



Enter & View Rosewood Medical Centre

March 2016

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 an 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 Medical Centres, 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 (HH) 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 is not compromised in any way.

In January 2016, a number of patients of the Rosewood Medical Centre contacted their local Councillors to express concerns about what they considered to be poor service from the Medical Centre. Those concerns came to the attention of the Chairman of Havering Council's Health Overview & Scrutiny Sub-Committee, who then sought assistance from Healthwatch Havering and the Havering Clinical Commissioning Group. In a survey of patients' views carried out by the Care Quality Commission in November 2014, nearly 70% of the Medical Centre's patients at the time had

expressed themselves at least satisfied with its services, so the expressions of concerns made to the Councillors indicated that there might be issues that required to be addressed.

After consultation, therefore, it was agreed that the most appropriate way forward at that stage would be for Healthwatch to carry out an Enter & View visit to the Medical Centre in order to assess how patients, staff and partners in the Medical Centre felt about the service at the Medical Centre.

The Medical Centre was accordingly contacted and advised that Healthwatch would like to undertake a visit at short notice because of the concerns expressed by patients. The Medical Centre was aware of the concerns and was keen to co-operate and support the visit. In preparation for the visit the Medical Centre was asked to display posters advising patients that they had the opportunity to share any aspects of the care provided at the Medical Centre with Healthwatch on the day of the visit.

The visit

On arrival at the Medical Centre, the Healthwatch posters were clearly visible in the entrance area. The overall ambience of the entrance and waiting area was clean, tidy and welcoming. It was noted that the opening times displayed in the Medical Centre did not correspond with the information provided on NHS Choices website, which indicated the availability of a much more comprehensive set of clinic times.

Overall, the visiting team considered that there was a lack of patient information, ranging from clinical conditions, help and advice services and how to make the best use of the services available in the Medical Centre. An example of this was that the Medical Centre offers patients a facility to book on-line for appointments, a service particularly aimed at the working patient, but the team was told that this service was rarely used.

Two members of Healthwatch team interviewed the Practice Manager and (at their request) the Medical Centre Partners while the third member of the team interviewed patients in the waiting room - a summary of the comments made by those patients is set out in the Appendix to this report. It was

noticeable that, of those interviewed, 70 % had not heard of the Hub system for out-of-hours GP appointments, 20% had heard of the Hub but had not used it as appointments were too late for children and 10% had heard of the Hub but did not realise that one of the Hub bases was at the Medical Centre. The triage system was mentioned negatively by a significant number of those interviewed as well as by those whose expressions of concern had triggered the visit now reported.

Management of the Medical Centre

The team was informed that, during the past year a significant number of important changes had occurred within the Medical Centre:

- 1) A change of employees in the Practice Manager and the Business Manager roles
- 2) Bold steps had been taken to improve the waiting time for appointments, which on occasions had previously been over three weeks.
- 3) There had been little opportunity for a robust handover of the detail associated with both the Practice Manager and the Business Manager roles
- 4) The new Practice Manager had joined the Medical Centre as the changes to the appointment systems were being implemented
- 5) Senior clinical staff had been long-term absent through ill-health
- 6) During this time the Medical Centre also became the site chosen to provide the accommodation for the second GP Hub.

The appointment system

The Medical Centre Partners were aware that the waiting times for an appointment were excessive and had sought the advice of the CCG and other national bodies as to the best way to address this. They were keen to introduce new ideas and new ways of improving the service.

They had learned that, across the country, many GP practices were using telephone triage as a way of providing patients with an opportunity to speak to a GP without the necessity of attending the practice premises, and at the same time enabling the GP to make decisions with the patient on the most appropriate care e.g. a further appointment, prescription to be collected etc. The aim was that only the patients who had a clinical need for a face to face discussion with a GP would be offered an appointment. This system has been shown to reduce the length of time patients wait for an appointment and could also provide a faster and simpler service for some conditions.

The Partners decided to trial the triage system, accepting that they would have to adjust it as they got feedback from patients and staff. At that stage, they had not appreciated the enormity of the culture change for patients and staff and, although there were staff training sessions and information was provided to patients, it had soon become clear that the preparation had not been sufficiently comprehensive.

According to the feedback provided by patients, this lack of understanding about the new triage system appeared to have led to a lack of confidence in the administration of the appointment systems, concerns that the Medical Centre was not sufficiently supportive to patients and carers using the new system and a feeling that complaints raised with the Medical Centre were being ignored. The team were also told that patients had started to leave the Medical Centre, citing a lack of confidence in how the Medical Centre worked and supported its patients and their carers.

An early problem the Medical Centre had encountered was that there were insufficient telephone lines to enable the triage system to work effectively. This had resulted in patients having to wait a long time to get through to the Medical Centre in order to book a call with the GP. However, for patients there was a further increased concern when they waited at home, often for much longer than had been the promised time, for the return call from the GP. Some patients, in their anxiety that they were not going to receive a call, had then resorted to coming into the Medical Centre to try and book an appointment; other patients had stated that they chose to go to the Walk-in

Centre at Harold Wood instead. The Medical Centre had now increased the number of telephone lines to 20.

When it launched the triage system, the Medical Centre had also kept a half hour slot at the beginning of the day (8 - 8.30am) for re-bookable appointments. However, there appears to have been some confusion within the Medical Centre's administration on the eligibility of patients for this time slot and those patients being asked to use the triage system. In addition, Saturday morning had been identified as a non-urgent pre-bookable service but it was not clear what type of health conditions could be booked into this service.

Responding to patient feedback

The Medical Centre would be launching a new timetable of services based on the feedback and expressions of concern from patients, who wanted in particular to be able to book a face-to-face appointment with a GP without first having to go through a telephone consultation. The aim therefore was to increase the availability of per-bookable face-to-face appointments and to reduce the telephone consultations; although a comprehensive timetable, it would also be a complex mix of time slots, pre-bookable, face-to-face and telephone triage, which could prove a challenge to administer.

If not administered effectively by supporting patients to receive the best possible opportunity to access GP advice, then it is possible that patients would continue to leave the Medical Centre. The team was also told by patients that they were now booking appointments directly with the out-of-hours Hub service which is co-located on the site, where a face to face consultation would be available.

The GP Hub

There had been some concern and speculation by patients that the arrival of the GP Hub at the Rosewood Medical Centre had in some way had a

detrimental effect on the Medical Centre proper, such as taking up GPs' and reception staff time.

The team learned, however, that the GP Hub was a completely separate Primary Care service that did not rely on any staff within the Rosewood Medical Centre. The only support provided to the GP Hub by the Medical Centre related to the provision of the premises and of clinical supplies.

Although many patients had expressed concern that the Hub activities were affecting the Medical Centre, the team could find no evidence for that. Healthwatch Havering intends to review the operation of the Hub system in May 2016 and the allegation that the practices at which the Hubs are based are being affected will be more closely examined at that time.

Conclusions and recommendations

The team's view is that a combination of factors has brought about the high levels of patients' concerns. It is clear that the cultural and systems changes within the Medical Centre and their potential impact were not sufficiently recognised or planned for prior to implementing the triage system, and that this had adversely impacted upon both the delivery of services and the Medical Centre's reputation.

It was also clear from the discussions with the Partners and the Practice Manager that they now understood the concerns of their patients and were very keen to design an improved system which provided the patients with confidence and a range of access opportunities to GPs.

The following recommendations are aimed at supporting the patients and the staff in the Medical Centre to improve its service model.

1) Develop a service which is easy for patients to navigate

The better informed the patients, the better they will make the best use of the service available to them. The vast majority of patients do not want to waste their time or that of the Medical Centre, so helping by providing

straight-forward, clear and simple information in an accessible format for all patients will facilitate the reduction of time-wasting and unnecessary cost.

Accordingly, the Medical Centre will benefit from devising and supplying clear, simply explained information leaflets about

- Opening times and what services are available during this time
- The days and times when the GPs are running clinics
- The triage system times and what the triage system aims to achieve
- What constitutes a “bookable appointment”
- What constitutes a “non-urgent appointment”
- Improved repeat prescription times (aiming for a maximum turnaround of to 48 hours) and a robust on-line repeat prescribing request system
- How to use the on-line booking system

In addition, it is essential to update the Medical Centre website to provide current, consistent and, above all, accurate information.

2) Invest in front line staff to improve the service

The Medical Centre needs to develop a programme of regular staff meetings to provide a forum for collaborative and open dialogue enabling the Medical Centre to achieve a patient-centred approach to delivering care.

A comprehensive training programme, embracing all aspects of the Medical Centre’s services and which ensures that all members of staff are able to provide consistent and supportive advice to patients and carers, should be designed and implemented.

In addition, there is need to ensure the staff are knowledgeable about other services available to support patients, sufficiently so that they can provide details and times for services such as NHS 111 and the GP Hub when the Medical Centre is not able to provide an appointment.

All recorded verbal and written complaints from patients should be reviewed and responded to as quickly as possible.

The need to reduce the turn round time for repeat prescriptions: the local chemist has reported that the advertised turnaround time is sometimes exceeded and is at variance with information given on the Medical Centre website, which itself is in urgent need of updating.

For patients who require blood tests, details of the locations at which that is available should be provided when a blood test request is issued, and a poster displayed in the waiting areas.

3) Patient engagement

GP practices are a very important part of people's communities so the Medical Centre should now consider ways in which it could widen its engagement to get new voices heard.

The following recommendation is referred to the Havering Clinical Commissioning Group (CCG)

The patients' expressions of concern that gave rise to the visit now reported were primarily the result of inadequate preparation for the implementation of the triage system. It has become clear that a particular issue was a failure to explain the principles or operational requirements of the system to both staff and patients, leaving staff in particular with difficulty understanding what was required of them and how to explain it to patients.

But these difficulties revealed a further issue. Reception and administrative staff in GP practices have traditionally been treated as employees of independent, small enterprises whose training is a matter for the GPs as their employers.

The evidence of a recent survey commissioned by the CCG and carried out by the local Healthwatches in Barking & Dagenham, Havering and Redbridge¹ is that many people are unaware of the alternative services to GPs and hospital A&E departments. GP staff need to be able with confidence to refer

¹ Urgent Care Services Survey, BHR CCGs, March 2016

patients to alternative sources of medical support when appointments at their practice are unavailable immediately; the evidence suggests that many staff lack the confidence or knowledge to do that authoritatively.

As more and more functions are shared across the health economy, however, GP practice staff are likely to find themselves having to respond to patients' questions across a range of health activities of which they have scant knowledge. It is vital that patients across the whole of the local health economy get similar, if not the same, access to authoritative and consistent advice about GP services from practices' staff; this can only be achieved by ensuring that all of those staff members, administrative and clinical, are trained to the same - high - standard and receive regular and accurate updates. In this way, it is likely that patients will have greater confidence in, and understanding of the limitations of, GP services and be more likely to await an appointment than refer themselves inappropriately to alternatives such as A&E services. Healthwatch Havering believes that the CCG is best placed to arrange this centrally, either by providing suitable training itself or by commissioning an appropriate training provider to do so.

Healthwatch Havering, therefore, recommends that the CCG consider what might be done to provide all GP practice staff with training and up-to-date information in general issues relating to the health economy.

While this may be costly in the first instance, in the longer term it should result in a more effective use of resources by avoiding unnecessary expenditure resulting from patients failing to understand where best they can obtain services, not least by reducing (if not eliminating) unnecessary attendance at hospital A&E departments.

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 in March 2016 and is representative only of those patients, carers and staff who participated. It does not seek to be representative of all service users and/or staff.

Patient interviews

Note: to preserve patient confidentiality, as much identifying information as possible has been redacted from these summaries.

Patient 1

Patient had walked into the Medical Centre and made an appointment approximately three weeks ago, and had to wait two weeks for results of blood tests. Patient saw available GP as the Diabetic GP had left the Medical Centre. Patient had been able to see a female GP without too much of a wait.

Patient said reception staff have a mixed attitude but, because of hearing problems making telephone use difficult, always makes an appointment in person; most staff are very accommodating to this problem. It depended on which GP the patient sees as to whether they felt they were being listened to regarding their symptoms.

When asked if they felt they were able to ask questions to the GP, patient replied they felt under pressure of time especially if something complicated and they don't really think enough time is given with the GP.

Patient said they had never felt they needed to make a complaint.

Patient 2

Patient phoned Medical Centre and GP called back 25 minutes later, got an appointment the same day; when calling, the phone was answered promptly; they were third in line when calling. Patient was not offered a choice of GP but was grateful to get the appointment on the same day.

Patient said reception staff are mostly friendly and helpful. Patient thought the GP listened to their symptoms and they were given plenty of time usually with the GP, they felt able to ask questions and had never felt the need to complain.

Historically the patient had had an accident - attended the walk-in centre. Then made two appointments at the Medical Centre in person, one for an injection and one to have the dressing changed one week after the first appointment with no problems.

Patient 3

Patient phoned Medical Centre, did not have to wait too long to be answered and the GP called back approximately one hour later. GP made an appointment for the same day. Patient was happy to see any GP available and saw a regular GP at the Medical Centre. Patient said some staff were really helpful, and one member of staff in particular would

go out of her way to help. Patient felt sometimes the GP became a bit 'cross' when they ask "too many" questions. They felt at ease asking questions at the reception, but thought it a bit more difficult to ask GPs questions. They also felt there was not always enough time spent with the GP. The patient had complained at the Medical Centre and felt they had been dealt with 'averagely' by the Medical Centre

Patient 4

Patient had made an appointment at 8.30am as had to go to work, walked out at 9am. This had been approximately 8 months ago.

Patient 5

Patient was a parent who had arrived at the Medical Centre for an 8.30am appointment, having taken time off work and children off school, to be told appointment had been cancelled. Parent had not received a phone call or message on answer machine referring to cancellation. The GP, who had made the appointment with the parent himself, was at a Nursing home carrying out routine checks. Parent said this was unacceptable and asked reception to ask another GP to see child, but the other GP refused. Whilst the parent was at the Medical Centre another two patients arrived for 'cancelled' appointments. Patient's appointment was re-booked for the following week, making a three-week gap instead of two. Child has an ongoing ENT problem; parent has been asking to be referred to a specialist for approximately a year, to no avail, and is now having to seek private medical advice.

Patient 6

Patient was a parent, who had phoned the Medical Centre at 8.30am waiting for returned triage call, called at 11.30am because anxious about child. As it was a Thursday and the Medical Centre closes in the afternoon, parent was told to call the out of hours' number (Hub) and was offered a 10.30pm appointment, which they considered far too late in the evening for a pre-teenage child. Patient took child to see a relative who had some medical background.

Patient 7

Child was put on a nebuliser and left unattended by GP.

Patient 8

Patient was a parent who works at a special needs school, and uses a child minder who has had shingles, suspected child of infant school age had chicken pox, phoned the Medical Centre at 8.30am and waited for triage call. Worried the parent called the Medical Centre again and the receptionist had the wrong number. The GP never called back, the parent called the Medical Centre again and the GP said they had been trying to call the parent,

but the patient had no missed calls. There were no appointments left and by now the child had a high temperature. Parent phoned the Hub and was offered an appointment at 9.45pm. They refused this appointment and made one at the Medical Centre for the next day to confirm the child had chicken pox.

Patient 9

Patient was a parent had been advised by Public Health England to attend the Medical Centre on the day of the visit as son had a serious infection. Patient was advised by PHE that they would ring the Medical Centre to tell the GP the patient would be attending. Patient phoned the Medical Centre to be told there were no appointments and the receptionist very unhelpful. The patient (who is a senior health care professional (HCP) working in a GP practice elsewhere) insisted that an appointment be made available as per PHE's instructions. They felt the message had not been passed on by the receptionists to the GP. The parent really felt that if they had not been so insistent they would not have got an appointment.

Patient felt the staff's attitude was OK, and they were welcoming and friendly at times. She felt that it depended on which GP you saw as to whether you were listened to regarding symptoms. As a senior HCP, they felt they could not use the triage system as 'you have to see a patient to evaluate properly'.

Patient 10

Patient called Medical Centre, waited for two hours to be called back, were prescribed medication which they thought was unsatisfactory.

Patient 11

Patient waited on phone for 45 minutes, then gave up. Patient had just wanted to talk to the nurse, who said she would call back after consulting the GP. Patient waited for call but it never came, which is why they called the Medical Centre. Patient decided to go to the Medical Centre to talk to the nurse. Receptionist told patient that the nurse does not call patients. Patient asked for an appointment to see nurse but was told it was a four-week wait, but the patient could wait until after Medical Centre closed to see the nurse. Patient waited from 10.45am to 12.30pm to see nurse for a two-minute consultation.

Patient 12

Patient had an appointment at 10am, checked in with receptionist as automated check-in not working. GP was due to finish his triage phone calls at 10.30am. Other patients arrived, one patient that had arrived after original patient saw the GP before, but as they had a scan booked at hospital, original patient did not mind. Other patients seemed to be 'queue

jumping' so patient complained only to be told GP was trying to call her at home because they were on the triage list.

Patient 13

Patient who had been at the Medical Centre 38 years, had recently been diagnosed with Parkinson's disease. Patient's carer asked GP for any guidance, support or signposting. Carer was told there was no support in Havering. After searching, the carer found support locally, they told the clinic what had happened and the clinic said that they were 'fed up' with the Medical Centre as they were continually sending information to the Medical Centre for referrals. The patient and carer left the Medical Centre after 38 years.

Patient 14

Patient is a teacher so unable to be triaged, because cannot wait at home to receive a phone call. Reception have given patient early face to face appointments. Patient had to wait three weeks, but was happy with this as they got an early morning appointment with GP of their choice.

Patient 15

Patient received a message on phone from the Medical Centre requesting they make an appointment at the Medical Centre. Patient phoned the Medical Centre to ask who the message was for and receptionist did not know. Patient asked which GP the message mentioned and receptionist did not know. Becoming concerned, the Patient asked to speak to the Practice Manager, but was told the Practice Manager "does not talk to patients". The Patient had recently had a diagnostic procedure at a hospital, but had been given the 'all clear'. Becoming increasingly distressed, the patient went to the Medical Centre to try and find out who the message was for. The Practice Manager still refused to talk to her. All this could have been avoided if the receptionist who made the phone call had said who it was for and for which GP.

Conclusions

In the time available, it was practicable only to interview a very small sample of patients, so it is not possible to draw the specific conclusions that a larger sampling would permit. The random nature of the sample seen, however, enables some inferences to be drawn on which comment is possible.

Most patients appear to have been relatively happy with the service provided by the Medical Centre, though there are clear reservations about how the triage system operates, which cannot simply be dismissed as "teething troubles" or lack of familiarity with it. It is telling that one patient, who is a GP in another practice, had professional reservations

about triaging this way. There appears also to have been a lack of good administration, with several patients reporting what amount to unnecessary confusion on the part of both GPs and staff - for example, a GP was attempting telephone triage while the patient was actually in the waiting room, and in another case an already, understandably-anxious patient was caused unnecessary additional anxiety when no one was able to explain to her why she had been called to make an appointment to see a GP.

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@healthwatchhavering.co.uk



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Havering Healthwatch Limited
A 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*

Email: enquiries@healthwatchhaverling.co.uk

Website: www.healthwatchhaverling.co.uk

