

# Oak Lodge Surgery (Dr R Chowdhury)

Oak Road, Harold Wood RM3 0PT

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

## The Practice

The Oak Lodge Surgery is situated in a large converted building that was formerly two houses. The parking facility in the front is primarily reserved for staff, but can be used by patients with disabilities. The opening hours are 8am to 6.30pm.

Nine surgery sessions were held per week. Early appointments were reserved for commuters, children are always seen, and elderly patients are given priority. A computer display highlighting the names of elderly, vulnerable, and at-risk patients was demonstrated to the team.

The surgery itself was comfortable and welcoming. The reception area seemed small and not well signposted, but the receptionist was approachable and friendly, very discrete and welcoming; the team noted that every patient was greeted by name. The adjacent waiting room was however large and comfortable. It was commendable that patients were able to speak to the receptionist in private and away from other patients. At the time of the visit, installation of an electronic system for calling patients was imminent; pending that electronic system becoming operational, the doctor would come to the waiting room and call patients for their appointment. A notice on the wall indicated the locations of an oxygen cylinder and a defibrillator was on the wall, together with fire extinguishers. Security buzzers were located in reception and the consulting rooms.

There were notice boards in the waiting room with all required posters on display, including those for Healthwatch and the GP hub. A complaint/suggestion box was available. On-line booking was advertised and well used.

A hearing loop was installed in both reception and the consulting rooms. Toilet facilities were excellent, including a toilet for people with disabilities accessed from the waiting room, with another, down two steps, including baby-changing facilities and a step stool for children.

## Services

The practice had one permanent doctor, with locums called on when necessary. There was also a practice nurse, a practice manager and six reception/ administrative/support staff, all part time. At the time of the visit, there were about 3,000 patients on the list but patients had recently been transferring from the GP practice at the nearby Polyclinic. The doctor told the team that the list size was a comfortable number for this practice.

Patients waiting for test results would be called by doctor if necessary. Patients can call in after couple of days for results. The practice also provided information to patients about Asthma, Diabetes and other conditions. There was an electronic system for prescriptions, which would be reviewed regularly. Patients who failed to attend appointments would be written to if they had missed 3 appointments.

There had been no problems obtaining records electronically through the EMIS system when patients had transferred from other practices. All staff had been trained on this system by an external trainer. Paper records were also transferred but it would take approximately one week for them to arrive. New patients were given a health-check by the nurse. Patients who have long-term disabilities would be seen by

doctor. Patients with high-risk conditions were reviewed according to medication.

All members of staff attended regular training sessions, including a fire drill every 3 months. All gas tests had been completed. The Web site had been updated during the previous week. All staff were fully trained on the clinical computer systems.

Weekly staff meetings were held, with clinical meetings once a month, and general meetings every morning at the end of surgery.

High risk medicines were monitored by the nurse and flagged up on the IT system and assessed at 3-monthly intervals. A drugs programme indicated patients who required further assessment, taking into account NICE guidelines and safety alerts. Translation facilities were available, mainly by conference call.

The team spoke to the nurse and viewed her consulting room. No minor surgery was performed at this practice. No charges were made for vaccines.

In the course of the visit, staff mentioned to the team that they felt that Family Planning services in the borough could be improved upon.

The doctor visited the adjacent Care Home every Monday and was also on-call for the home, which keeps down his unplanned admissions.

Complaints were dealt with first by Practice Manager, who then forwarded them to doctor. The team was told that the PPG was active, meeting every two to three months, with a member of the practice in attendance. Members of the Patients Participation Group (PPG) attended the surgery on the day of the visit to meet the team and had the opportunity of a brief discussion during which it was suggested that opportunity might be taken of using the attractive garden at the rear of the premises for “natter natter” sessions with patients.

## Patients' views

All patients spoken to during the visit were happy with the practice, and had no complaints about appointment times or the booking system; many had been with the practice for many years. A Friends and Family survey was carried out every three months.

## Recommendations

That:

1. The opportunity for providing more Family Planning facilities within the borough be explored (this is a matter for the local authority and CCG, to which Healthwatch will draw attention)
2. The practice support its PPG to make use of the rear garden by starting “natter natter” sessions, as discussed during the visit.

**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 24 July 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](mailto:enquiries@healthwatchhavering.co.uk)

Find us on Twitter at [@HWHavering](https://twitter.com/HWHavering)



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