![healthwatch Waltham Forest]

Enter and View Visit

Manor GP Practice
June 2024

Contents

Visit details

Service address	454 Lea Bridge Road London E10 7DY
Service Provider	The Manor Practice
Service description	GP Practice
Status of visit	Announced
Date and Time of visit	27th & 28th June 2024
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Declarations of interest	None

Acknowledgements

Healthwatch Waltham Forest would like to thank the service provider, service users and staff for their cooperation and hospitality in hosting this visit. We welcome all contributions to this Enter and View programme.

Enter & View

Enter & View is a statutory power conferred upon Healthwatch by the Health and Social Care Act 2012. It gives Authorised Representatives of Healthwatch Waltham Forest the right to enter and observe publicly funded health and social care services in the Borough. Enter & View visits are visits and not inspections.

They are used to get a lay perspective on the service concerned and are an opportunity for service users to talk about their experiences of the service. A report of each visit is produced which includes any recommendations for change or improvement arising from the visit. This is shared with the service prior to publication.

All Healthwatch Waltham Forest Authorised Representatives undergo training and background checks before joining the Enter & View programme.

Disclaimer

This report relates only to the service viewed on the date of the visit and is representative of the views of the service users, visitors and staff who contributed to the report on that date.

Purpose of the visit

The Enter & View programme is part of Healthwatch Waltham Forest's role under the 2012 Health and Social Care Act. It allows us to visit local health and care facilities to see how services are delivered and gather feedback from patients and staff. These visits are carried out by trained Healthwatch representatives, ensuring that everyone's privacy and dignity are respected.

The visit to The Manor Practice had several goals:
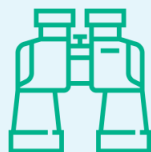
• To understand patients' experiences at the surgery and how they feel about the care they receive.

• To observe how staff interact with patients and carers in the surgery.

• To share our findings with the surgery to help improve its services.

• To highlight any examples of excellent care that could serve as a model for others.

We also looked at care delivery through the lens of the Four Pillars of Good Care, which reflect what matters most to patients:

1.   **Accessible Care:** Are booking systems, services, and facilities easy for everyone to use?

2.   **Competent Care:** Are staff knowledgeable and thorough? Do they have the tools they need to deliver quality care?

3.   **Person-Centred Care:** Does the practice treat people as individuals, considering all their needs and providing joined-up services?

4.   **Trustworthy Care:** Do patients trust the staff and feel heard, respected, and supported when raising concerns?

This visit is part of Healthwatch's mission to ensure that the voices of local people help shape the future of healthcare. By focusing on booking systems, staff interactions, and accessibility, this report provides practical recommendations to improve patient experiences at The Manor Practice.

Summary of Findings

Our Enter & View visit to The Manor Practice highlighted several strengths and areas for improvement in the delivery of healthcare services.

The practice showed a commitment to supporting its diverse patient population. The availability of bilingual staff and interpreter services aimed to address communication needs, while allied health professionals, such as pharmacists and social prescribers, contributed to delivering holistic care. Feedback from patients included positive examples of compassionate and professional interactions, with some clinicians receiving praise for their attentiveness and support.

However, challenges were noted, particularly around accessibility and communication. Patients with mobility issues faced difficulties due to the building's layout and the absence of on-site disabled parking. Deaf patients reported communication barriers, including the reliance on phone calls without suitable alternatives. Digital tools, such as online booking systems and eConsult services, were underused, with many patients indicating a lack of confidence or support in navigating these platforms.

The booking process also presented challenges, with reports of long phone waiting times and inconsistent handling of urgent appointment requests. Communication issues were identified, with some patients citing delays in follow-ups and inconsistent information from staff, which impacted their overall experience.

This report outlines several key recommendations aimed at addressing these challenges. By improving accessibility, enhancing digital tools, and focusing on effective communication, the practice can build on its strengths to deliver a more inclusive, accessible, and patient-centred service. These findings provide an opportunity for reflection and development, ensuring the needs of the local community are met more effectively.

Methodology

This planned Enter & View visit to The Manor Practice took place over two days to observe both morning and afternoon clinics. This approach enabled us to capture a broader range of patient experiences and speak with individuals attending the practice at different times of the day. The visit was arranged in advance with the Practice Manager, who supported us in preparing for the visit.

Informing Patients and Staff

To ensure patients and staff were aware of the visit:

• Posters and leaflets were displayed in communal areas of the practice at least one week prior.

• Staff were provided with information booklets to help explain the purpose of the visit to patients.

• Patients were informed they could have a relative or carer present during interviews if they wished.

Focus Areas of the Visit

Our visit explored key areas of patient care:

1. **Booking Systems:** Assessing how easy it is for patients to book appointments.

2. **Accessibility:** Reviewing the practice's physical accessibility and support for patients with additional needs.

3. **The Four Pillars of Good Care:**

• **Accessible Care:** How effective are booking systems, waiting times, and provisions for disabled patients?

• **Competent Care:** Are staff knowledgeable, thorough, and supported by adequate resources?

• **Person-Centred Care:** Are services well-coordinated and tailored to individual needs?

• **Trustworthy Care:** Do patients feel listened to and confident in the care they receive?

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Activities During the Visit:

To gather evidence and observations, we undertook the following activities:

• **Introductions and Overview:** On arrival, our team introduced themselves to the Practice Manager, showed official ID badges, and explained the purpose of the visit.

• **Tour of Facilities:** The Practice Manager guided us through the practice, explaining how services operate.

• **Observations:** We assessed the environment and staff-patient interactions, focusing on:

- Cleanliness and layout of communal areas.
- Physical accessibility for all patients, including those with mobility or sensory impairments.
- How staff communicated and engaged with patients.

• **Patient and Staff Interviews:** We spoke with a variety of patients and staff members using structured questionnaires to ensure consistency.

• Questionnaires:

- **Patient Questionnaires:** Focused on booking systems, care experiences, and suggestions for improvement.
- **Staff Questionnaires and Interviews:** Captured staff perspectives on delivering care and working conditions.
- **Supplementary Staff Interviews:** Two staff members unavailable during the visit were interviewed via video calls.

Post-Visit Discussions

At the end of the visit, we held a debrief meeting with the Practice Manager to share initial observations. This provided an opportunity for the practice to clarify any immediate points or offer additional context.

Background

The Manor Practice provides healthcare services to 9,815 registered patients (as of 31 May 2024). The practice is managed by two General Practitioner Partners, supported by a Practice Manager and a Reception Manager. The clinical team comprises four General Practitioners alongside a multidisciplinary team, including an Advanced Nurse Practitioner (ANP), a Practice Nurse, an Advanced Healthcare Assistant (AHCA), Pharmacists, a Pharmacy Technician, a Paramedic, a Physiotherapist, a Mental Health Practitioner (MHP), a Social Prescriber, and Care Coordinators. These roles collectively contribute to delivering a range of specialised services tailored to the diverse needs of the patient population. The administrative team consists of eight receptionists and eleven administrators, working collaboratively to support the day-to-day operations of the practice.

The Practice operates in a Diverse Patient population community with a wide range of health and social needs, reflective of its 61% non-native British patient population. Many patients face challenges such as language barriers, long-term conditions, and socioeconomic issues. The practice has worked to address these by implementing culturally appropriate services, including bilingual staff recruitment and strong community links.

Services Provided:

• Interpreter Support: The practice supports over 1,600 patients requiring interpreter services, who collectively account for nearly 7,000 interpreter-assisted consultations annually. To accommodate this, the practice schedules longer appointment times and employs staff fluent in commonly spoken community languages.

• Local Engagement: The practice has built a successful relationship with a nearby mosque, which serves as a vital point for sharing health information and promoting culturally tailored care. This partnership has strengthened community awareness of services, particularly among patients from the Pakistani community, helping to overcome cultural barriers to accessing care.

Tailored Care for Vulnerable Groups:

The practice serves various vulnerable groups, ensuring that specific needs are addressed:

• **Mental Health Support:** A full-time Mental Health Practitioner, shared across three local practices, provides specialised care for patients in sheltered accommodations.

• **Elderly Care:** Weekly visits to two local nursing homes ensure continuity of care for older patients. Additional locum General Practitioners maintain appointment availability for other patients during these visits.

• **Support for Long-Term Conditions:** A multidisciplinary team, including pharmacists and a physiotherapist, plays a critical role in managing conditions such as diabetes and hypertension.

Comprehensive Services:

The Practice offers a range of services designed to address both immediate and long-term healthcare needs:

• **General Practitioner Appointments:** Acute and routine appointments are accessible via telephone or in person.

• **Specialist Clinics:** These include cervical screening, childhood immunisations, and chronic condition reviews.

• **Home-Based Services:** For patients unable to attend the surgery, home visits and services such as blood tests and wound care are available.

• **Enhanced Access:** Extended hours appointments are provided through partnerships with local healthcare networks.

Environment and Observations of the Practice

External Environment:

The Practice operates from two converted houses in Waltham Forest. While the premises function as a healthcare facility, their original design as residential buildings poses challenges in accessibility and comfort, particularly for individuals with reduced mobility or disabilities.

Parking and Access:

Parking is a significant issue for patients, families, and visitors. The practice lacks dedicated disabled parking bays and has limited reserved spaces for clinicians. Blue badge holders frequently need to park several streets away due to the absence of accessible spaces. Recent changes, including the introduction of a cycle lane and pay-and-display parking, have further reduced parking availability. Despite the practice's efforts to secure designated disabled parking bays from the local council, these have not been successful.

Pedestrian access also presents difficulties. The absence of a direct crossing outside the practice means patients must use the nearest crossing located approximately 30 metres away, creating additional challenges for those with mobility issues.

Internal Environment:

Adjustments have been made within the practice to improve accessibility, but limitations persist due to the building's layout. The ground floor includes ramps leading to consulting rooms 4 and 5, and the toilet facilities are accessible via level flooring. However, the practice is not fully wheelchair accessible, which restricts ease of use for some patients. Additionally, the limited space within the premises affects options for extra seating or private, confidential conversations in the reception area.

Observations of Facilities:

At the time of the visit, the communal areas displayed information posters and leaflets, including materials publicising the Enter & View visit. These were clearly positioned in the reception area for visibility.

The patient toilets were observed to be accessible during the visit, with level flooring providing ease of access for wheelchair users and those with mobility needs. Ensuring that these facilities remain well-maintained and regularly monitored will help to support a positive patient experience.

Accessibility

Community Links and Language Support:

The Practice has developed strong ties with the local community, including a nearby mosque. These connections enable the practice to share health information in culturally appropriate ways and foster trust with the local population.

To meet the needs of its diverse patient base, the practice offers interpreter services and routinely allocates double appointment slots for patients requiring language support. Staff recruitment focuses on hiring bilingual individuals fluent in the languages commonly spoken by the patient population. This approach particularly benefits the strong Pakistani community in the area, creating a more inclusive and accessible environment.

Digital Accessibility:

The practice provides online booking systems as part of its service offering. However, patient feedback indicates that some individuals find these tools challenging to use due to low confidence or a lack of familiarity. Improved support, such as clearer instructions or assistance in navigating digital tools, could help bridge this gap and make services more accessible to patients with limited digital literacy.

Staffing

At the time of our visit, The Practice was supported by a multidisciplinary team designed to meet the diverse healthcare needs of its patient population. Staff interviewed during the visit included receptionists, administrators, and clinical staff, offering a broad view of operations and challenges.

Team Structure

The practice's team included four General Practitioners (GPs), two of whom were partners, alongside two regular internal locums. Non-GP clinicians, such as an Advanced Nurse Practitioner, a Practice Nurse, and an Advanced Healthcare Assistant provided essential services. Additional clinical support was offered by four Pharmacists, a Pharmacy Technician, a Paramedic, and a Physiotherapist. Resources shared within the Primary Care Network included a Social Prescriber and a Mental Health Practitioner. The support staff comprised eight receptionists, two of whom were recently recruited to meet growing patient demand, and eleven administrators, including four care coordinators provided through the Primary Care Network.

Insights from Staff

During our visit, staff shared several perspectives on the challenges and strengths of the practice's operations.

Staff highlighted the increasing pressures of patient demand, particularly for same-day appointments and the care of patients with complex health needs. Although the structured approach to shifts was appreciated, some staff suggested that adjustments could help better align staff availability with peak demand.

Reception and administrative staff reported that multilingual capabilities were a recruitment priority, which they felt was vital for serving the diverse patient population. This approach was viewed positively and seen as an effective strategy to enhance communication with patients who do not speak English as their first language.

Staff expressed satisfaction with the structured training programmes available, such as Blue Stream e-learning and other role-specific courses. However, some staff noted a desire for advanced training opportunities, particularly to address the emotional and workload demands of managing vulnerable patient groups, including those with mental health challenges and palliative care needs.

Many staff praised the open-door policy of the Practice Manager, describing it as a key strength of the workplace culture. Despite this, some reported feeling emotionally stretched when working with vulnerable groups. Suggestions included introducing regular team debriefs or providing access to external specialist resources to support staff in these situations.

Observations:

It was noted that the Practice had made considerable efforts to address staffing needs, including recruiting additional receptionists and expanding the clinical team. However, based on feedback from staff and observations made during the visit, several areas for improvement were identified. These include reviewing shift patterns to better align staff availability with patient demand, especially during busy periods. The development of tailored training programmes to help staff manage complex patient needs and address emotional challenges would also be beneficial. Introducing regular team support sessions, such as debriefs or reflective practice meetings, could provide structured opportunities for staff to share experiences and reduce emotional strain. Strengthening staff knowledge and resources to address accessibility challenges for patients with sensory impairments or language barriers remains another area for enhancement.

User Experience and Efficiency in Booking Systems

During our visit, we observed that patients experienced challenges with the efficiency and accessibility of the booking systems. While the practice offers multiple booking options – including telephone, online, and in-person services – feedback highlighted that these systems do not always effectively meet the needs of all patients. This was particularly evident among those facing digital exclusion or requiring additional support to navigate the available options.

Phone Booking:

Patients consistently highlighted frustrations with the phone booking system. Among the 13 patients interviewed during the visit:

• 62% described phone booking as "hard" or "very hard."

• 15% rated it as "reasonably easy" or "very easy."

Common issues included:

• Extended waiting times, sometimes exceeding 30 minutes.

• Calls being disconnected before they were answered.

• Missed callbacks and unresponsiveness during peak hours, adding significant stress, particularly for those seeking urgent appointments.

Online Booking:

The online booking system, while available, remains underused. Feedback from interviews indicated that:

• 62% of patients had "never tried" or were "unsure" about using the online system.

• 18% found the system "reasonable" to use.

• 18% reported experiencing difficulties.

Challenges included:

- Unclear instructions and lack of awareness about the online booking option.

- Older adults and those less confident with digital tools finding the system not user-friendly or adequately promoted.

Face-to-Face Booking

Face-to-face booking was seen as a more reliable option for many patients. It was particularly valued by those who found phone and online booking systems challenging. Benefits included:

- Direct communication with staff, which helped resolve appointment-related issues more effectively.

However, this method posed challenges for:

- individuals with mobility difficulties.

- Patients unable to visit the practice during operating hours.

Key Barriers to Booking Systems

The analysis of patient feedback highlighted several barriers:

- Heavy reliance on phone bookings, particularly during peak demand, resulting in long wait times and missed callbacks.

- Limited awareness and confidence among patients, especially older adults, hindering the effective use of online booking.

- insufficient support for patients unfamiliar with digital tools.

Impact on Patient Experience

The inefficiencies in booking systems negatively impacted patients, with many expressing dissatisfaction and feelings of being undervalued. Vulnerable groups, including older adults and individuals with disabilities, faced compounded challenges in accessing timely care. These barriers created delays and frustrations that diminished overall patient satisfaction.

The Four Pillars of Good Care

The Four Pillars of Good Care were developed through The Big Conversation project, which engaged a large number of North East London residents to understand what they value in healthcare. These pillars provided a framework for assessing patient experiences at The Manor Practice during our Enter & View visit. They are:

1. Accessible Care

Focused on ease of booking appointments, digital access, provisions for disabled patients, and overcoming socioeconomic barriers.

2. Competent Care

Related to the professionalism and thoroughness of staff, the efficiency of services, and the adequacy of facilities and resources.

3. Person-Centred Care

Emphasising integrated care, continuity, and a holistic approach that considers the individual beyond their health condition.

4. Trustworthy Care

Highlighting the importance of patients feeling heard, valued, and comfortable with healthcare professionals, with clear systems for accountability.

These pillars formed the basis for gathering feedback and observations during the visit.

1. Good care is accessible:

Accessibility was evaluated based on patient feedback and practice operations, focusing on booking systems, digital inclusion, and support for disabled patients.

Booking Systems and Waiting Times

The practice employs structured processes, including clinics scheduled two to four weeks in advance and a reception team with three staff available daily. However:

- Phone Booking: 45% of patients found it "hard" or "very hard" to book by phone, citing long waiting times and dropped calls.

- Online Booking: 64% had not used digital tools, attributing this to a lack of awareness or confidence in navigating systems.

- Emergency Appointments: While options like referrals to community pharmacies and FedNet out-of-hours services are available, patients reported inconsistent communication about these services.

Digital Accessibility

Although the practice offers eConsult and online booking:

- 64% of patients had not tried these services, with feedback highlighting unclear instructions and technical difficulties.

- Improved patient guidance and campaigns could promote digital engagement.

1. Good care is accessible Continued:

Accessibility for Disabled Patients

The Manor Practice operates from two converted houses, which presents some challenges for patients with disabilities.

- Physical Accessibility: The ground floor of the practice provides level access to key areas, including consulting rooms and toilet facilities. Ramps lead to some consulting rooms to improve accessibility. However, the absence of a lift means that the first floor remains inaccessible to wheelchair users or patients with significant mobility impairments. Additionally, there are no dedicated disabled parking bays on-site, requiring patients with mobility needs to find parking on nearby streets.

- Communication Accessibility: The practice provides a hearing loop and signage to support patients who are hard of hearing. British Sign Language (BSL) interpreters can be booked for face-to-face appointments upon request. Patient feedback highlighted difficulties in accessing services, particularly when booking appointments over the phone, as some patients reported that alternative communication options were unclear.

- Inclusive Service Design: While adjustments have been made to accommodate disabled patients, some barriers remain due to the limitations of the building. Accessibility considerations, including physical access and communication methods, were key themes raised during the visit.

2. Good care is competent:

Competence was assessed through patient feedback on staff professionalism, service thoroughness, and adequacy of resources.

Staff Professionalism and Thoroughness

• Strengths: 36% of patients praised staff for being attentive and thorough, with allied health professionals commended for managing chronic conditions.

• Challenges: 45% of patients reported rushed consultations, while 18% cited inadequate follow-ups, which impacted trust.

Handling Complex Cases

Reception staff followed clear protocols:

• Non-urgent cases are directed to eConsult or community pharmacists.

• Urgent cases are escalated to on-call GPs.

Despite these processes, some patients described variability in triage quality during busy periods.

Resource Adequacy

• The practice employs four GPs, a paramedic, and allied health professionals, but high demand remains a concern.

• Recruitment of additional staff, such as physiotherapists, is ongoing to address these challenges.

3. Good care is person-centred:

This pillar evaluates how well services are tailored to individual patient needs.

Continuity of Care and Tailored Services

• Positive Initiatives:

• Locum GPs with cultural and linguistic understanding serve the practice's large Pakistani demographic.

• Advanced Nurse Practitioners and healthcare assistants provide critical routine services.

• Challenges: 45% of patients noted gaps in follow-ups, though 36% commended specific clinicians for their professionalism.

Communication and Booking

Patients reported difficulties with appointment systems and unclear communication:

• 64% struggled to book appointments or navigate the practice website.

• Planned improvements, including a Total Triage system and Cloud-Based Telephony, aim to streamline processes.

Community Engagement

The practice supports a diverse population, with 61% identifying as non-native British, regardless of race. While services like social prescribers and bilingual staff are available, 27% of patients were unaware of these resources.

4. Good care is trustworthy:

Trustworthiness examines the transparency of the practice, staff attitudes, and accountability systems.

Communication and Transparency

Mechanisms for patient feedback include:

• Surveys, complaints processes, and Friends & Family Test forms.

• However, 45% of patients expressed dissatisfaction with communication around test results and follow-ups.

Staff Attitudes

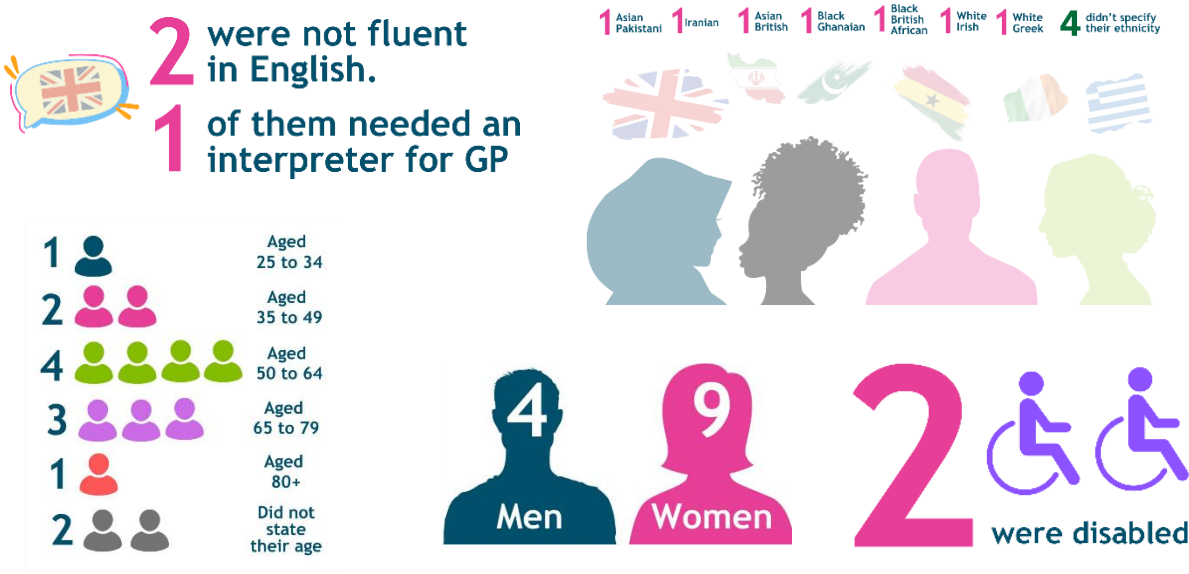• Strengths: 36% of patients described staff as professional and empathetic.

• Concerns: 27% reported dismissive or abrupt interactions, particularly at reception.
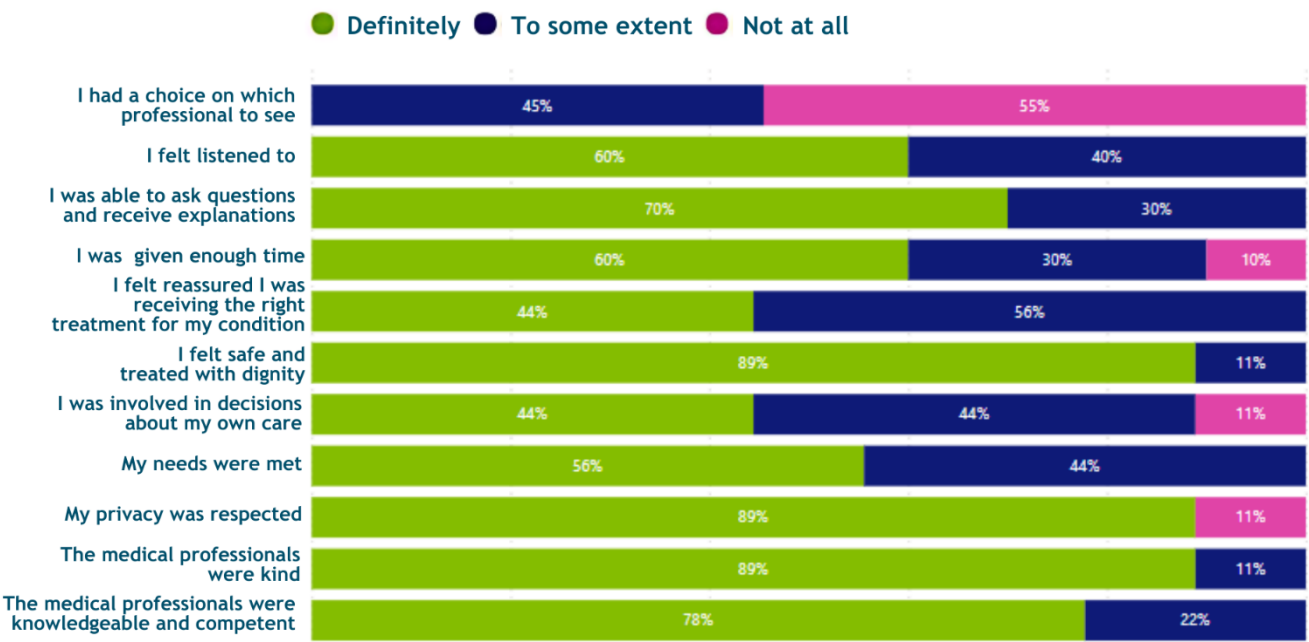
Accountability and Enhancements

• Complaints are logged and reviewed to identify trends and inform staff training.

• Planned measures, such as improved telephony and bilingual staff recruitment, aim to address patient concerns.

Patients' Experience of GP Practice Treatment and Care

During our visit we spoke with 13 patients about their experience and care journey at the Manor Practice

2 were not fluent in English.
1 of them needed an interpreter for GP

1 Asian Pakistani **1** Iranian **1** Asian British **1** Black Ghanaian **1** Black British African **1** White Irish **1** White Greek **4** didn't specify their ethnicity

	Age
1	Aged 25 to 34
2	Aged 35 to 49
4	Aged 50 to 64
3	Aged 65 to 79
1	Aged 80+
2	Did not state their age

4 Men **9** Women **2** were disabled

Patients felt their medical professionals were kind and that their privacy was respected. They felt safe and are treated with dignity.

● Definitely ● To some extent ● Not at all

	Definitely	To some extent	Not at all
I had a choice on which professional to see		45%	55%
I felt listened to	60%	40%	
I was able to ask questions and receive explanations	70%	30%	
I was given enough time	60%	30%	10%
I felt reassured I was receiving the right treatment for my condition	44%	56%	
I felt safe and treated with dignity	89%		11%
I was involved in decisions about my own care	44%	44%	11%
My needs were met	56%	44%	
My privacy was respected	89%		11%
The medical professionals were kind	89%	11%	
The medical professionals were knowledgeable and competent	78%	22%	

Patients experience continued

Patients said:

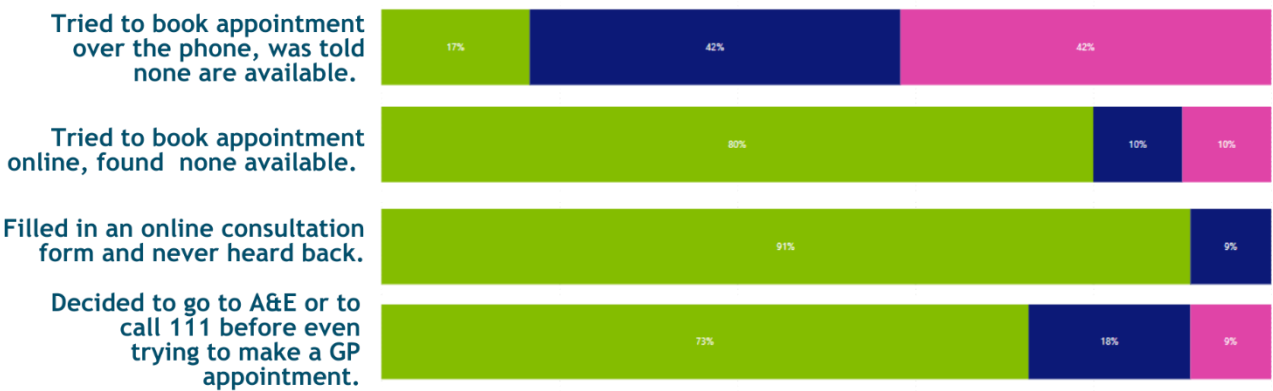> Great service and friendly staff, made me feel comfortable and well looked after

> The only thing the surgery needs to improve is customer service

Patients were generally unhappy with the experience of their last appointment with either not being able to obtain an appointment online, not receiving a call back or simply deciding to bypass the GP and go straight to A&E.

● Never ● Occasionally ● Often

Tried to book appointment over the phone, was told none are available.	17%	42%	42%
Tried to book appointment online, found none available.	80%	10%	10%
Filled in an online consultation form and never heard back.	91%	9%	
Decided to go to A&E or to call 111 before even trying to make a GP appointment.	73%	18%	9%

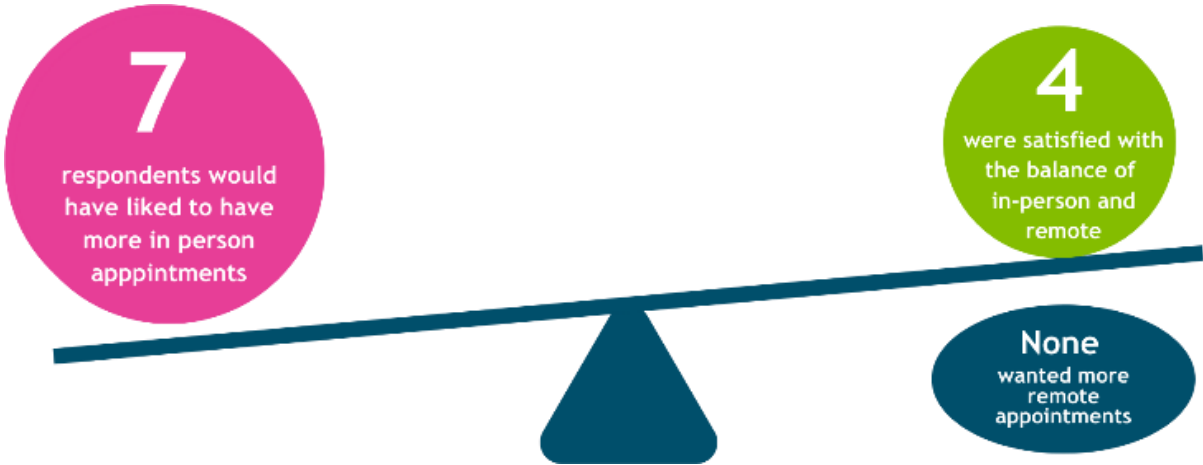# Patients experience continued

Patients find it difficult getting through to the practise on the phone however the process of obtaining repeat prescriptions and accessing medical information is somewhat easier.

Legend: ● Very easy ● Reasonably easy ● Quite hard ● Very hard/ impossible ● Not sure/ never tried

Category	Very easy	Reasonably easy	Quite hard	Very hard/ impossible	Not sure/ never tried
Accessing medical records	31%		15%	8%	46%
Booking an appointment over the phone	23%	8%	31%	31%	8%
Booking appointment online		15%	15%	8%	62%
Filling in a form on the website	15%	15%	15%	8%	46%
Finding out your test results	31%	31%	8%	8%	23%
Getting through on phone	8%	15%	38%	23%	15%
Making admin requests	23%	15%	8%	8%	46%
Ordering repeat prescriptions	38%	8%	23%	8%	23%

Patients have found it is easier to book an appointment in person rather than over the telephone. Most patients would like to have more in-person appointments being made available to them.

7 respondents would have liked to have more in person apppintments

4 were satisfied with the balance of in-person and remote

None wanted more remote appointments

Case study

Mrs. K often waited over 30 minutes on the phone and missed a medication review because she couldn't get through. She found the online booking system confusing and lacked confidence using the NHS app.

She praised clinicians for their professionalism but described some reception staff as "abrupt" and "unhelpful."

Pharmacist more efficient than GP but with inconsistencies and delays

Mrs K's Story

Mrs. K, aged 57, has been registered at The Manor Practice for over 10 years. She has complex health needs that require regular follow-ups and reviews.

• **Booking Challenges:** Mrs. K often waited over 30 minutes on the phone and missed a medication review because she couldn't get through. She found the online booking system confusing and lacked confidence using the NHS app.

• **Staff Interaction:** She praised clinicians for their professionalism but described some reception staff as "abrupt" and "unhelpful."

• **Ongoing Care:** Mrs. K valued pharmacist-led reviews for her care but experienced delays in follow-ups that impacted her treatment.

This experience reflects key findings: the need for improved booking systems, better digital support, and consistent staff communication.

Conclusion and Summary of our findings

Our Enter & View visit to The Manor Practice provided an opportunity to observe the service and gather feedback from patients and staff. The findings highlighted areas of strength, alongside barriers that impacted accessibility and the overall patient experience.

During our visit, we observed efforts to support the needs of a diverse patient population. Examples included the availability of bilingual staff and interpreter services, which facilitated better communication for non-English-speaking patients. Allied health professionals, such as pharmacists and social prescribers, contributed to a more holistic approach to patient care. Positive feedback from patients noted the professionalism and compassion demonstrated by individual clinicians, which helped to build trust and deliver a supportive experience.

However, several challenges were identified. While step-free access was available to key areas on the ground floor, the overall layout of the building posed some limitations for patients with mobility needs. The absence of on-site disabled parking remained a concern, potentially impacting patients requiring closer access to the premises. Additionally, deaf patients highlighted barriers in communication, particularly when booking appointments, as reliance on telephone contact was not always suitable for their needs.

Digital accessibility also emerged as an area requiring attention. Online tools, such as booking systems and eConsult services, were underutilised, with many patients reporting a lack of confidence or understanding in navigating these platforms. Additionally, issues with the current booking system were consistently raised, particularly regarding long wait times on the phone and inconsistencies in accessing urgent appointments.

The practice's intention to restart the Patient Participation Group (PPG) was encouraging. Based on discussions during our visit, this presents an opportunity for patients to share feedback, engage with the practice, and contribute to improvements in service delivery. A well-functioning PPG could play a key role in helping the practice identify and address ongoing patient concerns.

Moving Forward:

The findings from this visit highlight opportunities for improvement in key areas, particularly physical accessibility, digital support, and communication. Addressing these challenges will help to ensure patients can access services more easily and receive consistent information when engaging with the practice.

Improving communication across all areas of service delivery, such as appointment booking, follow-ups, and interactions with reception, would help ensure a more reliable and positive patient experience. Providing targeted support to help patients gain confidence in using digital tools, including online booking systems and eConsult, could further address barriers to accessing care.

While physical limitations of the current premises were noted, exploring long-term options to relocate to a more accessible building could provide a sustainable solution . to meet patient needs. In the interim, reviewing existing accessibility measures, such as seating in the reception area and alternative contact methods for deaf patients, would help mitigate some immediate concerns.

The Manor Practice has already demonstrated areas of good practice and a willingness to listen to patient feedback. By implementing the recommendations identified in this report, the practice can build on its existing strengths and work towards delivering consistently accessible, inclusive, and patient-focused care for the community.

Recommendations

Recommendation 1

Improve Communication and Patient Support

Objective:

- Strengthen communication methods and ensure patients receive clear, accessible information to address identified barriers.

Actions:

- Introduce alternative communication options, such as email, SMS text messaging, and face-to-face assistance, to reduce reliance on phone calls, particularly for deaf patients.

- Provide clear, consistent information in accessible formats, including guidance on appointments, available services, and feedback mechanisms.

- Deliver staff training focused on inclusivity and communication to ensure all patient interactions are consistent, supportive, and patient-centred.

Recommendation 2
Enhance Digital Accessibility and Appointment Systems:

Objective:

- Enable more patients to use digital tools effectively and improve the overall booking experience.

Actions:

- Offer practical support for patients to confidently use online booking systems and eConsult services, such as step-by-step guides, support workshops, or in-person assistance.

- Actively promote digital services using posters, leaflets, and other channels to raise awareness and increase uptake.

- Monitor the implementation of the new telephone and triage system to ensure it reduces phone waiting times, streamlines booking processes, and addresses patient frustrations.

Recommendation 3

Address Physical Accessibility Challenges:

Objective:

- Enhance accessibility measures to better accommodate patients with mobility needs and other disabilities.

Actions:

- Explore short-term improvements within the existing premises, such as enhancing the reception seating area and addressing minor physical barriers.

- Consider longer-term options to relocate the practice to a more accessible building that better accommodates the needs of all patients.

- Gather feedback through the Patient Participation Group (PPG) and other methods to ensure that patient voices inform physical accessibility improvements.

Recommendation 4

Restart and Develop the Patient Participation Group (PPG)

Objective:

- Create a platform for patients to share their experiences and contribute to ongoing service improvements.

Actions:

- Restart the PPG with a focus on representing the diversity of the local community and engaging a range of patient perspectives.

- Use the group to gather feedback on key areas for improvement, including communication, accessibility, and booking systems.

- Share regular updates with patients on how PPG feedback has influenced improvements to build transparency, trust, and community involvement.

Service Provider Response

The Manor Practice would like to thank Healthwatch Waltham Forest for visiting the practice on 27th & 28th June 2024. We welcome the feedback that has been mentioned by our patients through Healthwatch. We look forward to using this feedback to continuously improve the services at The Manor Practice to provide a thriving environment of patient care to our patients. We would like to address the four recommendations that Healthwatch have made, based on their interactions with patients and staff during their visit.

Recommendation 1: Improve Communication and Patient Support:

We appreciate that during the time of the visit, the current systems in place were outdated and not feasible to effectively meet the demand of patients trying to reach the practice. This led to an influx of patients calling the practice at peak times, leading to long wait times, frustration and lack of trust in the service. The practice acknowledges this and has since put a plan in place to remedy this:

1. Many patients were either advised to call the practice or come in person. Many of these patients may not actually be requesting for an appointment, but rather attending for something else, which creates further delay in waiting times. We have redeveloped our practice website such that patients can:

a) Navigate the website with a preferred language of choice, if English is not their first language using the translate tool on the top right of the website. This is in view of broadening our reach to our non-English speaking population.
b) The website has passed the necessary checks against Web Content Accessibility Guidelines (WCAG) 2.2 to make sure that the content in the website is accessible and easy to understand. https://www.themanorpracticeleyton.co.uk/accessibility-statement provides more detail on this.
c) The website is set up to operate effectively on desktop, mobile and tablet (electronic device).
d) Patients with non-urgent queries such as: requesting a sick note, prescription request, private letter, form to be filled in, to register with the practice, to change their personal details, proof of registration and copies of their medical record (Subject Access Request) can be done through the website.
e) Access to self- refer to community pharmacy for minor ailments and online consultation services like eConsult can be done through the website.
f) Self-referral and signposting to other accredited NHS resources can be done via the website.
g) Provide feedback of the practice through Friends & Family Test, complaints and NHS ratings & reviews.

2. The practice has acquired a tablet (electronic device) so patients who come to the practice in person and are not confident with online services/apps such as: the website, NHS App, Patient Access, Swiftqueue (to book blood tests) can be shown by one of the receptionists on how to confidently use such services via the tablet.

Service Provider Response

The viewpoint of this is to support patients who may not be able to call the practice or speak fluent English can now navigate the website and have their query dealt with effectively. This would also in turn allow patients who are digitally excluded to call the practice and reach the reception team sooner.

For those who lack confidence or have never used the online services, can be taught how to effectively use such services in the future.

Recommendation 2: Enhance Digital Accessibility and Appointment Systems:

From feedback received, we acknowledge that that the previous telephony provider was not effective in navigating the influx of telephone calls to the practice. It was also noted that "there are never any appointments" despite meeting the needs for appointments for on the day access. With this in mind, the following has been or is being put in place:

1. In August 2024, we went live with a new telephony provider (Surgery Connect) which met the requirements of cloud-based telephony (CBT). The new provider shares the following benefits through their telephony solution, X-On:

a) A queuing functionality – so the patient knows exactly where they are in the queue.
b) A call back system – so if the patient is more than 6 in the queue, they can opt to be called back by the automated system when they are 1 in the queue. This provides the patient with flexibility to go on about their day without being burdened to wait on the phone for extended periods of time.
c) All calls are recorded to allow the management to audit for quality improvement. This also allows management to streamline any complaints they may receive.
d) The telephony provider allows for practice staff to operate remotely, meaning patients will never receive a call from a "private number". This function also allows management to allocate resources effectively, especially during the peak periods of the day. For example, another member of staff in a different department can remotely log in and support the reception team with the inbound calls, if necessary. This means a patient should not need to wait too long to get through to the practice.

2. The practice has procured the services of Klinik Healthcare Solutions to provide total triage using their online consultation solution, Klinik. Total triage is a concept where all incoming requests that are received by the practice (request for appointments, prescriptions, sick notes, home visits, etc.) are clinically triaged by a clinician and the patient is provided with an update on their request the same day or by the following day. We are looking to go live with Klinik in April 2025.

Service Provider Response

Posters & leaflets will be available at reception for more information and messages will be sent to patients prior to the go live of Klinik. For those who are digitally illiterate but would like to learn to use the online service, as referenced in recommendation 1, the practice has acquired a tablet (electronic device), so someone in the reception team can go through this with the patient. For patients who are digitally excluded, the reception team can fill in the online Klinik request on behalf of the patient, over the phone or in person.

We have also been internally auditing the patient experience of patients getting through to the practice and can confirm that there has been significant improvement in patient experience since the introduction of the new telephony provider. Not only did patients experience getting through to the practice improve, their overall view of the surgery also improved.

The implementation of Klinik will also support to meet the demand of those requests that can be dealt with minimal clinical intervention. Thus, improving patient care. Recommendation

Recommendation 3: Address Physical Accessibility Challenges.

As the practice is offering NHS services through a converted house, there are limitations to how the aesthetics of the practice can be modified, unlike a purpose-built practice. Despite the limitations, we are empowered to make as much change as possible to support our vulnerable patient population.

Using this report, we will go to Waltham Forest council again and seek to obtain permission to turn the unused parking bay at the beginning of Manor Road (leading to Lea Bridge Road) into a disabled bay for the practice. With this in place, patients can safely disembark the car and walk round the corner (approximately 15 meters) to the practice. Given the nature of the application to the council, the timelines are not confirmed but we endeavour to update our patients as soon as possible.

We will also be looking at optimising the patient toilets to accommodate for physically vulnerable patients. We will install a foldable support rail by the toilet to support patients with mobility issues.

Recommendation 4: Restart and Develop the Patient Participation Group (PPG)

We are located in the heart of Leyton, near prominent community strongholds, such as our local Mosque. We take pride in the relationship and togetherness we have with the community and wish for this to continue.

Service Provider Response

We are keen to reignite the Patient Participation Group (PPG) and use the feedback of the PPG to grow and better cater to our patient population.

Patients have the option of reaching out through the practice website and since the redevelopment, have gained interest in the PPG. Posters at reception are also encouraging patients to have a say in how their practice runs through the PPG.
A meeting with existing PPG members and patients who have raised an interest recently will be invited to a meeting at the practice with the management and GP Partners to discuss concerns they have and how the practice plans to work around them.

Conclusion:

Our utmost priority is to ensure that patients have access to the care and services they are entitled to when they need it. As sad as it is to hear that not all patients are content with the service, we are committed to work together, with patients, healthcare professionals, community services and the council to create a safer, happier, trusting, and efficient practice.

Distribution and Comment

This report is available to the general public and is shared with our statutory partners – London Borough of Waltham Forest, Waltham Forest Health and Care Partnership, Healthwatch England and the Care Quality Commission.

If you have any comments on this report or wish to share your views and experiences of this or any other care home in the borough, please contact us.

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