

Enter & View

Chase Cross Medical Centre (Dr S Kulendran)

13-15 Chase Cross Road, Romford RM5 3PJ

16 January 2018



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 practice

The practice is based in a recently renovated building, presenting an excellent appearance; the team was told that a new roof is due to be installed shortly. There is lift access to the first floor and toilet facilities are available.

Car parking is available behind building, and there is also a large public car park nearby. Patients can also be dropped off outside the building. Wheelchair access is available at the back and front, with marked seats for disabled patients inside the foyer.

The surgery is quite small inside and the three waiting areas feel somewhat cramped, leading to difficulty with privacy in those areas. There is an electronic booking-in system, but patients appeared to prefer talking to the receptionists. An outside firm is used for language translation when needed.

The practice does not have its own website, but appointments can be booked online. Consideration is being given to sending appointment reminders by text; there were 121 “Did Not Attends” in December, apparently mainly comprising mothers who forgot to bring in children for inoculations by the Practice Nurse, who instigates a lot of these appointments.

Clear signage and notice boards are on display, including information about the NHS111 service and the GP Hubs, with a cupboard in the lobby displaying leaflets and information. The Healthwatch Havering poster advising of the visit had been on display since before Christmas. Feedback forms are available and dealt with as necessary.

Hand sanitising gel dispensers are available.

Reception staff are protected by a security screen; there used to be a panic button, but this has not been replaced in the new build, and assistance when needed can be summoned by telephone.

Opening hours are 8.30am-7.30pm Monday and Friday, 8.30am-7pm Tuesday and Wednesday and 8.30am-6.30pm Thursday. Emergency appointments can be requested from 8.30am on the day - up to 15 can be accommodated - and are shared equally between the two GPs, with priority being given to children and the elderly. Winter contingency appointments are also available, and 20% of appointments can be booked online. There are two telephone lines, which the receptionists answer swiftly but it was noted in talking to patients there is no

queuing system installed on the telephone lines. Patients told the team that it could take up to a week to get an appointment, which did not seem unacceptable for a practice of the size of this.

It was clear that caring for patients was a priority for Dr Kulendran and his staff.

Complaints and comments are dealt with as soon as possible, with a response by letter within the 10-day statutory period. The practice manager interviews patients to resolve any issues, followed up by a confirmatory letter. The practice manager said there had been only one complaint in 2017, which had been dealt with and settled.

The team were told that obtaining records from other practices is a major problem and considered to be a clinical risk to patients. When the nearby Bay Tree surgery closed, the practice took on a high number of its patients; the notes of those who registered promptly were transferred but some paper notes had been put into storage and were subsequently lost. To avoid that, all records are now held electronically, updated after every patient contact and backed up daily, using the EMIS system.

A Patient Participation Group was established in September 2017.

Repeat prescriptions are dealt with on the day of request, with the Pharmacies returning uncollected ones. Blood test results are available after about a week.

No minor surgery takes place at the practice.

No charge is made for immunisations or administrative letters.

Staff

The team was met by the practice manager, who has worked at the practice for eight years, having transferred from another surgery nearby. Dr Kulendran works full-time at the surgery, looking after the 5,908 patients on the list. There is also a full-time salaried GP, with whom Dr Kulendran shares appointments, including home visits

for those patients unable to get to the surgery. A locum GP is employed when required. Patients who have learning disabilities are seen by Dr Kulendran for their annual health checks. Either GP carries out healthchecks for patients in the 40-74 age group.

The practice nurse has been working at the practice for a number of years. There are also 8 reception/administrative/support staff. All staff are trained annually in basic life support, infection control, safeguarding, fire and lifting and handling training. A defibrillator is available.

The team gained the impression that patients were well-known by the staff. The receptionists appeared very approachable; those seen had been at the practice for 8 and 9 years respectively. There is no hearing loop, but the Big Word system is in use; the team were told that patients tended to prefer writing things down. All patients with a learning disability or specialist needs such as hearing loss are given a double-length appointment.

The team were told that Dr Kulendran is very supportive of carers, going out of his way to help them and the vulnerable patients for whom they care. He also attends Havering Court Nursing Home weekly and personally issues all hand-written prescriptions, so they are meticulously checked.

The Practice Nurse deals with all asthma, pre-diabetic, diabetic and specialist follow ups.

Staff views

Staff spoken to were confident in their roles and felt they were very well supported with training and their working roles within the practice being looked after very well by the Practice Manager (PM).

Patients' views

One patient told the team that they attended for an appointment on the wrong day but nevertheless they were still seen by the GP; other patients were there having been called into the surgery by the Nurse or Doctor to update prescriptions, to re-assess their medication or to talk about results of tests. Most patients spoken to were happy with the surgery in general.

One patient expressed concern that there had been delays in referring them for more specialist attention.

Conclusions

The practice is run on traditional lines, where most patients are known well and receive a personal service.

As with several other practices in the area, it is probable that the GPs will wish to retire in the not too distant future and there is uncertainty for the future.

Recommendations

- (1) That consideration be given to the installation of a queuing system for telephone calls so that patients are not left feeling frustrated by not being able to make contact when they wish to speak to the practice or uncertain how long it will be before their call is answered.
- (2) That a system for text reminders of appointments be installed as soon as possible.
- (3) That consideration be given to installing a hearing loop for the benefit of patients who have a hearing impairment and use hearing aids.

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 16 January 2018 and is representative only of those residents, carers and staff who participated. It does not seek to be representative of all service users and/or staff.

Note:

Following the visit and the preparation of this report, the Practice Manager commented:

We have had a practice meeting where we discussed the issues raised. I have a PPG meeting at the end of this month [March 2018] and will be raising the points too with the hope to start working on the recommendations suggested.

I enjoyed meeting the 'inspectors' and an outside view is always appreciated.

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



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