healthwatch Havering

Enter & View

The Greenwood Practice

Ardleigh Green surgery

Harold Wood surgery

25 January 2019

Healthwatch Havering is the operating name of
Havering Healthwatch C.I.C.
A community interest company limited by guarantee
Registered in England and Wales
No. 08416383

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.

Introduction

The Greenwood Practice has two surgeries, one in the Ardleigh Green area of Havering, the other in Harold Wood. Healthwatch Havering visited the Harold Wood surgery in November 2016 (with a follow-up visit in May 2018) but had not visited the Ardleigh Green surgery before the visit now reported.

Shortly before this visit, the Practice had taken on a number of new patients from a nearby practice that closed at the end of 2018 when the GP there retired.

Key facts

The following tables set out some key facts about the Practice and its two surgeries, treating each surgery as a separate source. It is derived from information given to the Healthwatch team during the visit, and reflects the position at the time of the visit:

Whole Practice

Number of partners/permanently employed GPs (not locums):	3 partners and 3 salaried
Number of other healthcare professional staff employed:	Across both sites – 4/5 (one working when required)
Number of management staff employed:	2

Ardleigh Green

Number of patients on practice list at this surgery:	6,171
Number of support/admin/reception staff employed:	11
Number of patient sessions available per week:	9
Number of clinical staff (GP/Nurse/Pharmacist/other HCP) spoken to:	0
Number of management/admin/reception staff spoken to	2
Number of patients spoken to	4

Harold Wood

Number of patients on practice list at this surgery:	5,601
Number of support/admin/reception staff employed:	8
Number of patient sessions available per week:	9
Number of clinical staff (GP/Nurse/Pharmacist/other HCP) spoken to:	1
Number of management/admin/reception staff spoken to	3
Number of patients spoken to	3

For ease of reference, this report presents a report of the visit at each of the surgeries – separate Healthwatch teams attended at each one – and some general observations and conclusions applying to the practice as a whole appear at the end.

Ardleigh Green

The premises

Although the team were told that the surgery doors normally opened at 8.50am, five patients were waiting to be admitted by about 8.55am, and the doors were actually opened at 9am on the day of the visit, when the surgery opened to patients.

The external condition of the building was satisfactory, with three steps leading to the front door, wheelchair/pushchair access together with access by a gate to the rear of the property for disabled patients and visitors.

Information boards giving details of the Doctors and surgery hours were attached to the wall by the entrance.
Opening times were shown as:

Mornings: Monday to Friday - 9am–11am
Evenings: Monday - 5pm-6.30pm
Tuesday and Wednesday - 4pm-5.30pm
Thursday – Closed
Friday 5pm-6.30pm

The surgery telephone number and appointment telephone line number were also shown.

On the windows (facing outwards) were various notices and information such as details of the GP Hubs, Flu Jabs, Defibrillator and Rear Access: these signs were all clearly visible.

On entering the surgery, the team introduced themselves and met the Manager (who was very welcoming). The team then split, with one member speaking with the Manager and the other meeting Staff and Patients.

The surgery waiting room in general was clean and welcoming, with an electronic check-in system in place (but only two patients were seen to use it: the system is relatively new and patients are still getting used to it). The seating and carpet were, however, worn and could present a risk of transmitting infections; their replacement was needed as a matter of some urgency. Various posters were on display but not always in the best position and some had small print making them difficult to read.

Reception was open and there was no privacy there. The receptionists were however very welcoming, friendly and helpful.

The poster about the Healthwatch visit was displayed on the reception counter, the only place that could be found to place it, together with small flyers giving details of NHS 111 and the GP Hubs services.

However, only two of the patients spoken to were aware of the GP Hubs.

In the waiting room there were numerous Notice Boards, which the team felt could lead to an overload of information for patients.

A video screen in the waiting room gave general information. Patients were called to see their doctor and the relevant room number by this screen.

An information leaflet had been produced by the Practice giving information about surgery times, appointment booking and much more; printed on both sides of on A4 green paper, it was very informative but it appeared to the team that too much information was crammed into this leaflet in very small print, making it hard to read for many patients.

No Hearing Loop was available to assist patients who had impaired hearing.

Two hand sanitizers were installed but no one was seen to be using them. Toilets, including facilities for disabled people, were clearly indicated and had a good standard of cleanliness.

The signage was clear, and the Fire Exit to the rear was very visible.

Conversation with Manager

The Manager was very approachable and advised the Practice had three GP Partners and three salaried GPs covering both surgeries with two Practice Nurses at this surgery (Ardleigh Green), with six reception staff. No healthcare assistants were employed. The Manager and her Deputy covered both surgeries between them.

The doctors and nurses work as necessary at both surgeries

Patients were encouraged to attend the surgery at which they were registered but were able to attend the other surgery if need be, especially to see the nurses.

Nine sessions were held at each surgery every week.

One doctor carried out six sessions between the two surgeries with the others carrying out eight sessions each. If required, to cover absence due to holidays etc the salaried GPs step in and did extra sessions: if this is not possible a locum would be engaged. The Practice Manager always tried to ensure there were two GPs at each surgery for each session.

Patients could book online after first registering for this service although, as mentioned previously, no information about this appeared to be advertised in the waiting room (although it may have been on one of the overcrowded notice boards or in the surgery leaflet).

Book-on-the-day emergency appointments were available if patients phoned to request one by 9am; four such morning and three evening appointments were available for each GP, thus putting some pressure on routine appointments. At the time of the visit, routine appointments were being booked for February.

Appointments made but not attended (DNAs) amounted to 128 over both surgeries this month so far. Patients were reminded of appointments by SMS but no action would usually be taken for DNAs.

There was no flagging system for patients with serious conditions; reception staff relied on patients to tell them of any relevant conditions, on arrival.

A room to the rear of the surgery was available as a waiting space for LD/Autistic/Disabled Patients should they choose to use this instead of sitting in the main waiting room. The Team felt this was a really good idea as autistic patients in particular found it difficult to cope with different/unfamiliar environments.

A policy of 48 hours for repeat prescriptions was in place; however, the actual turnaround time in most instances was one day. At the end of each day the blank prescriptions were collected and locked in an upstairs cupboard.

To ensure drugs/vaccines were in date they would be checked regularly and a check sheet was in place. Drugs were stored securely.

Information about where to go for blood tests was printed on the blood test forms.

No charges were made for travel insurance immunisation and letters.

On discussing the PPG with the Practice Manager, the team were advised that, although it had been running for 18 months, it had so far only met on about four occasions; the numbers attending varied between 7 and 15 Members, they were still getting to know each other and were discussing suggestions for improvements but nothing concrete had come forward yet. Four potential new members had been identified.

The team were told that the additional patients arriving following the closure of the Cecil Avenue Surgery had, at first, presented great difficulty for the practice. Patients' notes were delivered only to the Gubbins Lane branch and had to be transferred to Ardleigh Green, and the IT systems at the former Cecil Avenue Surgery, Gubbins Lane and Ardleigh Green were different, thus leading to communication difficulties. The Cecil Avenue patients' notes were gradually being merged into the Greenwood Practice. In addition, notes pf patients' moving to or from the Practice were not always received in a timely fashion.

Clinics were held by Nurses for Asthma, Diabetes and COPD, supported by the GPs. There was no system for annual reviews of patients' over 70 but should such a patient attend for a routine appointment, then a review would take place. No specific GP was allocated for this. On registration, patients were allocated a named GP but could make an appointment to see any of the GPs.

Annual reviews of patients who have a learning disability were currently in hand and it was hoped that all reviews would be completed by March.

Patients collecting prescriptions were asked to provide ID.

The practice was a participating member of the Dementia Action Alliance. Special provision was made for disabled or Patients with Special Needs in a room at the back of the surgery, where there was a disabled toilet nearby.

Complaints were first dealt with by the Practice Manager who would speak with the complainant and try to resolve the matter. Complaints in writing would be acknowledged within three days and be formally responded to within 10 days. All complaints would be discussed at Practice Meetings. A complaints box used to be located at the reception desk, but as it was rarely used it was now in use as a repeat prescription box.

The Big Word translation service, a telephone service paid for by CCG, was available for people who had difficulty in communicating in English.

No panic buttons were installed but the EMIS computer system enabled staff to raise an alert.

Clinical Staff attend training once a month through Protected Time Initiative to include Safeguarding Dementia.

Nurses were due to attend training in diabetes; and reception and administrative staff would be attending resuscitation, infection control and safeguarding in-house training yearly as well as training on the use of the IT system.

Minor surgery was conducted for excisions and injections.

Carers were noted in medical records and were sign-posted to carers groups.

The Practice Manager commented that more information was needed from the CCG about various pathways to refer patients for secondary care (at hospital or community clinics) as they seemed to change regularly but the Practice was not made aware of those changes.

Staff comments

Staff members confirmed that they liked working at the Practice (a typical comment being "really nice"); one had been employed there for a total of 20 years (10 years, then a break, then a further 10 years), another had been employed for 22 years and 2 more had been there for 2 and 3 years respectively. They told the team that the best thing about the working at the Practice was the people, working as a team and helping patients.

Staff believed that patients' experience was improved simply by them "smiling a lot".

They felt that training was sporadic but ongoing, the last sessions having been in November 2018 for computer training.

Staff felt well supported, and that they had helpful supervision and training for their roles from colleagues. Receptionists attended meetings twice yearly; Practice Meetings were attended only by Medical Staff.

Staff felt that they had good working practices.

Patients' views

The team spoke to three patients. One patient had phoned to make an appointment but had had to make several calls before getting through to make the appointment.

Others had called at the Surgery to make appointments.

Patients' experiences varied from not being able to get through on the telephone to make an appointment and others having to wait 2/4 weeks for a routine appointment. Patients were not keen on having to wait that long and so resorted to booking "emergency" appointments, thus putting more pressure on the appointments system. The view was expressed that a long wait to see a particular GP was inevitable.

On attending the surgery, the wait to be seen varied; one patient had been waiting 10-15mins (which happens in most surgeries at one time or another).

Patients spoken to expressed the view that, overall, fthe surgery was "OK" or "very good"; generally, they found it satisfactory. All patients were happy with the overall treatment they received; the majority felt they were involved in discussions about their care, with only one person giving an adverse response. Patients also confirmed that they understood the treatment or referrals offered to them.

Patients on long-term medication told the team that they were reviewed regularly. The only change one patient would make would be to employ more GPs; others were content to make no changes.

Patients felt the GPs listened to them about their symptoms, they could ask questions and had enough time and did not feel rushed.

It was felt the best thing about the practice was the nice, caring people and location. All patients spoken to were aware of opening times; one patient had had to take time off work to attend appointment. All agreed surgery times were as advertised. Despite being well advertised, not all of those spoken to were aware of how to book out of hours appointments.

None of those spoken had used another service because they could not get an appointment. One patient had used the GP Hub to get an appointment on a Sunday.

All felt there was enough information displayed and said that the receptionists were very helpful.

Patients advised that the surgery was accessible by bus and walking, and that parking was a problem, especially for disabled patients.

Conclusion

The team felt that staff at this branch of the Practice worked as a team in a happy and supportive environment, which was very good for the patients. Staff were trying hard to improve the Practice but felt frustrated that there was no consistency about the findings of various CQC inspectors.

Harold Wood

The premises

The surgery was located at the corner of Gubbins Lane and The Drive, Harold Wood. A small parking area for three cars was available and used by staff. There was no designated area for patients' parking but the team were told that staff would move their cars on request to enable disabled patients to park.

On-street parking outside the surgery was difficult as parking restrictions, strictly enforced, operated from 10.30am to 11.30am daily, and Gubbins Lane was a major, well used local highway used by several bus routes.

The surgery is a converted house, old but in good condition.

The entrance for people with disabilities was very narrow for wheelchair users. A call bell was available for use if needed to summon assistance.

The surgery internally was in good condition, with comfortable, clean seating, spread across two waiting rooms. A toilet and baby change facility was available with disabled access, with hand sanitiser gel provided.

Reception was clearly visible on entering the building. There were three receptionists on duty, who were very welcoming. Two of them

had 30 years' experience at the practice; the other had more than two years' experience.

In reception, the names of the GPs on duty were clearly displayed and it was clear that the philosophy of the Practice was to make displays clear: details of services provided by the NHS were on the notice board, with information about NHS 111 and the GP Hub were clearly visible behind the receptionist. Leaflets advising out of hours times and phone numbers were on show and are given to patients on reception.

Education leaflets about their condition were printed as required and given to patients.

There was an electronic booking-in device at the entrance to reception, away from the waiting area. Patients were able to use on-line booking and requesting repeat prescriptions.

GPs used an electronic system to call patients but it was only visible in one area owing to the shape of the waiting area.

No hearing loop was installed.

Security in reception was provided by a panic button that, when operated, shut down all computers and gave an alert.

A new phone system had recently been installed, giving all options available, including out of hours and online services.

The Big Word service was available if needed.

Interview with Deputy Practice Manager

The team interviewed the Deputy Practice Manager.

The Patient Participation Group (PPG) comprised 8 members, who met quaterly at the Surgery.

The Practice web site had been updated 5 days prior to visit.

With the closure of the Cecil Avenue Surgery, around 50 additional patients a week were using the surgery, leading to administrative staff working overtime in an effort to reduce waiting times.

The Surgery opened at 9am with access to booking appointments from 8am. The evening surgery time was 4pm-6.30pm.

Patients were sent text reminders the day before appointment. Ten emergency appointments were available, five each, morning and evening. Children were seen as quickly as possible, receptionists liaising with clinical staff to that end. DNAs were contacted by letter.

Home visits were arranged if requested before 11am, subject to GPs' review.

The surgery was also part of the Dementia Action Alliance.

There were no carers or over 70s support groups but yearly reviews were carried out for patients over 70 and for those with learning disabilities, by all of the GPs.

Patients generally phoned for test results but, if urgent, the surgery would contact them.

There was a set fee for letters, immunisation etc.

Vaccines were stored at a local pharmacy. Blank prescription forms were stored in a locked draw and numbers checked. There was a 72-hour turnover for prescriptions collected by pharmacist.

When patients collected prescriptions at reception, their names, dates of birth and addresses were checked.

Details of phlebotomy services were given on the blood test request form.

Clinics were offered for patients with long term conditions such as COPD, warfarin therapy (with home visits arranged if necessary), baby immunisation, family planning and cervical screening. Minor Surgery

was undertaken for conditions such as skin tags, moles and ingrowing toenails.

Walk in clinics operated daily 9am -11.20am for consultations with a practice nurse. Afternoon surgery was by appointment only.

Staff

The team spoke to several members of staff.

The Practice Nurse had worked at the practice full time for 32 years. A second Practice Nurse worked at the surgery 2 days a week.

Staff were trained on the IT system, in resuscitation and infection control. Yearly appraisals of staff were undertaken. They also received yearly training in Anaphylaxis, CPR, infection control and immunisation. A protected time initiative was in place for training.

Meetings were held with the GPs every 2-3 months. Staff felt well supported by managers and the GPs.

Patients' views

The team spoke to three patients. All appeared happy with the service offered at the surgery, but one patient was concerned about getting a parking ticket as the GP was running half an hour late.

Conclusion

Further consideration needs to be given to the problems faced by patients parking in the area, particularly as it may impact of DNAs. Better provision for parking by disabled patients may be particularly helpful.

The surgery appears to be a happy and well-liked facility, where both staff and patients are comfortable.

Recommendations

That:

1. Thought be given to designating one GP to carry out reviews of patients who are over 70.
2. Although there are book-on-the-day appointments for emergencies, it may be helpful also to allocate an early/late set of appointments for working people who require a routine appointment.
3. Attention be given to the waiting room notice boards to avoid them becoming overcrowded, thus risking giving patients an overload of information.
4. The Patient Participation Group (PPG) at both surgeries be publicised more to patients.
5. Effort be made to provide more parking spaces for disabled people at the Ardleigh Green surgery, perhaps by converting ground at side.
6. The difficulty of providing parking facilities at the Harold Wood surgery is appreciated but, if possible, effort should be made to provide more off-street parking for disabled patients.
7. Worn seating and carpets in the waiting room at Ardleigh Green be replaced as a matter of urgency, not least to reduce the risk of infection being transmitted.
8. The Practice Information Leaflet be reviewed with the intention of making it more easily readable.

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 25 January 2019 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.

healthwatch Havering

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**

Find us on Twitter at @HWHavering

healthwatch Havering

Healthwatch Havering is the operating name of
Havering Healthwatch C.I.C.
A community interest 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

Call us on **01708 303 300**

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

Find us on Twitter at **@HWHavering**