

**Enter & View**

# **The Robins Surgery**

**Harold Hill Health Centre,  
Gooshays Drive, RM3 9SU**

**14 May 2018**  
(Unannounced)



## 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.

This was an unannounced visit to the practice by the Healthwatch team; the team were impressed by the way they were welcomed by the reception staff, who promptly informed the Practice Manager who - despite having no prior notice of the visit - readily made himself available, was very approachable and open during the visit and could not have been more helpful.

## The Premises

The practice is housed in Harold Hill Health Centre, a purpose-built, modern building that is welcoming and has easy access for wheelchairs, prams and pushchairs. Parking is available behind the Health Centre, including provision for disabled visitors. Three other GP practices are accommodated in the Health Centre, together with NHS clinic facilities. It is understood that the premises are owned by the Barking, Dagenham and Havering LIFT company.

Internally the Health Centre is clean, clearly laid out and marked with reception areas for the four practices that are based there. Within The Robins Practice zone there is an area for patients to sit and up to date notice boards clearly displaying various leaflets and information, including the GP Hub and NHS111, and out-of-hour services, with detailed information on how these can be accessed, and including information for patients regarding the newly-formed Patient Participation Group (PPG). The team were advised that this information is also on the practice website, which is monitored and updated regularly.

The practice Mission Statement was clearly displayed in all the offices, consultation rooms and staff were very aware of its purpose.

The team did notice that the consultation room was warm, with no windows and no air-conditioning. It did not seem to be a good environment to be in; for a sick patient or one subject to panic attacks, it could be very uncomfortable without good ventilation. This point was raised with the Practice Manager at the end of the visit; the Practice Manager has subsequently commented that this is the only room without air conditioning as there are no windows.

A notice board behind the Reception desk gave information about the chaperone service available and the Practice Manager informed the team that staff training had been undertaken and a policy regarding this service was available.

However, the team noted with concern that some of the chairs in the reception and waiting area were torn and 'tatty', not only unsightly but potentially unhygienic; some were badly torn and had large gouges that went through the covering, enabling the foam filling to be pulled out. Not only did this give a bad impression about the practice itself, but the chairs were uncomfortable for patients to sit on and could cause an accident if a person or a young child sat down awkwardly. This was discussed with the Practice Manager who informed team that the chairs were the responsibility of the building's management team, who were aware of the situation; the Practice Manager has subsequently reported that the building owners have agreed to replace the chairs.

A number of toilets, including facilities for disabled people, were positioned within the Health Centre and clearly signposted throughout.

### Care and services

The practice opening hours are 08:30am-7pm but a receptionist is available from 8.00am, and doctors' appointments are available 8:30am-11.10am in the morning and 3:40pm-6pm. The practice arranges home visits for patients who are too ill or who would find it

difficult to get to the Health Centre and a telephone consultation service available.

Appointments are operated flexibly, and same-day and emergency appointments are factored into the appointment system. For patients with learning difficulties, long-term conditions, dementia and emergencies, appointments vary from 10-20 minutes in duration depending on the patient's needs. A Vulnerable Patients Sheet, which had the number of patients who were vulnerable patients, carers, or had long-term conditions etc was shown to the team; this information is on the practice database with a clear flag indicating condition for the staff to access when necessary. The Practice Manager informed the team that this information would be reviewed every 3 months.

The practice had done much to assist and support patients who were carers, who had been allocated extra appointment times, health checks, regular reviews and updates of their situations and they were named on a vulnerable list. This information was then automatically flagged up when the patient requests an appointment etc.

Patients with chronic conditions, long term conditions such as asthma, COPD, arthritis or diabetes were checked monthly and had an annual medical check. Patients who have a learning disability were also given annual health checks and they were also on the vulnerable patients' register.

Patients aged over 70 were also on the vulnerable patients' list and they too had an annual check. No specific GP was allocated for the over-70's but the patients could choose which GP they would like to see regularly. They would automatically be offered the 'flu jab in the Winter, and if they are home-bound the GP would visit them at home. If there were challenges or concerns, then the practice would arrange for integrated meetings between various health care units such as palliative care.

The Practice Manager informed the team that GPs reviewed the results of patients' diagnostic tests on a daily basis and informed patients of

the results. All staff used a task-based system on the computer which highlighted urgent tasks to be undertaken and non-urgent tasks. This helped all staff within the surgery to keep on track and helped with the smooth running of these procedures.

The team were also informed that requests for referral were analysed first by the GP and then, if required, a referral would be undertaken. Administrative staff would then follow up these referrals after a 2 week wait. In the case of non-urgent referrals, the information was printed out and the patient was left to arrange the appointment. Again, this would be followed up by the administrative staff.

The practice actively encouraged patients to understand their medical conditions and the clinicians would print out information for them, give out leaflets and sign post them to information on web sites such as [www.patient.co.uk](http://www.patient.co.uk) . Blood tests were available within the Health Centre but the practice no longer performed minor surgical procedures.

The practice offered those travel vaccinations that are available at NHS expense and referred patients to travel clinics for those that were not NHS-provided.

For a new patient joining the practice, the procedure was clear and simple: the new patient would complete a registration form and an electronic copy of their details would then be loaded on to the system. The patient's previous surgery would be informed and in due course the patients' medical records would be received and filed.

The Practice Manager assured the team that staff were now aware of, and there was a written policy regarding, significant events, and knew how to raise concerns on reporting incidents and near misses. He gave the team an example of how this worked in practice, showing the team a paper copy of the record of an event and the action points that were put into place to rectify and prevent further incidents.

The team was assured that GPs, Practice Manager and the staff had actively acted to comply with points made in the previous CQC

inspection report, which included that oxygen was checked and ready for use, that Diazepam to treat patients who are having an epileptic fit was in the practice's emergency drugs supply and that other emergency drugs were on hand. These specifics were now checked daily, weekly and monthly by the nurses using a check list.

Patient outcomes for diabetics had significantly improved as the practice had put in place specific training for GPs, with a diabetes clinic in operation and newly-diagnosed patients had a structured programme from the hospital which would be monitored by the practice. The practice undertook regular reviews and risk assessments on patients, and again monitored them accordingly. The practice had received significant funding from the CCG to help put all processes in place.

Although the practice had put an action plan in place to deal with patients' limited time with the GP (it was 69% as opposed to the national average of 87%), there was still some way to go to improve this percentage but they fully intended to do so.

## Staff

The team spoke to the staff and the Practice Manager about training and how staff continued their own personal development.

Staff told the team that they felt that management listened to their concerns and were supportive. Time off to undertake training courses was generally granted.

The Practice Manager commented that he had a training matrix on the computer which he regularly updated. Over the last few months all the staff had undertaken courses including safeguarding children, fire safety, infection control, chaperoning, safeguarding, basic life support and smear training. Nurses had undertaken PTI. Most of the training was online and the certificate of achievement would be printed and filed in the individual's personal file. At the annual review, the Practice Manager checked what further training was required and

checked staff's KPIs to see what they had achieved and what now needed to be completed, and this went on an action plan for their development.

Essential training was mainly undertaken in work time and clinical supervision and GPs' meetings were held regularly within the surgery, usually once a month. All meetings were minuted, action plans were recorded on the computer and also printed out and distributed.

Professional updates were available to all staff; in the month preceding the visit, the focus had been on health checks. The nurses also attended a monthly meeting with all practice nurses in Havering, which they found very beneficial.

The team spoke to the practice nurse, who had been in post for several years. She was content, comfortable with her position at the practice and felt well supported by other members of staff. She felt that she had enough time with each patient and was prepared to give more time where necessary.

The team met the reception staff, who had also been in post for several years and were happy with their work. There was ample room to speak to patients confidentially, although anyone wanting to talk privately could do so in another room. The team felt that working conditions in their area did not seem to be very comfortable. It was felt that, if all receptionists were together in one large area, it would be more comfortable for all staff.

In the reception area, there was a box where patients could give feedback by completing a questionnaire, which was considered by the surgery. Healthwatch representatives were given a summary of both complaints and compliments, and of the action undertaken to remedy the complaints. Such summary forms were then cascaded down to staff at various meetings.

The practice operated an electronic system for prescriptions but there was also a box at the front of the building where requests for repeat prescriptions can be placed; requests would usually take 2 working

days to process. A pharmacy is attached to the main Health Centre building, so it would be easy to collect repeats when they were available. Any queries regarding prescriptions took a little longer. The staff go through the box regularly and check uncollected prescriptions every month. Long-term medication was reviewed every 3 months.

The surgery had a prescriptions' security policy in place, which was detailed and thorough: it showed a record of serial numbers of all the prescriptions given out and was held in the reception area. Staff regularly went through this record and any uncollected prescriptions were shredded and cancelled after chasing up the patient concerned.

All medical and practice policies and other important data were kept on the computers within the practice and regularly backed up. For security purposes, there were security codes on the computers so that only designated personnel could access confidential or staff personal details. At the time of the visit, staff were working to ensure that all data was stored in compliance with the GDPR legislation.

However, in case of an emergency (such as the building becoming unavailable), paper copies of procedures, policy and important staff information would be available to the staff; a flowchart clearly showed step by step guidance. The team spoke to the staff on this and they were clear about how they should respond to such an event. A business continuity plan was also available.

Panic buttons were available in the consultation rooms.

### **Patients' views**

The team interviewed some patients who stated that they were satisfied with the care and treatment they received and found the staff friendly and welcoming. GPs listened to their symptoms and they felt that were given enough time to ask questions and that both nurses and GPs involved them in discussions about their medical conditions and care. In the case of referrals, they felt they were given enough information, which helped them to understand the process.

Patients stated that the waiting time to see a GP was usually around 20 minutes. They added that making an appointment was fairly easy and that routine appointments could be made to see their preferred GP generally within a week. The patients also stated that emergency appointments were available that same day and that they were happy to see an alternative GP.

The PPG was in the early stages of formation and, at the time of the visit, there were 56 patients who had expressed an interest in it and were on the email listings. Several patients had recently responded to an email regarding a meeting being held about a CQC inspection and three had actually attended the meeting. Further meetings were planned.

## Conclusion

The team were very impressed with this practice and the efforts they had made to improve their systems. They had brought in clear policies and procedures, and trained staff to a good level; but always at the heart of all these improvements the focus had been on the patient's experience and care provided. This was clearly seen from the moment the team entered the premises: one patient's comment probably sums up the surgery and how the patients view it in one sentence; asked what they would change in the surgery, this patient responded 'Nothing. I am satisfied with it all, staff are pleasant and the practice is local'.

At the end of the visit, the following possible improvements were discussed with the Practice Manager:

- That the chairs in the waiting room be replaced and steps taken to ensure that vandalism does not reoccur.
- Although the surgery has made headway with increasing the time with a GP there is still room for improvement.

- Some form of air conditioning be put in the consultation room to improve the environment for patients.

### Recommendation

The practice is one of several in the building, and several facilities are shared by them all. It is pleasing to note that the seating in the main waiting area, which is badly damaged with leather seats torn and held together with tape as the result of damage by vandals, is now due to be replaced.

However, at the entrance to the Health Centre, there is no indication of any surgery information or opening times of the various practices. The building is an NHS facility and the provision of appropriate signage indicating surgery hours and information of emergency and out of hours assistance should be a priority.

**These issues cannot be addressed by the practice on its own. This report is therefore being sent to the Barking, Dagenham and Havering LIFT company, the owners of the Health Centre, with the recommendation that they work with the practice and the others occupying it to secure these improvements.**

**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.**

During this visit, one of the Healthwatch members involved was taken ill. Surgery staff attended to her promptly; she was taken to hospital - fortunately, nothing untoward was found and she was discharged without further intervention. Both Healthwatch and the member in question are grateful to the surgery staff for their kindness during this incident.

## Disclaimer

This report relates to the visit on 14 May 2018 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.

## 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](mailto:enquiries@healthwatchhavering.co.uk)



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