



Healthwatch Lambeth
Enter and View: Right for Everyone
GP Practices Visits Report

March 2017

About Healthwatch Lambeth



**Healthwatch
Lambeth is the
independent health
and social care
champion for local
people.**



We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatches across the country as well as a national body, Healthwatch England.

About Enter and View Visits

Our Enter and View programme involves visiting publicly funded health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained, authorised volunteers. Our Authorised Representatives have completed the full Enter and View training and our Authorised Visitors have completed an adapted programme.



Visit overview

Service Binfield Road Surgery, Brixton Hill Group Practice, Brixton Water Lane Surgery (now closed), Brockwell Park Surgery, Clapham Park Group Practice, The Corner Surgery, The Exchange Surgery, Hetherington Practice (Hetherington Road), Hurley Clinic, Knights Hill Surgery, Lambeth Walk Group Practice, Dr Masterson & Partners Surgery, Norwood Surgery, Paxton Green Group Practice, South Lambeth Road Practice, Stockwell Group Practice, Streatham Common Practice (Guildersfied Road), Streatham Hill Group Practice, The Vale Surgery, Vauxhall Surgery

Dates of visits Pilot: September 2015 - February 2016
Main programme: August - October 2016

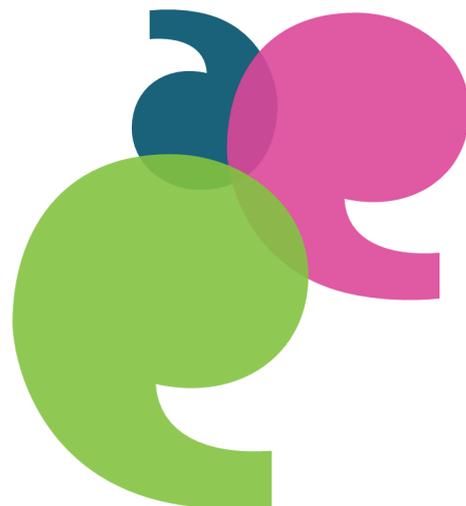
Enter and View Team **Authorised Visitors:** Jason Alder, Zetty Angus, Gina Barrett, Faye Bennett, Maggie Brennan, Samantha Farrington, Anna Finch, Julie James, Richard Keagan-Bull, Sabina Laher, Heidi Nestor, Manny O'Raka, Jack Ridgman, Danny Roberts, Jordan Rodney, Brian Stocker, Owen Taylor, Pauline Willis, Bobbie Allen (family carer), Christos Chordakis (L'Arche support worker), Liz Hanlon (family carer), Robert Hill (Lambeth Mencap carers development worker), Euly Jackson (Certitude support worker), Sandra Long (Rathbone Society support worker), Kerry Macey (Orchard Hill College tutor), Christy Mossige (Certitude support worker), Laura VanBemmel (Lambeth Mencap outreach and development worker)

Authorised Representatives: Jane Abraham (Lambeth Learning Disability Assembly service user involvement worker), Kate Damiral (Healthwatch Lambeth engagement officer), Catherine Pearson (Healthwatch Lambeth CEO)

Service liaison link Practice managers



Introduction



Purpose of visits

This visits programme is part of our Right for Everyone project, a partnership initiative with Lambeth Mencap and Lambeth Learning Disability Assembly, which is investigating how well community health services work for people with learning disabilities. The project, which is running from 2015 to 2017, also includes visits to healthy living pharmacies, dentists, opticians and foot clinics.

We are focusing on services for people with learning disabilities because there is wide-ranging evidence of inequalities experienced by this user group in accessing and receiving healthcare¹.

Our visits aim to assess:

- how accessible the service is
- the quality of information and advice provided for dealing with long-term conditions
- how kind the service is.

By drawing on the insights from our visits featured in this report, we hope that good practice can be supported and extended across all GP services in Lambeth.

¹ Department of Health: Premature Deaths of People with Learning Disabilities: Progress Update, Sept 2014

Our Right for Everyone programme also aims to support the learning disability community in Lambeth to develop greater confidence to use primary care services more effectively². The project does this in two ways; by training local people with learning disabilities to carry out the visits as experts by experience, and by running a series of events hosted by the Learning Disability Assembly to share our findings and promote the services and support available.

We believe that by working to ensure services are right for people with learning disabilities, they are more likely to become **right for everyone**. Further details of our Right for Everyone project is available at www.healthwatchlambeth.org.uk/r4e

Participants

Services

For this programme, we wanted to visit as many GP practices as possible, as this is the key gateway service for local people. Given the project resources, we aimed to visit half of the 48 practices in Lambeth and chose a sample of 25 to visit. We selected practices from each of the three localities in Lambeth (including some of the new access hubs

² In Lambeth, there is a particularly low take up amongst people with learning disabilities of GP health checks and high levels of preventable hospital admissions: Public Health England: Lambeth Learning Disabilities Profile 2013

Introduction

offering extended hours). Visits were pre-arranged with each practice.

We completed 19 visits (see page 1) plus a partial visit to Stockwell Group Practice, which was curtailed due to high patient demand at the time of our visit.

We were unable to find a mutually suitable date for visits to three practices: Crown Dale Medical Centre, Streatham High Practice and the Clapham Family Practice. Deerbrook Surgery informed us it did not have staff capacity to host a visit and Dr Curran & Partners did not reply to our requests for a visit.

Visitors

Thirty Right for Everyone Enter and View Authorised Visitors took part in this programme. Each visiting team included two people with learning disabilities, a supporter (either a family carer or support worker), and a notetaker. Team members had a range of abilities including one wheelchair user with profound and multiple learning disabilities.

Visitors and supporters had completed an adapted Enter and View training programme to become Healthwatch Lambeth Authorised Visitors for services which are open to the public. Authorised Visitors must have a criminal record check from the Disclosure and

Barring Service (DBS) or be accompanied by a person with a DBS certificate. In addition, three of our lead supporters for this programme are full Enter and View Authorised Representatives, approved to visit any publicly funded health or care service.

Methodology

During the visits, our Enter and View team used a range of criteria to assess each GP practice including physical accessibility, staff behaviours and attitudes, and the type and accessibility of information provided (see appendix). Indicators for the physical accessibility of the service were partly developed from an easy read access survey by Leonard Cheshire Disability and also designed to complement the recent DisabledGo premises audit³ of local services in Lambeth.

Alongside a checklist, our visitors asked questions to the reception team, a GP or nurse, and the practice manager.

For this project, we did not ask for feedback from other patients during our visits. Instead, our trained visitors used their own insights as experts by experience to assess how well the services work for people with learning disabilities.

³ <http://www.disabledgo.com/organisations/london-borough-of-lambeth/main>

Introduction

Findings were analysed by Healthwatch staff and presented by the visits team at a Learning Disability Assembly event in November 2016. The event attendees were also asked to feed back on the draft recommendations for the report.

All practices involved were given the chance to review and comment on the findings and recommendations before final publication of the report. We received responses from three practices and their specific comments are provided in relevant places in the main body of the report.

Findings

Physical accessibility

Our teams visited practices housed in a range of buildings. Some were custom built and others had been adapted. On each visit, the teams looked out for different features such as automatic doors, ramps, signage and layout, to assess how physically accessible the facilities were.

Some practice staff in older buildings explained to our teams that the scope for improving physical access was limited because of structural and spatial issues. One practice said they had made a grant application for improvements.

External environment

At four of the 20 practices we visited, our teams noticed there were no automatic doors into the surgery. One practice only had wheelchair access at the back of the building but there was no explanatory sign at the main entrance.

One team thought the practice they visited looked like a house and the service sign outside needed to be much bigger to help people identify it.

Another team were pleased to see that the practice sign over the front door of one surgery featured several different languages spoken by the local community.

Internal environment

Two teams found it difficult to find the surgery they were visiting once inside the building because there were a range of other services there and it was unclear where to go. Both were purpose-built health centres and one had leisure facilities as well. For example, the sole internal sign we saw for one practice was only visible if you walked about 20 metres into the main atrium area, turned back to face the entrance and looked up about five metres to the wall of an internal window above. The reception desk nearest to the entrance was also unstaffed so our team had to ask directions from leisure centre staff.

Recommendation 1

Gracefield Gardens and West Norwood health centres should audit and improve their internal signage.

Response from Knights Hill Surgery:

We agree on room for improvement in internal signage [at West Norwood Leisure Centre] however the building is fully compliant with Disability Discrimination Act regulations and was designed by architects who specialise in the healthcare sector along with NHS property services to ensure ease of access to wheelchair patients.

About a third of our visit teams found that there wasn't much space inside surgeries for wheelchairs and pushchairs to move around easily. The support worker accompanying

Findings

our visitor who uses a wheelchair noticed during their visit that although it wasn't very busy in the waiting room, *there were a lot of staff bustling by the visitor's wheelchair, making us feel we were in the way a bit.*

Waiting room

Our teams found about a third of the waiting rooms were pleasant to sit in because they were calm, clean or had plenty of space. Three waiting rooms had music playing. Some visitors described the music as a quiet background noise or calming, but others found it too loud and disturbing.

Our visitors spotted small play areas for children in a couple of waiting areas. However, in one of the surgeries, the children's activity table was blocking access to a low counter at the reception desk for wheelchair users.

One waiting area also had a fish tank and others had plants. One team tried out a machine in the waiting room for measuring your own blood pressure and weight. The practice manager explained that the results could be added to your patient record. Our visitors thought all these elements added to the waiting experience.

Our teams saw TVs in several of the waiting rooms they visited but none were switched on. One team noticed one wall-mounted TV had very low hanging wires which could have been a trip hazard.

One team noticed that water was available in the waiting room but another team visiting a practice on a hot day didn't see any provided.

Quiet waiting areas

We asked about quiet waiting areas and seven practices said they had dedicated spaces available. Some of the other practices were able to offer rooms when they were empty or allowed people to wait outside the GP's consulting room away from the main waiting area. Others said they offer early appointments for people who need a quiet atmosphere, before the surgery gets busy. We did not see any signs about quiet waiting areas, although one practice said they had cards to request a quiet space at reception.

Recommendation 2

If a practice has a quiet waiting area, it should be advertised on a poster at reception.

Information displays

Most waiting rooms had a lot of posters on the walls. Some surgeries grouped information according to topic, which our teams found helpful. However, our visitor who uses a wheelchair found that all the posters they saw were positioned too high to look at comfortably. Some posters had clear pictures to help explain their message, for example, a poster showing the recommended amount of alcohol people should drink. One

Findings

visit team saw posters in Spanish and Portuguese. However, most posters had too much writing on them. Notices about Patient Participation Groups and practice policies were particularly wordy.

Recommendation 3

Practices should review the information on display, group posters according to theme and select posters with good pictures, large font size and limited text. Practices could ask their Patient Participation Group to assist with the task.

Patient Participation Groups (PPGs)

Only one of the 16 practices we asked did not have a PPG. We were told that the groups ranged in size from five to 500 people. None of the practices said their group included people with learning disabilities. However, we heard that one PPG had held an event for patients with learning disabilities in the previous year and others hold charity events, carry out surveys on topics such as healthy eating and provide information on different services.

One practice told us it had an onsite gardening scheme for patients.

At reception

Booking in

Our teams discovered that it is possible to book in for an appointment with a receptionist

at all the practices we visited. Some surgeries also had touch screens for booking in but two teams noticed the screens were broken on the day of their visit. Another two teams found the screens difficult to spot because they were positioned on the wall behind you on arrival. One of these practices had a sign on the reception desk directing patients to use the screen, which our visitors found off-putting as they preferred to book in with a receptionist.

Making an appointment

All practices offered a facility to book appointments over the phone and one practice said it had an automated phone booking system. Our visitors tried it but found the different options difficult to follow. Ten practices said they had an online booking facility and seven told us patients can book in person at reception.

Three practices told us they run walk-in clinics and four practices said they offered call backs from a GP to assess whether patients needed an urgent appointment. Our visitors felt that it is important for practices to offer a range of ways to book, to accommodate people's different communication needs.

About a third of the practices we visited mentioned it was possible to request either a male or female doctor and a similar number said patients can request a particular GP. One practice said there was no choice

Findings

because they only had one GP but the receptionist explained patients could book to see a doctor of the other gender at the local access hub. This was the only time any of our visitors were told about the hubs.

Two practices told us one of their GPs sees all patients with learning disabilities as the learning disability lead. Two other services had a nurse or nursing assistant who specialise in learning disabilities. One of the nurses told us *“explain more than the doctor. It’s my job to make sure you understand”*.

Registering as a patient

All practices had forms to complete in order to become a patient. Six reception teams said they can help people to fill in the form. All practices except one said that people needed identification in order to register as a patient. Two practices told us they will take anyone as a patient, wherever they live. Three practices said they carry out health checks for new patients. One receptionist explained: *“It’s a chance for us to find out about you and for you to find out about us.”*

Test results

All the practices we visited said they offer test results by phone or with an appointment. Two practices told us they text people to inform them that their results are available and two others said they offer results online. One said they ask people what format they

prefer, in response to the Accessible Information Standard.

Health records

Of the 14 practices we asked, 10 said patients can see their health records at the surgery and eight said they also offered online access. Six practices told us people have to make a written request to see their records, two said people needed to provide identification. Eight practices said there is a charge for paper copies. One practice showed our visitors what a patient record looks like on screen.

Help for patients with learning disabilities

Our visitors asked each practice whether they offered any help to people with learning disabilities. All practices confirmed they had a register of patients with learning disabilities which they used to invite people for an annual health check. One practice said it used to have access to the Council’s list of people with learning disabilities but now that it doesn’t, it may miss some patients. However, another practice told us it has more people with learning disabilities on its register than the Council’s list.

Health checks

Four practices told us that, in addition to sending invitation letters for health checks, they also make reminder phone calls or texts.

Findings

One practice said it offers health checks at home and two other GPs explained how they split the check into two parts because it takes a long time. About a third of the practices we visited told us that nurses carry out health checks or share the task with GPs.

Health passports and action plans

During our appointment with the GP or practice nurse, eight practices said they create health action plans with their patients with learning disabilities.

Three other GPs said that patients bring action plans with them to appointments. Only one practice mentioned that they use health passports, mainly to list a patient's medications, and not all GPs we met were familiar with this tool.

One nurse told us she makes her own action plans rather than using a template, and draws her own pictures to help explain key points. A GP mentioned that a nursing assistant records people's likes and dislikes in their plans, such as being frightened of injections. Another practice said they use a plan when someone has to go to A&E.

Recommendation 4

All GPs and practice nurses should become familiar with health action plans and health passports and use them with patients with learning disabilities in conjunction with annual health checks. They should also involve their family

carers and support workers, with the patient's consent.

Anxiety about injections and procedures

Our visitors were told about a range of techniques GPs and nurses use for helping patients who are frightened of particular procedures such as injections. A third of the practitioners we asked said the first step would be to talk to a patient to understand their fear and some said they would encourage the person to bring someone else with them for moral support. Others said they would demonstrate the procedure, including one GP who pricked his thumb to draw blood in front of our visiting team.

Six practitioners said they use a gel to numb the area before giving an injection and four mentioned techniques they use with children, such as relaxation and distraction. Three GPs told us they could refer someone to a specialist or phobia clinic as a last resort.

Two practitioners mentioned looking for alternatives such as the nasal flu vaccination, although the GP who mentioned this explained it was currently only available for children.

Only one practitioner mentioned the issue of consent: *'If a patient is really too scared and refuses to have the injection, I would have no right to do it.'*

Findings

Support for long-term conditions

As people with learning disabilities have a higher risk of health conditions like epilepsy and diabetes, we asked what support was available to help people manage long-term conditions and stay healthy.

A third of the practices we visited said they run clinics for various conditions, three said they brought in specialists to support people and four of the practitioners said they carry out individual reviews with patients.

Two GPs told us they gave easy read information to patients on different conditions, but our visitors weren't shown any examples.

Three practices said they offered social prescriptions to gardening projects and exercise initiatives.

Other support

One practice told us they automatically book patients with learning disabilities in for longer appointments and two others said they offer double appointments on request. One practice told us they try to make sure patients with learning disabilities always see the same GP and another tries to reduce waiting time at the surgery.

Several stressed the importance of involving family carers or support workers in discussions, for example with test results. One practice also mentioned its chaperone

service which it offers to people without a carer. One practice manager told us that if someone with learning disabilities wanted to see the doctor on their own, *“that's the GP's decision as they will know the patient best”*. Our visiting team did not agree with this viewpoint. In contrast, another practice stressed that test results would only be shared with a supporter with a patient's consent.

Other support mentioned in response to this question included help with forms and assistance with repeat prescriptions. Two practices also said they run clinics for patients with learning disabilities but did not give further details.

Several practices also told us about other access support available to patients such as British Sign Language interpreters. One practice had a sign on the reception desk saying information was available in a range of formats including easy read. But when our visitors asked for something in easy read, the receptionists did not have anything to give out.

Recommendation 5

Lambeth GP Federations should consider developing for all member practices a common standard of service for patients with learning disabilities, with a menu of implementation options. Practices should give this service information to all new

Findings

patients with learning disabilities and also include it as a reminder with all annual health check invitations.

Option ideas from the Right for Everyone team include: offering longer appointments as standard without having to make a request, easy read versions of key forms (eg registration forms and health check invitation letters) on file and readily to hand, offering health checks at home, information on both the chaperone service and the right to have appointments in private without a carer or family member.

The Right for Everyone team can help to develop an easy read template resource for practices to customise.

Help for patients who are carers

Members of our visiting teams who were family carers asked practices what support they could offer to patients who were informal carers. All the practices we asked said they added a carer status to their patient record but only a few practices were able to tell us about particular support they actually provide to carers.

Two practices said they give out relevant information, for example from the Carers Hub. One practice told us it offers home visits to carers if they are unable to find someone to

look after the person they care for to enable them to get to the practice for an appointment. Another said they offer longer appointments for carers, adding “*depending on the GP*” and a different practice explained that the reception team puts carers straight through to a GP when they phone in, bypassing the usual procedure. One receptionist said “*it helps the team to know that these patients may have extra pressures.*”

One practice told us it used to host a carers group that was run by a patient who was a carer, but meetings stopped when that person left the practice. This practice also said it offers flu jabs to carers.

Recommendation 6

Lambeth GP Federations should consider developing for all member practices a common standard of service for carers with a menu of implementation options. The offer should be sent to all known carers on the patient list and also advertised in the surgery for patients who have not identified themselves as carers.

Option ideas from the Right for Everyone team include: distributing information about carer advice and support, advertising these support services in the surgery, offering home visits and longer or flexible appointments, priority telephone access and personal invitations

Findings

to have a flu jab. Healthwatch will also explore this idea with the Carers Hub.

Practice staff behaviour and attitudes

Kindness

Our visiting teams found that most of the staff they met were very kind. Most reception teams were friendly, cheerful, respectful, helpful and professional. They also listened, smiled and looked at our visitors. Some were also described by our teams as thoughtful and patient.

Other positive responses our teams encountered involved staff coming out from behind their desks to greet us, shaking hands, offering refreshments, giving a tour of the premises, giving positive feedback on our questions and asking visitors for their opinions: *“We liked that the doctor asked us about how to be healthy and what we thought about the flu jab, rather than just telling us.”*

However, not all interactions with staff were positive. Our visitors encountered two reception teams who were unhelpful. One reception team said they were unaware of the visit and did not respond to our unexpected arrival in a proactive way. The other team appeared to be very busy and the front desk seemed chaotic. As a result, our visitors did not get much dedicated attention and felt rushed. In addition, team supporters observed that on two other occasions our

visitors were initially ignored on arrival; once during a staff handover and once when the only staff member on duty was chatting for an extended time with a patient.

Two GPs also told us during our pre-booked appointment that they were unhappy because they had been unaware of our visit. These responses also made our visitors feel unwelcome.

Other observations

Our visitors noticed a range of other staff responses that could be improved:

- Some staff . receptionists, GPs and nurses . tended to speak to our teams very quickly. A few also appeared to be quite nervous about engaging with our visitors.
- Although most staff made initial eye contact with our visitors with learning disabilities as they asked questions, several staff directed their answers to our supporters rather than focusing on the person who asked the question.
- The majority of staff quickly slipped into complex descriptions or jargon-heavy language in their responses to our questions. Only a few individuals checked that our visitors had understood the information they provided.
- One GP was very patronising, calling one of our visitors a *“good boy”* and patting him on the back. The GP told us they



Findings

were the learning disability lead for the practice.

Recommendation 7

GP practices should ensure that all members of their reception team, as the initial point of contact, have excellent communication skills as a primary competency and a kind attitude.

As co-commissioners of GP services, NHS England and Lambeth Clinical Commissioning Group (CCG) should ensure that the practices they commission have kind reception teams. They should also ensure the availability and take up of training for all practice staff to develop good communication skills. The training should include information about learning disabilities and different communication needs, and the opportunity to practise appropriate interactions and build confidence.

Conclusion

Our teams encountered a broad range of facilities during our 20 visits, making it difficult to offer general recommendations about physical accessibility. We would suggest practices reflect on our teams' findings and consider whether there are opportunities to make their service easier to use given the constraints of their premises and the requirement to make reasonable adjustments.

In particular, the two health centres should address the lack of signage in their premises as a priority.

On the whole, practice staff were welcoming to our teams and most practices invested time and energy to engage with our visitors in a constructive and genuine manner. However, as reflected in our recommendations, reception teams in particular would benefit from opportunities to develop their communication skills, which would help to boost their confidence when interacting with people with learning disabilities.

We were also struck by the low level of awareness amongst GPs of action plans and health passports. Given the CCG's current drive to increase uptake of health checks by people with learning disabilities, this would be an ideal time to ensure these tools are included in the health check process as standard, as a means to support patients to both understand key aspects of their health and play an active role in managing their own wellbeing.

Given the requirements of the Accessible Information Standard for services to ask patients about their information and communication needs and respond to them appropriately, we were surprised and disappointed by the lack of easy read resources we encountered during our 20 visits.

Findings

The Healthwatch Right for Everyone team would be pleased to work with the Lambeth GP Federations to identify a suitable bank of key easy read materials for practices to draw on.

Response from Hetherington Group Practice:

The report was very informative and worthwhile. The Accessible Information Standard training module is fairly new to practices; it was made mandatory last year. I [practice manager] have set ours as mandatory to be done annually as it's really important for all staff to retain this information.



Recommendations

Below, we list our recommendations from our GP practice visits:

Recommendation 1

Gracefield Gardens and West Norwood health centres should audit and improve their internal signage.

Recommendation 2

If a practice has a quiet waiting area, it should be advertised on a poster at reception.

Recommendation 3

Practices should review the information on display, group posters according to theme and select posters with good pictures, large font size and limited text. Practices could ask their Patient Participation Group to assist with the task.

Recommendation 4

All GPs and practice nurses should become familiar with health action plans and health passports and use them with patients with learning disabilities in conjunction with annual health checks. They should also involve their family carers and support workers, with the patient's consent.

Recommendation 5

Lambeth GP Federations should consider developing for all member practices a common standard of service for patients with

learning disabilities, with a menu of implementation options. Practices should give this service information to all new patients with learning disabilities and also include it as a reminder with all annual health check invitations.

Option ideas from the Right for Everyone team include: offering longer appointments as standard without having to make a request, easy read versions of key forms (eg registration forms and health check invitation letters) on file and readily to hand, offering health checks at home, information on both the chaperone service and the right to have appointments in private without a carer or family member.

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Option ideas from the Right for Everyone team include: distributing information about carer advice and support, advertising these



Recommendations

support services in the surgery, offering home visits and longer or flexible appointments, priority telephone access and personal invitations to have a flu jab. Healthwatch will also explore this idea with the Carers Hub.

Recommendation 7

GP practices should ensure that all members of their reception team, as the initial point of contact, have excellent communication skills as a primary competency and a kind attitude.

As co-commissioners of GP services, NHS England and Lambeth Clinical Commissioning Group (CCG) should ensure that the practices they commission have kind reception teams. They should also ensure the availability and take up of training for all practice staff to develop good communication skills. The training should include information about learning disabilities and different communication needs, and the opportunity to practise appropriate interactions and build confidence.

Appendix: visit checklist



Right for Everyone Project GP visits checklist



Name of GP Practice:

Date of visit:

Name of visitor:

On arrival at the GP surgery

Access



 Is it easy to get into the GP surgery?
For example an automatic door, steps, clutter round the door.





 Are the signs clear and helpful?





 Is there space to get a wheelchair or buggy around?



Comments:



Introductions—things to say to the receptionist:

Hello my name is....

I am from Healthwatch Lambeth.

I am here to do an Enter and View visit.

I have an appointment.



Booking in

How do you book in?



Is booking in easy or hard?





Questions for the receptionist

Ask the green questions.

What is the receptionist like? Choose some words in the box:

friendly	rude	smiles	helpful
cheerful	unfriendly	kind	listens
unkind	respectful	looks at me	unhelpful
patient	rushes me	thoughtful	professional
does not listen			

Appendix: visit checklist



In the waiting room



Is the information on the walls helpful?
Please say why.



Does the doctor / nurse come to the
waiting room to collect patients?



Do I have to wait a long time?
How long?



Is there anything that made your waiting time good
or bad? For example music, crowds, noise, plants.



Seeing the doctor or nurse

Who do you see today? nurse / doctor



Questions for the doctor or nurse

Ask the blue questions.



Questions for the practice manager

Ask the pink questions.

Any other comments about your visit?

Thank you for taking part.

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