

Enter & View

Rosewood Medical Centre

(Second visit)

30 Astra Close,
Elm Park, RM12 5NJ

10 February 2020



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.

Key facts

The following table sets out some key facts about the Rosewood Practice. It is derived from information given to the Healthwatch team during the visit, and reflects the position at the time of the visit:

Number of patients on practice list:	12,202
Number of partners/permanently employed GPs (<u>not locums</u>):	3 partners 7 Doctors
Number of other healthcare professional staff employed:	2 Practice Nurses 2 Adv Nurse Practitioners 1 HCA
Number of management staff employed:	2
Number of support/admin/reception staff employed:	17
Number of patient sessions available per week:	1,178 patient sessions were available the week prior to the visit (3/2/20 to 9/2/20)
Number of clinical staff (GP/Nurse/Pharmacist/other HCP) spoken to	All very busy and not available
Number of management/admin/reception staff spoken to	6
Number of patients spoken to	4

The Premises

On arrival, the team were met by the Practice Manager. The reception staff were welcoming and the team were pleasantly surprised at the outstanding quality of the workspace available for all staff, with numerous rooms for everyone to fulfil their daily tasks. The practice had already taken on patients from a nearby surgery when it closed, and another was to close shortly (as the GP would be retiring) and, at

the time of the visit, staff were busy with calls from patients wanting to re-register at the Medical Centre.

The team were told that the practice was experiencing the same difficulties as many others across the country in arranging appointments to see a GP. The practice would always take elderly patients and children as emergencies and had a duty doctor solely for this purpose, seeing around fifteen people in the morning and a similar number in the afternoon. If it was not possible to make an appointment, a doctor would telephone the patient to find out the problem and then try and squeeze them in to the system in a few days' time, depending on its severity. The team noted that up to 120 patients a month were failing to attend appointments, which had a big impact on the system, even though all patients were sent reminders of their appointments by text.

At the time of the visit, there were seven GPs at the surgery, which also doubles up as a GP hub for the out of hours appointment system. All required amenities were available, with a hearing loop visible. Patients requiring a conversation in private, especially when dealing with those for whom English was a second language, would be taken to one side. Doctors called their patients by name, which team thought was a nice, personal touch. All notices were visible and easily accessible, with much information available, including the Healthwatch poster advising of the visit. Signage was good, and sanitiser gel was visible. The first impression of this practice was that it had a calming atmosphere within the waiting areas, which were clean and nicely furnished.

Staffing

The Practice Manager had been in place for some three months, and he responded in a positive way to the team's questions. He was a consultant practice manager who had previously worked at other

practices, the last one graded Outstanding by the CQC, so his aim was to move this practice forward to gain the same creditation.

All staff received appropriate training, with a new system called the Edenbridge Project due to become live online within the next six weeks. An annual review/appraisal always took place. The practice had a policy of always having two members of staff trained for the same job, to ensure continuity in the event of staff absence.

Recognising that some processes were very stressful, shorter working times were encouraged. Since the GDPR came into being last year and the Primary Care network became involved, best practice was updated monthly. An online Blue Stream Academy was ongoing and a Practice Training Initiative (PTI) took place monthly; this scheme reviewed, monitored and updated training and prevented certificates being issued for training that had not been completed. A training matrix was being worked on for clinical and administrative staff.

Given the need for accuracy, the staff dealing with repeat prescriptions were located upstairs, to be free from interruption. The practice offered electronic prescribing so that prescriptions could be sent straight to pharmacies. Regular updates were received from pharmacies about the availability of medications, including sizes and what was unobtainable.

Patients with mental health issues were given as much support as they needed to ensure ongoing care.

So far as possible, complaints were dealt with on the day, with up to 85% being the norm. All others were processed in accordance with the relevant policies and were completed within forty-eight hours. Minor surgery was available, with warts and skin problems being resolved.

Arranging meetings for the Patient Participation Group (PPG) was a constant process, and the Practice Manager appreciated how hard it could be. The practice had a clear policy to support carers. Patients with long term conditions such as COPD, asthma, diabetes etc. were looked after by doctors with a special interest in those conditions.

Patients with Learning Disabilities attended for their annual reviews. Home visits were completed to housebound patients, sometimes by a Nurse. Emergency plans were in place too.

The practice offers GP teaching and training, with end of life care and prescribing safety being priorities at all times.

The team spoke to the Reception Manager, who answered their questions confidently and comprehensively. When asked what would help improve the practice, the reply was “more staff”! The team was told that there was a possibility that two members of staff would transfer from the nearby surgery that was closing. The Reception Manager told the team that she felt supported, that training was dealt with admirably and that moving forward was always the aim.

Patients' views

The team was able to speak to four patients, who were all happy with the practice: all had been able to make their appointments for that day by telephone. When asked whether they could get an appointment when needed, they replied “no”, adding that they found difficulty seeing a specific GP but accepting that this was not unusual. They did tell the team that they felt that more needed to be done to accommodate urgent requests to see a GP, because by the time a call was answered, all same day appointments might have gone!

Most Doctors would run late, as elderly people always had more than one health problem, which meant that sometimes the standard ten-minute time slot could not be adhered to. Nurses' appointments had a fifteen-minute time slot. A three week wait for an appointment was definitely not liked: one said “Give us back the olden days when we could just go and sit and wait at the surgery!”

Patients said that a ten-minute appointment was not long enough; it did not allow time for them to explain their symptoms fully and led to them forgetting to mention key points. Staff were always kind but,

because everything was rushed, they would end up wishing they had been able to say more.

Overall, patients told the team that the practice was good, but that it was very stressful sitting waiting for the clock to tick round to 8am if they were trying to get an urgent appointment, knowing full well that going elsewhere for advice some distance away was not possible, especially if the patient was feeling unwell.

Conclusion

Summing up the visit, the team had a really good overall impression of the practice. Staff were lovely and accommodating and the determination to move forward wherever possible came over very clearly. The team followed up with the Practice Manager the patients' comments about making appointments, confirming that it would be referred to in the report.

He accepted this, pointing out that this was a problem across the country and that, with an older population in Havering, this is not likely to change any time soon.

Recommendations

The team recommend that:

- Value added focus groups be set up as a way of moving the practice on to Outstanding.
- Consideration be given to providing a designated phone line for priority patients to facilitate their contacting the surgery for advice on health problems and to make appointments made.
- Consideration be given to introducing advice sessions for people with long-term conditions, such as training sessions for newly diagnosed diabetic patients on how to cope.

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.

Disclaimer

This report relates to the visit on 10 February 2020 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.

Friends Network

Participation in the Healthwatch Havering Friends Network is open to every citizen and organisation that lives or operates within the London Borough of Havering. The Friends Network enables its members to be kept informed of developments in the health and social care system in Havering, to find out about Healthwatch activities and to participate in surveys and events

Interested? Want to know more?



Call us on **01708 303 300**



email **enquiries@healthwatchhavering.co.uk**



Find us on Twitter at **@HWHavering**

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To join the Healthwatch Havering Friends Network,
[click here](#) or contact us as above



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