



**Enter & View**

**Dr K Subramanian**

The Surgery, 1 Harlow Road  
Rainham, RM13 7UP

**Second visit**

**7 November 2018**

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## What was Healthwatch Havering?

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

We were 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 was 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 was 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 was 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 was 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 were understood.

Your contribution was vital in helping to build a picture of where services were 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 were 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 was 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 was 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 was that makes it special.

Enter & View visits were 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 was 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 were 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 was aiming to visit all health and social care facilities in the borough. This was a way of ensuring that all services delivered were acceptable and the safety of the resident, patient or other service-user was not compromised in any way.

This was the second visit to this practice.

## Key facts

Number of patients on practice list:	<b>2,112</b>
Number of partners/permanently employed GPs ( <u>not locums</u> ):	<b>2</b>
Number of other healthcare professional staff employed:	<b>2</b>
Number of management staff employed:	<b>1</b>
Number of support/admin/reception staff employed:	<b>3</b>
Number of patient sessions available per week:	<b>9</b>
Number of clinical staff (GP/Nurse/Pharmacist/other HCP) spoken to:	<b>1</b>
Number of management/admin/reception staff spoken to	<b>3</b>
Number of patients spoken to	<b>3</b>

## The Premises

This surgery was housed in a semi-detached house. The outside appearance was much improved, with a brick paved apron for 3 cars. On-street parking remains available as well. Surgery hours were clearly signposted and, although the morning surgery closed at 11.45am and the afternoon session started at 4.30pm, the premises remained open for information or for prescription collection.

Internally the decoration was good: the doctor's consulting room was on the ground floor, as was the waiting room and reception area. There was a toilet off the waiting room. Upstairs, there was another consulting room, used by the second GP or by the Practice Nurse.

There was a second toilet. The stairs were carpeted. Everywhere was clean and in good condition.

There was access for the disabled and pushchairs and clear guidance at reception on arrival. There was an electronic indicator that calls patients to see the doctor. Disinfectant hand gel was available at reception but no wall-mounted dispensers were available.

Confidentiality remained an issue as patients wishing to have a private conversation with staff had to use the hall way or go upstairs if manageable. The two receptionists on duty at the time of the visit were very friendly and approachable. They had both been in post for a year; one produced written evidence of all the training she had undertaken during this time.

Clear noticeboards were displayed, with plenty of up to date information; signage was also clear. A translation facility was available but the team were told that it had not been needed so far. Information about the GP Hub and NHS 111 was clearly displayed. The Patient Participation Group (PPG) was advertised in reception, with details of its Facebook page; it has only 5 members but they were proactive. There was also a rack with forms for comments or complaints.

One of the receptionists had experienced an incident of abuse from a patient and felt she would like the open window to be smaller with a glass screen to separate them from the patients.

The (recently appointed) Practice Manager told the team that the two GPs offered nine patient sessions per week and did not overlap. There was one Practice Nurse and 1 Manager; another Nurse had recently been offered and had accepted a post. There were 2,012 registered patients and this number was rising every week. There were 3 receptionists, 1 full-time and 2 part-time - two were always on duty.

Three emergency slots were kept each day and they followed QOF headings. Patients who needed appointments for blood pressure or diabetic appointments.

Prescription requests were dealt with in 48 hours. Patients could order on line, although some preferred repeat order to go through the pharmacy. The GPs filtered the test results, and informed patients of other services available for their conditions. The surgery had not experienced any problem regarding the transfer of records for new patients but paper notes could be delayed if not labelled correctly. The doctor charged for some services in accordance with BMA generic price lists but did carry out travel immunisations.

No minor surgery was performed at the surgery; patients go to Rainham Clinic or Queens Hospital for blood tests.

The team spent some time with the interim Manager who showed them evidence of systems which she had put in place about recruitment checks to meet the CQC requirements. Other than two staff needing to complete information governance training, all staff had now been trained in accordance with CQC requirements, and evidence of that was shown to the team. The surgery had never been registered for Maternity and Midwifery services but post-natal checks were carried out. An incident recording book which was now being used and completed as necessary.

Expiry dates for vaccines were checked every 2 weeks. The team saw evidence of a health and safety policy and there was an appropriate poster in reception.

The surgery had acquired a defibrillator, oxygen and up to date first aid kits. One receptionist had done a first aid course and staff had been trained to deal with spillage of bodily fluids. A receptionist was responsible for arranging fire drills and the surgery was linked with another locally in case of a major incident.

Patients were reminded by text of appointments, and those unable to attend had opportunity to inform the surgery accordingly. The surgery did not have a website; the online presence was arranged through NHS Choices.

There was a policy in place to support Carers - nurses cover the needs of patients with Chronic Obstructive Pulmonary Disease (COPD) and diabetes. Checks were not done specifically for over 70s but were included when medication reviews took place by the two doctors. Patients with Learning Difficulties were seen for Annual Health Checks.

Disappointment was expressed that a request for financial support from the CCG for the installation of fire doors and an extension at the back of the property to provide another room had been turned down on appeal. This was particularly problematic as the surgery was increasing its staff and taking on new patients.

### Patients' views

As the visit took place mostly outside appointment times the team were only able to speak to 3 patients, all of whom gave very positive feedback to the team.

### Recommendations

- That the open window between the reception and waiting room area be modified in order to improve the safety and security of reception staff
- That consideration be given to the removal of the stair carpet in view of the potential difficulties from an infection control point of view
- That wall-mounted disinfectant hand gel dispensers be installed

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

### **Disclaimer**

This report relates to the visit on 7 November 2018 and was 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.

## Participation in Healthwatch Havering

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

Our aim was 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 were looking for:**

### Members

This was 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 was 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 was 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 was open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch was 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@healthwatchhaverling.co.uk](mailto:enquiries@healthwatchhaverling.co.uk)

Find us on Twitter at [@HWHavering](https://twitter.com/HWHavering)



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