



Enter & View

Dr Joseph's Practice

**42 Chase Cross Road,
Romford RM5 3PR**

1 June 2017

*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.

The premises

On arrival, the team noted that the general appearance of the building was good and well kept, with security cameras on the outside. There was parking for approximately 8 cars but none designated for people with disabilities. An additional parking bay was provided at the rear of the property but was not for patients' use. No wheelchair/pushchair access was apparent.

The team announced their arrival to the Receptionist, who then informed the Practice Manager. Whilst waiting for the Practice Manager, one of the team took the opportunity to speak with a Patient, but at that point Dr Joseph arrived, welcomed the team and showed them into his surgery.

The Reception Area was clean and tidy, and the furniture was in good condition with decent decoration. There was no hearing loop and no electronic check in system but there was a calling system for patients to see the doctor. The team was advised that panic buttons were in every room but the team only saw **one** in Dr Joseph's surgery.

In Reception, a quantity of literature and information was displayed but the team noted that the surgery opening hours differed from those quoted elsewhere and that the name of the Practice Manager was incorrect. Some out of date leaflets relating to a NHS England survey were piled on a table, even though Dr Joseph told the team that this survey had stopped some time ago.

No fire extinguishers were evident, nor were there antiseptic hand gel dispensers.

The team were advised that, for cyber-security, a back-up system for IT was available.

Staff

Dr Joseph advised that there were two full-time doctors in the practice: himself and a full-time locum. Dr Joseph's wife, also a

doctor, was a part-time locum as well (in addition to being a partner in another practice outside Havering).

In addition to the doctors, the practice staff comprised:

- 1 Practice Manager - currently covering until a new Practice Manager can be appointed
- 1 Practice Nurse - Part time
- 3 Part time receptionists, who had been employed at the Practice for 8 months, 3 or so years and from about 2004 (respectively), one of whom also carried out administrative duties. Dr Joseph advised that the receptionist currently on duty at the time of visit had only worked there for 8 months and was therefore not yet fully conversant with the practice.

Dr Joseph told the team that he took two holiday periods per year, each of two weeks. He said that his wife took different times to him.

The team was not provided with evidence of staff training but were told that staff did e-training in the surgery, monitored by Dr Joseph and certificated where available. In addition, paid trainers attended to carry out various training sessions such as Fire Prevention. The CCG had offered training in customer services but that would need to be carried out in their own time.

The practice

The practice opening hours were 8.30am-7pm (closed for lunch between 1pm and 2.30pm Monday, Tuesday, Thursday and Friday with half day closing on Wednesday. The telephones were covered during the lunch time closure.

Dr Joseph told the team that he reserved Thursday mornings for doing his administrative duties and thus did not take a surgery then.

The Practice provides cover for approximately 3,000 patients.

Dr Joseph told the team that patients could be seen within 48 hours and that he would make home visits if needed. Emergency

appointments could be made by ringing the surgery at 8.30am; 4 on-the-day appointments were available for the morning surgery and 2 or 3 for the evening surgery. He added that elderly people and children would be seen same day; the remainder were seen on a first come, first served basis.

Special provision was made for disabled patients who might have queries by their being taken into a separate room but otherwise they were not treated differently from other patients.

The online booking system was not used by patients, and it did not appear to be advertised. The team was told that the website was last updated about 2 years ago.

A translation service was available if needed, but it was rarely used.

The Practice Nurse was trained to see Diabetic, Asthmatic, COPD, Stop Smoking and Maternity patients, for which 20 minute appointments were offered. If any patients presented with problems during surgery hours, she would refer them to the doctor. There were no specific clinics.

Dr Joseph told the team that he checked the results of blood tests etc three times per day, if necessary calling the Patient where the test showed need for some action but otherwise for all other non-urgent results the patient would call the surgery.

Charges were made for letters in connection with insurance but no charge was made for travel immunisation.

Minor surgery was no longer carried out as it was not financially viable to offer it. Patient reviews were carried out for over 50s, including Bayer Tests and blood tests.

Practice Manager maintained a record of patients who had a Learning Disability to ensure reviews were carried out yearly and that their immunisations were up to date.

There had been delays obtaining new patients' records from the Health Authority, so at times patients would bring an electronic

summary with them or the doctor would call the former surgery. Dr Joseph commented that, recently, those delays had somewhat lessened. He also commented that few referrals were made for hospital treatment, a clinical decision made by the doctors, but he did inform the team that Queen's Hospital had enquired of the surgery why so few referrals were made.

Patients who failed to attend appointments ("DNAs") on two occasions were sent reminders.

Patients were asked to present requests for repeat prescriptions at least 48 hours. A pharmacist called at the practice (from a pharmacy nearby) twice a day to collect prescriptions.

Details of where to go for blood tests etc were printed on the back of the prescriptions, and were also available at reception.

Complaints procedure

Complaints were submitted to the Practice Manager. If Patient was not satisfied, the complaint would be forwarded to Dr Joseph; if Dr Joseph was unable to resolve it, the NHS complaints procedure would be instigated. The team was told that the practice received very few complaints.

Staff comments

The team were able to speak to the receptionist on duty and the person carrying out administrative tasks. They both seemed to like working at the Practice, stating it was nice to work in a team environment, but added that some patients were difficult and unhappy with the service. Nonetheless, they enjoyed interacting with patients. One advised the team that she strongly felt she had adequate supervision and support from colleagues and managers at the practice.

When asked about changes staff would like to see, they told the team that, if funding was available, they would like more staff to be available at very busy times, especially on a Friday.

Practice meetings were held once a month.

Patients' views

The team spoke to some patients, who said that they had difficulty in obtaining appointments and could not get appointments when needed, and had to at times wait six days. One patient told the team that she had phoned for an appointment on the day of the visit (a Thursday) and had been told there were no appointments available until the following Monday. As her need was urgent, she had phoned NHS 111 who then contacted the surgery on her behalf and she was given an appointment for the same day. She had found Dr Joseph difficult to deal with.

Another patient's wife confirmed that she had to wait 2-3 days for an appointment and was not told which doctor he would be seeing, but added that her husband usually got to see the doctor he wanted.

A further patient's experience of obtaining a routine appointment was having to phone at 8.30am and being offered an appointment for at least 1 - 2 weeks hence.

Generally, patients felt they were involved in discussions about their care and understood the treatment and referrals offered. They did feel, however, that more emergency appointments should be made available and that an improvement was needed in telephone answering times as there was always a long wait for an answer. They all felt that the receptionists were very pleasant and helpful.

Although the Practice has a Patient Participation Group that was very effective with meetings once a month, it did not appear to be advertised and even the receptionist could find nothing about it.

There was no evidence that a Family and Friends Survey had been carried out.

Recommendations

- 1 That consideration be given to the employment of another receptionist so as to have two available at all times, particularly to ensure that telephone calls are dealt with more efficiently
- 2 That the Patient Participation Group be advertised and patients encouraged to join it
- 3 That hand gel dispensers be provided in Reception
- 4 That an access ramp for people with disabilities be installed, together with a self-opening door for their benefit
- 5 That the practice opening hours and out-of-hours services be more clearly advertised
- 6 That the names of the Duty Doctor and the Practice Manager be displayed
- 7 That a Family and Friends Surveys be carried out.

Since the visit took place, Dr Joseph has advised that the practice has reviewed the report and recommendations, and has made the following improvements:

1. A bank receptionist is now carrying out regular sessions. In addition, a new admin. staff member is going to work a couple of sessions on reception, to support the reception staff.
2. The PPG has 6-8 members, who meet regularly; their suggestions and recommendations are implemented in the Surgery.
3. Hand gel dispensers in have been provided in reception, kitchen, patient toilets and staff toilets.

4. The Surgery now has disabled access, where patients can ride mobility scooters and wheelchairs through the front door and into reception.
5. Practice opening hours are clearly labelled
6. The name of the Duty Doctor and Practice Manager are displayed on the front door.
7. A Family & Friends Survey has been carried out. A copy of the results is appended to this report.

APPENDIX

Note: this information was provided by the practice and has not been verified by Healthwatch Havering

Patients Survey 2017: The Surgery, 42 Chase Cross Road, Romford, RM5 3PR

Conducted by the PPG chair and surgery staff.

Approximately 100 registered patients at the surgery participated.

- 100% (69% Very good and 31% good) find it easy to get through the surgery by phone.
- 100% (63% Very good and 37% good) find the receptionists at this surgery are helpful.
- 100% (47% Very good and 53% good) were able to get an appointment at this surgery.
- 98% (45% Very good and 53% good) say that they were able to get an appointment for their convenience.
- 99% (49% Very good and 50% good) are satisfied with making an appointment at this surgery.
- 98% (33% Very good and 65% good) usually wait 15 minutes or less after their appointment time to be seen.
- 99% (44% Very good and 55% good) feel that they do not have to wait too long to be seen at this surgery.
- 97% (71% Very good and 26% good) say that the last GP they saw was good at giving them enough time to explain their problems.
- 98% (70% Very good and 28% good) say the GP they saw was good at listening to them at this surgery.
- 98% (73% Very good and 25% good) say the GP they saw was good at involving them in decision making for management at this surgery.
- 95% (67% Very good and 28% good) say the GP at this surgery was good in explaining the test results and treatment.
- 93% (56% Very good and 37% good) say the GP at this surgery is good in providing care and treatment.

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 June 2017 and is representative only of those patients 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



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