

Enter and View report

Five Elms Medical Practice

February 2026



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1. Introduction

1.1 Details of visit

| Details of visit: | |
|----------------------------|--|
| Service address | Five Elms Medical Practice, Five Elms Rd, Dagenham RM9 5TT |
| Service provider | Operose Health Group |
| Service area | Barking and Dagenham, Havering, and Redbridge |
| Date and time | 2 nd February 2026 at 2:30pm and 6 th February 2026 at 9:00am |
| Authorised Representatives | Klara Ismail (Lead Authorised Representative) (Present on 2 nd February 2026 and 6 th February 2026) Winnie Abigail Hibbert (Authorised Representative) (Present on 2 nd February 2026) Agne Pilkauskiene (Authorised Representative) (Present on 6 th February 2026) |
| Announced/Unannounced | Unannounced |
| Contact details | Healthwatch Barking and Dagenham LifeLine House Neville Road, Dagenham RM8 3QS 0800 298 5331 info@healthwatchbarkinganddagenham.co.uk |

1.2 About the service

Five Elms Medical Practice is a GP practice that offers face-to-face appointments and telephone consultations for around 3,500 patients, according to the Regional Operational Manager. There are also pharmacists working alongside GPs who offer face-to-face and online appointments.

Operose Health have been the caretaker provider for Five Elms since October 2025. When Operose took over, NHS Northeast London Integrated Care Board decided to merge Five Elms and Victoria Medical Practice in Barking. Previously, Five Elms was a single-handed practice.

The practice offers interpreter services to patients if needed and there are accessible measures in place for people with disabilities.

There is usually 1 GP clinic running during the day. The opening hours are 8:00am to 6:30pm.

1.3 Acknowledgements

Healthwatch Barking and Dagenham would like to thank all staff, service users, and visitors involved at Five Elms Medical Practice for their kindness and accommodation during the visit.

1.4 Disclaimer

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

2. What is Enter and View?

- The Health and Social Care Act 2012 allows local Healthwatch to carry out Enter and View visits.
- Authorised representatives are recruited and trained to carry out visits to observe specific settings and give feedback.
- During a visit, information is gathered through the experiences of service users, their relatives, friends, and staff to collect evidence of the quality and standard of the services being provided.
- Enter and View visits can happen if people tell us there is a problem with a service, but equally, they can occur when services have a good reputation.
- The visits enable us to share examples of best practices and make recommendations where improvements are needed from the perspective of people who experience the service first-hand.
- An opportunity to give authoritative, evidence-based feedback to organisations responsible for delivering and commissioning services.
- The visits assist local Healthwatch to alert Healthwatch England or the Care Quality Commission to concerns about specific service providers of health and social care.
- If you are interested in finding out more about Enter and View visits or Healthwatch Barking and Dagenham, then please visit:
www.healthwatchbarkinganddagenham.co.uk

2.1 Purpose of Visit

Our purpose was to observe and engage with patients who were accessing the service, with the focus on the following areas:

- Experience with reception staff
- Experience booking appointments
- Experience waiting for an appointment
- GP appointment experience
- Process of ordering repeat prescriptions
- Raising issues and making complaints

2.2 Strategic drivers

This visit was carried out in response to a CQC Inspection Report published in April 2020, which rated the service as “Requires Improvement.” We had also received general feedback from residents about the difficulties they face when accessing GP services and their overall experiences. These two strategic drivers informed the decision to conduct the visit: firstly, to understand whether patients had noticed any improvements since the CQC report, and secondly, to gather feedback as part of Healthwatch Barking and Dagenham’s wider programme exploring access to primary care.

2.3 Methodology

Before the visit:

- This was an unannounced visit carried out by Healthwatch Barking and Dagenham Authorised Representatives to observe the quality of services offered to service users and their general experience with their GP.
- Authorised representatives undertook a pre-visit meeting to review the questionnaire and agree the time and date of the visit.

Day of the visit:

- The Healthwatch team arrived at Five Elms Medical Practice at 2:30pm on 2nd February 2026, and again at 9am on 6th February 2026. Yazmin Ismail, a work placement student from Barking and Dagenham college, also attended to shadow Enter and View Representatives. The decision to return a few days later was made because the practice was very quiet and Authorised Representatives did not feel that an adequate number of responses were collected for a balanced report during the first visit.
- At both visits, Authorised Representatives entered the building and informed the reception staff about Healthwatch’s role and the purpose of the visit. After reception staff consulted with a manager, permission was granted for Authorised Representatives to remain on site and carry out the Enter and View visit. During the second visit (6th February) Authorised Representatives also had a brief initial discussion with the Regional Operations manager about the practice before conducting the visit. They were again given permission to remain on the premises and conduct the Enter and View.
- During our visit, Authorised Representatives remained in the waiting area of the practice to interview patients who were waiting to be called in for their

appointments and those who were leaving. All representatives interviewed the service users, without involvement from the practice staff.

Feedback from the visit is used to inform service providers and commissioners about residents' experiences accessing Five Elms Medical Practice.

3. Summary of findings

- We spoke to a total of 10 patients. The majority of patients (7) shared that they thought receptionists were skilled and also gave them a 5 out of 5 "Very Helpful" Helpfulness rating.
- 2 out of 10 patients had used interpreting services from the practice. Both were satisfied with the service.
- 8 out of 10 patients found that there was enough privacy at the reception desk, with 7 out of 10 finding the waiting area comfortable.
- Patient booking methods were mixed, with 4 out of 10 patients using phone bookings, 3 out of 10 using online (web) bookings, 2 out of 10 using the Evergreen app and 1 out of 10 booking in-person.
- Half of patients (5 out of 10) were satisfied with the waiting times before a scheduled appointment.
- 5 out of 7 patients were not satisfied with how accessible their emergency appointment booking was.
- 7 out of 10 patients did not usually see the same GP when attending an appointment. However, the majority, 4 out of 7 would prefer to see the same GP.
- 8 out of 10 patients felt listened to by their GP and 8 out of 10 patients had trust and confidence in your GP.
- Of 8 patients who were referred to a specialist on the day of our visit, 6 out of 8 found the referral process efficient.
- 9 out of 10 patients felt involved about the decision-making of their care and 10 out of 10 found that the GP explained information to them in ways which they understood.
- The majority of patients we spoke to did not receive repeat prescriptions. 4 out of 10 received repeat prescriptions, with 3 out of 4 sharing positive feedback about the prescription process.

- 7 out of 10 patients did not know how to make a complaint. 2 out of 10 patients had needed to raise an issue with the practice in the past, and both were resolved at the time.

4. Detailed Findings

4.1 About your visit

During our visit we spoke to 10 patients accessing GP services on two different days for a range of issues. We asked them what they were here for today, if they were comfortable sharing with us. All patients responded:

What are you here for today, if you don't mind sharing?

"My son has appointment with the GP"

"Vertigo"

"Skin problem"

"Thyroid issues"

"Regular check up with my son"

"Leg problem"

"ENT problem and mental health"

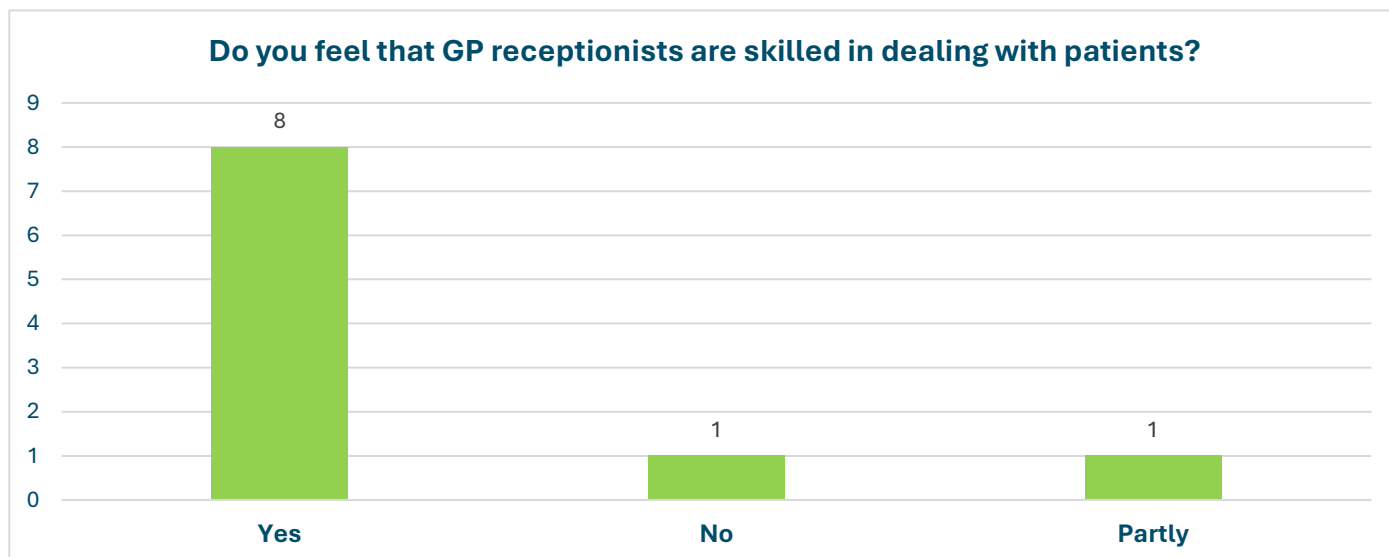
"Problem with shoulder"

"Sinus issues"

"I twisted my leg and I'm seeking an MRI"

4.2 Experience with reception staff

4.2.1 Skill level of receptionist staff



The majority of patients (8 out of 10) felt that the GP receptionists were skilled at helping people. 1 individual reported that staff were “partly” skilled and one person said “no”

When asked to provide comments on their response, here is what patients had to say:

From those who ticked Yes:

“They are friendly”

“They are very nice and helpful”

“They are friendly and good listeners”

“Sometimes I feel sorry for them as there are so many people they deal with and they can be scapegoated.”

““They have been able to support me even when I can’t use Evergreen app – it is not letting me book appointments”

Patients who said yes emphasised the friendliness and helpfulness of reception staff, sharing that they are good listeners and supportive.

One patient in particular mentioned that staff are flexible about the technical difficulty of the Evergreen app (online booking system) not working.

From those who ticked Partly:

“They are helpful but not at all times”

One patient ticked Partly but did not expand on any particular experience when they felt that the reception staff were not as helpful as they could have been.

From those who ticked No:

One patient ticked No. They shared issues around the tone of reception staff, and their lack of response around the patient’s recurring health issue.

This patient also shared communication breakdown between reception staff and patient, since they had not been informed about blood test results. This patient feels the

need to “double check” with reception staff about their results. The patient did not specify whether their blood test result showed any abnormality:

“Several times I have come and had problems with how they respond to me and they’re not attending to what I need, such as calling me back about results. I’ve come several times for the same issue and they don’t respond. I’ve had several blood tests and they don’t call me back with the results. I always have to double check.”

4.2.2 Helpfulness of receptionist staff

We also asked patients to rate the helpfulness of receptionist staff on a scale of 1 (Not helpful at all) to 5 (Very helpful).



| Not helpful at all | A bit helpful | Neither helpful or unhelpful | Quite helpful | Very helpful |
|--------------------|---------------|------------------------------|---------------|--------------|
| 1 | 0 | 1 | 0 | 7 |

*One patient chose not to respond as it was their first time accessing the practice and they did not feel this question was applicable.

The majority of patients (7 out of 9) rated the receptionists as helpful, and 5 of them said the staff were very helpful.

When asked to provide comments on their rating, here is what patients had to say:

From those who ticked 5 – Very helpful

“Very helpful. They give answers to every question”

“They’re very helpful”

“Very helpful”

From those who ticked 1 – Not helpful at all

“Same reasons as I said before. They don’t call me back about results and I always have to double check with them”

4.2.3 Providing interpretation services

From the 10 patients that we spoke with during the visit 2 of them had used interpretation services at this practice before. Both were happy with the service.

| Yes | No | N /A (I don’t need interpretation services) |
|-----|----|---|
| 2 | 1 | 7 |

Here is what the 2 patients had to say about using interpretation services:

“A staff member provides good interpretations”

“Very comfortable with the service”

One patient who ticked N/A, shared that the doctor speaks their language:

“The doctor speaks my language”

It was not confirmed whether the patient spoke with the doctor in their own language to aid communication instead of using interpreter services.

4.2.4 Privacy

We asked patients whether they feel that there is adequate privacy at the reception desk. It is important that patients feel as though they can speak freely about their personal concerns without worrying that others will overhear them.



The majority of patients (8 out of 10) felt there was adequate privacy at the reception desk, while one patient felt this was only partly the case and another felt there was not enough privacy.

"Yes, they take care not to shout my name or anything"

"Yes, they're nice"

The patient who ticked No shared this:

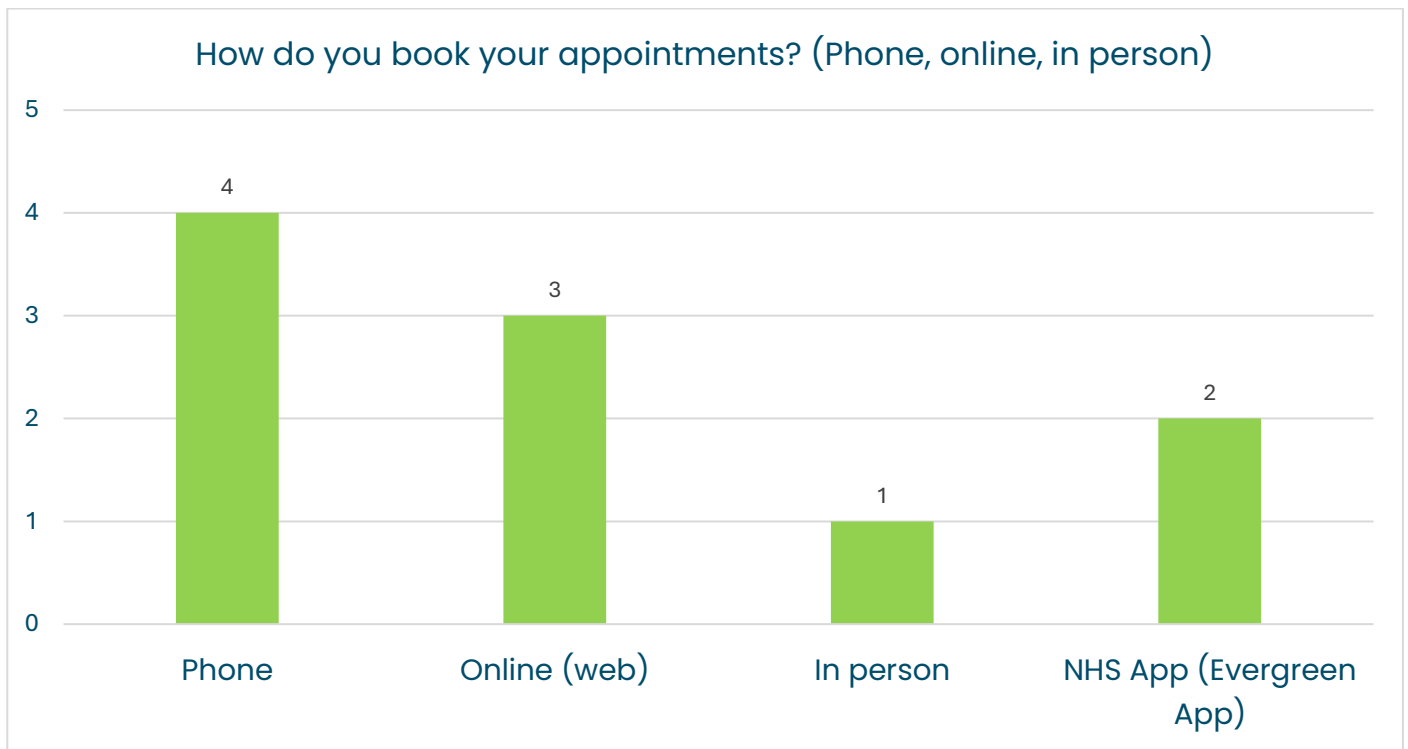
"No, if someone is stood next to me whilst speaking to the receptionist, I feel like I'm being heard."

Although most patients felt there was enough privacy at the reception desk, a few did not, showing that staff may need to consider how to make the area feel private for everyone. An example of this would be the practice adding a sign that says people can ask to speak somewhere else if they want more privacy.

4.3 Booking appointments

4.3.1 Booking method

Patients were asked what method they used to book appointments (phone/online (web)/NHS App/person), and whether they feel that this works for them.



Responses were mixed, with phone booking being the most popular (4 out of 10 patients) and in person being the least popular (1 out of 10).

We then asked patients what they like and dislike about their method of booking appointments. Responses were mostly negative about the method they use, but one individual was happy with the short waiting times for booking on the phone:

Phone

“I call at lunch, 10 minutes is the longest I’ve had to wait.”

“Long queueing (20–40 min wait) and lack of available appointments. I wait 1–2 weeks for appointments. I’ve been seeing the GP with the same problem for several months now and not gotten anywhere.”

NHS App (Evergreen App)*

“Before I always booked on the phone and now on the app they ask lots of questions before you can get an appointment. I can’t explain my problem well and I find the questions lengthy. It’s also harder to get a fixed time and now I have to wait 5 days. Before on the phone they gave me appointments on the same day.”

“I don’t use the app because it’s too difficult.”

Online (web)

“Getting it set up was a challenge, and it’s not consistent.”

“It’s difficult but sometimes I cannot accept phone calls on the phone, because of my job and my wife’s college we can’t always answer phone calls. But I’m not happy booking online because they randomly give me an appointment. But I prefer if I call, I can talk to them.”

*Please note that the Healthwatch survey included the option “NHS App”. We have added Evergreen App in brackets as this is what Five Elms practice offers to its patients.

It is important to note the difference in opinion between booking appointments on the phone, suggesting that phone queueing times is not consistent and does affect some patients.

The two comments we received for the Evergreen app reveal that they find the app hard to use, with one patient struggling to communicate her health issues digitally through the app. This patient also shared that it is now harder to get an appointment time, and that they wait longer to get one when booking through the app.

When Healthwatch Barking and Dagenham engage with residents we hear concerns about the increased digitisation of health and care services. 15,000 adults in Barking and Dagenham are not online and 1 in 4 adults (25%) don’t have all of the ‘Essential Digital Skills’.¹

Digital exclusion is closely linked to poverty, disability, age and social isolation.

Booking appointments online revealed similar issues around difficult access, likely due to the digital nature of these methods. This can be exacerbated by not having digital access at home: 16,200 adults aged 55 or over (43%) and 46,000 16–64 year olds (39%) do not have a computer at home.²

Both patients who gave comments about booking online is that the process is unpredictable: “It’s **not consistent**” and “they **randomly** give me an appointment”. This

¹ Digital Inclusion in Barking and Dagenham Report, 2020.

² Digital Inclusion in Barking and Dagenham Report, 2020.

suggests that concerns around appointment access are not solely because of personal digital use but also because of NHS digital platform issues.

No one provided comments about what it's like booking appointments in person.

4.3.2 Same day or emergency appointments

We asked patients whether same day or emergency appointments were easily accessible.

| Yes | No | N/A (I've never tried to access one) |
|-----|----|--------------------------------------|
| 2 | 5 | 3 |

Half of patients (5 out of 10) responded "No". When asked to expand, this is what they shared:

"Not at all"

"You have to come in early"

Patients who responded "Yes" were satisfied with receiving an appointment on the same day:

"It's easy, last time I came with my daughter and they called me back on the same day with an appointment."

"I got an appointment on the same day but it was 2 years ago."

4.4 Waiting for an appointment

4.4.1 Waiting for a scheduled appointment after arriving at practice

We asked patients whether they felt that they had to wait a long time for their scheduled appointments, or whether they were seen on time.

Do you have to wait long to be seen for your scheduled appointment when you arrive at the clinic or are they on time?

| Yes, they're on time | No, they're not on time | Sometimes |
|----------------------|-------------------------|-----------|
| 5 | 2 | 3 |

5 out of 10 patients were satisfied that appointments were on time, 2 out of 10 shared that they were not satisfied, and 3 out of 10 were mixed, stating that sometimes appointments were not on time.

Satisfied patients:

"My appointments are on time."

"More or less on time."

"Yes, they're on time."

"On time."

"Yes."

Unsatisfied patients:

"Never on time. Usually, it's a 20-30 minute wait. I get here early and I'm still waiting so I sit around for up to an hour."

"No."

Mixed:

"I don't take notice as long I have an appointment. I waited ten mins after my appointment time."

"Sometimes."

"Sometimes it takes a while."

Satisfaction about the timeliness of appointments was the most popular response.

2 patients were unsatisfied, with one person sharing it is usually a 20–30 minute wait, and another patient shared that today they waited 10 minutes after their appointment time. These comments show that some patients are experiencing delays.

4.4.2 Comfort of the waiting area

We then asked patients whether they find the waiting area comfortable.

| Yes | It's okay | No |
|-----|-----------|----|
| 7 | 3 | 0 |

The majority of patients (7 out of 10) said the waiting area is comfortable. 3 patients were not completely happy but did think the waiting area was adequate. No one felt that the waiting area was uncomfortable.

“Sometimes with more people it’s busy.”

“Not bad. Comfy chairs. There are always seats available.”

“Yes, it is comfortable.”

“It’s okay.”

4.5 GP appointment experience

4.5.1 Preference of accessing the same GP or not

We asked patients whether they usually see the same GP when they have an appointment, and whether this is their preferred experience.



The majority of patients (7 out of 10) do not usually see the same GP when attending an appointment. However, over half of them (4 out of 7) shared that they would prefer to see the same GP or are not happy about seeing different GPs.

“No, I don't see the same GP but I would prefer to.”

“No I see different GP, I would prefer the same GP.”

“No it's a different GP and its challenging, I'm repeating myself.”

“No its different and I'm not happy with that.”

“No I don't come a lot, so I don't know what doctors are in.”

“No but I don't mind about seeing the same GP.”

“No but I only come in if I have to.”

“Yes [I see the same GP].”

“Yes, same GP. I did wish to see the same GP but never mentioned it to them.”

“Yes I see the same GP but I don't really like this. I even want to change my GP.”

1 patient usually saw the same GP but was not happy about this, and expressed wanting to change their GP.

4.5.2 Whether patients feel they have time to explain and get questions answered

We then asked patients whether they felt they had time to explain their health concern and get their questions answered.

| Yes | No |
|-----|----|
| 8 | 2 |

The majority of patients (8 out of 10) felt that they could. 2 patients said No, with one providing a further comment.

“My GP was really quick. I asked her about secondary issues but didn't feel considered. She never mentioned what she recommends about my thyroid but referred me anyway without discussing. She tested my thyroid briefly and told me to come back if I don't here from the referral in ten days.”

While Healthwatch only received one comment, it is important to highlight this patient's experience as others may feel the same. Particularly, this patient did not feel she was included in the decision to be referred and that the GP appointment was quick, adding to feelings of being rushed or not discussing treatment options thoroughly. The patient was not satisfied with how the GP responded to questions about secondary issues.

4.5.3 Whether patients felt they were listened to

We then asked whether patients felt they are listened to by their GP during an appointment. This is important as patients who feel listened to are more likely to feel respected, considered, and treated with dignity.

| Yes | Partly | No |
|-----|--------|----|
| 8 | 2 | 0 |

The majority of patients (8 out of 10) responded Yes, that they felt listened to. 1 patient ticked partly. Here is what they shared:

Yes, I felt listened to:

“Yes, she typed up as I was talking and noted things down.”

“Yes, they try their best to really take in what I have to say.”

“Yes, they look after me very well.”

Partly, I did not feel fully listened to:

“Partly, sometimes they just give medication without finding an underlying issue....”

“Partly, I get my questions answered and they type notes, but it's usually the same response. Every time I raise an issue it's the excuse of “get painkillers” but painkillers

don't solve everything. And sometimes the GP said he out of she would call me after the appointment but never has. This has happened several times now."

Positive indicators of being listened to were shared, such as note-taking during appointments, and that GPs aim to encourage patient comfort by taking in what patients have to say, and having a caring attitude by looking after patients.

However, it is important not to minimise the experience of others who did not feel fully listened to. These patients both shared issues around receiving medication, such as painkillers, without feeling like their issue was properly considered. One patient had negative experiences with a GP who did not call the patient back after an appointment despite agreeing this.

4.5.4 Patient trust and confidence in GP

We asked patients whether they trust and have confidence in their GP.

| Yes | Partly | No |
|-----|--------|----|
| 8 | 1 | 1 |

The majority (8 out of 10) responded Yes. Of the 2 patients who ticked Partly and No, here is what they shared:

"Partly, because the first time I saw her was today. I am a non-regular. The GP seemed very nice."

"No, I'm tired of repeat visits and the same reasons from them. They do the minimum communication but won't expand and it's a cycle of nothing."

One patient raised the key point of how familiarity increases someone's trust in an individual, particularly in healthcare settings. The patient who responded No raised that due to recurring visits for the same health concern and little communication, trust and confidence has been eroded.

4.5.5 Patient understanding of information shared by GP

We also asked whether the information shared with patients during their appointments was presented in a way in which they could understand. This is particularly important when considering language and communication barriers, and low health literacy rates.

Was the information during the appointment presented in a way you can understand?

| Yes | No |
|-----|----|
| 10 | 0 |

All 10 patients we surveyed responded Yes.

However, one patient wanted to clarify that while they understood information, the way the information was presented was not best practice:

“Yes, they do their job but it’s like they don’t want to.”

Below are the other comments in response to this question:

“Yes, but none of the information was specialist. The GP referred me and told me to come back in ten days if I don’t hear anything.”

Yes, it’s easier to understand when it’s explained by a person.”

One patient noted that they find information easier to understand when explained by a person, suggesting that online appointments are not preferred because they can increase communication difficulties for some individuals.

4.5.6 Efficiency of referral process if specialist was needed

We asked patients whether the GP practice's referral process was efficient if they needed to see a specialist.

Was the GP practice's referral process efficient if you needed to see a specialist?

| Yes | Partly | No | N/A (not needed) |
|-----|--------|----|------------------|
| 6 | 1 | 1 | 2 |

2 out of 10 patients ticked N/A (not needed) as they were not referred to a specialist for their appointment. Of those who were referred, the majority (6 out of 8) responded Yes. Here is what they shared:

Yes:

“Yes, the GP practices referrals are easy. They are sent through the phone and post.”

“Yes, I was told I’ll get a text and letters to say the referral has been done by GP.”

“Yes, I was referred to ENT. I was not told in the appointment when I would see them but they will send a letter or email with the appointment date.”

It is positive that patients can receive referral information both digitally and in paper form, increasing accessibility for those who do not have digital access or are not digitally literate.

Partly:

“Partly, I waited for a phone call but didn’t answer it because I had a driving lesson at the time. It’s now been over a year to get referred. I went private to get a shot but this is not a permanent fix.”

This patient shared that the referral process was followed, since they received a phone call, but the follow-up process to get referred having missed the phone call was lengthy. This resulted in accessing private healthcare for a temporary solution.

No:

“No, I got a referral for my daughter at dermatology but it’s been a year and I haven’t heard anything.”

Unfortunately, this patient had not received any information for their daughter’s health concern for a year and did not receive any information to their knowledge.

4.5.7 Patient involvement in decision-making about care and treatment

We asked patients whether they felt they were involved in decisions about their care and treatment.

Overall, do you feel that you were involved in decisions about your care and treatment?

| Yes | Partly | No |
|-----|--------|----|
| 9 | 0 | 1 |

The large majority of patients (9 out of 10) responded Yes. 1 patient said No. The patient who responded No did not give an example or explain their choice, so Healthwatch cannot make further comments about their dissatisfaction.

However, one patient responded Yes but was not satisfied with the way in which GPs include them, stating that the GPs “don’t feel like they care sometimes”, “don’t give me eye contact” and on the phone these discussions feel “impersonal”.

“Yes, the GP explains perfectly and simply and gives me a chance to speak about how I prefer my care and treatment to be given or administered.”

“Yes, the GP gives me a chance to talk about how I would like their care to be administered.”

“Yes, they’ll talk to me about it but I know it’s nothing more than that. They don’t feel like they care sometimes they don’t give me eye contact. And it feels impersonal on the phone. This is a repeat cycle.”

4.6 Prescriptions

4.6.1 Repeat prescriptions

We asked patients whether they required repeat prescriptions. If they did, we asked how they find the process of ordering repeat prescriptions and whether it works for them.

4 out of 10 patients told us that they receive repeat prescriptions. Here is what they shared about their experiences:

“They’re supposed to be done online, but I can’t make that work. So, I pick them up at a Tesco’s they send thyroid tablets and eye drops they send me a phone message automatically.”

“The process is easy.”

“No, sometimes they repeat one thing but miss another one.”

“No issue, used to use NHS App now Evergreen App.”

Experiences were mostly positive, with patients highlighting the ease or the process and the flexibility of non-digital methods, as well as having no issues with the Evergreen App.

One patient shared that the repeat prescriptions are not consistent.

4.7 Raising issues and making complaints

4.7.1 Knowing how to make a complaint

We also asked patients whether they know how to make a complaint. This is important information to collect because if an individual has an issue with their GP practice they should be aware of how to raise their concerns through the right systems.



*1 patient chose not to respond.

Overall, 7 out of 9 patients responded No, with 1 responding Partly and 1 responding Yes.

“Yes, complaints can be made online through the GP app.”

“Partly, I know how to complain to reception, but I could find out other ways.”

“No, maybe I could go to reception?”

The majority of patients did not know how to make a complaint. It can be a concern if a patient does not know how to raise issues about their health and care, resulting in unresolved issues.

2 of the 3 respondents believed they may be able to complain to reception. While this can be effective, and receptionists can point patients in the right direction, it is also important to encourage patients to follow an independent complaints process that does not involve practice staff, through PALS or their local MP.

4.7.2 Experience raising a complaint

We then asked patients if they've ever needed to raise an issue with Five Elms GP Practice or make a complaint.

| Yes | No |
|-----|----|
| 2 | 7 |

*1 patient chose not to respond

2 patients had raised an issue with Five Elms GP Practice or made a complaint in the past. Here is what they shared:

“A good for a few years ago I received B-12 jabs and once the GP told me to stop taking them and go to a herbal shop. At Queens Hospital they told me he had no right to say that. But the complaint got sorted quickly: the neurologist phoned on my behalf to say they must give me B-12. After that it was fine”

“I went in person to reception to complain about the Evergreen app and that I can't sign in. They said they don't make the rules and that I should ask the manager. The app feels pointless because they explain in person anyway. My issue was resolved but it didn't seem like they cared.”

Experiences vary, with one patient feeling satisfied that their complaint got sorted quickly and was resolved, while another patient did not appreciate the tone of practice staff while raising an issue about the Evergreen app.

5. Staff questions

As part of our visit, staff were also approached to provide their feedback using a set questionnaire. Staff were given the option to complete the questionnaire in their own time and hand the information back to us at the end of the visit, which they accepted.

The survey was answered by two receptionists. The following are their answers to the set questions.

1. **What are your opening times?**
 - a) 8-6:30
 - b) 8am-6:30pm Mon-Fri
2. **How can patients book appointments?**
 - a) Evergreen app. If unable to use can call surgery and we will submit on their behalf
 - b) Online & calling us & visiting us
3. **Does the telephone system allow patients to deal with certain requests quicker by pressing a number? For example, if they want to cancel their appointment.**
 - a) No
 - b) No
4. **What are the approximate waiting times for a routine appointment?**
 - a) 10-14 days
 - b) 10-14 working days in best situations
5. **What is the procedure for offering emergency appointments?**
 - a) Under 5s and over 85s can be booked in direct without going through the app. If nothing is available and something is urgent we would signpost to other services, e.g. 111, A&E, walk-in centre
 - b) Under 5y & over 85 & for disabled patients can book direct appointment. Others go by triage system but for emergency can use extended access & advise 11
6. **How many GPs, locum GPs, nurses and reception staff are employed?**
 - a) 2 salaried GPs, 4 reception staff, 1 assistant manager, 1 HCA, 1 nurse
 - b) 2 salaried GPs, 1 nurse (currently off sick), 1 HCA, 4 receptionist, admin team
7. **How many GP clinics are running today? Is this the usual amount? (if not what is)?**
 - a) One

- b) 1, yes
8. How many patients access the service?
- a) 4-5 thousand
 - b) 4-5 thousand in this site
9. How do you deal with complaints?
- a) They have to put complaint in writing this is passed on to management
 - b) Email or in writing, goes to Practice Manager (max. reply back day within 40 days)
10. Does the practice provide interpreters if needed?
- a) Yes
 - b) Yes
11. Are any measures in place for people with disabilities?
- a) Ramps for wheelchair users for easy access. Interpreters – BSL
 - b) Ramps for wheelchair
12. What programmes are there for staff to learn and develop?
- a) As we are still under TUPE no opportunities for staff to develop
 - b) Last 3 years we are under TUPE, so our learning and workload increased but no skillcheck or payraise happened unfortunately.

6. Observations

The practice is wheelchair accessible. There is a ramp leading up to the front door, a wide entrance, and wide space between waiting chairs. Staff also shared that interpreters are provided, including for British Sign Language.

There were many posters and signposting leaflets on the walls around the waiting area. They shared a range of information, such as local community health services, complaints processes and how to sign up to the Evergreen app.

Most of the posters were small and not bigger than A4 size. This meant that the text may not be easily visible by patients from their waiting chairs. Those with sight difficulties would have further difficulties.

The waiting area accommodated patients and their families from diverse backgrounds. The waiting area allowed most visitors to sit comfortably while waiting.

It was noted that there was no clock in the waiting area. If a patient did not have a digital device or a watch on them, they would be unable to know the time. It is

important to know the time when in a time-sensitive situation like attending a GP appointment.

7. Demographics

5.1 Age range

| Under 18 | 18-24 years | 25-49 years | 50-64 years | 65-79 years | 80+ years |
|----------|-------------|-------------|-------------|-------------|-----------|
| 0 | 2 | 5 | 2 | 1 | 0 |

The most common age range was 25-49 years with 5 out of 10 patients falling in that bracket. 2 out of 10 were 18-24 years old and 2 out of 10 were 50-64 years old. 1 patient was 65-79 years old.

5.2 Gender

| Woman | Man | Non-binary | Prefer not to say | Prefer to self-describe |
|-------|-----|------------|-------------------|-------------------------|
| 4 | 6 | 0 | 0 | 0 |

4 out of 10 patients self-described as women and 6 out of 10 self-described as men.

5.3 Ethnicity/Race

| White British/English/Northern Irish/Scottish/Welsh | Asian/Asian British Bangladeshi | Asian/Asian British Other | Black/Black British African | Other |
|---|---------------------------------|---------------------------|-----------------------------|-------|
| 3 | 4 | 1 | 1 | 1 |

The most common ethnicity/race was Asian/Asian British Bangladeshi, with 4 out of 10 patients. 3 out of 10 patients were White British/English/Northern Irish/Scottish/Welsh, 1 patient was Asian British Pakistani, 1 patient was Black out of Black British African and 1 patient identified as Other (Turkish Cypriot).

5.4 Carer responsibilities

Do you consider yourself to be a carer?

| Yes | No |
|-----|----|
| 2 | 8 |

2 out of 10 patients responded Yes, and 8 out of 10 patients responded No.

5.5 Religion

| Christian | Buddhist | Muslim | No religion | Other |
|-----------|----------|--------|-------------|-------|
| 1 | 4 | 6 | 2 | 1 |

The most common religious belief was Muslim with 6 out of 10 patients. 2 out of 10 did not have a religion, 1 patient identified as Christian and 1 patient ticked Other (agnostic).

5.6 Disability

Do you consider yourself to have a disability or health condition?

| Yes | No |
|-----|----|
| 3 | 7 |

5.7 Level of spoken English

| Not at all | Basic | Conversational | Fluent | Native speaker |
|------------|-------|----------------|--------|----------------|
| 0 | 3 | 1 | 1 | 5 |

The most common level of spoken English was Native speaker, with 5 out of 10 patients identifying with this level. 3 out of 10 responded Basic, 1 out of 10 responded Conversational and 1 out of 10 responded Fluent.

8. Recommendations

After analysing data gathered during this visit, Healthwatch Barking and Dagenham has made these recommendations to Five Elms GP Practice. Overall, our visit was positive with many examples of good practice highlighted by patient feedback. However, some areas of improvement were also highlighted by patients. We have drawn on this feedback to inform our recommendations.

1. Our findings highlight that the majority of patients are satisfied with receptionist skill level and helpfulness. However, not all patients were satisfied, with one patient raising issues about receptionist tone and a lack of communication

about test results. Healthwatch Barking and Dagenham recommend that receptionists continue foster a welcoming and supportive approach, particularly when assisting patients who may be facing challenging situations.

2. Healthwatch Barking and Dagenham recommend greater transparency about waiting times, as 5 out of 10 patients were not satisfied with appointments starting on time. Suggested improvements include:
 - text alerts for delays
 - displaying approximate waiting times in the waiting area
 - reception staff updating patients if delays exceed 15–20 minutes.

No information about running clinics or delays was seen displayed in the waiting area.

3. It is important for us to highlight that the majority of patients (5 out of 7) found emergency appointments inaccessible. GP staff noted that only under 5s, over 85s, and patients with a disability can book emergency appointments directly without going through the app. While these categories should be protected to help the most vulnerable, patients found online/app booking slow and inconsistent. Five Elms could consider:
 - Alternative methods to book emergency appointments for children and adults without a disability, so that patients have greater choice when booking their emergency appointments rather than one based purely on technology. A certain percentage of emergency appointments could also be available to book direct.
 - Ensuring relevant signposting destinations when emergency appointments cannot be provided on the same day, for example if a patient has highlighted one of the 7 conditions eligible for Pharmacy First service or advising NHS 111.
4. Our findings revealed that the majority of patients we spoke with prefer seeing the same GP for an appointment, however some stated that they had not visited the practice in a long time. While it is rare nowadays for patients to consistently see the same GP, Healthwatch Barking and Dagenham encourages that patients see the same GP out of the 2 salaried GPs currently employed by the practice.
5. Healthwatch Barking and Dagenham recommend strengthening the complaint-handling process by making it more transparent and accessible. For example,

larger posters about complaints processes in the waiting area. This will build confidence in patients to know relevant pathways to complaints processes. Authorised Representatives observed that guidelines displayed that would inform patients how to make a complaint were small and not very visible.

6. Our findings highlighted that patients were very satisfied with the care they received from GPs, including efficiency of referrals, feeling listened to, and being involved in decisions about their care. Healthwatch Barking and Dagenham recommends that this approach continues at the same high standard.

9. Response from service provider



Response to Healthwatch Barking and Dagenham report: Five Elms Medical Practice

We would like to thank Healthwatch Barking and Dagenham for undertaking this visit and for sharing patient feedback. We welcome opportunities to reflect on patient experience and to respond constructively to findings.

1. Service context and governance

We would like to clarify the timeline and organisational arrangements referenced in the report.

Five Elms Medical Practice and Victoria Medical Centre were formally merged on 1 April 2024 following a commissioning decision by the Integrated Care Board (ICB). The merged service operated under East London NHS Foundation Trust (ELFT) until 1 October 2025.

Operose Health assumed responsibility as caretaker provider from October 2025. At the time of the Healthwatch visits in February 2026, we had therefore been managing the service for approximately 4 months.

It is important to note that the service operates across two sites, with shared clinical and operational resources, as well as central support functions. Workforce observations based solely on activity at Five Elms may not fully reflect the capacity and staffing model of the merged service.

The practice also benefits from Operose Health's wider centralised support teams such as Governance, HR, IT, finance and data/analytics, as well as regional clinical and operational teams. These teams help reduce administrative burden at GP practices so that frontline teams can focus on patient care.

2. Access and appointment system

With regards to online access, we are using the Evergreen platform, which is on the NHS England OCVC framework. We have implemented GP led triage, whereby all patient requests submitted through the system are reviewed by a GP. The urgency of each request is assessed and the patient is then booked with the clinician most appropriate to manage their needs.

Patients are not able to book non- Nurse/HCA appointments directly into clinics, as all requests are clinically triaged to ensure safe and appropriate allocation. Patients who are unable to use the online system can contact the practice by telephone, where our staff will assist them, or they may attend the practice in person to speak with a member of the team. We ensure equity of access, as regardless of how the patient accesses our services (online, telephone, walk-in) they receive the same service and join the same triage list.

We have also implemented the new GP contract whereby patients can submit routine requests during core hours Monday - Friday 8am-6:30pm with no capping, which patients have been happy with.

3. Workforce and colleagues experience

4.

We recognise that staff have experienced a number of changes over recent years, and we acknowledge that they may feel they have not received the appropriate level of support during this time. As the caretaking provider, we are committed to engaging with staff,

listening to their concerns, and supporting them as much as possible during this transitional period until a new provider is appointed.

As the current provider, we are actively:

- Engaging with colleagues to understand concerns
- Providing ongoing operational and pastoral support
- Stabilising the service during this interim period

We would also like to clarify that TUPE arrangements do not restrict access to training or development opportunities. We are committed to supporting workforce development and ensuring staff are aware of available opportunities.

It is also important to emphasise that the Healthwatch visit took place early in our tenure, during a period of transition and service stabilisation.

5. Complaints awareness and handling

The report notes that a number of patients were unaware of how to make a complaint.

In response:

- Complaints leaflets and information are available at reception and within the practice and on the practice website.
 - The practice website has the accessibility tool 'ReciteMe' to increase accessibility.
- We will review the visibility and accessibility of this information to ensure patients are fully informed and discuss this with our PPG.

We can confirm that since October 2025:

- Complaints have been appropriately managed and responded to
- Issues raised by patients have been addressed in a timely manner

We will continue to monitor complaints data and use feedback to improve awareness and service delivery.

5. Patient experience and positive findings

We are encouraged by a number of positive findings highlighted in the report:

- High levels of satisfaction with reception staff
- Strong patient confidence and trust in clinicians
- Patients feeling listened to and involved in decision-making
- Positive feedback on communication and explanations provided by GPs
- Effective referral processes reported by the majority of patients

These findings reflect the commitment of our staff to delivering high-quality, patient-centred care during a period of change and are in line with our own internal patient surveys. Our latest Friends and Family Test scores currently sits at 84%. When we began our contract in October 2025, there was no FFT process in place for patients to feedback to the practice about their experience.

Additionally, patients experience high levels of continuity with our services, our UPC score is 53%

6. Areas for ongoing improvement

We recognise the feedback relating to:

- Emergency access
- Continuity of care (seeing the same GP)
- Awareness of complaints processes

We are actively reviewing these areas and will continue to make improvements as part of ongoing service development.

We will also incorporate patient feedback into wider quality improvement work and align this with system priorities.

7. Conclusion

Overall, we believe the report presents a broadly positive picture of patient experience, particularly given the short period since Operose Health assumed responsibility for the service.

We remain committed to:

- Strengthening patient access
- Supporting and developing our workforce
- Improving communication and awareness of processes
- Delivering safe, high-quality care across both sites

We appreciate the feedback provided and will continue to work collaboratively with stakeholders to improve services for our patients.



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Barking and
Dagenham


Healthwatch Barking and Dagenham

www.healthwatchbarkinganddagenham.co.uk

t: 0800 298 5331

e: info@healthwatchbarkinganddagenham.co.uk

 [@HealthwatchBD](https://twitter.com/HealthwatchBD)

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