



Enter & View

**Ingrebourne Medical
Centre**

135 Straight Road, Romford RM3 7JJ

19 May 2017

*Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
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What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. 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 are able to 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 a number of volunteers, both from professional health and social care backgrounds and 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 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.

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 safety of the resident, patient or other service-user is not compromised in any way.

The Practice

The team's first impressions were of a clean and well-kept surgery in need of a makeover. The outside of the building was in good condition, there was parking space for five vehicles and clear signage of hours and where to go out of surgery hours. The practice occupies one half of a

semi-detached pair of houses, the other of which is also in use as a medical practice (Straight Road Doctors' Surgery, at 137 Straight Road)¹.

The team were greeted warmly by the receptionist and were joined by the Practice Manager and the Practice Business Manager.

There were plenty of notices in the reception area, signposting patients to various services such as blood tests, the Patient Participation Group (PPG) and the GP Hub. Although it was good to see such information being available, the general appearance was random and "muddly". Wheelchair access was good and there was clear guidance as to how to inform the receptionist of arrival. There was no electronic check-in for patients but this is not a necessity for this small practice. There was no privacy apparent at reception but staff were very approachable and friendly.

Practice hours are 8.30am-11am and 4pm-8pm with short breaks on Monday, 8.30am-11am and 4pm-6pm Tuesday/Thursday/Friday and 8am-11am (Closed PM) Wednesday. There is a very good, very comprehensive practice leaflet which gives details of all administrative and nursing staff, details of how to obtain test results, and the out of hours service. The website is also excellent and was last updated February/March.

On-line booking was available but not particularly well-advertised. No hearing-loop had been installed in either reception or consulting rooms.

Toilet facilities were on the ground floor. An exposed light socket mentioned in CQC report has been repaired, as has the peeling plaster.

Staff have now received the requested fire-training and all relevant training required.

The practice has 2,800 patients and there are on-going talks about amalgamating with the practice next-door. The doctor had four trainee GPs with him at the time of the visit, but he nevertheless took time to greet the team, which was greatly appreciated.

¹ See report of Enter and View visit of 9 November 2016

Language translation facilities are available, if required.

The PPG is mainly operated by communication by e-mail and surveys. There are about 10-12 members. The practice is willing to take onboard any recommendations they receive via this team.

There are rarely any patient complaints, but these are dealt with immediately.

The inter-action between patient and reception was observed to be good and friendly. The doctor/nurse calls patients into the surgery personally. Patients reported no problems with making appointments, and generally managed to get one the same day.

Practice Manager

The Practice Manager explained that the staff in the practice were as follows: one GP, who had regular locums to cover any leave, two Practice Nurses and four Reception Staff.

Following blood tests, etc, patients would be contacted if there was need for further action, otherwise they could telephone for results between 12noon-1.00pm. Blood test forms included directions on where to obtain these tests.

There was no charge for travel immunisation, but there a charge was made for insurance letters, and for PIP letters.

There was an electronic system for prescriptions, turn around for which was approximately 24-48 hours. The doctor would advise patients about additional services provided e.g. yoga.

The team were told that, recently, when patients transferred from another practice, it had taken up to two months for their notes to be received. In the previous month, 48 patients had failed to attend for appointments at this surgery; the policy was that if a patient failed to attend on three occasions, they would be written to.

Staff attended training courses offered through the CCG.

Minor surgery such as wart removal and cortisone injections were carried out and an anti-coagulant clinic was available for relevant patients. The practice had a clear policy on how they support carers. Diabetes patients had annual reviews, as did patients over 70 and those who have a learning disability.

Practice Nurse

The team spoke with one of the two practice nurses - one had worked for the practice for 22 years, the other for 7.

The nurses' treatment room was very small and, to the team, it appeared unsuitable, although the nurses appeared to be coping well with working there. The nurse said that working at the surgery was very relaxed and everyone got on very well. The main challenge was NHS bureaucracy, but she found the doctor extremely accessible. The nurses were continually updating their skills, and went on many courses, including a diabetes course the previous week.

They had recently undergone chaperone training and other management training. The practice would always pay for any courses they wished to undertake. There were practice meetings every 3 months, and supervision and support was always available from colleagues and managers in the practice.

The nurse was happy and looked forward to coming to work, but would have liked a larger working area.

Patients

The team spoke to two patients who were happy with the practice. One had had an appointment made for her that same morning, the other had made the appointment the day before. The patients had been with the practice for many years.

One patient had been waiting 15 minutes to see the doctor, but on this occasion, there were four trainee GPs with the doctor. Patients were

always involved with discussions about their care and neither were on long-term medication. They thought the staff were “lovely” and had no complaints. One patient had used A&E in the night but the other had used the GP Hub, but had found it most unsatisfactory. Neither of these patients had any reason to complain. They felt that information was displayed clearly at the surgery and felt they could ask for anything else. They felt the staff were very friendly, welcoming and willing to do what they can when they can. The doctor was very friendly, and they felt able to ask questions. They felt that they were given sufficient time, but could request a double appointment if necessary. They were happy with parking but could also park further up the road. The practice is situated on several bus routes, with a chemist nearby.

Conclusion

Overall, the team were left with an impression of a very caring environment, which is paramount to any doctor/patient relationship. The recommendations made by CQC on 30th August 2016, had been implemented.

As noted in the report, and in the separate report about the practice based next-door, it seemed to the team that there was scope for the two practices to co-operate more than they appear to do at present, and perhaps in due course to amalgamate in order to provide an even more effective service to patients.

Recommendations

It is most sensible that this practice amalgamate with the practice next door. The practice manager works for both surgeries. The working area for the practice nurse was not a suitable environment. Merging the practices would enable a more efficient service to the patients.

It would also be helpful to hearing-impaired patients for a loop

system to be installed (regardless of the longer-term future of the building if there is a merger with the adjoining practice).

The team would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 19 May 2017 and is representative only of those residents, carers and staff 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**; or email
enquiries@healthwatchhaverling.co.uk



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