

Enter & View

Spring Farm Surgery

**382 Upminster Road North
Rainham, RM13 9RZ**

13 December 2017



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.

The Premises

This surgery is provided in one of a pair of semi-detached houses on a main road, which is a bus route. There is some off-street parking for employees and patients and on-street parking is permitted in nearby streets.

The exterior of the building is a little faded but is clean and tidy and the surgery is well signposted, with a large sign to the exterior of the house, and is wheelchair accessible. However, there is no space for prams, buggies etc. to be left to avoid clutter in the waiting room.

The team were met by the Practice Manager, who advised that she works three days per week. There are 6 receptionists, all of whom work part time; those seen by the team at the time of the visit were friendly and cheerful. There is one consulting room and one nurse/treatment room.

Whilst opening times were displayed, there was no mention of the availability of GP appointments out of hours at the GP Hubs, via the 111 service. When the team pointed this out during the visit, the Practice Manager agreed to ensure that notice was provided as soon as possible, and indeed did so while the visit was underway. Asked how infirm or wheelchair user patients were identified and assisted, staff advised that reception staff could see them approach through the windows of their office and would deal with them accordingly.

The door opens directly into the reception area to the left of the hall, where arrivals can register - with the waiting room to the right. This area, including the furniture, was clean and tidy with plenty of

informative notices and leaflets on a wide range of subjects, including additional services that may be available for some health problems. There was also a TV screen offering advice on general health topics. The practice Patient Participation Group (PPG) was also advertised here. There did not appear to be a complaints box. There was a check-in screen which had only recently been installed and which was not yet in working order; engineers were due shortly to programme it (and the Practice Manager has since confirmed that it is operational); at the time of the visit, waiting patients were called into surgery via a speaker system. The team were advised that a language translation service was available but that, in practice, it was rarely necessary to use it.

There appeared to be a reasonable level of privacy in the reception area, where a privacy notice was displayed, and a hearing loop was located there for the benefit of patients who have impaired hearing.

Although there was no information in the reception area about how to book appointments, there was a notice in the waiting room about online booking and it was confirmed that this service was fairly well used by patients; the maximum waiting time for appointments was usually no more than 4 days; emergency appointments were available, and patients with learning difficulties etc. would always be seen the same day.

In response to a question about security of staff, the team were advised that the door to the reception office was kept locked when only one receptionist was on duty.

Staff

There are two partners and two locums at the surgery, which is open from 8.30am-6.30pm Monday to Friday, extending on Tuesday and Wednesday to 8.00pm. Other staff comprised the Practice Nurse, Practice Manager, an Assistant Practice Manager and 6 receptionists, all of whom are part time. The doctors provide 15 clinical sessions per week. Currently, there are 5,300 patients on the practice list.

Services

Annual health checks are provided for all patients with learning disabilities, or who are elderly. Home visits are carried out for those who have difficulty in getting to the surgery.

The usual wait for repeat prescriptions is 48 hours, with many patients using the electronic system to order follow-up prescriptions. The GPs review these when repeat prescriptions are requested, and the team were advised there are few, if any, uncollected prescriptions; the receptionist would contact the patient if this were to happen.

The GPs check test results daily, and patients are contacted as appropriate.

The team were advised that there appeared to be a lengthy delay in getting records for newly-registered patients from PCSE which, in turn, presents problems for GPs where patients were unable to provide information about past history/medication etc.

The surgery charges for some services, such as inoculations for foreign travel, letters etc, in accordance with a tariff displayed in reception.

The CQC had suspended the practice's registration for 6 months following an inspection in May 2017, which meant that certain services had been withdrawn but the suspension had since been lifted and minor surgery services had resumed.

All complaints received (mainly verbal) are logged and are also dealt with verbally as far as possible.

All staff undertake regular training and the Practice Manager was able demonstrate a Matrix indicating all training that had been undertaken. Training is carried out using e-learning and includes all mandatory training as well as life support and the use of a defibrillator. Staff meetings are undertaken on a monthly basis and are used as a forum to provide feedback. The practice also holds regular Integrated Case Management Meetings, at which (with their permission) the care needs

of individual patients are discussed by a group comprising the community matron, the surgery GPs and the Integrated Care Liaison Officer.

The PPG appears to be very active and is now on Facebook, with 142 users.

It was not possible to obtain information on Did Not Attend (DNAs) for the previous month but the team were advised that “offenders” are reminded by letter and that, *in extremis*, would be threatened with removal from the practice list.

The practice website is updated monthly by an external agency; it appeared to be comprehensive.

There is a Carers’ champion, to whom a notice in reception asks carers to make themselves known. The practice has an Integrated Care Management approach to patients with social care problems.

Work on providing annual health check for patients who are over 70, have learning disabilities or those with long-term conditions, such as diabetes, is under way and it was confirmed that the practice uses Big Word and phone calls. Healthchecks are also available for patients who are aged 40-74 on a five-yearly basis.

Staff views

The team spoke to a number of reception staff, many of whom had worked with at the practice for a number of years; one employee had only recently joined the practice but told the team that she felt welcome and supported. All said that they were able to make recommendations where they felt they could improve patient experience. They confirmed that they had undertaken wide-ranging training during their working hours and that the most recent was about a month previously.

Reception staff confirmed patients' identity when collecting prescriptions/letters by asking for home address although most prescriptions were now dealt with online.

They did not feel that there were any changes necessary to improve their way of working.

Patients' views

The team were, unfortunately, only able to speak to a few patients but it was clear that there were no problems in arranging appointments, however they were made, and that, overall, patients were happy with the surgery and all the staff.

Recommendation

That an appropriate alarm system for reception staff be considered - it does not need to be complex.

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 13 December 2017 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**



Find us on Twitter at **@HWHavering**



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