiliar with the system or worried about being seen as difficult. Passive approaches like this are not sufficient to ensure that all patients feel able to provide honest feedback.

The manager told us that most complaints are made verbally, are of a minor nature and resolved quickly. Staff believe that sometimes patients leave negative feedback when “*they don’t get things their way*”, rather than due to genuinely poor service.

An annual Patient Participation Group (PPG) meeting provides a key opportunity for receiving feedback and collaborative improvement. All patients aged 18 and over are invited to take part. This year, 70 people responded and 19 attended. The group included people in their 90s as well as younger adults, reflecting the wide demographic of the surgery’s catchment area.

The manager told us that they begin each PPG meeting by asking what isn’t working, and they take action where possible. For example, last year’s group fed back that the answering machine message was too long; this has since been shortened. In response to feedback at this year’s meeting, the surgery is launching a new, more user-friendly website that aligns with a vision of “*providing essential information in as few words and as few clicks as possible*”. The new site will also be mobile-friendly and designed as a single-scroll page to make it more accessible.

Additionally, they are developing a “Who’s Who” staff board to help patients recognise members of the team. Staff told us this came directly from PPG feedback and is particularly useful for patients who may not remember names but can identify familiar faces.

Although 56% of patients we spoke to said they had never been asked for feedback, there is evidence that, when input is given, it is valued and used to drive improvements.



*I was invited to a coffee morning once to give feedback but I couldn’t go as I still work full time.*



*I once had a bad experience with one GP where he would not listen to what I was telling him. I had to be assertive to get the correct referral. I complained and received an apology. Everything has been fine ever since.*



*My friend is a patient here. She told the doctor that the blood pressure cuffs were too small for her. The doctor listened and arranged for larger cuffs.*

Overall, conversations with staff and patient feedback suggest that there is a culture of continuous improvement at the surgery, reflected in data-led changes, responsiveness to patient needs and a strong focus on staff training and communication.

## Recommendations

Based on the evidence collected, our findings and observations, Healthwatch Hackney would like to make the following recommendations.

### Recommendations to the surgery's manager

1. **Improve access to appointments booking:**
  - Continue to build on strong practices for accessibility and offer additional booking support for patients who rely on family members, are elderly or digitally excluded.
  - Increase patient education about the roles of non-GP healthcare staff to build trust and reduce default expectations of GP-only care.
2. **Strengthen continuity of care:** Whenever possible, ensure that patients who value familiarity and continuity of care are able to see the same clinician.
3. **Monitor customer service standards:** Maintain ongoing staff training to address concerns over tone and helpfulness of reception staff.
4. **Encourage patients to feedback on their experience at the Health Centre:**
  - Actively promote the Family and Friends Test as a key feedback tool by displaying prompts in waiting areas, on appointment confirmation texts, and through staff encouragement during in-person visits.
  - Ensure the complaints form is easily accessible to patients without the need for them to request it.

#### 5. Ensure patient information is current and clearly displayed:

- Clearly display opening hours and out-of-hours guidance at the entrance to ensure all patients can access this information without needing to enter the building.
- Regularly audit and update all patient-facing materials to remove outdated content, including information from the pandemic.

These recommendations aim to support The Wick Surgery in enhancing patient experience by improving access, communication, continuity of care and patient feedback. By addressing these areas, the centre can continue to build trust, deliver more personalised care and ensure that all patients feel heard and well-supported.

## Service provider's response

Healthwatch Hackney is positively engaged with The Wick Surgery around the findings and recommendations in the report. We will republish later in the year to include reflections and responses from the surgery.

## Closing remarks

Healthwatch Hackney will continue to monitor patient feedback and work collaboratively with the practice manager to maintain and strengthen a high-quality, patient-focused experience that meets the needs of the community it serves.

## Acknowledgments

Healthwatch Hackney would like to thank the team at The Wick Surgery for accommodating our visit and encouraging patients to talk to us. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and writing this report. Finally, we would like to thank our interns, Christopher Hoppe and Vesna Pasetto, for conducting the background research and Cindy Wanjiku Wairimu for her significant contributions to this report.

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