healthwatch Havering

Enter & View

Billet Lane Medical Practice

58b Billet Lane, Hornchurch RM11 1XA

9 October 2025

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 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 Community Interest 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?

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 voice, 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.

Introduction

The practice is accommodated in a single storey building which is shared with a private health company, Hornchurch Healthcare. The external area is limited to car parking, most of which is used by staff of the two practices; apparently, there may occasionally be space for patients to use but this is rare. Taxis and cars may drop off attendees here. There is paid parking nearby and free parking for up to two hours in the Sainsbury's store which is quite close by. On-street parking is restricted during normal working hours.

There is a small ramp to the front entrance which serves both practices. This area is very tight for wheelchairs etc. but the team were advised (and shown) a ramp to the rear entrance for those who cannot access the premises via the front door.

The waiting area, which is also used by both practices, comprises bench seating which appeared to be adequate. There is a water cooler for patients' use. Notice boards were well-organised and

appeared to be up to date. There is no checking in machine for patients, as there is neither need for one, or space available. The doctor on duty calls patients in. There are two reception windows – one for each practice. The one for the GP practice is louvred so that there is some element of privacy for patients. There are toilet facilities for the use of patients. There is a hearing loop in the surgery.

There are two consulting rooms for the practice and one other consulting room which is shared with Hornchurch Healthcare. There is one GP at the practice who is supported by two long-term locums. When the team asked about this they were advised that the arrangement suited all concerned.

All areas appeared to be clean, tidy and in good condition.

The practice is managed jointly by an advanced clinical nurse practitioner and an administrative manager. The nurse practitioner advised that she had been with the practice for 18 months but that she had spent nearly 40 years in general practice; the administrative manager had been with the practice for a number of years. In addition to these two staff, there is one other nurse, one health care assistant whose duties are part nursing and part administrative, two part-time secretaries and a number of receptionists who share all administrative duties between them. There are always at least two receptionists on duty at any one time. These members of staff act as care navigators and most have undertaken appropriate training.

The practice has approximately 3,500 patients but have concerns at the (apparent) requirements to accept anyone who comes along to register with the practice, particularly in view of constraints of premises and staff.

The practice is open between 8.00am and 6.30pm Monday to Friday. There is no on-call service, so patients are referred to NHS111 for urgent appointments. Specialist vaccine clinics – e.g. flu – are sometimes held on Saturdays but the practice is unable to cope with Covid vaccinations except for housebound patients and these are undertaken by the Advanced Nurse Practitioner. In compliance with government requirements, there is an online booking facility for patients to make appointments but appointments can also be made in person or by telephone, with a call-back facility to avoid keeping people on the phone unnecessarily and administrative staff have the use on a call management system that displays calls waiting or abandoned, so they can flex their other work when they see the lines are busy.

The patient management system creates alerts for patients requiring recurring blood tests or other tests and the practice acts as a SPA (Single Point of Access) for such ancillary services as physiotherapy, dietitian, podiatry, etc. Urgent referrals are added the same day and non-urgent referrals within two days

Follow-up appointments are pre-booked as far as possible. There is an approximate 2-week wait for routine appointments.

There are 12 GP appointments sessions, 2 GPA sessions and 6 nurse sessions per week.

Referrals are decided by the clinicians and secretaries undertake the administrative work. The team were told that communication back from referrals could be improved: some outsourced service provides were slow to communicate and hospitals do, occasionally, refer back to the GP without much explanation.

Test results are viewed by the clinicians and patients are contacted by phone, text or e-mail as necessary. The GP does not carry out minor surgery due to space/time constraints. Travel vaccination services are provided in line with NHS requirements.

There is little need for translation services but, when required, the Translation Shop is used. The practice does not use relatives or friends to provide this service.

When the team asked about services for veterans, they were advised that no current patient was known to be a veteran but they were aware of this requirement.

There are registers for all groups of patients with specific needs, such as diabetes, the elderly etc, and annual checks are carried out.

When asked about care for carers, the team were advised that the practice takes carers' health seriously. In 2023, patients were surveyed by telephone or text message to identify who amongst them were informal carers and who they cared for; as a result the responses were coded in the notes of both the patients and their

carers. This information is flagged on their system as an alert that is visible to clinicians and the surgery team during consultations and reviews. Carer health is included in the chronic disease review template. Carers are encouraged to attend independently for review if they so wish.

Patient participation

In the last few months, efforts have been made to revive the Patient Participation Group (PPG), with some success. A sweep of e-mails and texts sent to all patients with these facilities brought more than 40 responses and the PPG now has approximately 20 active members, including some patients from minority groups, and has a chair and committee, and a web designer. It has its own e-mail address and will have a page on the newly refurbished website (which went live in mid-November, as this report was being finalised). There are plans for a newsletter and meetings are currently taking place on a monthly basis, on a Wednesday evening after surgery. Members already help with vaccination clinics and are looking to organise a bulletin board and an open day plus surveys on behalf of the surgery. The team was able to discuss with two members of the PPG their concerns that there had been no response from Asian members of the patient population and the team suggested that the Havering Asian Social and Welfare Association (HASWA) might be able to

help in this regard and that the Council might also be able to provide information about other organisations.

When asked about a possible wish list for future development, the team were told that larger premises would be the ideal; when they asked if a move to the St George's Health and Wellbeing Hub had been considered, they were advised that there had been complications with terminating the lease of the current premises, and other financial issues.

The team were unfortunately unable to engage with individual patients as, by the time they had completed the other aspects of the visit, no patients were waiting to be seen.

Conclusion

The team were very impressed by the cohesiveness of the practice staff and the PPG and would like to commend them on what appears to be a very well-run surgery.

The team do not wish to make any recommendations.

Acknowledgments

Healthwatch Havering would like to thank the managers, staff and patients at the practice for their assistance and co-operation during the visit.

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.

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.

Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there is no ongoing commitment.

To find out more, visit our website at https://www.healthwatchhavering.co.uk/advice-and-information/2022-06-06/our-friends-network-archive

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