



Enter & View

Mungo Park Surgery  
(Dr Subramaniam)

South Hornchurch Health Centre  
106 South End Road RM13 7XJ

1 August 2018

*Healthwatch Havering is the operating name of*  
Havering Healthwatch Limited  
A company limited by guarantee  
Registered in England and Wales  
No. 08416383



## What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. 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 are able to 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 a number of volunteers, both from professional health and social care backgrounds and 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 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.

## **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.

## **General Observations**

This surgery is provided in rented accommodation within an NHS facility. The facility accommodates a number of community services as well as a walk-in centre.

The appearance of the surgery and the whole building is good and is clearly well maintained. All areas were clean and seating was in good condition. Entrance is gained via automatic doors making it

convenient for push chair and wheelchair users. It was noted that there was a lift to upper floors although the doctor's surgery is provided on the ground floor.

From discussions with the practice Manager, Amrita Subramaniam, it was clear that the relationship between the building's owners and the surgery was less than ideal; suggestions made by the Healthwatch team following the previous visit, about the provision of disabled parking and other issues, had not met with any positive responses from the building's owner (a community health premises provider (LIFTCO)).

There are substantial parking facilities to the side and rear of the premises with just 3 disabled parking spaces - it is doubtful whether this complies with approved spaces in an NHS facility. However, at the time of the visit, the car park was full and few spaces could be found in adjacent roads. The members of the Patient Participation Group (PPG) to whom the team spoke suggested that this was perhaps due to parents of children from a nearby school using the facility but, as the visit took place during the school holidays, this seemed unlikely; as a number of services are accommodated in the building, it seemed more likely the heavy use of the car park was a result of staff and patients attending for those services. The team considered that the parking facility was superior to any GP surgery they had previously visited.

Until mid-2014 there had been a second GP surgery within the facility but this practice had closed (at relatively short notice) with the result that Dr Subramaniam's practice had had to absorb more than 1,000 new patients for whom they had very little information. Additionally, staff from that surgery had transferred in with very sparse personnel files. This had raised a few issues with the CQC when they visited and was, it was felt, largely contributory to the previous CQC "Requires Improvement" rating. Following a desk-based review in 2017, the rating had recently been altered to "Good".

There was clear signposting to the GP surgery's reception desk, which is equipped with a privacy screen. If patients wished a more private conversation they would be invited through security-controlled doors.

A hearing loop has been installed in reception and in the consulting room. It has not proved possible for the surgery to provide an electronic check-in service as there are restrictions imposed by the building's owners on what is permitted to be attached to the walls. There is an electronic screen to call patients to their appointments. There are toilet and baby changing facilities within the waiting area and a supply of hand sanitiser. There were a number of notices with up-to-date information, including notes on the welfare of carers and facilities available for them.

Reception staff to whom the team spoke were very helpful and friendly. There were notices about the various methods of booking appointments - in person; by telephone; on-line. Repeat prescriptions may also be obtained by any of these methods and patients on regular medication may be considered for 6-monthly prescriptions, which are sent direct to their chosen pharmacy for regular collection.

This is a single-handed practice but 2 additional sessions per week are provided by a locum female GP as suggested by the CQC. (Chaperones are available if patients wish to avail themselves of this service.) The team were advised that attempts over the past two years to make this a permanent arrangement had thus far been unsuccessful but it was hoped that such an arrangement could be made shortly.

The PPG was advertised and the team were able to speak to 4 of its members who had attended to speak to them. The PPG meets on a quarterly basis and has discussions about various ways in which the practice may be improved. One suggestion which had proved very useful was the way in which "regular" non-attenders would be dealt with - reminders (telephone, text and letters) and fresh appointments are sent; if these all fail, patients are advised that they may be removed from the practice list. The PPG members were very supportive of the doctor and felt that he went out of his way to help his patients.

The surgery had an interpreting service available, via the CCG, but, given that 98% of its patients are English speaking, its services had not been required to date.

Patient information feedback was obtained via the PPG, the suggestion box in reception, posters, procedure leaflets and Family and Friends leaflets (on reception desk). Details of the hubs and NHS111 service were clearly displayed in the waiting areas.

In terms of security, the building security is provided by the building management service. For the surgery, there were panic buttons throughout its accommodation - linked via the telephone service.

In addition to the main doctor and the part time locum, the surgery had a full-time practice manager, a practice nurse and 5 part-time receptionists. At the time of the visit, there were 3,200 patients on the list. The surgery is open 9am-6.30pm Monday-Wednesday and Friday, and 9am-1pm on Thursday. Appointments were offered between 9.30am and 12noon and between 4pm and 6pm. All urgent/emergency patients were seen at the end of each session if patients were happy to wait; if not, they would be referred to the GP hub service. The surgery website is managed by external contractors and is updated following any changes.

Test results were received electronically and were reviewed by the doctor daily, actions being entered into the system as required - normal, routine or urgent.

Apart from yellow fever vaccination, the surgery did not charge for travel vaccines, which patients obtained on prescription, but charges were made for insurance letters and private prescriptions.

When asked how patients requiring appointments were prioritised, the team were advised that patients with cancer, over 75s, children and babies were given priority. Repeat prescriptions were provided within 48 hours and could be requested by handing in counterfoils or on-line. The surgery held a separate list of patients for whom repeat prescriptions may be prepared by telephone request only.

The team asked where patients were sign-posted for blood tests and were advised that Abbs Cross Clinic was the only local facility available. There used to be a blood test (phlebotomy) facility on site but this had been discontinued approximately 6 months previously, when the surgery was advised that the specialist chair was faulty and could not be used. No further information had been received and, more recently, staff had become aware that the blood test service at the Rainham clinic had also been discontinued for reasons unknown. It was suggested that a full list of the available sites be posted in reception.

Information about complementary health services are provided by the GP and the practice nurse as appropriate.

The physical availability of newly-registered patients' previous notes was not as critical as it used to be as some basic information was available on-line but the team were told some surgeries appeared to be very slow in returning notes whilst others were very good. There had been some improvement.

All staff undergo regular training in life support, safeguarding, health and safety and fire drills. The member of staff to whom the team spoke confirmed that she had undertaken training in data protection and life support in the past few weeks. Additionally, Mrs Subramaniam is a qualified practice manager. The practice doctor and the practice manager have taken part in an NHS Quality Improvement plan.

The surgery does not undertake minor surgery. All such cases are referred to the Rush Green practice.

A number of leaflets were displayed within the building about services available for carers and the practice kept a register of frail patients who provide caring services to family etc.

Patients with long-term conditions were monitored through using registers - diabetes; COPD; asthma; heart; and Learning Disabilities (LD) via annual reviews. All LD patients had annual check-ups last year.

Over-75s were called and reminded to attend annual check-ups. These patients were allocated 20-minute appointments.

Unfortunately, it was only possible to speak to one member of reception staff but she confirmed that she had worked at this practice and at the former surgery (closed) for a number of years, and that she was very happy and felt supported by the manager. The main challenges arose from dissatisfied patients, although they were few and far between. She confirmed there was a database of patients with special needs and that wheelchair patients could be admitted via a rear door (if they could make one of the disabled parking spaces to avoid having to go around the building). This member of staff also confirmed that she and her colleagues had supervision and were able to partake in practice meetings every 6-8 weeks. Identity was confirmed before repeat prescriptions would be issued.

The team spoke to 3 patients, each of whom were completely happy with the service and none of whom had waited long for their appointment. The feeling was that the surgery was very responsive and helpful: one said '**The doctor makes ad hoc house calls to frail and elderly patients who he has not seen for some time**'.

**There are no recommendations that the team wish to make as a result of this visit.**

The team would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

### Disclaimer

This report relates to the visit on 1 August 2018 and is representative only of those residents, carers and staff 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; or email  
[enquiries@healthwatchhavering.co.uk](mailto:enquiries@healthwatchhavering.co.uk)



*Healthwatch Havering is the operating name of  
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*

*Email: [enquiries@healthwatchhavering.co.uk](mailto:enquiries@healthwatchhavering.co.uk)*

*Website: [www.healthwatchhavering.co.uk](http://www.healthwatchhavering.co.uk)*

