healthwatch Havering

Enter & View

Berwick Surgery
(Second visit)

17 Berwick Road, Rainham, RM13 9QU

25 October 2017

What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

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

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

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

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

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

What is Enter and View?

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

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

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

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

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

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

Background and purpose of the visit:

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

A team from Healthwatch Havering visited the surgery in November 2016, at which time the following observations were made:

Conclusions

There appears to be no question that the surgery building is inadequate for its use as a surgery, and may have been for some years. That said, the GPs and staff appear to be making every effort to make it work, but there appears to be no capacity to take on further patients.

The staff are all doing well in difficult circumstances, and are friendly and helpful to all the patients. The patients from the Patient Participation Group expressed frustration that they have been trying to get improved premises for a long time.

Recommendation

It is unusual for Healthwatch to comment on the adequacy of premises used for a surgery; but in this case, it is clear that staff and patients, though happy with the service provided, consider the premises to be inadequate and that they have been so for some time.

Healthwatch's concern is for the patients. It is wrong that patients should be treated in inadequate premises, whatever the reason and regardless of the cost of putting those premises right.

Accordingly, it is recommended that the practice work with the Havering Clinical Commissioning Group to explore what options may be available either to fund improvements to the premises or perhaps to locate and acquire more suitable premises in the vicinity as a replacement.

Healthwatch stands ready to support this process if need be.

In addition, the reports of CQC inspections rated the Surgery as Inadequate, at one point going so far as to threaten that the practice would be closed if improvements were not made. Since that would

clearly be to patients' detriment, Healthwatch decided to make another full visit to the surgery in October 2017.

Subsequent to the 2016 visit, it had been noted in the most recent CQC report that two of the permanent GPs at the practice would shortly thereafter be standing down, and it was confirmed during the course of the visit now reported (and on the surgery website) that this had indeed happened. The practice was now run by Dr Kumar.

The premises

The surgery is located in a semi-detached, converted bungalow, situated in a residential street which is also a bus route. Parking is only available on the local streets and is somewhat restricted due to the passing buses and the large number of dropped kerbs; there appeared little possibility of this problem ever being resolved.

From the front of the house, it appeared that the entrance to the surgery was through a door between the two bay windows; but it was, in fact, located at the left-hand side of the building and was not clearly marked and likely to confuse new users or visitors.

There was a gate entrance to the exterior of the premises with a small step which might be difficult for wheelchair users to negotiate. The path to the surgery entrance was not particularly wide and so might present a problem for wheelchair users, although a ramp had been installed at the door to ease entry. There was a pram store to the left of the entrance which ensured that prams would not clutter up the waiting area. There were, however, no notices on the door inviting wheelchair users to contact staff for assistance in gaining entry if needed, nor was there any information about contacting help out of hours, e.g. by contacting NHS111 or the GP hubs.

The waiting area and reception was clean and bright and had clearly been refurbished. There was an electronic booking-in machine although, at the time of the visit, it was out of use due to a malfunction - an

engineer was awaited to resolve this problem. There was a notice advising patients of this and requesting that they check in through the receptionists, who were cheerful and helpful.

In the reception area, a screen was available to help provide privacy for patients. The team was advised that two receptionists were on duty at any one time and that a hearing loop had been installed in the reception area but not in the surgeries. There was a notice board in the waiting area, with a large amount of information available, including details of the Healthwatch visit. The team were assured that patients were made aware of additional services available for their specific conditions.

Sanitiser gel was available for staff – but not for not visitors. There were toilet facilities for patients and staff. The team noted some sacks of patients' records behind receptionists' desks, which could have presented a fire risk, but were advised that these had been removed from filing cabinets in order to facilitate the re-siting of a radiator and that they would be shortly be replaced in the right place, and following the visit confirmation was received that that had been done.

The team met the Practice Manager, who invited them into a consulting room that was not being used at that time. The room had clearly been refurbished; the floor was of a recommended high quality that ensured best practice in terms of cleaning and control of infection; the sink had been replaced and provided with elbow operated taps, and there was no evidence of any limescale build up. The examination couch was fitted with wheels to allow its removal for cleaning purposes. The team were advised that all surgery rooms had been refurbished to the same high standard.

There was a walk-in cupboard in this room which had been converted to a cleaning store, which was well organised, with different coloured cleaning utensils etc on different shelves. During the visit, the team were advised that an external cleaning company had been appointed to undertake the cleaning of the surgery professionally and it appeared

that this has been a significant step toward passing the recent control of infection inspection.

During conversation with Dr Kumar, the team were advised that an externally monitored alarm system had been installed. There was not, as yet, an alarm system for reception staff but the team were informed that installation of such a system was in hand.

Patient care

Appointments could be made in a number of ways, including online, by telephone or in person, and consultations were available by telephone, particularly for house-bound patients. The surgery was open every day Monday to Friday between 8.00am and 6.30pm, and did not shut for lunch. Three "emergency" slots were available on each doctor's list each day. Currently, four doctors were available at the practice - Dr Kumar, the new proprietor, and 3 locums who worked 8 sessions per week between them. When asked about the use of locums, Dr Kumar said that he had felt that, in view of the poor CQC reports, it was preferable to develop the surgery into his own model before taking on permanent medical staff. The team considered that this was a sound approach.

An electronic system was available to provide general advice on health and welfare and to call patients into the appropriate consultation or treatment room. On the day of the visit, however, patients were being called in by staff.

A language translation service was available, but the team were advised that it was rarely used as most patients would bring a friend/relative along to consultations where this was necessary.

The practice charged for letters and travel immunisation (other than Hepatitis B and Typhoid).

Information about when and where to go for blood tests was available in reception (most patients would go a local clinic for this). No minor surgery was carried out at the practice.

The surgery had a formal complaints policy.

With regard to the CQC recommendation about business continuity it was confirmed that there was a major incident plan and that staff meetings were usually held weekly and never at more than monthly intervals.

Dr Kumar supported the view that there was a problem of quality of care for a number of vulnerable groups and advised that he had initiated the setting up of registers of the various groups with the intention of ensuring that no patient was overlooked in any way or for any reason. He confirmed that all clinical Coding was up-to-date and that patients who experienced mental health issues had been reviewed. Annual reviews for patients with Learning Disabilities were now under way, and Dr Kumar was personally setting up a register of diabetic patients, including those who were at risk/borderline, to ensure that treatment was provided in a timely fashion. He told the team that he believed that, in doing this, those patients whose needs and treatments were not being planned for effectively would be assessed and treated appropriately. To carry out these reviews, staff were being seconded from local practices to carry out additional sessions. Moreover, the practice managers from two local surgeries had been seconded for one day a week each to provide support for the practice manager and for business management/development.

It was intended to provide annual reviews for patients aged 75 and over in due course; some had already had an annual review because of their long-term conditions.

Training in a number of aspects had been arranged/carried out for all staff, including chaperoning, Health and Safety, clinical governance, data protection, fire safety, control of infection and safeguarding. All

staff were required to undergo DBS checking and to have 2 references before commencing work at the practice. In addition to regular staff meetings staff were now regularly appraised.

Any patient who failed to attend appointments three times would be contacted. Dr Kumar personally reviewed all test results and decided what action to take, with those requiring immediate attention being flagged to ensure staff were aware of the need for urgent action.

Staff and patient views

Although there was an active Patient Participation Group (PPG) at the surgery, it did not appear to be advertised, nor was information available about the GP Hub or the NHS111 service. The team spoke to a member of the PPG who was very pleased with the developments and improvements that had been introduced by the new management of the surgery. She did comment that it did not appear to be possible to book future appointments online more than a week ahead, but this was not a major issue. The PPG met as and when necessary and consisted of about 10 members. The team explained the concept of Natter Natter groups and the PPG representative said that she felt that it would be useful to set up a group and would suggest that the PPG take steps to do so.

A member of the team toured the premises and spoke to staff. In general, they were pleased with the new developments at the surgery and confirmed much of the information given by Dr Kumar. They appeared happy and confirmed that training in a number of areas, by a number of methods, had been provided recently. The Health Care Assistant confirmed that there were a number of extra clinics being provided and that extra staff from other practices had been drafted in to staff these.

A patient with whom the team spoke confirmed the means of making appointments and that there was rarely more than a couple of days' wait; and that it was usually possible to make an emergency

appointment. She said that she was very happy with the care provided at the practice now - it was much less stressed than was previously the case. Referrals to specialist care were made in a timely manner, and the doctor or nurse explained treatment. This patient had only had one occasion to use other services and this had required a trip to A & E. She felt that everyone at the surgery was helpful and approved of the number of information leaflets available. The only negative point she expressed was at the lack of parking facilities, particularly for registered disabled patients.

Possible developments

Dr Kumar advised that he was hoping to set up a network of a number of local practices (possibly as many as 13), which he felt would be to their mutual benefit in increasing local knowledge and enabling staff to be seconded between practices so that there was always a pool of staff who know how different practices were managed.

Dr Kumar also mentioned that rumours that had been circulating for some time about the practice being moved to bigger and better premises, which he believed might have been an excuse for not making improvements to the premises in the past. He confirmed that, in view of all improvements that had already been carried out and, with others planned, a move was clearly not going to happen in the near future but he did not rule it out completely. There had at one times been tentative plans for a joint venture with other surgeries.

Conclusion

The team were most grateful for the time Dr Kumar made available to them, during which he explained his philosophy and plans for the future. He had clearly made significant changes to the practice to ensure that the next CQC inspection would show that the surgery no longer deserves the Inadequate rating previously given.

Recommendations

- That signs be provided on exterior wall/gate so that it is clear where the entrance is
- That a bell be provided for wheelchair-bound patients who need assistance
- That staff training records be organised so as to clearly show training achievements and needs
- That details of how to get help out-of-hours through urgent appointments at the GP Hub or from NHS111 be displayed

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

Disclaimer

This report relates to the visit on 25 October 2017 and is representative only of those service users, staff and other contributors who participated. It does not seek to be representative of all service users and/or staff.

healthwatch Havering

Participation in Healthwatch Havering

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

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

We are looking for:

Members

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

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

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

Supporters

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

Interested? Want to know more?

Call us on **01708 303 300**

email **enquiries@healthwatchhavering.co.uk**

Find us on Twitter at @HWHavering

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