

**Enter & View
Maylands Healthcare,
Maylands Pharmacy and
Parkview Dental Practice**

**300 Upper Rainham Road,
Hornchurch RM12 4EQ**

27 October 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.

Although this visit was not undertaken as part of Healthwatch Havering's 'Enter and View' programme of visits using statutory powers, its content was similar and this report sets out the findings of Healthwatch participants.

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.

Introduction

In the early hours of 23 June 2016 (the day of the EU Referendum), parts of Havering (and elsewhere in London) experienced unexpectedly high levels of rainfall leading to severe, localised flooding in several areas. Among the places affected was the Maylands GP practice and pharmacy and Parkview Dental surgery (for convenience jointly referred to as “the Maylands centre” in this report), which are co-located in one building on a site in Upper Rainham Road, Hornchurch, near to the course of the River Rom. Although the area is known to be subject to flooding from time to time, the last major flood had occurred in 1987; the Environment Agency did not issue a flood warning for the area before the flood occurred.

The Maylands centre building was inundated and severely damaged. The flooding caused damage estimated and left the building unfit for use until extensive repair and refurbishment work had been undertaken. In addition, considerable quantities of clinical supplies were damaged or ruined.

As soon as the extent of the damage became apparent, the three practices began to arrange alternative care provision for their patients. Contact was made with colleagues in the Havering Clinical Commissioning Group (CCG) and in other practices in the vicinity for assistance in dealing with patients, and volunteers from the practices’ patient participation group were soon on hand to redirect patients who attended for appointments.

It was inevitable that, in the aftermath of such a catastrophe, it would take some time for a new working pattern to develop, not helped by the day of the event being a Thursday, which meant that, because of the intervening weekend, it was not until the following Monday that new arrangements could be put in place.

The Healthwatch visit

The visit was arranged at the request of the lead GP and the lead dentist at the Maylands centre. The Healthwatch visitors split into three teams, visiting the GP practice, the dental practice and the pharmacy respectively.

Maylands Healthcare (GP practice)

On arrival, the team was met by the Practice Manager, who appeared to have been unaware that they would be visiting, despite prior notice of the visit having been given. However, he postponed a meeting to talk about the experiences following the flooding.

He told the team that, following the flooding, the largest initial problem had been the lack of communications for the first 24 hours. This, combined with the lack of access to the IT system and the fact that a considerable number of notes had been severely water-damaged, meant that it was impossible to contact patients to forewarn them that the surgery was unusable or to advise them of the alternatives which had quickly been put into place. Centre staff were largely using their own mobile phones to get in touch with those patients they could contact. Those turning up on the first day were advised of the plans to use other local GP surgeries as soon as arrangements had been made. Members of the practices Patients' Participation Group (PPG) were also helpful in contacting patients. The website was updated as soon as was possible to do so - but, clearly, not all patients would have had access to it.

The health centre's contingency plan had included details of those local GP surgeries that had agreed to accommodate clinics in an emergency but, naturally, it took time for arrangements to be put into place. A significant number of patients were being accommodated in the South Hornchurch Health Centre.

In response to enquiry, the team was advised that the only limitations on the service while the surgery was in temporary accommodation was the inability

to provide minor surgery and extended evening surgeries, the latter owing to the need for site security. Minor surgery was being undertaken at the other surgeries which the practice would be using until the building had been repaired.

The refurbishment of the premises was on target for completion in January 2017. The practice was currently providing some 1,500 GP appointments per week but there was a significant use of locums to achieve this.

The water-damaged health notes were transported to a specialist recovery company that was salvaging them, although this was taking some considerable time and it could take 4-6 weeks to obtain notes, even those needed urgently.

The team was told that full investigations had been carried out prior to the building project and it was felt that the flooding had been due to a lack of dredging of the River Rom, and possibly the fact that floodgates in the nearby Harrow Lodge Park had not been opened.

During the visit, the team spoke with several patients, most of whom appeared to think that there had been little change in the standard of service provided. However, many had waited up to four weeks for an appointment. None of the patients who were spoken to appeared to have heard of the GP Hub arrangements.

The team left with the overall impression that the GPs and staff had made the best of a very difficult situation. There was concern, however, that the practice appeared to have been left by the NHS authorities to make its own arrangements with very little support from either local level (the CCG) or nationally (NHS England). The building work aspect had been covered by insurance but, for continuity of care, the practice had been left to make its own arrangements with GP colleagues in the area.

Maylands Pharmacy

The temporary building housing the pharmacy was clean and well laid out, with a consultation room and ramp for general and disabled use. There was one chair available for use by patients awaiting the dispensing of prescriptions.

In addition to prescriptions from the onsite practices, the pharmacy dealt with hospital prescriptions and prescriptions from other practices.

At the time of the visit, a locum pharmacist and two other members of staff were on duty, all of whom were helpful and, although busy, assisted the team by answering various questions.

The team was told that facilities were available for the disposal of unused/unwanted medication; patients were advised that they should not dispose of their unused medications themselves but return them to the pharmacy for disposal. Such returned medication would be placed in a yellow hazard disposal bag, which would then be kept in the pharmacy until collected by Havering Council. The pharmacy was not, however, licensed to deal with sharps of any description (including those from care homes) and patients requiring sharps would be directed to an alternative pharmacy where the necessary facilities were available. Details of patients requiring controlled drugs were recorded in the Drug Control Book.

An electronic system for transfer of prescriptions from doctor to pharmacy was in use. Although many were for 6 months, the pharmacy would only dispense these prescriptions on a monthly basis. Should there be any query the pharmacy would contact the doctor concerned, rather than expect the patient to do so. All electronic transfers were sent from a doctor's surgery (via the NHS secure system) and would not be dispensed until any query had been answered to the satisfaction of the pharmacist.

There was a ramp for the use of disabled persons. There was no deaf loop in the temporary building but the permanent building was so equipped and its use would be resumed once the repair work had been completed. There were no special facilities for blind or partially sighted persons but it would be usual for those patients to be accompanied. Staff had not been given specific training for dealing with patients who had mental health problems but, if advice were needed, such patients would be seen by the pharmacist.

All dispensing records were kept on the IT system. The data base showed the medication dispensed and this would be kept until the patient concerned no longer used the pharmacy.

Currently, no blister packs containing medication were delivered to patients, whether in a nursing home, care home or at their home address, and there was no delivery service for patients unable to attend the pharmacy. Once use of the permanent buildings resumed, however, services such as delivery of blister packs would be reviewed.

The team spoke to two patients, one woman and one man, awaiting prescriptions. The woman remarked that she had only been using the pharmacy for a couple of months but that it was far better than where she had gone previously, even although it was further from her home address; the man seemed to be very happy with the service he received at the pharmacy.

The team enquired about the amount of work carried out and the busy times. Surprisingly, Friday seemed to be the day most prescriptions were presented although any particular day could end up being extremely busy. The pharmacy dealt with over 2,000 prescriptions per week. The staff knew what they were doing and it was running smoothly during our observations.

Parkview Dental practice

The practice had been running successfully for 19 years from premises shared with the Maylands Medical Centre and pharmacy. There were currently four dentists, three nurses, a receptionist and a practice manager.

Following the flooding on 23 June, the practice had obtained use of a specially-equipped, temporary practice in a portakabin, which was well equipped with 3 dental chairs. The facilities were adequate, and included access for disabled patients, a waiting room and reception area, and were coping adequately in the short term.

Within a week of the flood, all the staff had managed to get the practice running efficiently again, as weekly lists were maintained outside the office, and were backed up by computer records. Priority was given to those patients already undergoing treatment. A room was also rented in a private clinic locally, and others practices assisted where necessary. Local patients

volunteered to signpost patients to other practices who were willing to assist.

It was anticipated that the practice would return to normal in approximately six months. There was concern that some patients would transfer to other practices; and that, if the practice could not meet NHS patient activity requirements, the number of dental patients would reduce.

The dentists were grateful to their staff for their willing co-operation during this crisis, and for patients' understanding and co-operation.

Resilience

The specific circumstances of the flooding of the Maylands centre were almost unprecedented and certainly unexpected; but they were not unforeseeable, given the history of the site and the technical investigations undertaken prior to the development of the site¹. Flooding is, however, just one of a number of possible perils that might face GP practices, dental surgeries or pharmacies - and for that matter any privately-owned organisation that provides NHS services under contract - at any time. In addition to contractual requirements for practices to have resilience, as prudent, privately-owned businesses, they must maintain adequate insurance cover - but such cover can deal only with insurable risks, such as the cost of re-building or of providing temporary work areas (which is exactly what happened in the case of the Maylands centre). Insurance cannot provide cover for "soft" issues such as continuity of care for patients.

In the case of the Maylands centre, GPs and dentists set to work immediately to seek alternative facilities for dealing with their patients. Some difficulty was inevitable in the immediate aftermath of the flooding, but arrangements were made promptly to ensure that, so far as possible and practicable, patients could be redirected to emergency accommodation nearby for their

¹ See for example, the report to the Havering Regulatory Service Committee meeting of 25 October 2012 (application P0843.12) seeking planning permission for the extension of centre: condition 7 and associated flood risk assessment of August 2012

appointments etc. Other GP and dental practices stepped up to support the practices and assist them with emergency, temporary accommodation until medium-term temporary arrangements could be made.

The incident did, however, highlight problems with securing continuity of care which could arise, anywhere, with any practitioner. Flooding of the extent experienced in June 2016 may, thankfully, be rare but other risks can also arise - not least fire, which can be equally devastating.

Conclusions and recommendations

While the location of the Maylands centre placed it in a position where flooding was a possibility, in practical terms the rarity of a flooding event made it seem a remote possibility. So when the flood did strike, it was both a surprise and devastating in its immediate consequences. The actions of the Centre management and their insurers in dealing with the physical consequences of the flooding are no concern of Healthwatch (except to the extent that there might have been avoidable delay in completing the repairs and therefore restoring a full service to patients - which was not the case). Where Healthwatch can legitimately have concern is in the continuity of care for the patients.

There have been suggestions that the practices were left to fend for themselves in terms of finding alternative premises from which to operate in the immediate period after the flood. Many people gained the impression that the NHS authorities did not react as speedily as they might have done although the evidence seen by Healthwatch indicates that considerable effort went on behind the scenes to support the practices. Patients were nevertheless concerned and worried that they would not be able to get the support they needed.

The aftermath of any incident such as this is bound to be confusing and, with people concentrating on the issues immediately of concern to them, there is an inevitability of confusion.

It should be borne in mind that patients' sole concern is for the continuity of their care. They are not interested in the difficulties that NHS authorities or GP practices face in securing alternative premises should an incident such as the flooding occur; all that they want to know is where to go for whatever care it is that they need. While it is accepted that it will never be possible to contact every patient, and despite the efforts of the practice to publicise the steps taken to obtain alternative premises, it is clear that many patients were unaware that arrangements had been made, even on the day of the flood. Reliance on websites alone is not sufficient; many people, especially the elderly, are not confident users of IT and it might not even occur to them to look online for advice. NHS 111 and other sources of possible support to which patients might turn need to be briefed and to ensure that they give out correct information.

Healthwatch therefore recommends that:

- (1) The CCG and the practice review their resilience plans in the light of lessons learned from this incident. In addition, they should review the adequacy of the steps that were taken for notifying patients of the temporary arrangements for continuing care and assure themselves that everything possible was done to ensure that patients were aware of the changes; and if the conclusion of the review is that more could have been done, take the appropriate steps to ensure that best practice is identified and implemented.
- (2) That (notwithstanding that resilience requirements form part of the standard contractual arrangements between the NHS and individual practices) the CCG suggest strongly to all practices in the borough that they should review their own resilience plans to ensure that they are able to react promptly to any emergency that might affect their ability to provide a service to patients.

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 visits on 27 October 2016 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@healthwatchhaverling.co.uk



*Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383*

*Registered Office:
Queen's Court, 9-17 Eastern Road, Romford RM1 3NH
Telephone: 01708 303300*

Email: enquiries@healthwatchhavering.co.uk

Website: www.healthwatchhavering.co.uk

