

# **Enter & View**

## **Harold Wood Urgent Treatment Centre (Polyclinic)**

4 December 2023



## 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*

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## 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.

## **Visiting after the Covid pandemic**

During the period of the Covid pandemic, the Enter & View programme was inevitably suspended. Now that the pandemic is largely over, we have been able to resume the programme but with safeguards to ensure the safety of the users and staff of the facilities we visit and of our members who are conducting the visit.

For that reason, visits will generally be carried out by a small team, who will wear personal protective equipment (PPE) appropriate to the facility they are visiting and take sensible precautions such as the use of hand sanitiser.

We have also changed our approach to conversations with the management, staff and users of the facility. Previously, this would have been done face-to-face on the day of the visit but, after Covid, that is no longer practicable. So we will hold such conversations, where possible in advance of the visit, using an online video meeting.

The visit that is the subject of this report was carried out in accordance with this new approach.

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

## Introduction

Harold Wood Polyclinic was set up in 2014 to provide a range of NHS services from one location, with a walk-in centre (what is now an Urgent Treatment Centre [UTC]), a number of community clinics, a GP surgery, and a pharmacy collocated in one building (on the site of the former Harold Wood Hospital).

Initially, the walk-in centre/UTC and GP surgery were operated by one NHS provider organisation and the pharmacy was operated by a commercial pharmacy provider. The community clinics were – and still are – provided by NELFT, the NHS community services provider that covers the Havering area; these clinics operate independently of the other services within the building and neither these nor the GP service are referred to in this report.

The pharmacy ceased operation in 2018 and is also not referred to in this report.

In 2020, following a review of the provision of walk-in services, the service at the Polyclinic evolved into an Urgent Treatment Centre.

Although originally under the same management as the GP surgery, the contract for provision of the Urgent Treatment Centre was passed to PELC<sup>1</sup>, while the GP surgery remained contracted to the Hurley Group.

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<sup>1</sup> PELC – The Partnership of East London Cooperatives, a GP-led organisations that provides urgent Treatment centres (among other services) at several locations in Barking & Dagenham, Havering and Redbridge.

## **The visit**

Our team arrived shortly after 11am and were met on arrival by the Manager. There were about 20-25 patients in the waiting area. When the team left at about 1.30pm, there were some patients still waiting who had been there when the team arrived.

The manager told the team that he had been a manager within the NHS for several years, currently working at both Harold Wood and at the UTC at Barking Hospital on an alternating basis. He told the team that there were 3 managers covering Barking Hospital and the Polyclinic; there was someone at each site every day. Occasionally, he would work at the PELC head office.

The UTC is open from 8am-10pm every day.

## **The premises and its surroundings**

There is no bus directly serving the UTC, although the route 497 passes nearby and more services are available at Harold Wood Station which is about 10-15 minutes' walk away – for most people, that is not too far to walk, but if a patient has limited mobility, or has injuries of the legs, it can seem a long way.

Accessing the building from the surrounding streets involves walking down a rather steep footway as the Polyclinic building is at a lower ground level than the surrounding streets.

Walking into the building, Kings Park GP practice is on the right. There is one sign for the UTC which is small and in black and

white; there was also a yellow and blue freestanding one which had been moved to the wrong position. More signs are needed as patients could easily find the existing signage confusing. Patients arriving by car and using the car park are required to sign in using a dedicated console – but it is located at the far end of the reception desk and not all patients may find it easy to use.

There is a single reception area, shared by UTC and Surgery reception staff. When arriving at the building it is not very clear which part is the Surgery and which part is the UTC. This can be very confusing for patients: more clarity is needed to avoid mistakes and to save time for everyone.

NHS 111 has allocated appointments, hospitals, GPs and other services also refer patients as walk-ins but when it reaches its capacity, patients are signposted to different areas – pharmacy hubs and then allocated slots for patients including wound care. However, they have noticed that the wound care patients continue to escalate although they were predicted to reduce in numbers.

For patients who use British Sign Language or whose first language is not English, interpretation services are available. There is also a hearing loop for users of hearing aids.

Patients who have a Learning Disability, Dementia or autism are given priority: a sign is in place to explain this.

There are leaflets for chaperones, and for patients to have their say, on the visit. A smiley computer-based system enables patients to give feedback on their visit.

The building is wheelchair accessible.

A small refreshments counter used to be available, staffed by volunteers, but it is no longer available. Patients spoken to by the team said that they would welcome the return of this service, particularly if they had a long wait to be seen.

## **X-rays**

There is an X-Ray facility within the UTC, but it is operated by BHRUT as an independent unit and is not open at all times. This can lead to problems for some patients as it is not clear that it is separate from the UTC, and that appointments are booked through BHRUT. This can cause some problems, as patients try to register at reception, unaware that the service is not run by the UTC. Again, better signage and explanations would assist in improving patients' understanding.

## **Booking in process**

Every patient reports to the Receptionist and is then seen by a Streamer. The timescale for this is 15 minutes and, at the time of



the meeting, that was achieved in 98% of cases: every patient observed during the visit was seen in this timescale.

Once streamed, however, most patients faced a long wait. On the day of the visit, one GP was on duty but could see only four patients an hour.

Although the UTC is open until 10pm, in oversubscribed periods, patients arriving as early as 6pm might not be seen but would be signposted to another service area. This is not conducive to patients' welfare or the promotion of their recovery.

Patients waited in a large, open waiting area until called by staff to be seen. There is a general level of background noise as people waiting to be seen converse with one another.

Unfortunately, the only means that staff have of letting people know that it is their turn to be seen is to call out the name; if the staff member does not have a loud voice, if a patient has a hearing impairment, or if a patient is also having to contend with difficult children – or both – this can mean that patients do not realise they are being called.

### **Patients' experiences**

The team were able to ask 17 patients waiting to be seen about their experiences at the UTC.

Of them:

### Home location:

15 were from Havering

1 was from Brentwood

1 was from Milton Keynes (They had been visiting family and had developed an infection)

### Referral route:

1 had been referred by NHS111

1 had been told by the receptionist at their GP surgery to go to the UTC

3 had telephoned their GP and had been told to go to the UTC (in one case, there was concern that following a surgical procedure infection might have set in)

1 had been unable to get through to the GP

1 felt unwell but was currently moving between GPs

1 had been sent by pharmacist

1 had come in for an X-ray – referred by their GP

All other patients had walked in for treatment.

One elderly woman to whom the team spoke was awaiting an X-ray; she had had a face-to-face appointment with her GP that morning – the team noticed she had been waiting for a long time and was very upset; no one appeared to have explained to her why there was a delay. The lady needed to use

the bathroom but was unable to do so as she was worried, she would miss her turn. It transpired that the woman's GP had written the wrong name on the referral: as a result, staff had been calling out the wrong name to attend for the X-ray. Once the error was discovered, the lady was escorted to the bathroom and given a cup of tea, and her X-ray was taken. This had been her first visit to the UTC; she was very distressed it was not a good experience for her.

Several patients told the team that they had found the reception area difficult to navigate, especially when feeling unwell.

### **Conclusions and recommendations**

- Calling patients from the waiting area by the GPs, Nurses and streamers is not an adequate means to communicate with patients waiting to be seen. As noted earlier, this can be especially difficult for hearing impaired patients and those who have children with them, or if the staff member calling them does not have a loud voice.
- It would be far preferable for an electronic screen system to be used: if there are confidentiality issues about displaying names, it would be simple to issue each patient a numbered ticket then show the number on a screen (although how showing a name is less confidential than calling out a name is hard to see!).

- Although the shared reception area is difficult to divide – and worked originally when both services were operated by the same provider – more steps should be taken to ensure that patients go to the correct part of reception to report in.
- The existing signage is poor and confusing. There is no obvious direction to the UTC area. Although there are some signs telling patients where to go to register their vehicle in the car park, the registration point is next to the UTC receptionist's location and there is a risk that patient confidentiality could be breached. The registration point should be moved to the front entrance and clearly marked for patients to use.
- It would be useful if a separate children's area could be established within the larger waiting area as it is inappropriate for young children to mix with sick adults in the same area.
- That refreshments be available again. There are no hot refreshments available. There is a water dispenser. Considering the amount of time people are waiting this is not adequate or acceptable (diabetics, dehydration etc)
- More clinical staff (nursing and Advanced Practitioners) be available as this would help patients and staff receive a better service particularly in high demand sessions.

## **PELC response**

Prior to publication of this report, PELC told us that work had already taken place in response to our important feedback and more would be following.

## **Acknowledgments**

We would like to thank staff for their time, and openness and honesty, during the visit and subsequently.

## Participation in Healthwatch Havering

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

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

### Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

### Healthwatch Havering Friends' Network

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

To find out more, visit our website at

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



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