



Healthwatch Central West London

**Enter and View Report
Soho Square General Practice**

April - May 2018

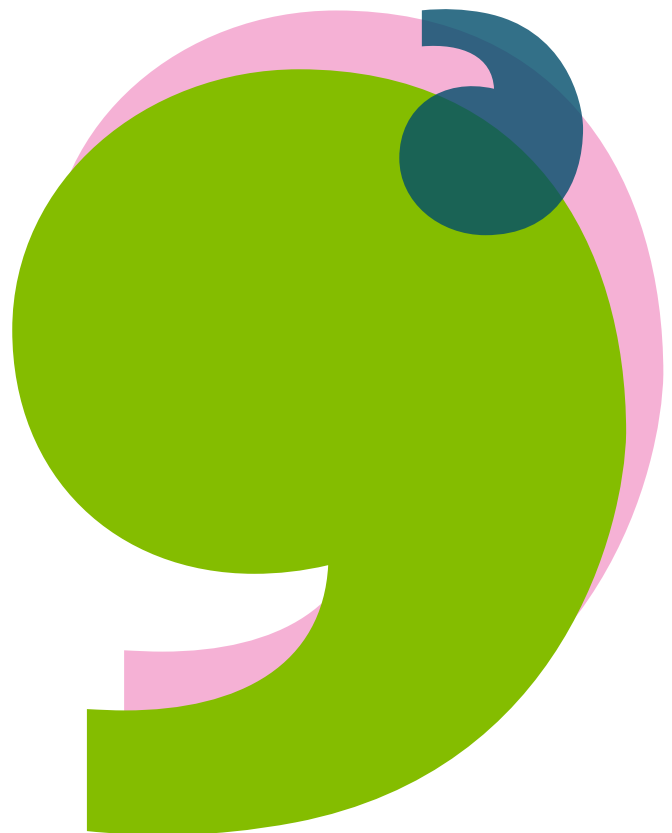


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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Soho Square General Practice
Service Provider	LivingCare Medical Services
Date and Time	<ul style="list-style-type: none"> Wednesday 25th April 2018 - 13:00hrs and 16:30hrs Thursday 26th April 2018 - 08:30hrs and 14:00hrs Monday 30th April 2018 - 16:00hrs and 18:30hrs Tuesday 1st May 2018 - 15:00hrs and 18:30hrs
Authorised Representatives	Zivile Adulcikaite, Gaenor Williams-Holland, Anne Heath, Godwyns Onwuchekwa
Contact details	Healthwatch Central West London 522 Grand Union Studios 332 Ladbroke Grove London W10 5AD

1.2 Acknowledgements

Healthwatch Central West London would like to thank the Soho Square General Practice, its staff, patients and carers for their contribution to the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific dates and times set out above. The Enter and View report is not a representative portrayal of the experiences of all service users, staff and volunteers. It is only an account of what was observed and contributed through interviews at the restricted time of Healthwatch Central West London representatives' visit.



2 Executive Summary

Healthwatch Central West London (Healthwatch CWL) works to champion better standards of care in health and social care services. Its team of Dignity Champions consists of volunteers recruited from the local community who work to improve standards of dignity in health and social care services. This report presents the findings of the Dignity Champions' 'Enter and View' visit to Soho Square General Practice in Soho. The Practice is commissioned by the Central London Clinical Commissioning Group (CLCCG) and it is run by LivingCare Medical Services.

This 'Enter and View' was carried out to understand the concerns patients raised with Healthwatch over changes to the model of care at the Practice being brought in from autumn of 2017. We set out to determine the level of changes and its impact on patients.

After the Practice lost all of its employed doctors and nurses, we felt that an 'Enter and View' would give us a clearer understanding of the quality and safety of care that was being offered and help us to ensure that patients' safety remains at the centre of service provision.

3 What is Enter and View?

Healthwatch Central West London (Healthwatch CWL) works to ensure local people's voices count when it comes to shaping and improving local health and social care services across the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster.

Under Section 221 of The Local Government and Public Involvement in Health Act 2007 as amended by the Health and Social Care Act 2012¹, Healthwatch has a statutory power to 'Enter and View' places that provide publicly funded Health and Social care services². This may be unannounced or through prior arrangement to view and assess a service.

Enter and View visits can happen if people tell us there is a problem with a service. They can also occur when services have a good reputation - to learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Enter and View visits can be carried out if one or a combination of these factors is identified by Healthwatch CWL:

1. As a contribution to a Healthwatch CWL programme work;
2. As a consequence of service user, or public feedback;
3. As a strategy to explore good practice;
4. As a method for checking the responses of a service following an earlier Enter and View visit;
5. As a response to a request or recommendation by a professional from the health or social care who has involvement in the commissioning, contracting or regulation of that service.

The Healthwatch CWL authorised representatives who carry out 'Enter and View' visits are a group of volunteers referred to as 'Dignity Champions'. They receive training on the Care Act 2014 and the duties and implications in the provision of care around respect and dignity, safeguarding vulnerable adults and health and safety. All the Dignity Champions have a current enhanced Disclosure and Barring Service (DBS) certificate.

When carrying out Enter and View visits, the Dignity Champions follow the 10 standards set out in the Department of Health's 'Dignity Challenge':

¹ Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 <http://www.legislation.gov.uk/uksi/2013/351/part/4/made>

² Apart from Children's Social Services



1. Demand for emergency and urgent care health services Have a zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and positive self-esteem
10. Act to alleviate people's loneliness and isolation

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

3.1 Purpose of Visit

In September 2017, LivingCare Medical Services (LCMS) proposed a series of changes to the model of care in Soho Square General Practice. These were intended to be implemented from the 1st of December 2017. The provider had attended the Patients Participation Group (PPG) to inform patients of this proposal which included the following changes:

- An end to the early morning drop-in clinic
- The introduction of a mandatory 'telephone triage' for all patients to access the service
- Reduction in doctors' hours by a third
- Introduction of Advanced Nurse Practitioner (ANP)
- Language Line interpreting system

Healthwatch deemed these changes to be a significant change to service provision and therefore advised that LCMS had a duty to consult patients at the practice under the Health and Social Care Act 2012, Section 14Z2. Healthwatch felt that the provider had failed in engaging with patients and in making arrangements for their involvement in the changes. We were especially concerned about the poor level of communication explaining the changes and the process of implementing them with as little or no disruption to access to services as possible.

Healthwatch attended Patient Participation Group (PPG) meetings where these issues were discussed with the representative of LCMS. At these meetings little information was offered to patients, or the information offered later changed.

The 'Enter and View' visit was conducted as part of Healthwatch CWL's ongoing work to ascertain the level of changes to the model of care implemented by the provider and whether due diligence in patients' involvement has been followed. Healthwatch also wanted to understand the impact of the changes on patients and what they (patients) understood by the proposal.

3.2 Strategic drivers

The following legislation and policy documents set out expectations of delivery on primary healthcare providers

- Central London CCG Primary Care Strategy (Section 4)³
- CQC Regulation 10: Dignity and Respect⁴
- Health and Social Care Act 2012 (S. 14Z)

In addition, Healthwatch Central West London has a commitment to ensure patients and carers are at the centre of decisions made about changes to their care. We actively engaged stakeholders and commissioners to identify mutual solutions and to clarify what the Alternative Provider Medical Services (APMS) contract - the type of contract under which the service was commissioned - states the provider can or cannot change, and how this is measured. To achieve this, Healthwatch raised the case with the following decision-making stakeholders;

- CLCCG Primary Care Commissioning Committee
- NHS England
- Adults & Health Policy & Scrutiny Committee (Scrutiny)
- Care Quality Commission (CQC) - this was for Healthwatch's statutory intelligence sharing⁵

Having raised this matter at the various strategic meetings above, Healthwatch was also involved in meetings between CLCCG, NHS England, the provider, and the PPG. After raising the matter at the Adult Social Care Scrutiny Committee in Westminster Council, a special scrutiny committee was held solely to discuss changes at Soho Square GP Practice and to hear specifically from the provider.

³ <http://www.centrallondonccg.nhs.uk/media/68923/nhs-central-london-ccg-primary-care-strategy.pdf>

⁴ <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-10-dignity-respect>

⁵ This happened as a result of concern for safety and quality of care due to repeated days without health professionals in clinic and the resignation of all doctors.



At the local level, Healthwatch attended PPG general meetings to inform patients of their rights as well as to support them to engage with the provider on the proposed changes. Additionally, Healthwatch met with the PPG leadership to offer support, to update on strategic discussions Healthwatch had been involved, and to suggest next steps towards a resolution.

Healthwatch also had meetings with the provider to inform and remind them of their statutory duty to engage, as well as to fully involve patients at every level in any changes, including providing enough clear information and in timely manner. Healthwatch requested that the provider carry out an Equality Impact Assessment and Quality Impact Assessment to determine the impact the proposed changes would have on patients who [may] had various level of vulnerability.

3.3 Methodology

The Enter and View visits were announced through a letter sent to the Practice Manager via email. The Healthwatch CWL team visited on the announced dates and collected data from both staff and patients and their carers using a survey, as well as speaking to the individuals. Other actions included:

- A discussion between the Practice Manager and Healthwatch team on the day of the visit on the process;
- An observation check-list was devised to help the Dignity Champions to record their observations of the environment of the centre.
- Two different questionnaires were developed for patients/carers and the Staff team at the Practice.
- The Healthwatch CWL representatives talked to patients and staff who were willing to share their opinion. It was made clear that they could end the interview at any time.
- In total Healthwatch CWL representatives spoke to:
 - 42 patients and carers
 - 4 fully contracted staff members
 - 3 locum staff (1 GP, 1 Advanced Nurse Practitioner and 1 Practice Nurse)

4 Summary of findings

4.1 Background

Soho Square General Practice was established to provide general surgery services to registered local residents within their catchment area. The Practice had an estimated 5,200 registered patients at the time of our visits. This was confirmed by the Practice Manager, although some patients have informed Healthwatch that they have left the Practice due to the recent inconsistency in staff availability. Since August 2016, the Practice has been run by LivingCare Medical Services (LCMS). Up until March 2018, the Practice had 2 full time doctors, a Practice Manager, Practice Nurse and 2 reception staff. However, all the above staff left between September 2017 and March 2018, with the exception of the Practice Manager. The reception staff has been replaced, and a new Health Care Assistant is in place while the rest of the healthcare professionals remains locum.

Healthwatch CWL was concerned about the inconsistency in service offering and difficulties with appointments as a result of the changes, and planned this Enter and View to find out if any problems existed that could impact patients' safety and dignity.

As recently as February 2018, the Practice experienced days on which it had no healthcare professional on duty to see patients. This meant that some patients needed to attend walk-in services or A&E to access healthcare services. This raised Healthwatch CWL's concern as to the safety of the service provided at the Practice.

4.2 Environment

At the time of the Enter and View visit at Soho Square General Practice, Healthwatch CWL Dignity Champions made observations and asked the guests what they thought about the environment of the centre.

4.2.1 Location and Outdoor Signage

Soho Square General Practice has a long-standing cohort of patients, many of whom have been with the Practice over a decade and more.

The practice is located to the North of Soho just before Soho Square. The building housing the Practice is owned by the NHS and contains within it other NHS-funded services including: Soho Walk-in Centre, Soho Square Surgery (this shares the same floor with the Practice), and a Pharmacy amongst others.



4.2.2 Reception

The practice shares a reception space with its floor neighbour - Soho Square Surgery. This arrangement has worked well for the patients of both GPs over the years. There were clear signs at the reception desk-counter indicating which side belongs to which Practice. The Healthwatch CWL team did not notice any confusion with visitors or patients who accessed the service about identifying who to speak to.

The above arrangement applies to the waiting area too, which also is shared by patients of both Practices. The waiting area is large enough for both Practices with enough chairs for patients to sit. There is good amount of information leaflets provided and a coffee table, which contains more leaflets, including health-focused magazines to use while patients wait to be seen.

At the time of our visit, the waiting area did not contain anything for young children and we noticed that young children played with the contents of the coffee table instead.

4.2.3 Health and Safety

- The Dignity Champions did not have any concerns in regard to hygiene and cleanliness of the centre.
- Toilets were clean and hygiene products were available for guests to use.
- The toilets are only accessible by request to the reception staff who operate a button to unlock them for the patient.

4.2.4 Atmosphere

The Practice did not provide drinking water for patients.

The information board was empty during the visit. However, there were a lot of leaflets in the area, although some of them were out of date.

The locked toilets frustrated some patients especially when the reception staff were busy on the phone; attending to [an]other patient; or have stepped out for any reason, and therefore cannot be approached to unlock the doors.

4.2.5 Accessibility

- The centre is accessible to patients with mobility difficulties. There is a ramp at the main entrance of the building and the lift from the lobby downstairs is spacious enough to transport a wheelchair user and carer, or parents and young children in prams, at the same time.



- There are no steps into or from the lift and the reception area is spacious enough to provide space for wheelchairs, buggies or any other such mobile equipment that may be used by patients and service users.
- The Centre has one reception staff who speaks a Chinese language. The Language Line interpreting service is used in consultation rooms.
- Patients' check-in kiosk was not in a working condition. This leads to queues sometimes but generally the reception was quiet at the time Healthwatch CWL was visiting.
- There were two TV screens in the waiting room. These were displaying outdated information including information about "staying well this winter" (this 'Enter and View' took place in spring, at the end of April/beginning of May).
- There was no clock in the reception area apart from one stationed at the back in the reception room.

4.2.6 Privacy

All the consultation rooms offer good privacy to patients of Soho Square GP. However, the reception area may be exposed for patients if they have concerns about their discussion with the reception staff. The Practice has a sign requesting other queuing patients to give room to the person at the reception. This sign may not be large enough for people with vision difficulties or come to service users' attention easily.

4.2.7 Opening times

Although the Practice is advertised as open between 8am and 6:30pm, Healthwatch CWL observed during the 'Enter and View' that patients were not seen in the first hour of the morning and the last patients were seen by 5pm. Although the Practice explained that appointments are offered as routine, this nevertheless creates confusion as to when patients can access the clinic.

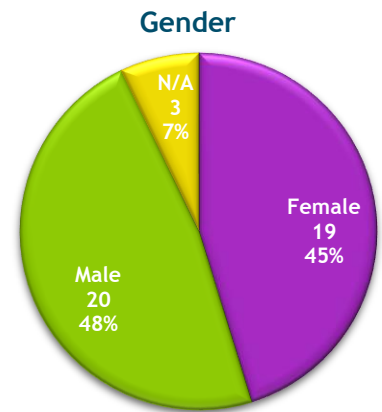
4.3 Soho Square Patients

Healthwatch CWL's team spoke to over 50 patients including 42 who agreed to and filled out the questionnaire. Seven patients did not fill out the questionnaire due to a language barrier and five patients did not want to take part.



4.3.1 Who Uses to Soho Square GP

- The Practice was used by a wide range of people during our visit. This is captured through our separate demographic questionnaire which we handed to patients as part of the main survey.
- People of Chinese heritage made up the bulk of patients using the Practice and made up the entire seven non-responders who did not take part due to a language barrier.
- Healthwatch CWL noticed a balance in the gender spread of patients as evidenced by response to our demographic form.



4.3.2 Why People visited Soho Square

There were a wide range of reasons patients attended the Practice. This ranged from seeing a healthcare professional to booking appointments, requesting or collecting repeat prescriptions. The majority of people we spoke to, including those who filled out our survey came because they wanted to see a GP. This appeared to be most preferred healthcare professional that patients came in to see. Most of the elderly patients came to book appointments as they find it difficult to do this over the phone or through the online system. One told us that; *“I don’t like using the phone because my hearing is poor. I prefer to speak and see who I’m speaking to.”*

4.4 What staff told us

At the Enter and View, we spoke to staff at the clinic. Unfortunately, the majority of staff are new or temporary (locum) and did not have a comprehensive understanding of the current situation at the Practice.

We spoke to a total of seven staff:

- 1 GP - locum
- 1 ANP (Advanced Nurse Practitioner) - locum
- 1 Practice Nurse - locum
- 1 Healthcare Assistant (HCA) - permanent; started a few weeks before
- 1 receptionist - permanent; started in February 2018
- 1 Senior Administrative staff - permanent; started in February 2018
- 1 Practice Manager - permanent; longest serving staff



Most of the staff are aware of the difficulty between provider and patients and have experienced some patients' anger, etc. as a result. Staff feels that the Practice could be better in managing relationships with patients. However, staff do find their patients very helpful and supportive.

Staff highlighted the need for translation services for patients and suggested that more needed to be done to ensure access.

Staff raised the issue of increasing staff numbers. They said that when it is busy, they struggle, especially when they are the only healthcare professional in their role available.

On a scale of 1 - 10 (with one being poor), the staff rated the clinic an average of 6.

Both permanent and locum staff said the physical environment was not a problem but said that the proposed changes and difficult relationships between the Practice management and patients was making the clinic a tense place to be.



5 Additional findings

During this Enter and View, Healthwatch CWL focused mainly on identifying difficulties that patients might have had because of the proposed changes, some of which have had phased implementation. To achieve that, we focused our survey on the following key aspects of the service to help determine impact and any major concerns which have affected safety and quality of service for local people. The five areas included:

5.1 Proposed Changes

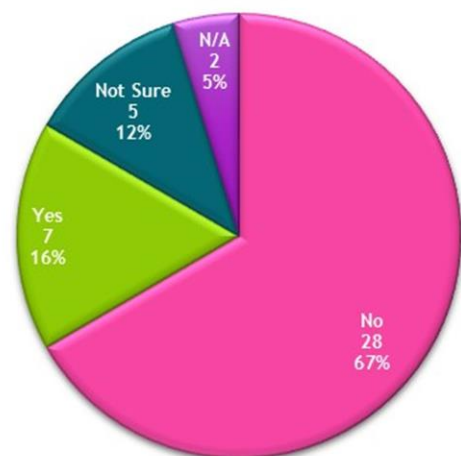
The main concerns that patients have were related to the proposed changes. While many found the service generally useful, almost all patients we spoke to were worried about the proposed changes, one way or another. Patients were opposed to the proposed reduction in doctors' hours. The resignation of the two employed GPs who had worked in the surgery for over a decade was seen by patients as a sign that there is inconsistency and disarray in managing the Practice. Patients complained about meeting or seeing different locum healthcare professionals on every visit.

When asked if patients have noticed any changes recently, "staff change" was the most emphasized "change".

When asked if patients knew about the proposed changes, nearly three quarters (67%) were unaware. Of the 16% who were [aware of the changes], a significant number heard it through other patients or the PPG. However, when asked how they heard about the changes, nearly 70% of patients did not specify any of the options available or offered their own. So patients' understanding of the changes was sparse and in most cases, inconsistent with one another or with the clinic. An example is the misunderstanding patients have between 'Language Line, Telephone triage and telephone translation or interpreting'.

In general, the majority of responding patients, 42% opposed the reduction of doctors' hours, in addition to nearly 20% who were doubtful about this proposal. Over 68% see it as a negative, and expect it will lead to fewer appointments.

Did you know about the above proposed changes?



Patients were not sure what improvement these changes will bring. One patient commented, *“When feeling ill, all you want is to be seen by a doctor, not going through hoops. Why change things that were working?”*

5.2 Accessing Service

Of the 42 patients who responded to our survey, more than half were ‘satisfied’ or ‘somewhat satisfied’ with the service they receive at Soho Square General Practice. Some patients of Chinese heritage raised concerns about interpreting. Nearly 10% of respondents felt they could communicate more comfortably in Cantonese; no other specific languages were requested. Of those patients who needed interpreting support, some have not used any interpreter services. One respondent had tried to use the interpretation service but had not been able to get the service when needed. Another patient said; *“when I don’t understand the communication, the doctor helps to make sure I understand.”*

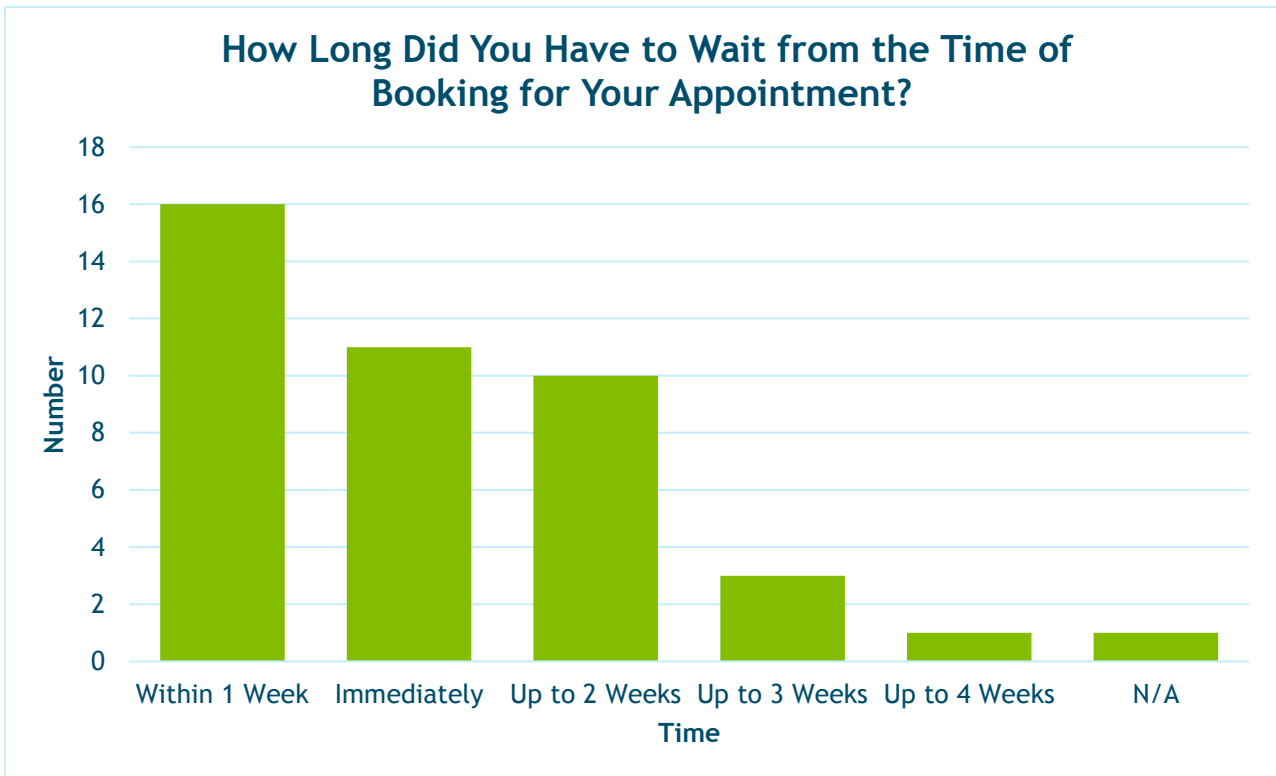
Many patients also said they saw the healthcare professional they hoped to see, though a significant number (12%) of the responding patients stated they were attended to by a healthcare professional they were not hoping to see.

5.3 Booking Appointments

Half of all patients booked their appointments over the phone with over 40% booking at the reception. Some of the elderly patients Healthwatch CWL spoke to were concerned that they did not understand the online system and worried that the new drive to use this might not work for them.

Patients waited between 2 and 4 weeks for their appointment from the time of calling.





5.4 Prescription

Of the patients we spoke to, 76% have received a new prescription in the last six months; over 10% have had their prescription changed recently. Mostly patients were not worried about the changes, although only 3% had had their medications changed or stopped without prior notification. Some of those who had not had prior notification had only found out when they made a request for the repeat prescription at the pharmacy.

In instances when patients were informed of changes, they were not always clear why the decision to stop or change the prescription had been taken. One patient told us that; *“the locum doctor/ANP did not tell me [about the change] exactly. I don’t understand what they said either.”*

Another patient said, *“It would be nice to be informed.”*

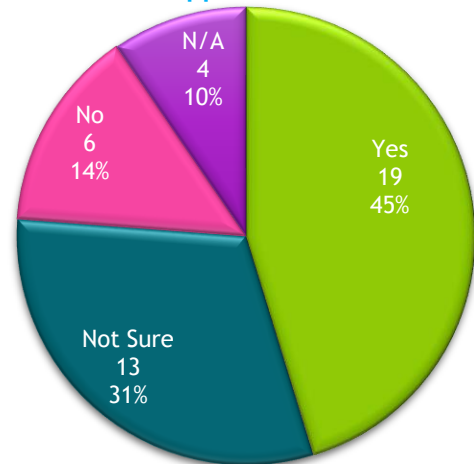


5.5 PPG (Patients' Participation Group)

Many patients did not attend the PPG meetings because of time or other commitments, including raising children, being at work, as well as being unaware of its existence. Other factors included:

- lack of interpretation/translation during the meetings;
- lack of trust that the PPG is taken seriously by the providers;
- difficulty in following the conversation even though the individual can interact in English;
- lack of translation/interpreting at the meetings.

Do you think the PPG is a good way for patients to engage and be involved with the clinic to influence what happens in it?



Nevertheless, nearly half of respondents believe the PPG is a good way for patients to engage and be involved with the clinic to influence what happens in it.

Not all patients received or were sure they received information about the PPG meetings.

6 Recommendations

6.1 Healthwatch CWL Recommendations

By listening to people and recording their experiences, Healthwatch CWL has some recommendations designed to help Soho Square General Practice management improve its service and patients' experience.

Based on the Enter and View visit, Healthwatch CWL recommends the following:

Proposed changes to the service

- a) LivingCare should review how it engages with patients to ensure they are listening effectively to concerns and involving patients in the decision-making process for changes;
- b) LivingCare should explore and listen to patients' understanding of proposals and the impact it could have on them;
- c) LivingCare should work with staff based at Soho Square GP to involve patients in proposed changes to services and to disseminate information to patients.
- d) LivingCare should ensure that staff working in Soho Square GP are fully informed about changes to services and opportunities to be involved in decision-making.

Staff recruitment and retention

- a) LivingCare should develop and implement a plan to employ permanent staff, especially healthcare professionals including GPs to improve staff turnover and strengthen patients' faith in their service;
- b) LivingCare should review how it can more closely reflect the demographics of their registered patients in the staff population, for example by making Cantonese (or other Chinese language) a priority when appointing healthcare professionals, where possible.

Patient Participation Group

- a) Practice staff should send out information about PPG meeting to all patients in good time so that they are able to attend meetings.

Communication with patients

- a) LivingCare and practice staff should ensure that all patients receive information in the format they will understand;
- b) LivingCare and practice staff should improve communication with patients by using easy-to-understand approach in plain language to ensure that patients



- understand information especially when being transmitted during consultation.
- c) The Practice should amend its advertised opening hours to reflect the actual times patients can access the service.

6.2 Service provider response

LivingCare Medical Services (LCMS) recognise the findings of the report and since the Enter and View was undertaken significant progress on issues identified has already been made. LCMS has been working closely with the PPG to discuss how the service is running and ensuring that we are able to capture all patients' voices and feedback in our provision.

We are committed to the community and continuity of care at Soho within challenging times in Primary Care. We are working with the CCG to ensure that we have a sustainable service that effectively meets the community's clinical need.

LCMS would like to thank Healthwatch in undertaking this Enter and View and would invite Healthwatch to undertake another E&V in October (6 months) to see the progress made.

Provider response to specific Healthwatch Recommendations

Proposed changes to the services

Recommendation	Response
LivingCare should review how it engages with patients to ensure they are listening effectively to concerns and involving patients in the decision-making process for changes	LCMS has been working closely with the PPG to discuss how the service is running and ensuring that we are able to capture all patients voices and feedback in our provision.
LivingCare should explore and listen to patients' understanding of proposals and the impact it could have on them	LCMS has been working closely with the PPG to discuss how the service is running and ensuring that we are able to capture all patients voices and feedback in our provision.
LivingCare should work with staff based at Soho Square GP to involve patients in proposed changes to services and to disseminate information to patients.	



LivingCare should ensure that staff working in Soho Square GP are fully informed about changes to services and opportunities to be involved in decision-making.	Changes at the service will need to occur to ensure that it meets the national strategy (GP Five Year Forward View) and we will ensure full 6 week consultation as part of this, by no means will these be as radical as suggested in Autumn 2017. The staff are aware of these such as using a smart phone application to support appointment choice.
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Staff recruitment and retention

Recommendation	Response
LivingCare should develop and implement a plan to employ permanent staff, especially healthcare professionals including GPs to improve staff turnover and strengthen patients' faith in their service	It is important to understand the context of recruiting a GP in London.
LivingCare should review how it can more closely reflect the demographics of their registered patients in the staff population, for example by making Cantonese (or other Chinese language) a priority when appointing healthcare professionals, where possible.	Access to care is important to us and at the last PPG, discussion around the Chinese community had begun. We need to ensure that we service all needs of our patients and this must be done in an equitable manner.

Patient Participation Group

Recommendation	Response
Practice staff should send out information about PPG meetings to all patients in good time so that they are able to attend meetings.	The PPG information gets sent out within 3 days of the request of the PPG leadership team.



Communication with patients

Recommendation	Response
LivingCare and practice staff should ensure that all patients receive information in the format they will understand	
LivingCare and practice staff should improve communication with patients by using easy-to-understand approach in plain language to ensure that patients understand information especially when being transmitted during consultation.	
The practice should amend its advertised opening hours to reflect the actual times patients can access the service.	Appointments are given on a routine basis. Different staff work at different times.

