



Enter & View

Dr K Subramanian

**The Surgery, 1 Harlow Road
Rainham, RM13 7UP**

20 July 2017

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 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?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

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 local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,
but you make a life by what you give.'***
Winston Churchill

What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Occasionally, we also visit services by invitation rather than by exercising our statutory powers. Where that is the case, we indicate accordingly but our report will be presented in the same style as for statutory visits.

Once we have carried out a visit (statutory or otherwise), we publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

Background and purpose of the visit:

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the safety of the resident, patient or other service-user is not compromised in any way.

The Premises

The surgery was located in a semi-detached house on a corner with a concrete apron providing parking for 3 cars. Other parking was available on-street in a lay-by. The exterior of the building appeared rather shabby, especially the paintwork, and there was evidence of weeds that had been treated with weed-killer. A side entrance led to the waiting room but there were several steps, making it unsuitable for patients with disabilities or children in buggies. Entrance through the front door was much easier.

The interior, however, was clean, newly-decorated and carpeted throughout. The front room was used as the doctor's consulting room, next to the Reception area, which was a room just about large enough for the 3 staff who worked there. There was a fixed window to the waiting room at the back, furnished with black plastic chairs. There were plenty of posters, including one for Healthwatch and a rack full of information leaflets for anyone to take. There was also a large notice about the newly formed Patient Participation Group (PPG) and a Health and Safety poster.

If extra privacy were requested, patients could be seen in the corridor or taken upstairs to the Practice Manager's room. No hearing loop was available for patients with a hearing impairment. A hand sanitiser dispenser was due shortly to be installed.

A suggestion box was available in the waiting room, together with a box for repeat prescription requests. Information about the GP hub

and NHS111 were clearly displayed; the team was told that the GP hub was well used to avoid visits to A&E. There was a toilet upstairs and one downstairs, the latter of which was suitable for the disabled.

There was no electronic check in - the doctor used a buzzer to indicate that he was ready for the next patient.

Staff

There were two nurses at the practice but neither was available at the time of the visit. Their room upstairs had been upgraded so that a female doctor could use it once a week (Wednesday) for consultations. Locums are used to cover for the practice GP when he is absent. An infection protocol was in place and staff had been trained on it. The practice nurses were responsible for ensuring vaccines were in date and fridges were checked daily.

One receptionist had been employed at the practice for 14 years but was due to leave imminently - her replacement was due to commence the week following the visit. Another had been in post for about 4 months and the third was a student doing routine paperwork but would be leaving to go to University in September. A security buzzer was available. Access was available to a translation service but it was rarely necessary to use it.

The Practice Manager's office was upstairs. The Practice Manager had been in post since January 2017 (6 months). She told the team of various issues at the practice that required her attention. Her appointment was part-time, as she also worked part-time as Practice Manager at a surgery in Harold Hill, working across the two sites as necessary. She was currently engaged in establishing systems and protocols to meet the requirements of the CQC. A Business Continuity Plan was work in progress, to include staff appointments, references, training, appraisals etc. She told the team that she intended to set up a website, when she had more time to devote to the task. It was clear

to the team that the need for change within the practice was placing considerable pressure on her.

The team were accompanied by the Practice Manager when they spoke to the receptionists. The longer serving receptionist told the team that she was moving on. She said that she had never had any formal training, but had learned as she went along.

The team was pleased to note that training was now being put in place by the Practice Manager. This training likely to be done “in house”, particularly around safeguarding, including children chaperoning etc. Some DBS checks were outstanding. Acquiring records of new patients usually took up to 2 weeks but was rarely a problem.

Practice issues

The practice had been registered for maternity and midwifery services. An Incident Book had been brought into use. Any complaints were referred to the Practice Manager who tried to resolve them. Written complaints would be acknowledged immediately and responded to within 48 hours.

The doctor oversaw test results and would indicate to staff what action was required. Patients were advised how to get blood tests and encouraged to take personal responsibility to phone in for results where possible.

The surgery had first aid equipment that staff were trained to use. Fire drills had yet to be arranged. No minor surgery is undertaken at the practice - patients requiring minor surgery would be referred initially to the Rush Green Medical Centre (a nearby GP practice). The GP charged for additional services

Online booking was not particularly well advertised but was well used.

The morning surgery session ran until 1pm - all opening times were displayed outside the building. Twice a week, the evening surgery

session was extended until 7pm. The doctor responded readily to requests for home visits. There were about 2,000 patients, many of whom the doctor knew well. Patients aged over 75 were given an annual health check, as were patients with a Learning Disability. They have no DNS records as it is low on the agenda at present. Appointments were readily available - one was available on the morning of the visit. Repeat prescription requests were dealt with within 48 hours and reviewed annually. There was no clear policy about identifying carers but the nurses offered support for patients with long term conditions.

Patient Participation

Representatives of the PPG had been invited to meet the team, of whom three attended. One had been a patient at the practice for 50 years, one for 40 years and one for 18 months. All told the team that they preferred practices with a single doctor and were basically satisfied with the practice. They said they were glad of the opportunity to meet the team and the Practice Manager had told them where to get guidance on growing the PPG.

Recommendations

Healthwatch Havering recognises that this practice has significant challenges to overcome but supports the initiatives of the Practice Manager to meet them.

The PPG has only recently been established but is already seeking to grow among the patients.

There are no specific recommendations at present, not least because the focus must be on achieving compliance with the requirements of

the CQC. However, Healthwatch Havering will maintain contact with the practice and will visit again in a few months' time to review the progress made.

Healthwatch Havering thanks all service users, staff and other contributors who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 20 July 2017 and is representative only of those service users, staff and other contributors who participated. It does not seek to be representative of all service users and/or staff.

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.

We are looking for:

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.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?



Call us on **01708 303 300**

email enquiries@healthwatchhaverling.co.uk

Find us on Twitter at [@HWHavering](https://twitter.com/HWHavering)



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Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383*

*Registered Office:
Queen's Court, 9-17 Eastern Road, Romford RM1 3NH
Telephone: 01708 303300*



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