

**Enter & View  
GP Hub and  
associated services**

**May-July 2016**



## 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 an 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 (HH) 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 is not compromised in any way.

## **GP Hub and associated services - introduction**

General Practice (GP) - primary care or “family doctor” - services have long been the backbone of the National Health Service. Although primary care services account for only around 10% of the resources used for the NHS, by far the majority of people who have contact with the NHS do so through their GP or pharmacist. Other than through

attendance at Accident & Emergency (A&E) <sup>1</sup> departments, all hospital admissions begin with a GP consultation.

For some time, patients across England have complained about difficulty in accessing their GP outside normal working hours (now generally 8am-6.30pm, Monday to Friday), at weekends or for home visits, and also that it is rarely possible to get a same-day appointment, with some complaining of waits of several weeks or longer before an appointment is available. Indeed, many of the approaches to Healthwatch Havering have related to such issues. The evidence <sup>2</sup>, anecdotal and empirical, suggests that where a patient is unable to obtain an appointment in what they see as a reasonable or acceptable time-frame, they will seek assistance from elsewhere within the NHS, most typically by attending at a hospital A&E department, even though it is clear that their condition is neither the result of an accident, nor an emergency <sup>3</sup>. It seems that, because people are more aware of GP and A&E services, they opt for the immediately familiar rather than using, for example, the NHS 111 telephone helpline service to see what alternative services might be available and, perhaps, more relevant to their immediate need.

GPs have resorted to various means of managing the consequential increase in demand for their services, including telephone triage and referring patients to other health care professionals, such as practice nurses and pharmacists. While undoubtedly clinically effective, however, such measures have not always met patients' expectations or been accepted by them - patients often perceive such alternative means of consultation as "fobbing them off" with a lesser service, preferring to see "their" GP whom they trust and respect.

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<sup>1</sup> There is a move across the NHS to change the name of A&E Departments to "Emergency Departments (EDs)". However, A&E remains the term more familiar to the public and, for consistency and ease of understanding, A&E is used in this report.

<sup>2</sup> See, for example, Survey of Patients, Healthwatch Havering 2016, commissioned jointly by the Barking, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) – Appendix 2 of this report

<sup>3</sup> See Appendix 3 for a brief statistical analysis

In a very real sense, GPs - and A&E services - have become victims of their own success, both having a “brand” that is widely known and respected.

Following government concern at what was perceived as a failure in GP services, GPs were encouraged to try innovative solutions in order to improve patient access to their services.

A pilot scheme for out of hours’ services (i.e. after 6.30pm and at weekends) was run in two GP practices - Petersfield, Harold Hill and Maylands, Hornchurch - from 9 November 2013 until 31 March 2015. The scheme was judged successful and, following funding becoming available from the Prime Minister’s Challenge Fund, a consortium of GPs was formed as an independent company, Havering Health Limited, to take the concept of out of hours care forward. As a result, from 1 April 2015, two “GP Hubs” were set up in Havering (similar arrangements were set up in the neighbouring boroughs of Barking & Dagenham and Redbridge at the same time).

The two Havering Hubs were based at North Street Medical Centre in Romford (covering the north of the borough) and Rosewood Medical Centre in Hornchurch (covering the south. The Hubs use the facilities at the practice premises for consultations but are entirely separate and independent services from the “host” GP surgeries. They accept referrals of patients from a variety of NHS sources, patients themselves and any practice in Havering, including the “host” practices, for appointments after 6.30pm until 10pm Monday to Friday and at weekends between 12pm and 4pm/5pm.

The data on usage of the Hub service <sup>4</sup> during the eleven-week period 27 June to 11 September 2016 indicates that, of 3,898 appointments available during that period, by far the majority (3,186) were made by patients themselves. NHS 111 arranged 368 appointments and 11 were patients referred by the Urgent Care Centre but no appointments were

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<sup>4</sup> Source – Havering Health Limited: Weekly attendance statistics

made following a referral by the patient's own GP or as a result of a visit to A&E or a walk-in centre, or by an out-of-hours call by a doctor.

Finally, it is pleasing to record here that, at the Annual General Meeting of Havering CCG in September 2016, the partnership working by Havering Health Limited was formally recognised by the CCG by the presentation of an Award - for providing over 22,500 urgent late evening and weekend GP appointments in 2015/16.

### The Healthwatch Havering Review

Given the experimental nature of the Hubs, Healthwatch Havering decided to carry out a "one-year-on" review.

In order to do this, it was decided to carry out Enter & View visits to the two Hub surgeries, North Street and Rosewood, and to several other premises: Petersfield (the pilot scheme practice), Harold Hill Health Centre (which hosts four GP practices) and King's Park Practice (co-located with the Harold Wood Polyclinic and under the same management). As might be expected, the services observed by the visiting teams varied between the two Hubs and between the other surgeries. Unfortunately, it did not prove possible to visit every practice in a short space of time so there is an inevitable gap between the first and last to be visited.

In addition to visiting the surgeries in question, opportunity was taken in several cases to visit simultaneously adjacent pharmacies. Although the pharmacies are separate businesses in their own right, they clearly work closely with the neighbouring GP practices and are perceived by patients to offer what is, in effect, an integrated service. Given that government policy is moving towards greater integration of primary care services, it is likely that instances of pharmacies being co-located with surgeries will grow.

## The visits

The visits were carried out by Healthwatch volunteer members between mid-May and mid-July. Different teams visited different practices at different times, and as noted earlier, their observations were accordingly different. Reports of each visit are set out in Appendix 1.

## Overall conclusions

### Availability of the Hub service

The evidence indicates that, at the time of the visits that are the subject of this report, the Hub service was able to meet the demand for appointments. However, the availability of the Hub service seems not to be as widely known as it might be. The survey of patients outlined in Appendix 2 revealed that many patients find the different types of urgent and emergency care on offer confusing - one respondent said:

*the 'powers that be' in Havering, Barking & Dagenham and Redbridge are going about things the completely wrong way by opening up all these different centres for cases with different degrees of urgency and different types of need. What is needed is a 'one-stop-shop' where all the 'experts' are collected in one place, so, whatever the problem, it can be dealt with there-and-then, and handled in the correct manner, whatever the degree of urgency. That's why people go to A&E, and it is A&E that should be expanded and be the first-port-of-call, rather than having to go searching round for the correct place to go, depending on the situation.*

Our survey suggests that is not an uncommon view, even though it is in complete contrast to the direction of travel proposed by the NHS.

It seems, therefore, that the efforts of the GPs themselves and of those behind them, including NHS England and the government, have had little success in informing - or persuading - the public of why there is need for alternatives to GP and A&E services nor, more importantly, how to access them. A particular example of this was the finding that

some respondents to the survey claimed to be unaware of what an Urgent Care Centre (UCC) was, or where it was - despite the fact that, at the time of being questioned, they were actually sitting in one, waiting to be seen: they had assumed that, as the UCC at Queen's Hospital is co-located with A&E and shares an initial reception area, it was simply part of A&E.

There is anecdotal evidence that GPs' reception and other staff are not fully aware of the Hub service. For example, Healthwatch visited Rosewood Medical Centre in March 2016, as a separate exercise to the visits now reported on. In the report of that earlier visit, it was commented, in relation to patients interviewed during the visit, that:

*It was noticeable that, of those interviewed, 70% had not heard of the Hub system for out-of-hours GP appointments, 20% had heard of the Hub but had not used it as appointments were too late [i.e. at night] for children and 10% had heard of the Hub but did not realise that one of the Hub bases was at the Medical Centre. (emphasis and words in brackets added)*

Since patients can only be aware of what they are told by the NHS and in particular by GPs and their staff, this clearly indicates that better communication of Hub services is essential. While most, if not all, GP practices display posters about Hub services, they are often not proactively supported, and unless patients who need their services are referred to them, they are unlikely to be aware of them. While care is needed to manage demand for Hub services, to ensure that the service does not become swamped, if the objective of relieving pressure on both the A&E Department and the GP sector is to be achieved, the capacity of the Hub service must be considered - if only to avoid the build-up of long waiting times to see a Hub GP, which would of course complete defeat the purpose of the Hub service.

The downside of this, which NHS policy makers (at all levels) need to be aware of and bear in mind, is that, while the Hub service is not as widely known as it might or should be, it is operating at near-capacity



already<sup>5</sup>. Other initiatives, such the triaging of patients attending the A&E Department leading to many being referred to GPs, will only increase demand for Hub services (both directly as a result of referral, and indirectly as available appointment slots at regular practices are taken up). It will be essential to ensure that the capacity of the Hub service is expanded to meet that additional demand.

### Communication to waiting patients

Although the time-honoured method of communication in most practices is posters on the wall, a number of practices are installing electronic screens and TVs to inform, and in some cases entertain, patients while they await their appointments.

The effect is, however, rather spoilt in some places by uncorrected failure of the devices. In one practice that was visited, information was displayed but scrolled through at a speed that made reading it all but impossible; in another, the electronic screen had broken down and was displaying gibberish - this had been going on for several months (and indeed, at the time of publication of this report, still was) but no one appeared to have given any thought to putting it right.

Moreover, in many places, patients are told that their clinician is ready to see them not by some electronic display or device but by the expedient of the clinician going to the waiting area and calling their name.

Given the wide range of inexpensive devices available to page people when they are needed, it is surprising that so little use is being made of them in GP practices. While cost might be a consideration, especially in smaller practices, a clinician or receptionist having to call with raised voice to summon the next patient gives an unprofessional appearance. It is understood that NHS funding may be available in

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<sup>5</sup> During July 2016, the available appointments at the Hub service were 90% taken up by around 4.30pm, despite one third or more of calls being unanswered – Source: Havering Health Limited

2017/18 for such systems and, that being so, it is hoped that Havering CCG will support practices wishing to develop such systems.

### Patients' privacy

Although not directly an issue for the Hub service, Healthwatch volunteers commented about a lack of privacy for patients when they attend at their practice to book in for their appointment or to seek other assistance. Practices typically have a desk with a glass screen separating reception staff from the patients in an area where other patients are present, an arrangement that not only potentially compromises patient confidentiality, but presents an unattractive view to those who arrive for appointments.

Patients may, therefore, have to discuss quite intimate and personal information in very public surroundings. Many find this frustrating and it can be humiliating.

It is appreciated that practices have a duty of care to their staff and must assure their personal security; in an increasingly violent world, it is thus inevitable that some form of protection will be needed (though it is noticeable that there is a growing trend in banks and other health-related premises such as pharmacies, dental surgeries and even veterinary surgeries, to move away from screens for staff to a more open desk top approach). Screens do little to foster communication and often lead to patients - and staff - feeling it necessary to speak louder than is ideal in order to be heard.

Clearly, there is no “magic wand” to improve this. But practices - and those funding them - need to think more carefully about whether heavy glass screens are the best way to approach patient-practice communication.

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

### Disclaimer

This report relates to visits carried out during the period May to July 2016 and is representative only of those patients, carers and staff who participated in each visit. It does not seek to be representative of all service users and/or staff.

**APPENDIX 1****Individual reports of the visits**

The reports of the individual visits follow. They are presented in order of the date of each visit.

**GP Hub at Rosewood Surgery - visited 16 May**

12 patients were interviewed during the Healthwatch Havering Enter & View visit to Rosewood GP Hub.

The building has a pleasing, modern appearance, with parking for about six cars, including disabled car users. It is shared with the regular Rosewood GP practice. There is a wide entrance leading to the main reception desk, which is shared by the GP practice and the Hub. The GP practice receptionist sits at the first position (on the left) on entering and the Hub receptionist sits in the second position (on the right). To the right of the reception desk is a large nicely decorated waiting room seating area with low tables.

The practice appeared clean and tidy. There were magazines on low tables and children's toys. Several notices were displayed on walls. It is easily accessible for wheelchairs and pushchairs.

On arrival, the team could not see information outside referring to the Hub; the notice displaying opening times was purely for the regular Rosewood GP practice. The team felt this would be confusing for patients and, indeed, were initially not sure they were in the right place. However, having been told beforehand it was in the same building, they entered and were greeted by the reception staff for the GP practice sitting at a long counter, and were then directed to the Hub receptionist sitting alongside. From this point, the Hub receptionist gave clear guidance on what to do.

There was no electronic check-in. It did not appear to be necessary as the receptionist directed the patients to the waiting area, which was in sight of the reception desk. Hub doctors came out of the consulting rooms they were using to call each patient personally and patients were seen ahead of time, on time or only a few minutes after their appointment times. There appeared to be enough privacy at reception, the desk being situated a reasonable distance from the waiting area. Both the GP practice receptionist and the Hub receptionist were friendly and approachable and were very keen to help and to explain things.

The availability of online booking was advertised and a hearing loop had been installed for the benefit of the hard of hearing. Toilets were available near to the waiting room, and appeared clean and presentable, with hand sanitisers available.

The team noted that the notice boards were clear, with up to date information displayed and that a translation service was available. The availability of the patient participation group was also clearly advertised.

A poster advertising the team's visit was on display in both the Hub and the regular GP practice areas. In addition, Healthwatch Havering "Tell Us What You Think" cards were displayed prominently on the reception desk.

During the visit, the team observed the interaction between the receptionist and patients and considered it to be warm, friendly and helpful. The doors were locked during the latter part of the Hub practice time and patients had to press the buzzer at the front door. The receptionist opened the door automatically for the patient after confirming their identity and appointment.

Appointments for the Hub are arranged through a dedicated call centre, which books the appointments and gives patients their appointment times, which are adhered to. Booking can be made either directly to the call centre by patients, or through the NHS 111 system.

Staff told the team that they enjoyed working in the Hub. They would assist disabled patients with mobility problems to access the building, and those with difficulty writing to ensure that what needs to be in writing is properly recorded. Patients who have learning difficulties are dealt with in an appropriate manner.

**Staff** meetings are held monthly and include colleagues from the Hubs in Havering and Barking & Dagenham.

### Patients' views

Eight patients told the team that these were their first appointments at the Hub and four had visited previously - two of whom had been to the Hub twice before and one had been three times. All patients either knew the out of hours' number or were given the number by a member of staff at their own surgeries.

Many said that they had tried to get an appointment at their own surgeries but were told that they faced waits of 2 to 4 weeks for an appointment within normal practice hours at their own GPs.

Two patients said they found it easy to get appointments but most of the respondents had waited anything from 12 minutes to 45 minutes before being able to get through. Several patients told the team that they had experienced an engaged tone every time they rang and had taken a long time trying to get through. Patients had found the waiting stressful, wondering if the phone would be answered as they had to redial constantly for twenty minutes or more. That said, all patients had eventually been able to get an appointment the same day.

No patient had tried to book online.

Most of the patients were not concerned whether they saw a female or male GP - their main concern was to get an appointment.

Most patients had a good, or very good, impression of the service. Comments included: "really glad to see someone on the same day"; "very happy that there is a surgery to come to out of hours"; "the

experience was good this time and on a previous occasion visiting the surgery”.

All 12 patients said that they were aware of the Hub’s ‘out of hours’ opening times. Several qualified their answers by saying the opening hours suited them as they could go to work and still see the doctor. One patient remarked that the opening times shown on the outside of the building did not reflect the actual Hub opening time (they actual reflected the opening times of the regular practice housed in the same building). They found the absence of mention of the Hub on the outside of the building confusing.

Asked whether they were confident that the GP they were to see would have read their medical history, four patients replied that they were; the rest were unsure.

Asked their impression of the staff, the patients’ comments included: “polite”; “great”; “pretty good”; “good”; “very kind” (and this helped as the patient said they were stressed); “very good”; “helpful and really nice”; and some added that the call centre had been helpful.

All of the patients said that the Hub’s location was helpful. Some qualified their answers because they lived in Hornchurch or Rainham; one patient had experienced some confusion with the address. Another patient who had come from Dagenham criticised the lack of signposting and said that their satnav device had directed them to the end of the road. They also commented that there were no facilities for out of hours in Barking and Dagenham; Rosewood was the only Hub available.

Most patients thought parking was fine as they were able to park outside the building in the small parking area. Some noted there was a disabled bay. Two patients did not require parking places as they lived close by. One patient thought the parking facilities were a “bit minimal”.

## Rosewood GP Surgery - visited 17 May

Although a team from Healthwatch Havering had previously visited the Rosewood Medical Centre in March 2016, this visit was carried out separately, as part of the review of the GP Hubs.

Nonetheless, prior to this visit, the visiting team was aware that patients had expressed continuing concerns: around the appointment system in use at the medical centre, about delays in collecting prescriptions and/or problems arising when collecting medication from the Pharmacy, that the Practice website is not kept updated and some information is misleading or not included, that some members of staff are unfriendly and that there is insufficient car parking space.

These points were borne in mind in preparing for the visit.

### The Visit

On arrival at the Medical Centre, the team was pleased to note that the Healthwatch posters advising of the visit were clearly visible in the entrance area. The reception area appeared clean, tidy and welcoming. The doctors and staff were aware of the planned visit and the team was warmly welcomed by the Practice Manager and the senior partner.

The waiting area was divided in two and patients were directed by the receptionist to the appropriate area, depending on which health professional they were waiting to see. There are two toilets for patients use - one of which was specifically for disabled people. The side entrance is accessible for wheelchair users. There is also a loop system in both waiting areas.

At the time of the visit the seating in both areas was fully occupied and despite having a self-checking in machine, the three receptionists were kept busy dealing with a steady stream of patients' queries.

The patients are notified when it is their turn to be seen, by the practitioner coming into the waiting area and calling out their name. However, the team noted that owing to the number of people in the waiting area, it could be quite noisy at times. Some patients told the team that they were worried they might not hear their name when



called out, which caused them some anxiety as they might miss their slot.

### The senior partner's viewpoint

The senior partner was keen to explain that changes had been implemented since on 1 April in the day-to-day running of the practice, including the various options open to patients when booking an appointment. He confirmed that notification posters had been put up around the practice advising patients of the changes.

The practice had reverted to its original appointment system “after listening to what the patients had to say” so that patients can now phone in, come to the practice to book an appointment or book online.

Patients also have the option of a face-to-face consultation at the practice or a telephone consultation with one of the doctors. Patients who choose the latter are then given a time slot, usually within a 2-hour period that same day. However, while every effort is made to meet the time slots, there may be occasions when this is not possible, for example, if the practice is busier than usual or an emergency arises. The decision to telephone will be based on level of priority: each doctor in the practice keeps void slots in their allocation of appointments every day to allow space to fit in urgent appointments if required.

The number of slots available depends on the demands of the practice on any given day, with Monday and Friday being the busiest. There is also a duty rota in place between the doctors. Their responsibility is to offer advice and support to receptionists who may require guidance on medical queries patients may present to them. The duty doctor will also act on the concerns of staff if they receive a call from a patient when it is unclear what would be the most appropriate action required. The duty doctor will decide the best course of action based on the merits of each individual case. This may include calling the patient back to ascertain more in-depth information on the patient's medical condition and, where it has been identified that there is a need to be seen that same day, the patient will be offered an appointment.

## Patients' viewpoint

As part of the visiting process, the team spoke to a number of individual patients, to seek their opinions and experience of using the service. When asked their views on the appointment system currently in place, each one expressed the same view that they were unhappy, confused and frustrated and wanted to “revert back to the old system”, which was phoning in or turning up at the practice to book an appointment. All but one of the patients spoken to were unaware that the practice had reverted to the original appointment system since 1 April: the sole exception said she had phoned earlier on the morning of the visit and had been given an appointment for herself and her small child that day. The other patients said they had to wait approximately two weeks for an appointment.

The patients interviewed said that, when phoning the practice to book an appointment, they would sometimes be answered straight away but at other times they might have to wait ten minutes or more for an answer.

The patients expressed the view that, while most of the receptionists were helpful, some appeared to be “less friendly”. All the patients interviewed agreed that they had sufficient consultation time with the doctor/practitioner they had chosen to see and did not feel rushed.

There was a mixed response when asked if they knew they could book appointments online: the majority said they did not know it was possible, whilst the remainder said they were aware but that they “wouldn't know what to do.” When directed to posters displayed advising them of this facility and other relevant information related to practice, one patient said “I cannot read them unless I am up close because the print is too small.” Another patient commented that they would have to walk around the room to find them (posters) and said they needed to “stand out more.”

Another common view expressed was that, when they rang to make an appointment, the receptionist would ask about the nature of the call

and advise them that a doctor would call them back, but would not commit to a time, which meant that some might be waiting in all day. It was noted that these comments did not appear to match the information provided by the senior partner, who had said that patients were given time slots. One patient said that she had had to wait two days for a call back with regards to a medication query.

Each individual patient was asked if they were aware of the Hub and how to access medical advice/assistance out of hours. None of the patients spoken to had heard of the Hub and - surprisingly - did not know one was actually based at their practice. They all confirmed that they would go to A&E if they needed medical assistance out of hours.

Some of the patients described the problems they faced when requesting a repeat prescription, being advised by the receptionist they may have to wait 72 hours before it is ready for collection, which one patient said “worried him that he would run out of tablets”.

Another patient explained her experience when she rang the practice to tell them she had run out of her young child’s asthmatic medication and needed an urgent prescription: she was told that it might take 48 hours before it would be ready for collection. She told the team that “I was so distraught that I took him to A&E because I was worried he might have an asthma attack in the meantime, and didn’t know what else to do.” One patient explained how they had a query on their medication and had rung the practice and was told a doctor would ring them back: they told the team “I received the call back a week later.” Other patients described their frustrations when they had gone to pick up their medication from the pharmacy, only to be told that, due to a discrepancy, the medication could not be dispensed until it had been verified by the GP.

All the patients interviewed collectively voiced their frustrations with the lack of parking space at the practice. One patient said “I could do without the added stress of having to find somewhere to park, before I even get in the surgery door.” It was noted that the situation had not been helped as the number of parking spaces had been reduced while

building work went on at the practice, which was not expected to be completed before August. Only one disabled parking space was available, which at the time of the visit was not clearly signposted.

### The Practice Manager's viewpoint

The Practice Manager (PM) provided a breakdown of the number of staff currently working at the practice, which included four General Practitioner (GP) partners in total, of whom three were employed full time, and one worked Monday and Tuesday; in addition, a salaried GP worked Wednesday, Thursday and Friday. Two Practice nurses and one Health Care Assistant were available, a secretary and nine Receptionists who alternated their roles between covering the phones and interacting with the patients face to face.

The Practice opening times are between 8am and 6.30pm Monday to Friday and 12.30pm Thursday. Extended hours surgeries operate to accommodate working patients most days of the week and some Saturday mornings. These are strictly booked-appointments only and were from 7.30am to 8.30am, 6.30pm to 8pm during weekdays and from 9am to 12noon on Saturday mornings. However, it was noted that the practice website did not reflect the full range of opening hours.

Currently, major renovation work is taking place to extend the premises which appears to be managed well, causing minimum disruption to the patients and staff (although it has led to a temporary loss of parking space, as noted above). The new extension will provide 3 clinical rooms and a room for the Health Care Assistant. It is expected the work will be completed by August at the latest.

Minor surgery is carried out fortnightly, such as removing sutures, contraception implants, sexual health checks and awareness/advice, and travel vaccinations. There are also clinics to monitor chronic/long term conditions such as diabetes, blood pressure and chronic breathing problems. Palliative nurses visit every three months to discuss cancer patients' care.

Currently staff meetings take place monthly, but the PM plans to change this to weekly meetings. Sickness absences are covered from the existing pool of staff.

The PM said there was a robust programme of staff training, done in - house, for all front line staff, including telephone training, safeguarding adults and children, customer service and batch prescribing. The PM said she felt supported both by the team and the practitioners; whilst acknowledging there had been some initial problems when she started in the post in 2015, she now felt that she had developed a good working relationship with the team. Instead of structured supervision on a one-to-one basis, the staff receive ongoing supervision whilst performing their daily tasks, enabling her to identify any shortcomings and arrange training as necessary. The PM regularly attends training sessions herself in order to maintain her own continual personal and professional development, and to keep herself updated on the ongoing changes to the statutory and legal requirements, which may apply to her work practices. Practice meetings are conducted on a monthly basis and are attended by the practitioners and all members of staff.

In response to patients' comments about the wait of up to 72 hours for repeat prescriptions, the PM said that it was rare for patients to have to wait more than 48 hours. The team suggested that the practice of stating "up to 72 hours" should be reviewed, as the not only was that misleading but it was causing unnecessary stress to some patients, and that the website should also be updated to reflect these changes.

The PM said she was aware that there had been some problems with prescriptions and has already trained up more staff to deal with these issues, and can already see improvements.

When asked about support for carers, the PM said that carers are identified at registration and are well supported, by being offered counselling and/or signposted to the most appropriate means of support. The PM confirmed that all Learning Disabled and patients with special needs have all had their annual health checks.

In the course of discussion of the reduced parking, the PM advised that she was looking into the possibility of negotiating with a local public house for use of their car park during practice opening time.

## Recommendations

That

- The website be updated as a matter of priority as some of the information is misleading or omitted, for example wrongly stating there is a wait of up to 72 hours wait for repeat prescriptions, and inadequately explaining practice opening times
- Staff wear named badges to help patients identify who is attending to them
- When putting up notices in the practice, consideration be given, to the size and style of font used, the colour of paper used, to meet the needs of all patients, particularly those with a visual impairment
- Provision for car parking by disabled people be reviewed: an additional disabled parking space and better signage would be a real benefit to patients with reduced mobility
- Because of the difficulty some patients are experiencing hearing their name being called, consideration be given to introducing a speaker system to alert patients when it is their turn.
- All front line staff be given customer services training
- A list of charges and fees for services not covered by the NHS be prominently displayed and kept updated
- The Patient Participation Group (PPG) be encouraged and assisted to produce a monthly newsletter, with updates on any changes that are currently taking place in the practice, or planned for the future, copies of which should be left in prominent positions (such as next to the self-checking in machine and on the reception desk) for patients to access

- Consideration be given to the use, with patients' agreement, of Information sharing through electronic media such as text, Twitter and emails
- Develop a better relationship with the local pharmacy staff for a more seamless service, which would be mutually beneficially to patients and staff.

*[Note - a senior partner at the practice has since advised that the practice has accepted the majority of these recommendations. Healthwatch will be working with the practice in a number of areas in the coming months, not least at the request of NHS England to improve patient-practice engagement]*

### King's Park Surgery and Harold Wood Polyclinic, including Well Pharmacy - visited 17 May

King's Park Surgery is located within the Harold Wood NHS Polyclinic, a purpose-built NHS building operated by the Hurley Group, which is a NHS GP Partnership that runs a number of practices, Urgent Care and Walk-in Centres across London. The King's Park Practice Manager is a senior member of the group of 16 surgeries and has monthly meetings with other Practice managers.

The Surgery is co-located with, and operates alongside, a Walk-In Centre and is accessed through a housing estate. Premises used for nursing and other training by the London South Bank University and for a number of specialist community clinics by NELFT (the local community health services trust) are nearby.

The Hurley group use the Econsult website and an online platform called webGP for patient self-management, which allows online consultations with over one hundred templates for common conditions. The online consultation service lets registered patients request feedback and medication from GPs by filling out a simple questionnaire. The GP

reviews the answers and the practice responds by the end of the next working day. This helps improve patient experience and frees up the practice for more complex needs. E-consultation is available 24 hours. Being part of a large group enables surgeries to use experiences from all areas of the medical profession. King's Park benefits from the support structure the Hurley Group gives. Views are often discussed and recommendations transferred from one clinic to another.

The practice is open from 8am to 6.30pm Monday to Friday, 9am to 1pm Saturdays.

There is a very large car park, which was very full at the time of the visit as it serves a number of clinics for NELFT as well as the Surgery and the Walk-In Centre at the Polyclinic. There are five parking bays for people with disabilities. In common with most other healthcare facilities, parking is an issue. The car park is operated by an independent specialist company, Parking Eye - the staff at the practice are unable to assist with any parking issues as Parking Eye has sole responsibility for them. Parking is free, provided patients provide their car's registration number using an electronic system - failure to do so can incur a penalty charge.

The Polyclinic is a large, modern purpose-built building in good condition internally and externally, with disabled access. There is a very large waiting area, with a central reception area serving both the practice and polyclinic.

On arrival, the team was met and welcomed by the Practice Manager (PM). She is responsible for both the practice and the polyclinic and was able to answer all the points raised by the team.

During the visit, two reception desks were covered. There was good security on the reception, and all doors to consulting and treatment rooms were locked, with practitioners having to come into the waiting area to call patients. The size of the waiting area, which is not particularly quiet, makes this difficult, especially for those with hearing problems. There are three portable loop systems available for the hard



of hearing patients. Patients may wait in any part of the area and, although there is a designated area for practice patients, it was used by polyclinic patients as well.

Signage in the waiting area was clear and concise, four medium-sized noticeboards giving plenty of information. Various leaflets were available, data protection privacy was advertised (and a chaperone service is available) and the local Patient Participation Group (PPG) was clearly signposted (and appeared to be active, meeting once a month).

There is a café (run by the Royal Voluntary Service - formerly the WRVS) for the use of patients, friends and relatives as the wait for the polyclinic can be quite long (it was up to 5 hours on the day of the visit). Refreshments available include hot and cold drinks and snack foods.

There is a complaints procedure in place. Every complaint is logged and dealt with where possible 'locally'. All complaints are seen by the PPG. There is a carers support group with 173 identified carers. If there is a language problem a translator can be booked. The practice uses the Google translator - The Big Word - when necessary.

Toilets are clearly marked and a non - alcohol hand sanitiser is available.

The Surgery has two full time GPs, one full time registrar and one locum for about 6,500 patients. The practitioners have listed and designated specialisms on set dates. They are supported by a Nurse Practitioner, other nurses and health care assistants. The nurses have been trained to a level where they can prescribe. One doctor performs minor practice for topical conditions and minor injuries. In addition to general practice, there are clinics covering diabetes, babies, skeletal, physiotherapy and long-term chronic conditions.

The practice follows the Everyone Counts and Once for London initiative, which means new patients are not "quizzed" on registration and they are not refused. Everyone is treated equally. No identification is needed to register at the practice.

Appointments can be made or cancelled online or by phone. The EMIS Access allows patients to communicate with the practice via the

internet. Patients can book and manage their appointments online and also request repeat medication. EMIS Access also allows patients to update personal details.

The Surgery piloted a triage system on the last occasion of a strike by junior hospital doctors, which worked so well that the Surgery plans to introduce triage generally at the beginning of June. Patients' feedback had been positive. Regular appointments are allocated in 15 minute slots.

Test results are texted to patients wherever possible but doctors will contact patients by telephone if the news is not good. The aim is to do this within 48 hours. Repeat prescription requests are never accepted by phone. Names, addresses and DOB are checked on collection of results and prescriptions. They have a good response to emergencies with phone call and home visits if necessary. This is monitored at PPG meetings every month.

Most patients are not routinely reviewed annually but patients who are over 75 and those with a learning disability are reviewed. Such patients can be difficult to manage owing to a lack of co-operation but they are offered home visits. The Hurley Group as a whole are looking into this issue.

Training for staff is available and supported by grants. The PM has a training schedule in place; all permanent staff complete one full week's training a year, which could involve either classroom-style or online training.

The team spoke to a member of staff who said he had worked at the practice for two and a half years. He commented that the work could be challenging but felt well supported by a good team. He had completed Fire Marshall training and a NVQ on customer services training, and was in the process of finishing a Management Course. When asked what could improve patient experience, he answered "more doctors: it can be difficult to be accommodate appointments promptly", adding that parking provision for disabled drivers was not adequate

enough. He added that supervision was good - he could not always attend team meetings due to the time and availability. Patients' paper work stops at 3pm, which inevitably leaves work to be carried over. The member of staff in question would like to see that change to 3.30pm or 4pm. *[Note - the PM has since advised that, subsequent to the visit, the decision was taken to cease having a "cut-off" time for such paperwork]*

Patient interviews: this was quite difficult as practice patients were not sitting in the allocated area.

The team spoke to one patient who had rung the practice at 8am and booked the appointment on the same day. The phone had only rung a few times and she was third in line. She told us that she always had had a good experience booking an appointment. She had been waiting 5 minutes at the time of interview. She felt she was happy with her overall care and treatment and was always involved in discussions about her care. The patient was aware of practice opening times and said that they suited her needs. She felt the staff were welcoming and friendly.

One patient was distressed: she had been waiting for 4 hours for a dressing to be changed after a major abdominal operation, and stated that she had been told to wait each time she reminded the reception staff she was there (this was mentioned to the PM in the end). There did not seem to be any evidence of patient/reception interaction.

It was noted that the water station was without cups.

## Pharmacy

The team returned on the 19 May but there were no patients waiting to be seen in the practice, so they spoke to some people waiting at the Chemist. There were still no cups at the water station.

Of the five people questioned at the pharmacy, only two were there to pick up a prescription for themselves; the remainder were there to pick up a prescription for someone else.

Two respondents were ‘very satisfied’ with the advice and information provided to them by the pharmacy team during their visit and one was ‘satisfied’. Two said they were very dissatisfied.

Four respondents reported being able to collect their prescriptions within five to ten minutes but one had been waiting for over 20 minutes. The majority of people managed to collect their prescriptions within ten minutes. All of the respondents reported being ‘very satisfied’ or ‘satisfied’ with the time it took to receive their prescription.

The team asked several questions regarding patient opinion of the pharmacy team, asking them to rate the pharmacy on their politeness and listening skills, answering any queries or concerns, the pharmacist themselves, the service overall.

The responses were that all respondents considered the pharmacist and their staff to be ‘very good’ in all of the above areas.

When asked who they were more likely to consult on a health care issue, three answered their GP, one answered Pharmacy and one answered “other”.<sup>6</sup>

The team asked about using the pharmacy and how well do patients think it provided the following services.

- Providing advice on a current health problem or a longer term health condition - four replied they had never used this service but one thought the service was very good.
- Providing general advice on leading a healthier lifestyle - four answered they had never used this service but the other thought the service was very good.
- Providing advice on health services or information available elsewhere - four had never used this service but, again, one thought the service was very good.

There was a good supply of leaflets and sign posting on all the above at the Pharmacy, but the majority of people spoken to were not

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<sup>6</sup> It should be noted that these responses, albeit from a very small sample, are broadly consistent with the survey results referred to in Appendix 2

particularly interested in them, simply wanting to collect their prescriptions and leave.

None of the people questioned had ever been given advice on stopping smoking, healthy eating, physical exercise or sexual health.

Of the five people interviewed, one was aged 16-19, one 20-24, one 45-54 and one 55-64.

## Recommendations

That

- (a) The Water Station be checked regularly for water and cups
- (b) The electronic sign in the Polyclinic above the reception area showing adverts would be more useful if the information for the services of the Polyclinic and Surgery could be displayed
- (c) More parking bays be provided for use by disabled people.

## Petersfield Surgery - visited 24 May

Petersfield Surgery was established after the Second World War when many people had to move from the East End of London to begin a new life on the new Harold Hill Estate. Since then, it has undergone many changes and has expanded to meet the growing need. In 1983 the practice was redeveloped into modern premises when two buildings merged; and two years later a nearby single-handed practice was absorbed. In 1993, the practice became a fund holding practice. There are many different sized rooms, with modern additions to the rear.

The practice relies heavily on computer technology and all notes are made exclusively onto computer records. They receive blood results

electronically from a nearby pathology laboratory. They are proud that they hold beacon status for information technology. For 17 years, the practice has been part of Upminster Primary Care group and they are represented on the board of this organisation, providing clinical governance lead.

The practice has added touch screen booking in and 24-hour telephone appointment booking

Petersfield Surgery has a long tradition of teaching and training. Each year they welcome one or two GP Registrars to join their team for their final year of training. All teaching practices have to go through a rigorous re-approval process every 3 years to ensure that young doctors are taught in the best possible placements. There is a dedicated tutorial room large enough for 8 people with computer technology training equipment. Most training is done in house for all staff, and the Nurse is a qualified trainer.

The practice serves about 6,500 patients, showing an increase of approximately 1,500 due recent housing developments in the area.

Normal appointment times are 10 minutes per patient but, in times of high demand, such as increased referrals owing problems elsewhere or to the 'flu season, a 3-minute consulting service may be operated. Emergency appointments are normally available on the day for people who need to see a doctor and cannot await an appointment. The aim at the practice is to offer first class medical care in a friendly manner.

Because of its origins, the practice has an unusual layout with many stairs. Provision is made for the disabled with a ramp outside to the entrance and 3 surgery rooms on the ground floor. Unfortunately, so far the practice has been unable to provide a dedicated disabled toilet - to do so would require structural alterations. The condition of the practice premises is good and clean internally and the practice is well-advertised outside. There are very limited parking spaces but street parking is available nearby.

The reception desk is immediately inside the entrance. There is privacy for patients, a reasonable sized waiting room with toilets and sanitiser gel. Patients are called by an electronic indicator board and a buzzer - there is no loop system. The reception staff were very approachable and friendly - most are part time. There are clear noticeboards with up to date information, which included information on NHS 111 and the Hub. Online booking is advertised. Because they have a large team of part-time staff, many languages are covered but interpreters can be called in if necessary. There was a large poster in the front porch advertising the PPG but the Practice Manager (PM) told the team it is very hard to engage patients and more work is needed on the PPG.

Complaints are rare - last year, there were just 5, 4 of which were valid. Complaints are usually resolved by the PM.

There are alarms in every room.

There are two Partners (one of whom now works part-time and is planning to retire in the near future), two Salaried GPs, 5 Registrars (with a further due to start soon), 1 part-time Senior Practice Nurse, 2 Student Nurses, 1 Healthcare Assistant and 8 part-time receptionists.

The practice generally opens at 8am and closes at 6.30pm, but on Tuesdays opens earlier, at 7.45am and closes at 9.30pm and on Thursdays closes at 2pm. The website was updated during the week before the visit.

Patients can call for pathology results but a doctor or nurse calls the patient if the results are not good.

There is a walk-in clinic for blood tests. Clinics are available for Diabetes, Eczema, LD but chlamydia and smoking have ceased due to lack of funding. Contact with patients is by phone, newsletters, posters, emails and texts. Two GPs undertake minor surgery and accept referrals from other surgeries, which is a new project.

There is a carers policy which is advertised with posters. They have 93 known carers. Patients between 40 and 74 can have health

checks. Most of the LD patients live in communal houses so a GP normally visits them

The team was able to meet the Nurse Specialist, who is very enthusiastic and committed, and has worked at the practice for 27 years. She said the best part of the practice was the teamwork and the worst part was the need for more money to increase facilities and pay more staff hours. She is training 2 nurses, one has been there for 4 months and one for 4 weeks. She makes herself available as much as she can and would like to have more hours. She is offered support and supervision from the doctors and Practice Manager and she does attend practice meetings.

The team spoke to an elderly couple of patients (the wife had an appointment) who had been with the practice for over 30 years. They were very happy with all aspects of the practice, making and getting appointments promptly, no long waits at the practice, and were having a same day appointment. Doctors consulted them on treatment options and gave them adequate time. They were just getting to grips with online facilities. The best thing was accessibility and they could not think of any changes they would like. They lived nearby so, although parking was not easy, it was no problem for them.

The team also spoke to a young person who was waiting for a vaccination. He lived in Gidea Park (an area a mile or so distant from the practice) but while he was at University he came home at weekends sometimes and had used the Saturday morning drop in service at Petersfield. He was so impressed that, although he had now graduated and returned to live in Gidea Park again, he had registered with the Petersfield Surgery. He was happy with all aspects of the practice and had only waited 10 minutes on the day of the visit. He liked the accessibility and also could not think of any changes he would like to see: *"It is such a good practice and easy to use"*.

As the team left, they were discussing the outside condition of the practice when one of the GPs joined them as he was leaving, to ask about the work of Healthwatch. He commented that, although the



building was not purpose-built, the quality of the care given was what mattered.

### North Street GP Surgery - visited 25 May

North Street Medical Care is a practice spread over two sites, one in North Street, Romford and one in Ashton Gardens, Chadwell Heath (in Barking & Dagenham), providing patients from both areas flexibility to access services at either site. Doctors and staff work at both sites. This report is concerned solely with the premises in North Street, Romford.

The premises have recently received funding from NHS England's Primary Care Infrastructure Fund, enabling improvements to be made including three new consulting rooms, a new reception area, automated front doors and provision of additional storage space for patients' notes. The external and internal building still had ongoing work at the time of the team's visit, although it looked close to completion.

There is ample parking space on site, with parking available also in adjacent residential streets and superstores nearby.

The Surgery has a new disabled access slope at the front and, on the day of the visit, new hand rails were going to be fitted. New electronic automatic doors have been installed at the entrance. There is a disabled persons' toilet as well as baby changing facilities although these were not signposted. All floors and passage ways are suitable for a wheelchair use. Hand sanitiser available.

The opening hours for the regular practice are:

8am - 6.30pm Monday, Tuesday, Thursday and Friday

8am - 1pm Wednesday

9am - 12noon Alternate Saturdays

The Surgery reception is quite small considering there are 17,000 patients across the two sites, but on the day of visit there was plenty of

room for patients to wait. There is clear guidance on arrival of how to check in either electronically (in nine languages) or directly with a receptionist. There was, however, a distinct lack of privacy at reception, but the team sat at the back of the waiting room and could not hear any of the patients. Reception staff seem approachable and friendly. A room behind reception is available for patients to talk in private and there is a poster on the wall advising this. There is a television screen above reception giving plenty of information on a continuous loop; the loop speed is however on the high side and could be slowed down in order to be more easily read. There were clear notice boards with information on and a Healthwatch poster which was, however, out of date. A Chaperone service is advertised as available.

The Patient Participation Group had a large poster behind reception. There are currently 140 members and the practice carries out regular surveys with the group. This is a virtual group online, so a number of patients who would like to get involved may well be unable to. Security was evident, staff on reception had panic buttons direct to the police station and doctors had them to call other members of staff. Consulting rooms not in use were locked.

The waiting room was clean, fit for purpose but in need of redecoration. A portable loop system for the hard of hearing is available at reception. Appointments can be obtained by phone or in person, bookable up to 6 weeks in advance and, for more acute problems, a number of appointments are available on the day. Online booking is available for doctors but not for nurse appointments. It is possible to use the online system for cancellations. Appointment times are ten minutes long. Double appointments are available on request.

Home visits are available for housebound patients, bookable on the day before 11am.

Triage consultations are also bookable on the day where a patient simply needs advice from a doctor, who will call back at a set time, and if necessary prescribe medication or book a face-to-face appointment.

Repeat prescriptions can be requested by fax or in person, but not by phone, and require 48 hours' notice. Prescriptions can be sent electronically to local pharmacies for ease. Name, address and DOB are checked when picking up prescriptions and letters.

Test results can be obtained by calling the practice between 3pm and 5pm, weekdays only. If patients need to, they can make an appointment at that time.

Patients are called to see the doctor by an electronic system, a loud buzzer sounds and the patients name, doctor and room number are displayed. Other information was also given on this electronic board such as a certain doctor running late, and the facility to book a double appointment if necessary. Patients told the team they liked to be kept informed. As with the other board, the information passed through quickly and could be slowed down.

The team was met by the Practice Manager, who was very passionate about the practice and the staff. There are four GP partners and one nurse practitioner partner supported by two salaried GPs, two registrars, another nurse practitioner, five practice nurses and one health care assistant. There are also 18-part time receptionists (spread between the two sites). Doctors work on a regular roster between the two sites and take turns to work at the weekend during the two alternate Saturdays that the practice is open. Doctors prioritise when patients are triaged. There is a duty doctor for urgent issues on the day.

The practice offers a wide range of clinics, covering asthma, diabetes, stroke, cancer, epilepsy, heart disease, mental health care, long term condition management, contraception and sexual health, child development and immunisations, foreign travel advice and immunisation and ear, nose and throat. Minor surgery is performed, including skin lesions, in-grown toenails and cortisone injections, but not cosmetic surgery.

The team met a doctor who was particularly proud of the practice website and had recently updated it. The practice is on social media.

The practice is quite successful with annual health checks for people with Learning Disabilities. The practice uses a flag system to highlight patients with communication difficulties. A translator can be booked when the appointment is made.

As at most others, the practice charges for services such as private insurance certificates, medical reports, private immunisations etc.

A senior member of reception staff told the team that she enjoyed working at the practice but as with most front line staff found it stressful at times, although now that the triage system had been scaled back overall things were settling down again. Any issues are addressed promptly through the Practice Manager, whom she said was very approachable, as were all members of the practice. The practice is in the process of recruiting three more people to work within administration and reception.

Overall there was a passionate and enthusiastic atmosphere at the practice: everyone felt very supported and looked forward to the future with great optimism. The practice had taken on board the feedback from the PPG that triage appointments were not working and had scaled the system back to a capable size.

## Recommendations

- The Disabled Parking bays should be more clearly marked
- The toilets should be more clearly sign posted
- That the reception/waiting arrangements be reviewed to ensure that patients do not need to queue unnecessarily
- That, in order to increase patient participation, arrangements be made to ensure that patients who do not wish to go online can be involved in PPG activity
- That the speed with which messages scroll on the electronic notice board and TV be adjusted to give patients more time to read the information

## Central Park Practice, Harold Hill (Gooshays) Health Centre - visited 1 June

Central Park Surgery was established in 1978 with 200 hundred patients and six staff. Today the practice caters for nearly 8,000 patients and has 19 staff. The Surgery offers a wide range of services, including clinics, minor operations, travel vaccines and well-person check-ups. The practice is also a teaching practice for medical students in conjunction with University College, King's College and St Bartholomew's Hospital. The practice has GP's who specialise in certain areas including Diabetes, Dermatology and Rheumatology. Central Park is one of four practices in the Centre building, sharing a main reception area but otherwise segregated. The practice is spread on two floors with easy lift access to the first floor.

There is a pharmacy adjacent to the Centre, to which many of the patients go. It was not possible on this occasion to extend the visit to the pharmacy but a visit will be carried out there in due course.

The Centre is a modern, purpose-built building, which opened in 2006. There are bus stops outside, so it has good public transport links, and plenty of parking including six disabled bays. The premises are easily accessed with large sliding electronic doors. At the back of the building parking clearly designated for ambulances only. All four practices' receptions are situated in rows by the entrance.

The opening times were not displayed at the entrance to the practice.

The décor inside is clean and some walls are brightly coloured, seats are plentiful and comfortable (apart from one set of chairs which looked as if they had been vandalised). There were ample toilets in reception including two for disabled people.

There appeared to be plenty of room for notice boards and NELFT had two large, very informative notice boards. There were two leaflet stands (but both were empty) and there was a large NHS stand with leaflets about A&E departments.

There was a large sign for the PPG which is online only, so would exclude a large section of the local population.

There did not appear, however to be any information about the Hub or NHS 111.

The reception area for the Central Park's reception area was clearly signposted. There was an electronic check in system for patients, who could also check in with the receptionists. The reception had a low desk with a clear glass screen and was very private. A bottle of hand sanitiser was available.

Opening hours are 8am-6.30pm Monday to Friday, except Wednesday afternoon when the practice closes at 1pm. The GPs are available 8.20am-11am and 16.20pm-18.20pm.

Above the reception area was a large rolling electronic information screen, which informed patients when their doctor was available to see them. There was also information on how to call in to book an appointment. Online booking was advertised on the electronic moving notice. A survey was advertised but the member of staff the team approached about it was unaware of how long the consultation would take and when the results would be published; in fact, the survey had finished and results had been published on the website. Reference to this survey was subsequently removed from the electronic board.

There is a hearing loop at reception, but there was no evidence of one in any of the consulting rooms that were seen in the course of the visit.

There was a small notice board for Central Park. The Hub was mentioned on the notice board.

Patients can book an interpreter; this has to be done 48 hrs in advance.

Doctors and receptionists have panic buttons for internal use.

The website is updated when needed, by the practice manager.

The team was told that the Surgery has six GPs; the number on duty at the practice varies from day to day. On the day of the visit (a Wednesday), there were 3 GPs on duty. The practice has two Practice

Nurses, who advise on long term conditions including asthma and diabetes. There are no health care assistants.

There is a bank of nine receptionists with four on duty at any one time. The receptionists work a 20-hour week. As the main reception area is quite small, two people at a time can work there, so the other two receptionists work upstairs.

There are two telephone lines into the practice one for regular appointments and one for emergencies, but it is arguable that more are needed for a practice serving some 8,000 patients.

Patients who urgently need to speak to a doctor but do not need to be seen can access a telephone consultation.

Urgent appointments are possible, though not necessarily with the doctor of choice. Patients can be seen on the same day, if they provide details that enable a doctor to give them priority. Doctors clear everybody on their list each day. Patients can call at the Centre without appointment if they are prepared to wait for a consultation slot and some appointments are available in the evening before 6pm.

For regular appointments, the doctors expect to see patients within 48 to 72 hours of request; for a nurse the wait is generally 24 to 48 hours. Online booking is available to registered patients for either service.

The doctors see 16 patients in the morning and 12 in the afternoon sessions.

The clinics are all downstairs. Minor operations are performed at the practice, including mole and skin lesion removal, ear suction, and ingrown toe nails. A wart clinic is held every six weeks.

The team was told that file storage accommodation is at capacity but that, despite applying to NHS England and the landlords for more room, the practice had been unable to obtain more space, even though there are empty rooms upstairs.

For test results, patients are asked to book an appointment. Repeat prescription turnaround is 48 hours, unless in an emergency.

All training for reception and admin staff is completed on line, recent training had included safeguarding and fire safety. Staff are not expected to complete training in their own time. The doctors attend a Protected Training Initiative once a month, on a Tuesday afternoon and the practice closes. Practice meetings are held every six weeks.

Addresses and confirmation of DOB are asked for when picking up prescriptions or letters.

Patients with long term conditions get annual reviews.

When asked whether there was a clear policy on supporting carers, the receptionist was not sure but the Practice Manager later advised that there was a clear policy on how to support carers.

The team was told that the practice had 187 failed appointments as patients “Did Not Attend” (DNAs) in May, for the GP’s and 70 for the nurses. Patients that persistently fail to attend appointments are sent a letter after 3 DNA’S in three months.

The Practice has leaflets available for patients for additional services available for their conditions as well. Doctors are kept informed of different services so they can discuss patients’ specific needs.

New Patients receive a leaflet welcoming them to the practice.

All annual health checks for LD patients have been completed this year. Patients over the age of 75 are allocated a dedicated GP and have an annual check-up with a nurse or GP, although they can still see any doctor of their choice.

Complaints are dealt with by the Practice Manager; most complaints are associated with the telephone waiting times. All complaints are acknowledged within three days and attended to within ten working days. All complaints are then looked into by the practice manager and then discussed with all the doctors in a weekly meeting. When the practice manager is absent another member of staff will deal with these issues.

The member of staff who was spoken to by the team said she enjoyed working at the practice, and was impressed with the doctors’



commitment and was sure this was why the rest of the team were so committed. She was confident that patients seeking an appointment would be seen within two days.

The Central Park Surgery is well informed and gives plenty of information about the practice. This is ideal for patients online.

## Recommendations

Healthwatch recognises that the Practice shares accommodation with several other practices based in the Health Centre, and that all of the practices are “tenants” of the building, which is in the centralised ownership of the NHS. Nonetheless, the following recommendations are made in order to improve the experience of patients attending, or contacting, the practices based there. This report is being provided to the Havering CCG, NHS Properties and the other practices based at the Health Centre so that, collectively, they may consider and act on them together with the Central Park Practice:

- There should be open hours’ information at the Centre entrance, giving full details for all of the practices that operate there.
- The team was told that most complaints related to the telephone system; apparently, there are only two lines into the practice, one for appointments and one for emergencies, which means that patients can be waiting up to 40 minutes to be answered. A wait of that length is clearly unacceptable and causes frustration and anger for patients and can lead to unnecessary confrontation with staff. The practice should investigate improvement to its telephone system.
- Staff have to go upstairs to use the photocopier. Ideally a photocopier/printer should be installed downstairs. There were loose wires under the desk. A member of staff had broken her toe tripping over these. These wires should be dealt with professionally.

- The reception area was stiflingly hot even though the temperature outside was only 12°; in the height of summer it could become unbearably hot. The provision of a portable air conditioner for patients' comfort should be considered.
- Consideration needs to be given to ensuring that the electronic notice board is kept up to date.
- More information needs to be provided on Hub and NHS 111 on notice boards
- The Practice leaflet should mention and explain the Hub and NHS 111.
- More practice leaflets should be available to patients.
- A hand sanitiser should be provided at the entrance, with a notice to accompany it

### GP Hub at North Street Surgery - visited 23 July

The team arrived for this visit at 12 noon, intending to sit, observe and talk to patients, hoping that at 1pm they would be able to talk to a member of staff. It subsequently became apparent that the receptionist was the only member of staff present, other than the three doctors available to see patients. One of the doctors was leaving at 2pm to be replaced by another. The Hub operates at the premises from 6.30pm-10pm weekdays, from 12pm-5pm on Saturdays and 12pm-4pm on Sundays (the call centre opening to take appointments at 2pm on weekdays and 9am at weekends).

The practice was generally clean and tidy with a very relaxed atmosphere, although some of the seating was damaged or in need of cleaning. The electronic notices etc were switched off, but the air conditioning was on.

The internal and external conditions of the building were fine and acceptable. Parking was good and wheelchair access was excellent.

There was no separate signage for the Hub, but in fact none appeared to be needed.

The receptionist was very welcoming. She told the team that she works at the Hub on Saturdays and at the Havering Health Call Centre in Ashton Gardens, Chadwell Heath on other days. She had been working at the Hub for six months.

Privacy at reception is difficult, but patients can ask to speak to staff in private if necessary. There is no online booking, as appointments are only available by calling the call centre. A hearing loop is installed, and there are toilet facilities; hand cleansing gel is available.

The team's immediate perception on arrival was how efficiently the system was working; and the receptionist reinforced that view, saying that it was best "to keep it simple", as it was working very well. She also offered the view that more Hubs should be opened eventually, as the call centre receives thousands of calls covering all Hub sites in Havering, Barking & Dagenham and Redbridge.

As stated no Hub signage was seen, but posters were displayed about the host practice's service and others.

Some patients were called by a doctor to be seen, while another doctor got the receptionist to call them. The interaction between patients and reception was extremely good. Information about the Hub and 111 systems was clearly displayed.

The patients seen by the doctors had all made same day appointments. Talking to patients they were all being seen within five minutes of their allotted time.

Comments from patients were extremely good, all were very pleased with the service they were getting, although some said that they had experienced problems in getting through on the phone to book their appointment. The team was told by patients that doctors had on-screen access to their medical notes in order to check their history, which they welcomed. Everybody leaving the Hub said their experience was excellent. We also viewed patient surveys that had been filled in: all

were deemed excellent. The receptionist would contact her supervisor at Chadwell Heath about any complaints that arose.

She confirmed that her training was regularly updated. She told the team that the system at the Hub was kept simple and was working very efficiently.

It was noted that the Rosewood Hub Centre was not operational on the day of the visit and patients were being sent from there to North Street. The receptionist did not know why Rosewood was closed.

Patients were asked how they had found out about the Hub and all replied that they had read leaflets in their own GP practice.

The team found the experience of the visit encouraging and supportive of the development of more Hubs in the Borough.

## APPENDIX 2

**Survey of patients by Healthwatch Havering, March 2016 <sup>7</sup>**

In March 2016, Healthwatch Havering and the Healthwatch organisations for Barking & Dagenham and Redbridge were commissioned jointly by the Barking & Dagenham, Havering and Redbridge (BHR) Clinical Commissioning Groups (CCGs) to carry out a survey of patients' views around urgent and emergency care services. This was part of broader work by the CCGs to find out how best to improve urgent and emergency care in the three BHR boroughs, not least to relieve the immense pressure on the Accident and Emergency (A&E) services provided at the two principal hospitals in the BHR area, Queen's Hospital, Romford and King George Hospital, Goodmayes.

The survey sought to ascertain where patients would seek medical care in urgent or emergency circumstances, and their views on the alternative sources of care and advice to the GP or A&E services. Respondents in the three boroughs were all asked the same questions; the responses varied by borough, although the views of people in Barking & Dagenham and in Redbridge tended to be closer to each other than those of Havering people. Analysis suggests that the reason for this is that the population of Havering is more settled than those of the other two boroughs and less ethnically and age- diverse, with Havering people more familiar with their local services than those of the neighbouring boroughs.

In Havering, 306 people were surveyed, in a variety of settings, including GP practices, workshops and focus groups, with participants of varying ages and backgrounds, both knowledgeable about the National Health Service and those with less knowledge. The sample is believed overall to have been reasonably representative of the population as a whole.

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<sup>7</sup> **Note** - the data referred to in this Appendix is derived from responses to the survey now reported. The permission of the BHR CCGs to use the data in this context is gratefully acknowledged.

The survey data seems to indicate that people in Havering are disinclined to use NHS services with which they are unfamiliar - the responses to question 1 show clearly that most respondents are likely to seek urgent or emergency care from their GP, the A&E service or by calling 999 for the ambulance service. Most respondents had made more visits to their GP in the past six months than to any other source of care, with their pharmacy being second most visited and A&E/Walk-in centre joint third (question 2).

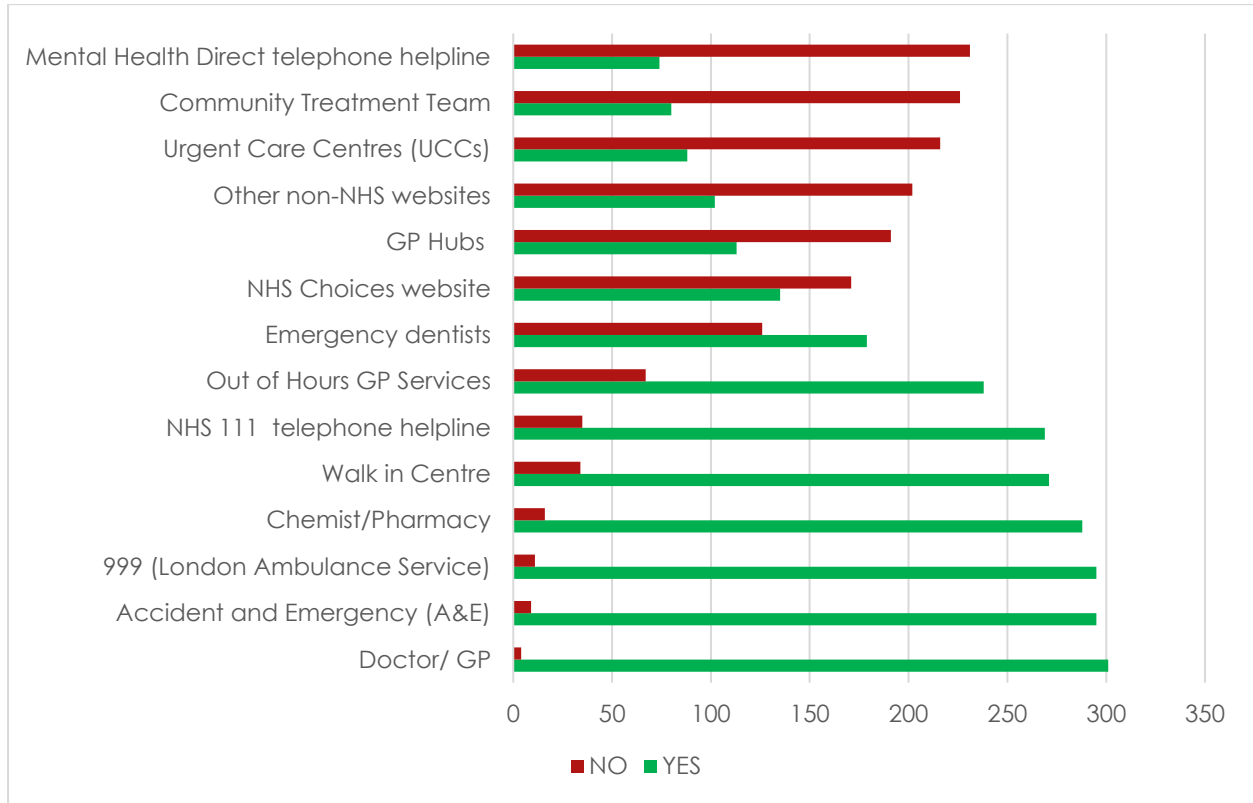
Asked whether they had sought advice before seeking the service(s) they had used, the responses to question 3 indicated that by far the majority had not - they had gone to where they thought they would best receive the service they felt they needed.

Question 4 indicates that, of those who had been to A&E, most had gone there urgently or by ambulance, while a significant number had been referred there.

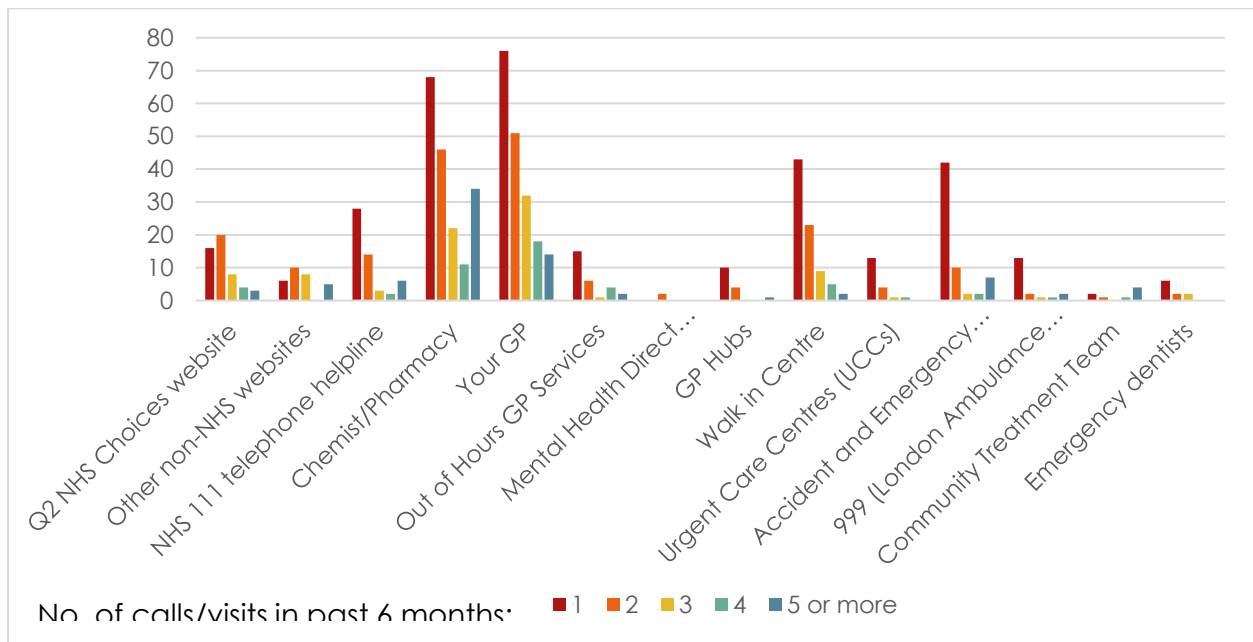
Using online or telephone services is becoming increasingly favoured across government. Many services are only available online. Question 5 suggests, however, that there is a significant proportion of the populace that would prefer not to use online services. This is reinforced by the response to question 7, in which a significant number said they preferred to deal with someone face to face. That said, of those prepared to use online services, most thought that their availability all day, every day, was the main advantage.

This appendix does not set out the survey results in full, but outlines the responses by Havering interviewees to some of the questions.

**1 Question: Have you heard of the following services where you can get help with treatment, or advice for urgent and emergency care?**

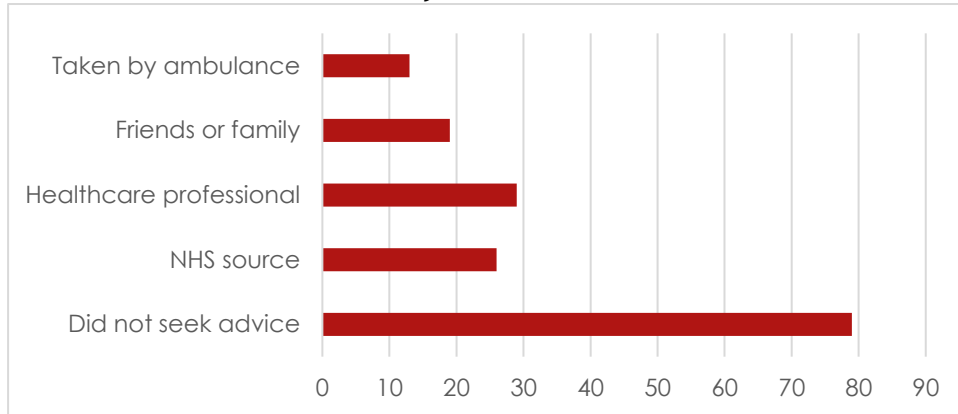


**2 Question: How often have you or your household used the following health services for urgent or emergency care the last 6 months?**



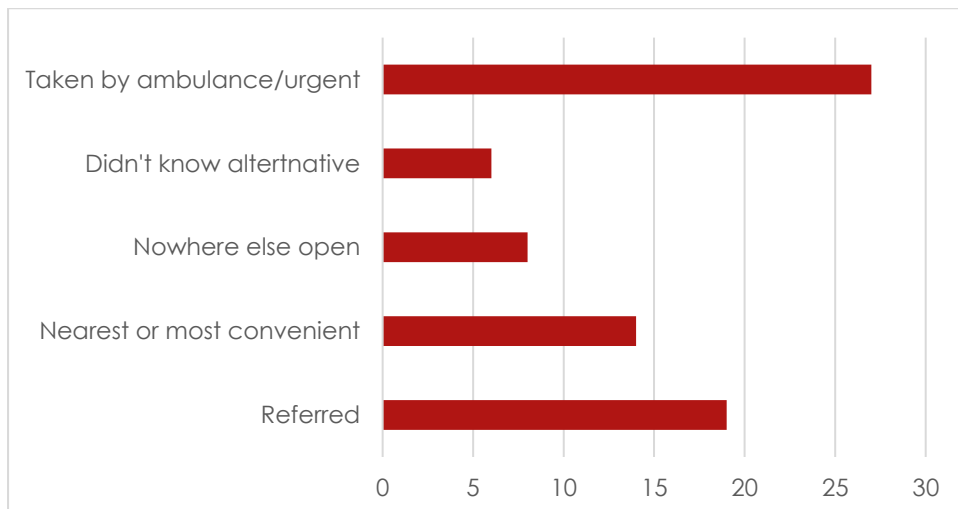
3 Question: Thinking about your last visit to A&E/UCC/Walk in/Hub: did you seek any advice on the best place to go for care and treatment before you went?

- 1 Yes - from an NHS information source such as 111/ NHS choices
- 2 Yes - from a healthcare professional such as a doctor, chemist
- 3 Yes - from a non-NHS source e.g. other website/friends/family
- 4 No - I did not seek advice
- 5 No - I was taken to A&E by ambulance



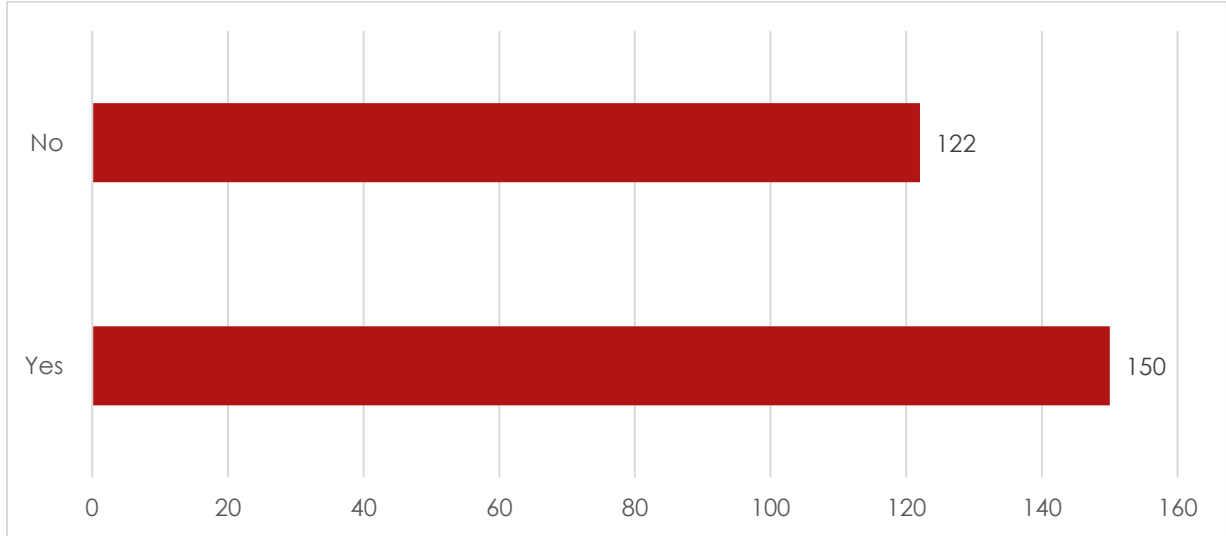
4 Question: Thinking about your last visit to A&E. What was your main reason for going to A&E?

- 1 Referred by someone
- 2 Nearest/most convenient place
- 3 Nowhere else known to be open
- 4 Didn't know of any alternatives
- 5 Urgent injury/condition or taken by ambulance



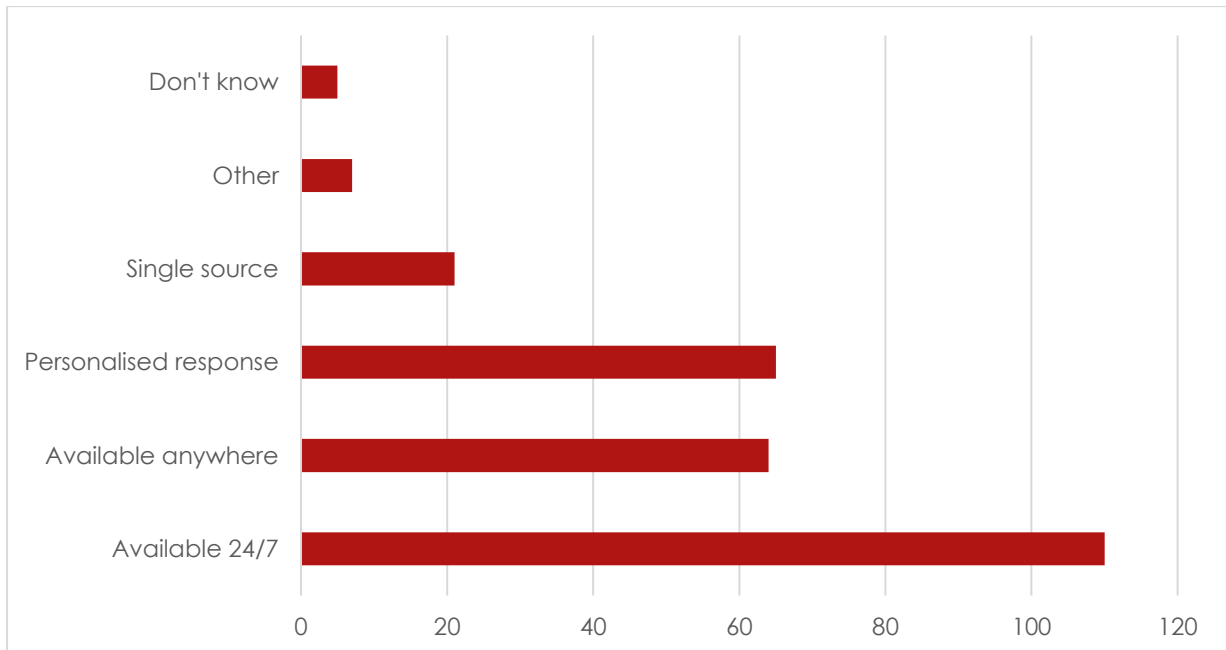


**5 Question:** If the local NHS had a website or app which held all your health information, where you could get advice, chat with a doctor or nurse if necessary or book yourself into appointments with your GP or a clinic, do you think you would use it?



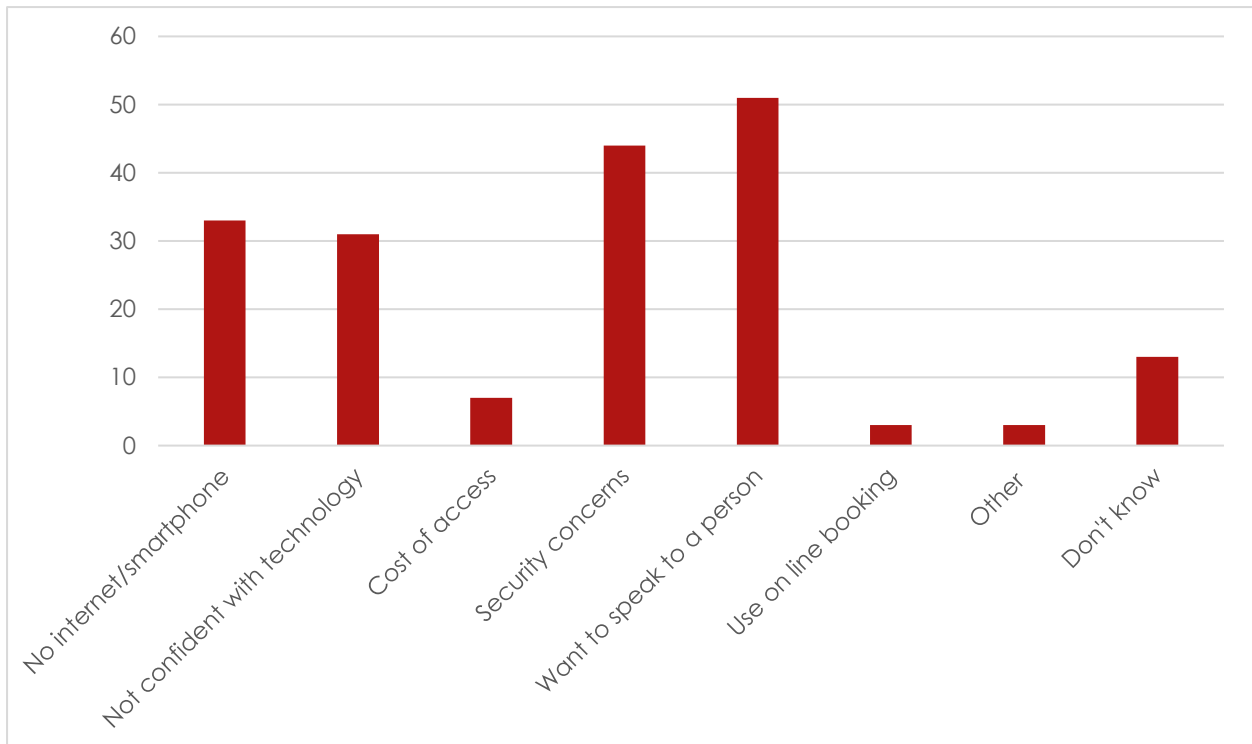
**6 Question:** What do you think would be the main advantages of such site/app?

1. Available all the time/ outside of working hours (24/7)
2. Can be accessed anywhere
3. Personalised/responses based on my health records
4. Single source of information
5. Other
6. Don't know



7 Question: Can you explain why you would be unlikely to use such a website or mobile phone app?

1. Do not have internet access/computer/ smartphone
2. Do not feel confident with technology/ would not know how to use
3. Data charges/cost to access
4. Concern about security of personal data/ health records
5. Would prefer to speak to someone in person
6. Use existing online GP booking systems
7. Other
8. Don't know



## APPENDIX 3

## Attendances at the Accident & Emergency Department (A&E) at Queen's Hospital, 2015/16 <sup>8</sup>

1.	How many patients attended A&E? –	
		232,382
2.	Of those, how many were actually treated in A&E?	
		221,319*
	<i>*We have interpreted this question as patients with a recorded outcome. i.e. excluding those who took their own discharge before being seen or patients who arrived deceased (as we only pronounce the death and transfer to the mortuary)</i>	
3.	Of those not treated in A&E, how many were referred to the Urgent Care Centre or GP centre "next door"?	
		41,812
4.	Of those who were treated, how many were admitted (overall, no need for breakdown by specialism)?	
		55,303
5.	How many patients were brought in by ambulance? If possible, can you distinguish between those brought in by the LAS and those by other ambulance services (not essential, but useful if you have it)?	
	LAS Ambulances;	62,372
	Non-LAS Ambulances;	3008
	<b>TOTAL:</b>	<b>65,380</b>

<sup>8</sup> Source – Barking, Havering and Redbridge University Hospitals Trust: response to Freedom of Information Request, August 2016

## 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@healthwatchhaverling.co.uk](mailto:enquiries@healthwatchhaverling.co.uk)**



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