

healthwatch

Waltham Forest

Enter and View Visit
Leyton Healthcare May
2025



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Visit details

Service address	4th Floor
	Oliver Road Polyclinic
	London, E10 5LG
Service Provider	Leyton Healthcare
Service description	GP Practice
Status of visit	Announced
Date and Time of visit	7 th May 2025
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Declarations of interest	None

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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.

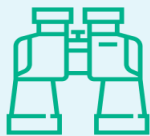
Disclaimer

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 Leyton Healthcare 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 Leyton Healthcare.

Summary of Findings

Our Enter & View visit to Leyton Healthcare on Wednesday, 7 May 2025 gathered patient feedback at the point of care, alongside representatives' observations and a review of practice information and publicly available materials (including the practice website) to place feedback in context.

Patients spoke positively about the professionalism of staff, with many describing individual clinicians as attentive, respectful, and thorough. Staff were also commended for their commitment and the level of care they delivered under often challenging circumstances. The practice's efforts to engage with patients through health promotion events and surveys were particularly noted as evidence of a patient-focused approach.

The visit team gathered feedback from patients using a combination of interviews, observations at the point of care, and supplementary evidence provided by the service. Additional insights were obtained through an internal review of the practice's website and operational materials, helping to contextualise patient feedback within the wider accessibility and communication framework.

Patients generally described a positive experience of care, especially in relation to staff attitudes, the time taken during consultations, and the availability of additional services such as the Social Prescriber. The service's commitment to inclusive access was demonstrated through its support for patients with learning disabilities, neurodiverse conditions, and long-term health needs. Flexible appointment models, face-to-face phlebotomy and health checks, and home visits for housebound or palliative care patients were highlighted as examples of good practice.

The practice had taken steps to improve the booking process by implementing a hybrid model that allowed for both telephone and face-to-face appointments. While this model aimed to increase flexibility, some patients continued to experience difficulty accessing appointments via phone or online systems. Staff acknowledged these pressures and highlighted the growing administrative demand on reception and clinical teams, particularly during peak times.

The practice website offered some clear and useful information; however, observations identified several areas where the structure and accessibility of online content could be improved to better meet the needs of all users. Similarly, physical access to the premises presented challenges due to ongoing lift failures and other building-related issues, many of which were outside of the practice's direct control. These environmental factors contributed to access barriers for patients with mobility issues or specific health conditions.

Staff described the ongoing challenges they faced, including recruitment difficulties, limited space for consultations, and building maintenance issues. Despite this, they emphasised a strong sense of teamwork and a commitment to providing high-quality care. Multilingual staff, a responsive duty doctor system, and the presence of clinical and non-clinical leads for vulnerable patient groups were all cited as positive contributors to the overall service model.

Overall, the visit team found that Leyton Healthcare demonstrated good practice in a number of areas. The practice showed a willingness to respond to patient feedback and implement changes to improve access and experience. Some areas, such as physical and digital accessibility, website usability, and mechanisms for ongoing patient participation, present opportunities for further enhancement. These have been reflected in the report's recommendations.

Methodology

This planned Enter & View visit to Leyton Healthcare Practice took place to observe their morning clinic. This approach enabled us to capture a broader range of patient experiences and speak with individuals attending the practice on 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?

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

Leyton Healthcare is in the London Borough of Waltham Forest and is part of NHS North East London Integrated Care Board (NEL ICB). The practice operates from the fourth floor of Oliver Road Polyclinic, a multi-service health site that also houses Waltham Forest GP FedNet, a community pharmacist and Leyton Orient Football Club Health Outreach.

The practice provides a service to 14,290 registered patients. It serves a highly diverse local population, with patients representing a wide range of cultural and linguistic backgrounds. Over 60 different languages are spoken across the patient group, and a significant proportion of patients speak English as an additional language. The largest age group is between 25 and 44 years, although the practice also supports many older adults with long-term conditions and young families.

The practice is supported by a multidisciplinary team that includes six general practitioners (a mix of salaried and locum GPs), a physician associate, a clinical pharmacist, advanced nurse practitioners, practice nurses, and healthcare assistants.

This clinical team is supported by a diverse non-clinical staff team, including care navigators, receptionists, administrative staff, a social prescriber, and a full-time practice manager. The practice also benefits from wider Primary Care Network (PCN) support, including additional clinical pharmacists, a paramedic, and a social prescriber.



The core operating hours for the practice are Monday to Friday, 8:00am to 6:30pm. Additional extended access appointments are available via WF GP FedNet between 6:30pm and 8:00pm on weekdays and on Saturdays, enabling patients to access routine care outside of standard hours. The practice offers a wide range of services, including long-term condition reviews, cervical screening, childhood immunisations, travel vaccinations, contraceptive advice, minor surgery, and smoking cessation support. Online services are also available, allowing patients to request repeat prescriptions, book appointments, and submit medical or administrative queries.

In addition to core services, Leyton Healthcare undertakes regular welfare checks for patients over the age of 80 and carries out annual reviews for patients with learning disabilities, achieving an 87.8% engagement rate. The practice also uses cancer and safeguarding tracking tools to monitor patient needs effectively and maintains a Duty Doctor system throughout core hours to support clinical oversight and urgent triage

Environment and Observations of the Practice

External Environment:

The Practice operates from purpose-built premises on the fourth floor of Oliver Road Polyclinic (E10 5LG). The building is shared with other primary and community services. The entrance is via the main door, with lift access to the upper floors.

At the time of the visit, the main lift was out of service. Staff supported patients to use a secondary lift route and provided assistance where needed. This alternative route exits into a staff-only area, so staff managed privacy and security accordingly. While these arrangements reduced disruption, temporary lift outages can still present challenges for people with mobility needs and those using prams or pushchairs.



Parking and Access

There is limited on-street parking in the surrounding area, including some pay-and-display bays. No designated parking was observed immediately outside the building entrance.

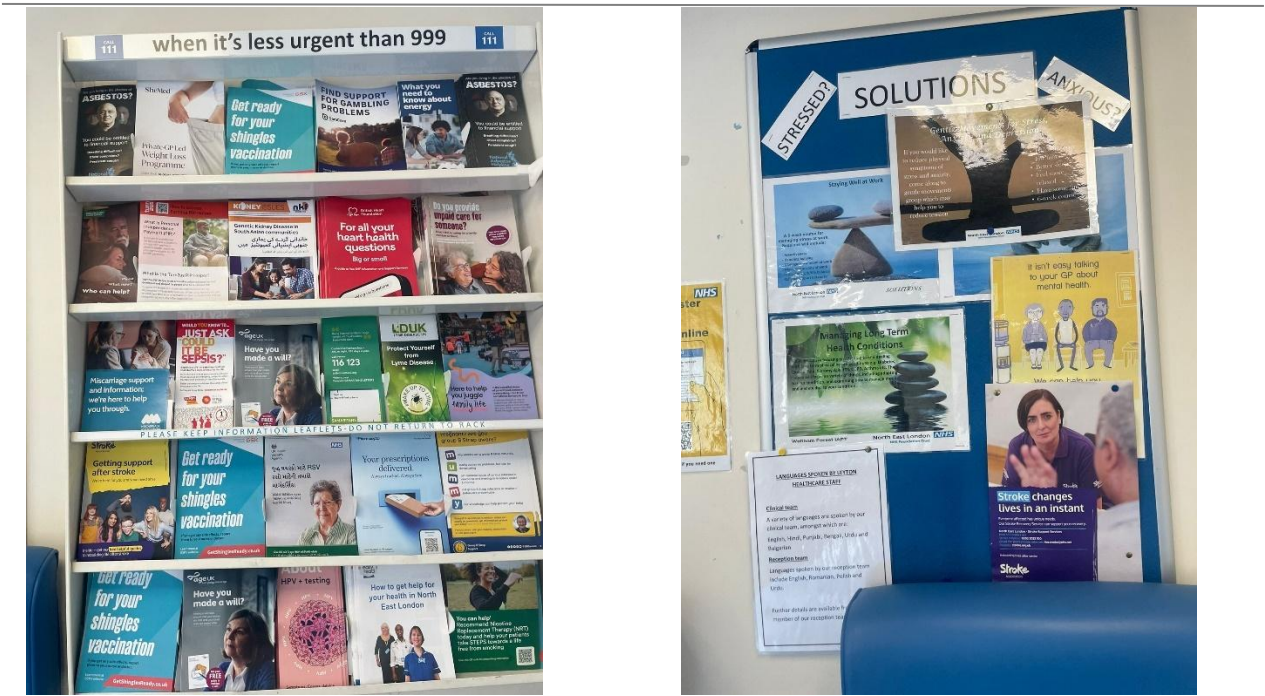
Internal Environment

The internal layout was observed to be generally spacious, clean, and well maintained. The main reception and waiting area featured comfortable seating with a range of leaflets and posters on display. Signage was visible throughout the practice to support wayfinding.

Patient toilets were clearly signposted and accessible. A poster offering support for individuals experiencing domestic abuse was displayed in the toilet area. In the reception area, a sign advised that a private space was available on request for breastfeeding. Signage to help patients navigate the premises was clear, and health promotion materials and posters were visible in various locations. Posters displayed in both the reception and consulting rooms informed patients of their right to request a chaperone during consultations.

Observations

During the visit, our team observed that staff at the reception desk engaged with patients in a respectful and helpful manner, offering support and answering queries with a professional approach.



Accessibility

The Practice had implemented a range of measures to support inclusive and accessible healthcare for its diverse patient population. A hybrid appointment model had been introduced following patient feedback, allowing patients to choose between face-to-face and telephone consultations. This model aimed to increase flexibility while maintaining continuity of care. A dedicated prescription email was also available for patients to make repeat prescription requests, offering an alternative method of communication for those who may find telephone contact challenging.

Additional support was provided for patients unable to attend the surgery in person. A duty doctor was available throughout opening hours for urgent matters, and paramedic home visits were offered to frail, elderly, or housebound patients. The Practice also offered monthly video calls for patients receiving palliative care, helping to maintain contact and clinical oversight in a more accessible way. Patients with additional needs were supported through health checks and phlebotomy appointments, delivered in person and adapted where required for individuals with long-term conditions such as diabetes. Further support was available for patients with learning disabilities or those who may find it difficult to

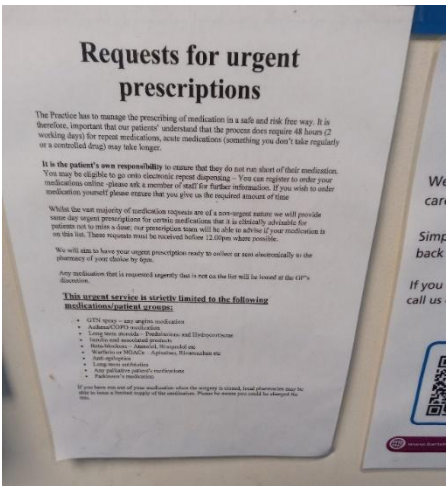
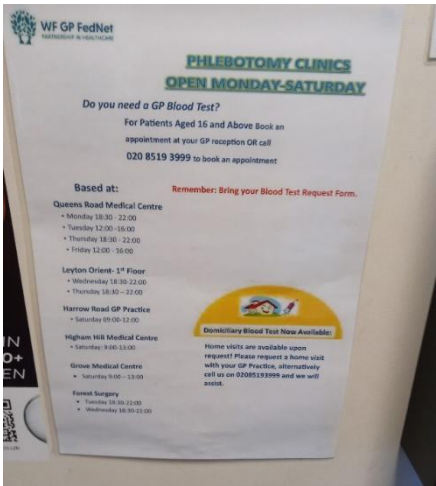
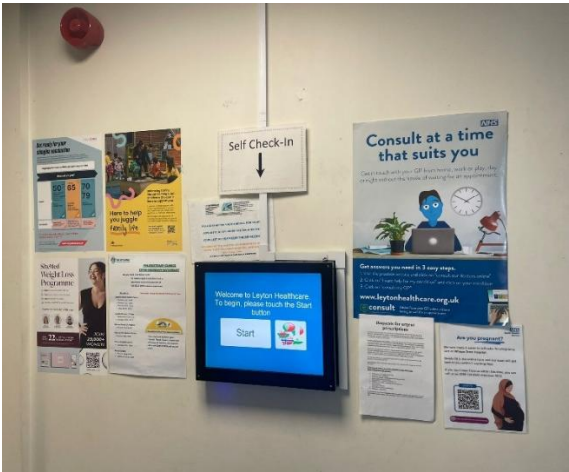
engage with services. This included designated GP and administrative leads, ensuring that communication and care needs could be identified and appropriately met.

Multilingual staff were present across clinical and non-clinical teams, including speakers of Urdu, Polish, Romanian, and Bulgarian, helping to facilitate clearer communication for patients whose first language is not English.

While these provisions reflected the Practice's intention to reduce barriers to care, patients continued to face challenges related to the building infrastructure. At the time of the visit, the building's main lift had experienced repeated breakdowns, significantly affecting access for patients with mobility difficulties. Although responsibility for building maintenance lies with NHS Property Services, this ongoing issue had a clear impact on patients, particularly those unable to use stairs. The Practice had consistently raised these concerns and had explored longer-term solutions, including discussions around relocating to a more accessible premises in future.

Digital Accessibility

Digital accessibility was also explored as part of the visit. The Practice website provided key information, including clear visibility of the practice address and telephone number, details on prescription charges, sickness certification, and GP profiles with special interests listed. However, several areas were identified for improvement. For example, the layout could be more visually structured, using headings and content blocks to improve readability. Sections such as operational hours, clinic availability, and registration guidance could benefit from clearer formatting, such as the use of tables or bullet points to support easy navigation. Some links were no longer functional at the time of review, and certain content appeared outdated — for example, patient survey results and PPG meeting minutes. The overall appearance of the site relied on uniform text, which contributed to a dense and word-heavy experience. With improved formatting, font variation, and clearer organisation, the website could better support patients with additional access needs, including those with visual, cognitive, or literacy-related challenges.



Staffing

The Practice is supported by a multi-disciplinary team, including GPs, practice nurses, healthcare assistants, receptionists, and administrative staff. The staffing structure also includes a Practice Manager and Clinical Pharmacists. At the time of the visit, there were six GPs in post. The team was described as experienced, with long-standing members providing continuity for patients.

Patients spoke positively about staff attitudes and professionalism, often citing respectful interactions and a sense of being listened to during consultations. Representatives observed courteous and calm communication at reception, with staff managing patient queries with care and maintaining a steady pace during busy periods.

Several staff members were multilingual, which helped reduce communication barriers for people whose first language is not English. Languages spoken within the team included Urdu, Polish, Romanian, and Bulgarian. This in-house language capacity was further supported by the use of a formal translation service, enabling the Practice to communicate effectively with patients from a wide range of linguistic backgrounds. Together, these measures contributed to a more accessible and inclusive experience for non-English-speaking patients.

A duty doctor system was in place to respond to urgent patient queries throughout practice hours. This was seen as a helpful feature that provided a point of clinical contact during the day. The Social Prescriber role also contributed to patient support, with referrals made by clinicians for those needing assistance with social, emotional, or practical issues affecting their health.

Staff reported challenges linked to national recruitment difficulties, particularly in securing salaried GPs. Limited space and building-related issues - such as recurrent lift breakdowns, blocked drains, and lack of staff parking - were also identified as barriers to service delivery. Despite these pressures, staff described a strong sense of team cohesion and a shared commitment to patient care.

Ongoing training and development opportunities were available, including protected learning time (PLT) sessions and in-house development programmes. Staff described these sessions as beneficial for professional growth and knowledge-sharing. In addition, staff felt supported by senior colleagues and valued the leadership structure in place at the Practice.

User Experience and Efficiency in Booking Systems

Telephone Access

Some patients reported long hold times when contacting the practice by phone, particularly during peak hours. A few described challenges in getting through to reception at specific times of the day. However, others stated they were able to speak with someone relatively quickly, especially when calling earlier in the morning.

Online Booking

The practice's website and NHS app booking systems were used by several patients. Those who were comfortable using digital tools found these systems convenient, particularly for routine appointments. However, a few patients mentioned difficulties with navigating the online process or not receiving confirmation messages, which sometimes led them to follow up by phone.

Face-to-Face Booking

Some patients reported booking appointments in person when already at the surgery. This was generally described as straightforward, though a few noted it was not always clear whether same-day appointments were available at reception. One patient preferred this method, describing it as "more direct."

Several patients expressed a preference for increased access to face-to-face appointments and more consistency in seeing the same GP across visits. This was particularly important for those managing long-term health conditions or those who felt the need to build rapport with a regular clinician. A number of patients also described challenges navigating the booking systems overall—particularly when appointments were released in limited batches or fully booked shortly after lines opened.

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 Leyton Healthcare 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:

Patient feedback indicated that access to care at the Practice was generally positive, with several patients expressing satisfaction with the availability of appointments and the range of services offered. Some patients felt that they were able to receive timely support and appreciated the flexibility introduced through the hybrid model of appointments (telephone and face-to-face). A few patients described the Practice as responsive to their health needs and spoke positively about the clarity of communication received.

“They always try to fit me in. I called on Monday and had a telephone appointment the same day.”

– Patient A

Others highlighted improvements in accessing care compared to their experiences with other practices. One patient with multiple long-term conditions reported being able to speak to a clinician quickly when unwell, which they attributed to the Practice’s same-day duty doctor availability.

However, there were some inconsistencies in access. A few patients described delays in getting appointments or having to call back repeatedly due to slots filling up quickly. Others expressed a desire for greater continuity, explaining that they often saw different clinicians and sometimes had to repeat their concerns.

“The care is good, but I do feel like I have to keep explaining everything when I see a different doctor each time.”

– Patient B

While feedback about the physical environment was not a major theme during this section of the interviews, accessibility concerns were raised in relation to repeated lift failures. This was particularly problematic for patients with mobility challenges. The Practice was aware of this ongoing issue and had made repeated reports to NHS Property Services, the external organisation responsible for building maintenance. Staff explained that they had gone to considerable lengths to escalate

the matter and minimise its impact on patients.

To support those affected, the Practice had made use of a secondary lift within the building. However, this alternative route exits directly into a staff-only office area, raising security and privacy concerns. While the workaround helped patients reach the fourth-floor surgery during lift outages, it was not an ideal long-term solution.

“The lift being broken makes it really hard. I had to ask my daughter to come with me to help.”

– Patient C

Patients also welcomed the availability of home visits and video calls for those unable to attend the surgery in person, viewing this as a helpful option that supported broader access.

2. Good Care is Competent:

Most Patients interviewed during the visit generally expressed confidence in the clinical care they received. Many described individual GPs, nurses, and healthcare professionals as knowledgeable, attentive, and thorough during consultations. Several patients commented that clinicians took time to listen and explain information clearly, which helped them feel more involved and reassured about their care.

Some patients also described positive experiences in the management of long-term conditions, noting regular follow-up checks and continuity with specific clinicians. Clinical pharmacists, nurses, and other members of the multidisciplinary team were mentioned as helpful in supporting medication reviews and ongoing health needs.

“I feel really listened to. The nurse follows up regularly and explains everything clearly.”

– Patient quote

“The doctor explains everything really clearly. I don’t feel rushed.”

– Patient D

Internal systems were in place to support safety and quality, including a duty doctor available throughout the day, safeguarding leads, and designated staff for vulnerable patient groups. For example, patients with learning disabilities were supported through named clinical and administrative leads. The Social Prescriber role was also referenced positively by some patients who felt it contributed to their wider wellbeing, especially where housing or social support needs affected their health.

“I saw the social prescriber and they helped me with housing and finding local services. It made a real difference.”

– Patient E

The Practice had implemented cancer and safeguarding tracking tools, conducted welfare checks for older patients, and supported phlebotomy and health checks for those with long-term conditions. These systems demonstrated a coordinated approach to clinical safety, continuity, and proactive care.

In addition to day-to-day care delivery, the Practice operated as a training site for GP registrars and hosted medical students throughout the year. Staff were encouraged to participate in external learning opportunities, including Protected Learning Time (PLT) sessions, to ensure ongoing professional development. One clinician described how feedback from patients and internal service reviews helped the team identify areas for improvement and adapt their approach accordingly.

While feedback was mostly positive, a small number of patients expressed a desire for improved continuity with the same GP. These reflections appeared to relate more to the structure of the appointment system than to concerns about clinical competency. Based on the evidence gathered, patients generally described the care as safe, effective, and delivered by a well-informed and professional team.

3. Good Care is Person-centred:

Patients interviewed during the visit generally described a positive experience of care. Many praised individual GPs, nurses, and non-clinical staff for being attentive, respectful, and taking time to listen. Several participants also described long-standing relationships with specific clinicians, which helped build familiarity and trust over time.

The Practice had taken steps to support continuity of care where possible. Some patients expressed a preference for seeing the same clinician more consistently. While this was not always achievable, staff reported that follow-up appointments with the same clinician were encouraged when appropriate. Treatment plans and medical histories were recorded in detail to reduce the need for repetition and support informed decision-making across the team.

Patients with complex or long-term conditions were often supported in a way that reflected their broader needs. Staff described efforts to tailor care in response to individual preferences, particularly for those requiring more regular or sensitive input. The Practice had assigned both clinical and administrative leads to help coordinate support for patients with learning disabilities, and a dedicated Social Prescriber offered non-clinical support to help patients manage the wider social and emotional factors impacting their health.

Feedback from patients who had accessed this additional support was generally positive, with some reporting that the Social Prescriber had helped them navigate housing issues, benefits, or local community services, making a noticeable difference to their wellbeing.

In response to patient feedback, the Practice had introduced a hybrid appointment model combining telephone and face-to-face consultations to increase flexibility and choice. While many patients welcomed this approach, a small number said they would benefit from clearer guidance on appointment types and processes, including how and when to request follow-up appointments or specific clinicians.

Health promotion events were also described as a valued feature of the service, providing opportunities for patients to raise concerns, learn about health topics, and engage more actively with the care they receive. These activities supported a more personalised experience of care and helped patients feel included in shaping the way services are delivered.

4. Good Care is Trustworthy:

Patients described Practice as a respectful and supportive environment in which to receive care. Many said they felt listened to during consultations, with clinicians giving clear explanations of treatment options and enough time to ask questions. These interactions helped build confidence and reassurance.

Several patients reported long-standing relationships with specific GPs, which they felt enhanced trust and continuity in how their care was managed. While this level of continuity was not always possible, staff explained that follow-up appointments with the same clinician were encouraged where appropriate. Treatment plans and medical records were updated in detail to reduce repetition and maintain consistency across the clinical team.

Patients also highlighted measures that supported dignity and choice, such as being able to request a clinician of the same gender and clear posters informing them of their right to request a chaperone. Safeguarding leads were in place, and staff reported being confident in recognising and escalating concerns when required. The availability of multilingual staff and access to translation services were also viewed positively, enabling clearer communication for patients whose first language was not English.

In terms of responsiveness, some patients gave examples of concerns being acknowledged and acted on:

***“When I complained before, the Practice Manager called me back and sorted it.”
– Patient***

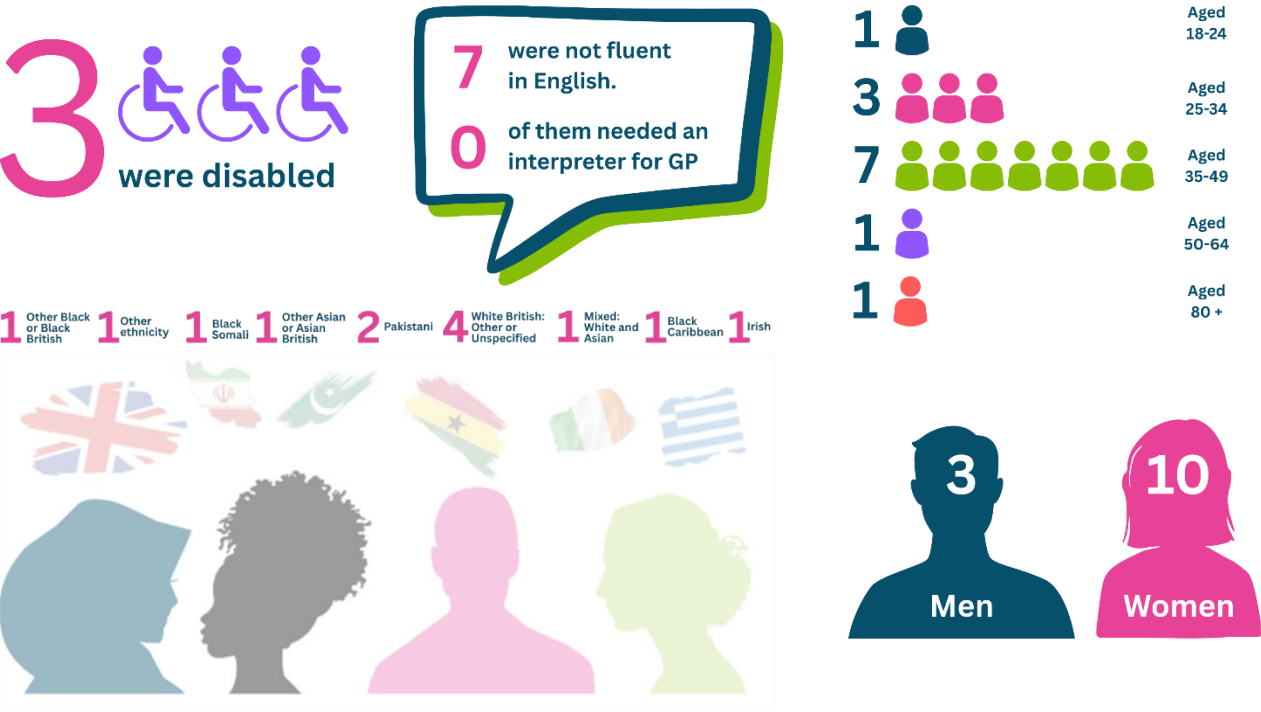
“They do take things seriously if you raise them properly.” – Patient

This feedback suggested that formal complaints were generally handled well. However, a small number of patients felt there was a difference between how concerns were treated depending on the context. They described clinicians as responsive when issues were raised in consultations, but noted that administrative concerns raised through reception or during the booking process were not always followed up unless formally escalated.

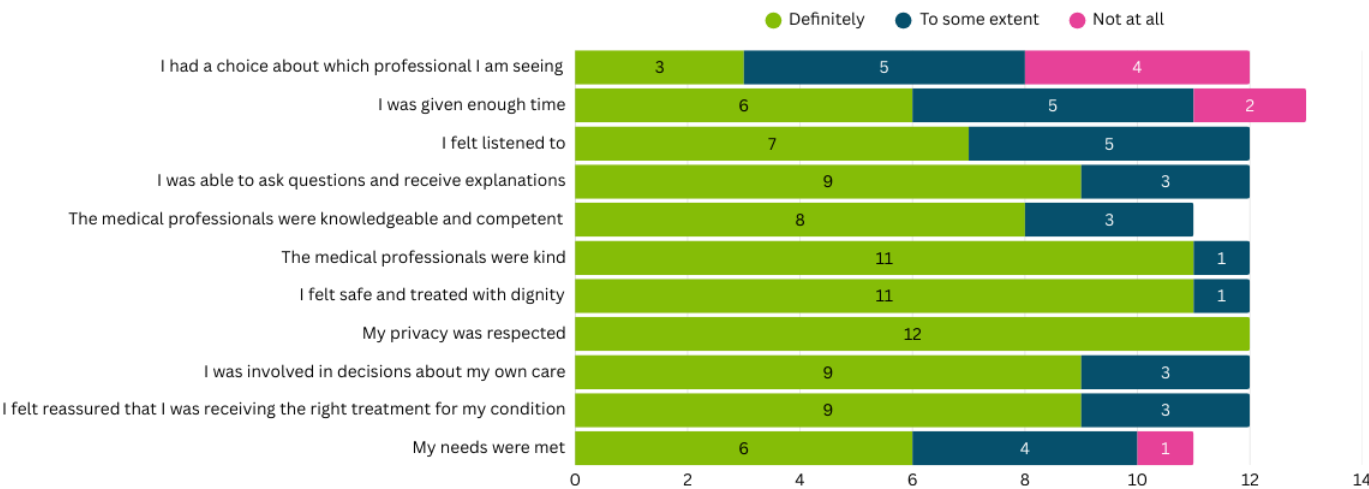
This variation indicates that while many patients expressed trust in the clinical care they received, clearer communication and more consistent acknowledgement of everyday concerns could help strengthen trust across the whole care pathway.

Patients' Experience of GP Practice Treatment and Care

During our visit we spoke with 13 patients about their experience and care journey at the Leyton Healthcare.



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



Patients experience continued

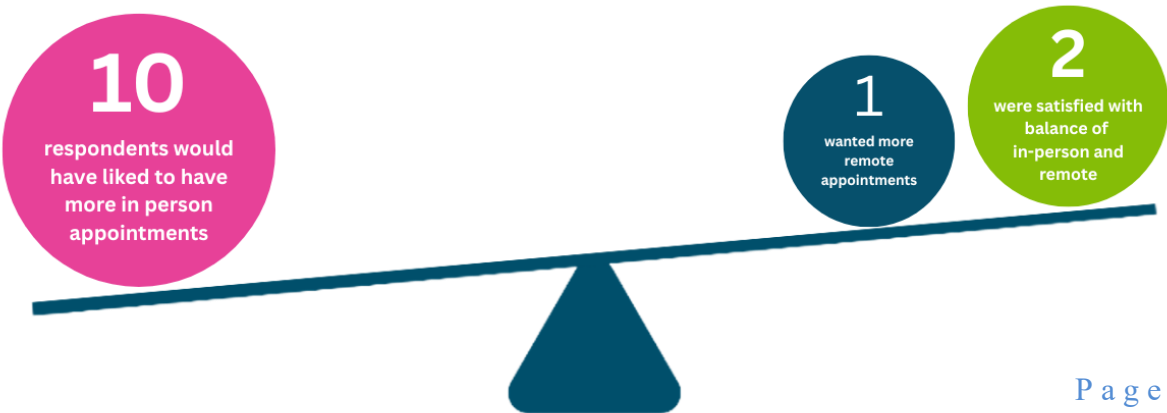
Patients said:

The doctor took the time to explain my condition clearly — I didn't feel rushed at all.

I really appreciated being able to use the email for my prescription. It's quick and

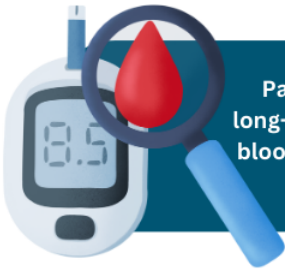
It's hard to get an appointment sometimes. I ended up going to a walk-in centre because the phone lines were too busy.

Most patients have expressed that they would like to have more in-person appointments made available to them.



Case study

Patient A



Patient A is a middle-aged adult with several long-term conditions, including diabetes and high blood pressure. They have been registered at the practice for over five years.

The patient appreciated being able to book regular health checks and reported feeling confident in the advice provided. However, they expressed some frustration with having to repeat their medical history when seeing different GPs.



Patient A described their experience as generally positive, particularly with the diabetes nurse, who they said was “thorough and supportive.”



Despite challenges around continuity, the patient felt their conditions were well managed overall. They praised the hybrid appointment system for offering flexibility, particularly when attending in-person appointments felt physically difficult.



Conclusion

Our Enter and View visit to Leyton Healthcare Practice provided valuable insight into the patient experience at the Practice. The findings presented in this report reflect a range of perspectives gathered through patient interviews at the point of care, representative observations, and information shared by the provider, including staff input and supplementary service materials.

Overall, the patient feedback gathered during the visit was largely positive. Many patients described staff as respectful, caring, and thorough in their approach. The multidisciplinary nature of the Practice's team — including Clinical Pharmacists, Paramedics, and a Social Prescriber — was noted as a strength, contributing to the flexibility and responsiveness of care delivery. Patients particularly valued the range of additional support available for those with complex or long-term needs.

The Practice had introduced a hybrid appointment system, combining both telephone and face-to-face options, in direct response to patient feedback. This model was designed to offer greater flexibility while maintaining access to appropriate clinical support. Although many patients found this helpful, a number of individuals raised concerns about long wait times when trying to book appointments by telephone, and some expressed a desire for more face-to-face consultations and improved continuity with individual GPs.

A range of measures were in place to support patients who may experience barriers to attending the surgery. These included monthly video calls for palliative care patients, Paramedic-led home visits for frail or housebound individuals, and tailored phlebotomy and health checks for patients with additional needs. The Practice also had designated administrative and GP leads to support patients with learning disabilities or neurodiverse needs, and a system of late grace periods to accommodate patients who may have difficulty arriving on time for scheduled appointments. These provisions reflected a commitment to inclusive care.

Health promotion events were also a regular feature of the Practice's service offer, creating space for patients to receive advice, ask questions, and engage in conversations about their health and wellbeing. These activities were offered in addition to general clinical services and were viewed as a meaningful way to enhance community engagement. While the Practice acknowledged that its Patient Participation Group (PPG) had previously stopped running, there was a willingness expressed during the visit to reinstate the group, and opportunities were identified to further embed patient-led involvement through clear promotion and accessible signposting.

The physical environment presented some access challenges. The Practice is located on the fourth floor of a shared building and does not have control over the maintenance of the premises. Patients and staff noted the ongoing issue of unreliable lift services, which can impact access — particularly for those with mobility needs or disabilities. At the time of the visit, the Practice reported that it was actively engaging with NHS Property Services to address these issues and had raised concerns through appropriate channels.

In summary, Leyton Healthcare was found to be a committed provider offering a broad range of services tailored to the needs of its registered population. The findings indicate that patients generally felt well cared for, supported, and respected. While some areas for improvement were identified — particularly around telephone booking and the visibility of patient engagement mechanisms — the Practice showed openness to feedback and a clear willingness to strengthen its services. The visit team hopes this report will support the provider’s ongoing efforts to offer equitable, patient-centred primary care.

Recommendations

These recommendations are based on what patients told us on the day, what our Authorised Representatives observed during the visit, and a review of practice information and publicly available materials (including the practice website) to place feedback in context.

Recommendation 1

Improve Appointment Booking and Support Continuity

Positive: The hybrid appointment model (phone and face-to-face) works well for many people, and staff encourage follow-up with the same clinician when appropriate.

Objective: Improve the appointment booking process for patients by making steps clear across phone, online and in-person routes, and by making continuity preferences easy to request and record.

Actions:

- Publish a short “How to book” guide (what happens next and typical response times) online and at reception.
- Add an optional continuity preference flag in records for ongoing issues/long-term conditions.
- Offer a brief prompt at booking/confirmation to note a continuity preference where possible.
- Share simple phone tips (quieter call windows) on the website and reception screen.

Recommendation 2

Improve Digital Access and Website Usability

Positive: The website already provides key information (contact details, prescriptions, fit notes, GP profiles).

Objective: Enable patients to find, access and navigate Practice online services easily, with clear and accessible content.

Actions:

- Redesign the website to improve navigation and accessibility.
- Use clear headings and an at-a-glance panel for opening hours, clinics and urgent contacts; add quick links for Book, Prescriptions, Fit note, Contact.
- Fix outdated/broken links and set a simple content review cycle; use banner notices for service disruptions (e.g., lift outages).

Recommendation 3

Strengthen Patient Participation and Everyday Feedback

Positive: The practice runs health-promotion events and is willing to re-establish the PPG.

Objective: Broaden ongoing patient involvement and make day-to-day concerns easier to raise and track, alongside formal complaints.

Actions:

- Re-establish the PPG with hybrid meetings and targeted outreach.
- Introduce a simple “You said, we did” update online and in reception.
- Provide reception with a short acknowledgement script and a standard follow-up timescale for routine concerns.

Recommendation 4

Communicate and Mitigate Building Access issues (lift outages)

Positive: Staff assistance is provided; issues have been escalated to the estates provider; a secondary lift can be used (noting privacy/security considerations), and relocation to more accessible premises has been explored.

Objective: Reduce the impact of lift failures and keep patients informed and supported.

Actions:

- Continue and clearly signpost staff assistance at busy times and for people with mobility needs.
- Use timely notices (website banner, entrance signage, targeted SMS) when the lift is out.
- Agree a brief protocol for the secondary lift route addressing privacy/security at the staff-only exit.
- Keep an access log (dates, duration, impact) to support escalation and inform PPG updates.

Recommendation 5

Install and Signpost a Hearing Loop at Reception

Positive: Patients told us they received clear explanations in consultations, and language support from multilingual staff or interpreters helped them understand options and take part in decisions.

Objective: Improve communication and access for people with hearing loss at the first point of contact.

Actions:

- Install a counter hearing loop at reception and test regularly.
- Provide basic staff guidance on offering/using the loop.
- Display clear signage and add availability to the website.

Service Provider Response

Please see our responses to the recommendations:

Recommendation 1:

- How to book an appointment is clearly detailed on our website along with the types of appointments we offer. When patients are requesting an e-consult, they are informed that their request has been read and will be actioned, the patients are informed personally of the response time.
- Each patients record clearly displays any major medical event and/or long term condition using "major active problems" displayed on the home screen.
- Any continuity requests i.e. pt requesting a particular GP is dealt with at the time of the booking, any other requests are added to the appointment details.
- We will add the simple phone tips onto our website. This will be added by January 2026 at the latest.

Recommendation 2:

- The website is due to be upgraded, this will be at an extra cost to the practice. This will involve a discussion with the partners and arrange practice website demonstrations etc. We hope to complete this within six months.
- Banner notices are used regularly and will continue to do so.
- The website will now be checked on a monthly basis to ensure that any links are kept up to date.

Recommendation 3:

- Re-establishing the PPG is in process. The managers have already attended a network event dedicated to forming PPG's. Network events involving patients will still be held. We are liaising with the other managers in our PCN regarding PPG's. It is difficult to put a timescale as this involves patient participation. Ideally I would like to establish this within the financial year.
- Going forward we will adopt a "you said we did" update.
- It will be very difficult to produce an exact time scale for follow up of

concerns. The receptionists use their experience and judgement to advise how long a concern will take to resolve. Giving an exact timeframe may give the patient a false expectation of a resolution. Most concerns are dealt with on the same day. If this is not possible the patient is kept updated.

Recommendation 4:

- Signposting will continue with regards to the lift. With reference to people with mobility needs, these patients are assisted by the security officer on the ground floor.
- The website banners have information regarding the lift outage.
- There is a protocol in place when using the secondary lift.
- A log is now in place to record any impact issues regarding the lifts.

Recommendation 5:

- We are looking into quotes for a hearing loop and hope to have this in place by the end of April 2026.



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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healthwatch

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