



Enter & View

Maylands Healthcare (third visit)

GP practice

13 June 2025

*Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A 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 Community Interest 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?

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 voice, 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.

The visit

Following contact from several patients of this practice expressing reservations about a new appointment booking system that had recently been implemented, Healthwatch Havering decided to undertake a further Enter and View visit (we had previously visited in 2016 and 2020).

The team's visit took place during morning surgery time, when they had hoped to be able to speak with Staff and Patients more easily. Unfortunately, when the team arrived, there were no patients in the waiting room and they were told that the duty doctors were out on home calls at that time. We were subsequently told that the GPs started afternoon sessions at 3pm, when patients were seen.

The outside appearance of the premises was fine. Only limited parking was available as the car park was being fully used but disabled visitors were adequately provided for. Inside the premises was clean, the furniture was in good condition and notices were displayed appropriately; the team noted that a

hearing loop was available. At the reception desk a single receptionist was on duty. The team were told that the electronic check-in was little used, as patients preferred to go to the reception desk. A security buzzer was available.

The team noticed that the reception area did not offer much privacy, but if patients wished, a private room was available. The premises were spacious but appeared to the team to be dull and uninviting.

Patients were invited in to see the doctor by being called and by an electronic sign. Interpreting facilities were also available. There was evidence of an up-to-date approach to running the surgery.

The surgery is closed for consultations once a month, on the second Tuesday afternoon, when the doctors have their meetings, but the reception desk remains open for patients to come in for queries, and to take phone calls.

This is a large Practice, with some 14,500 patients on its lists. The surgery is open from 8am to 6.30pm, and patients can ring in any time for appointments and test results etc. The administrative staff work various shifts, to ensure cover is maintained.

At the time of the visit, there were seven Doctors (of whom two are partners) in the Practice, with Doctors' Assistants (non-

clinical, staff who assist doctors with administrative tasks ¹). The team were told that a further two Doctors were to join the Practice shortly, and we have since been told that another two will be working there from September. The practice uses locums that they know if required due to illness etc. There are three practice Nurses and one Healthcare Assistant.

In reception, there are between five and seven staff available in the mornings, and in the afternoons, there are five staff, all overseen by the Practice Manager.

The online booking system offers 30–40 allocated appointments for patients daily. Children are always seen on the same day. There is a roughly two-week wait for routine appointments but same day access appointments are available for between 10–15 urgent cases. The GPs complete eighteen sessions in the morning and fifteen in the afternoon. The two partners decide who should be seen. The team noted that 70 patients had failed to attend their appointments (DNAs) in May 2025.

Other staff such as social prescribers, pharmacist, physiotherapist, a PCN and dietician are available for the Practice to use. Prescriptions can be dealt with manually or electronically; there is a pharmacy on the premises attached to

¹ The concept of Doctors' Assistants was pioneered at Maylands, has been presented to the Royal College of GPs and endorsed by then Secretary of State for Health, Sir Jeremy Hunt. The primary care networks now employ staff, with this role, across their locality.

the Practice, as well as a Dentist. The practice made full use of the NHS App.

The team had an open, honest and very direct conversation with the Practice Manager, which they appreciated. She had been at the Practice for two years now and had worked in the primary care sector for some 14 years. She commented that, following her appointment, she had felt it was important to improve the way patients requested/booked appointments, to achieve fairer and easier access to appointments; this was achieved by Klinik Access system, an AI (artificial intelligence)-based system for booking appointments.

She told the team that the Klinik system had been thoroughly tested before being implemented and was an improvement on the old way of dealing with telephone calls. It requires patients to go online to complete a form to be offered an appointment. The details required by this form are very personal (which some patients dislike). The two partners then decide which patients need to be prioritised, with the remainder being offered an appointment within the following two or three days.

The Practice is very pleased that the system is successful and has been working for about a year now. Those patients who do not have access to the Internet can book by telephone. The results for the Klinik portal for the month of May 2025 showed excellent patient feedback and positive professional feedback.

Test results are usually seen within five days by the doctor whose patient it is. Patients are called in for extra clinics such as Asthma, Diabetic, pregnancy etc. Patients who have a learning disability (of whom there are about 60 at the practice) are seen yearly on a Saturday morning, as it has proved less disturbing for them then. The over 70's also have their screening appointments too, with a reasonable take up. The Same Day Access (for out of hours appointments) and NHS111 system are signposted.

Records of new patients or those choosing to go to another practice are dealt with online through the EMIS system, which automatically updates everything. Charges are made for travel immunizations and letters. Patients book their own blood tests online once they have been issued with the required form, although the practice will help to make the appointment if a patient struggles to do so.

No minor surgery is performed at this surgery.

Staff training is arranged through an online system called Blue Stream; staff are encouraged to maintain the validity of their training, and this is monitored by the Practice Manager.

Staff views

The members of staff the team spoke to were very happy with their positions in the surgery and felt treated with respect. They confirmed the training regime and that supervision and support were always available for them. They were included in meetings and felt very supported. Staff meetings and feedback was important here too. Some of the Staff had been at the surgery a long time. They told the team that they would like a seat outside the surgery for breaks and lunch etc. in the nice weather!

The team were told that the practice's Patient Participation Group (PPG) met every three months. The team were told it is well used – enough to be effective.

The website had recently been updated and is constantly being adjusted. The Practice Manager told the team that the practice would like to make the appearance of the outside more appealing – by both signage and decoration – and have since the last visit installed a new full width ramp. They also want to improve the external light, especially in the winter months, adding that it would be nice to have flowers outside of the building.

Patients' views

Unfortunately, the team could not talk to any patients, as when they had finished talking to the Practice Manager (it was a long session) there were no patients to talk to. The Doctors were out doing home visits. The team intend to carry out a further visit in the next couple of months to see as many patients as they can.

Conclusions and recommendations

Summing up our visit, everything seemed on the day to be clear cut and running normally, although the team's inability to speak to patients or medical staff meant that it was not possible to explore all the issues they would have wanted to. The Practice Manager was able to clarify the issues that patients had commented on and to explain how the system worked. As with so many issues, clearer communication of changes to patients as they occur would be helpful, particularly when a system that has been in use for many years and with which people are familiar is moved to a very different approach.

The practice may wish to reflect on whether a more detailed explanation of the new system would be beneficial for patients.

Acknowledgements

Healthwatch Havering would like to thank the Practice Manager and her staff for their assistance during the visit.

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.

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. [Healthwatch Havering Friends' Network](#)

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there is no ongoing commitment.

To find out more, visit our website at

<https://www.healthwatchhaverling.co.uk/advice-and-information/2022-0606/our-friends-network-archive>



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