



Enter and View report

Tulasi Medical Centre
May 2024

healthwatch

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1. Introduction

1.1 Details of the Visit

Details of Visit	
Service Address	10 Bennett's Castle Ln, Dagenham RM8 3XU
Date and Time	1:00pm to 3:00pm on 23/05/2024
Authorised Representatives	Agne Pilkauskiene (Authorised representative) Rifan Chowdury (Authorised representative) Peter Kanyike (Authorised representative)
Announced/Unannounced	Unannounced
Contact Details	Healthwatch Barking and Dagenham Lifeline House Neville Road Dagenham RM8 3QS 0800 298 5331 info@healthwatchbarkinganddagenham.co.uk

1.2 Acknowledgements

Healthwatch Barking and Dagenham extend gratitude to the service provider, residents, visitors, and staff for their cooperation during the visit.

1.3 Disclaimer

This report reflects observations and contributions gathered on the visit date mentioned above. It does not encompass the experiences of all service users but is based on what was observed and reported during the visit. Our representatives accessed the waiting room where feedback was gathered without staff supervision.

2. What is Enter and View?

- The Health and Social Care Act 2012 allows local Healthwatch to conduct Enter and View visits to observe health and social care services in operation
- Authorised representatives are trained to carry out these visits, collecting evidence through the experiences of service users, their relatives, friends, and staff.
- These visits can be initiated by reports of problems or good reputations of services
- The purpose is to highlight best practices and recommend improvements based on first hand experiences.
- The feedback is aimed at the organizations responsible for delivering and commissioning these services and can alert Healthwatch England or the Care Quality Commission to concerns.
- These visits should not be termed 'inspections'

For more information about Enter and View visits or Healthwatch Barking and Dagenham, please visit [Healthwatch Barking and Dagenham](#)

2.1 Purpose of Visit

The visit aimed to observe the quality and experience of services and engage with service users. Healthwatch focused on:

- Experience with reception staff
- Experience booking appointments
- Experience waiting for an appointment

- GP appointment experience
- Process of ordering prescriptions
- Raising issues and making complaints

2.3 Methodology

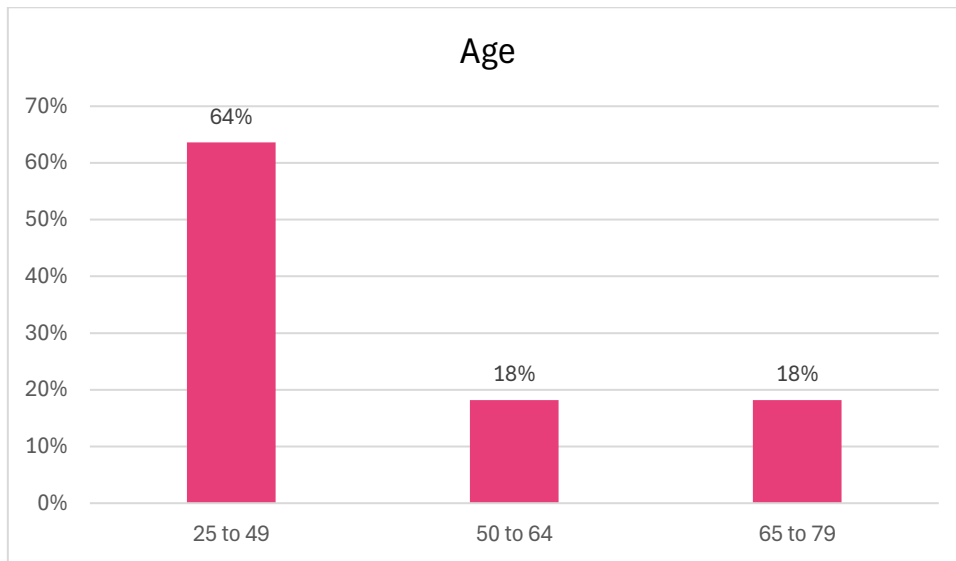
Before the visit:

- Authorised representatives had a pre-visit meeting where the questionnaire was discussed and the time and date for the visit was decided.
- This was an unannounced visit carried out by Healthwatch Barking and Dagenham Authorised Representatives to observe the quality of services offered to service users and their general experience with their GP.
- Feedback from the visit is used to inform service providers and commissioners about residents' experience accessing support at Tulasi Medical Centre.

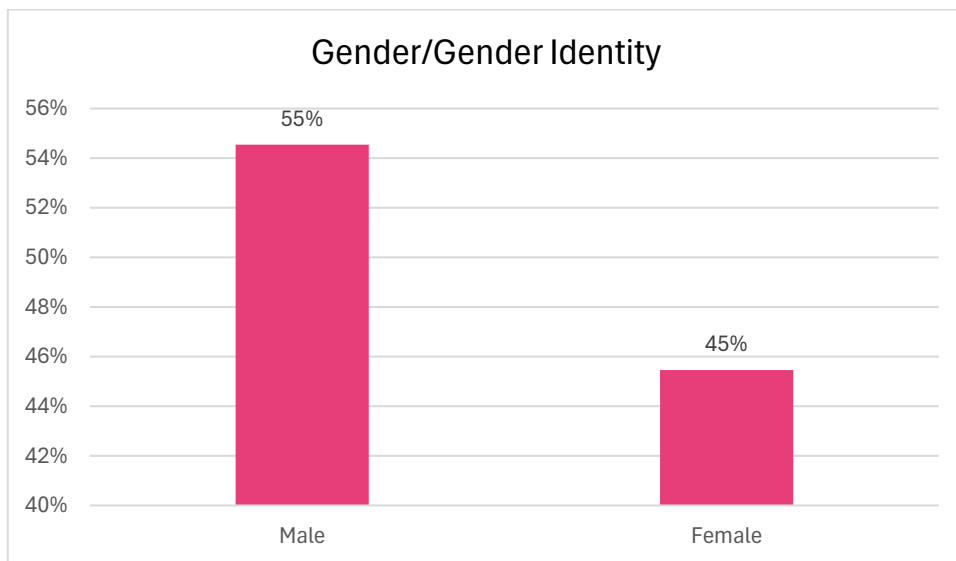
Day of the visit:

- The Healthwatch team arrived at the Tulasi Medical Centre at 1:00 pm on 23rd May 2024. Authorised Representatives walked into the building and informed the receptionists about the work of Healthwatch and the purpose of the visit. They were granted permission to remain on the premises and conduct the Enter and View.
- Authorised Representatives remained in the waiting area of the medical centre to interview service users who were waiting to be called in for their appointments and those who were leaving. All three representatives interviewed the service users, without involvement from the practice staff.

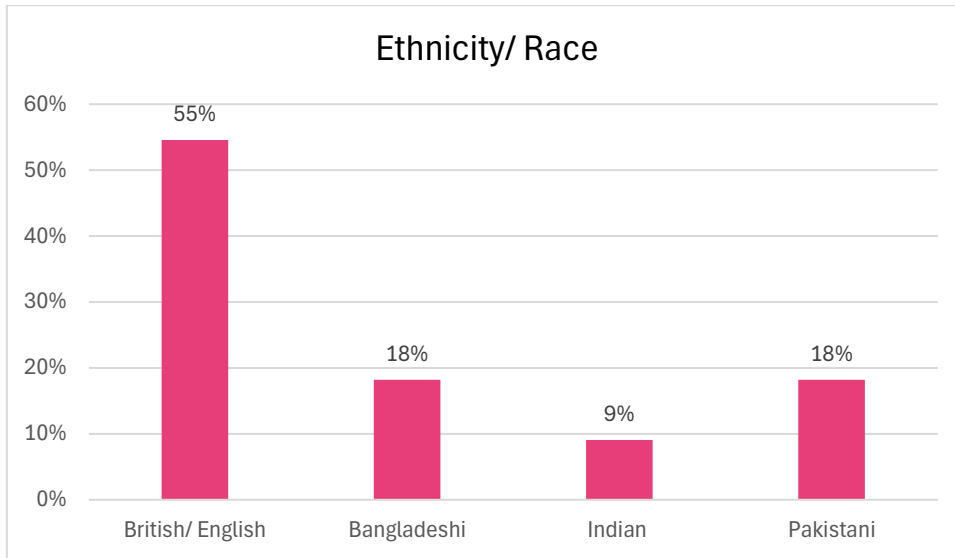
Demographics



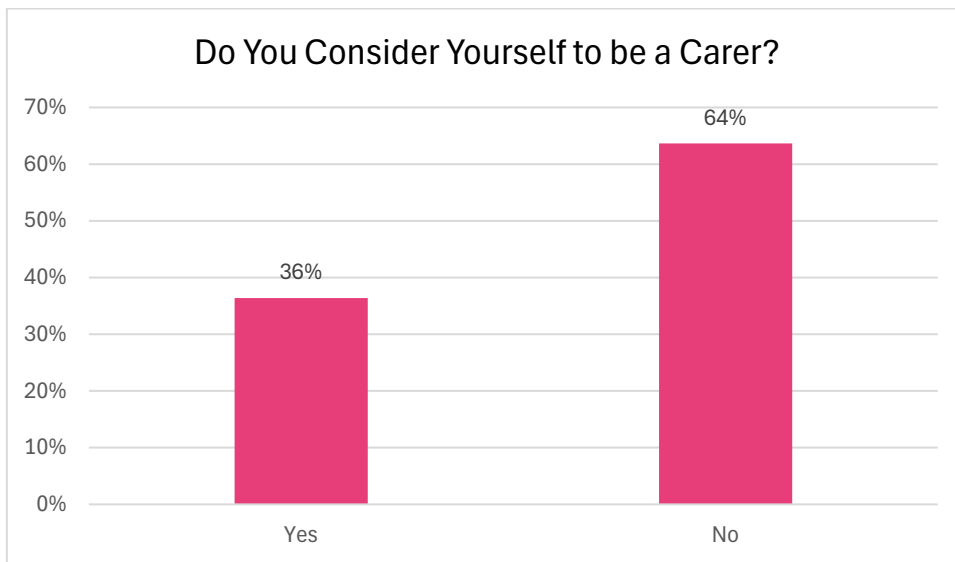
64% of respondents were 25–49 years of age, 18% were 50–64, and 18% were 65 to 79.



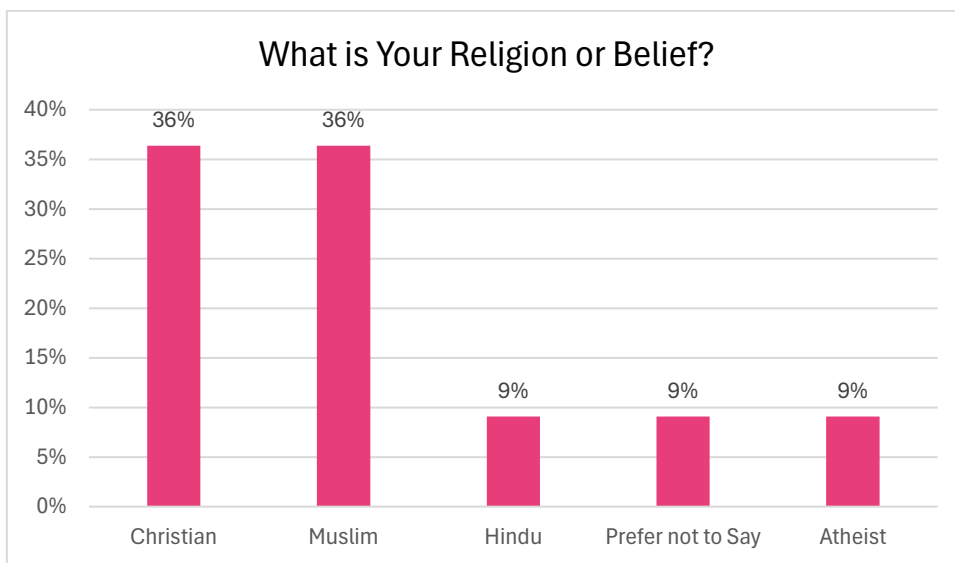
55% of respondents were male and 45% were female.



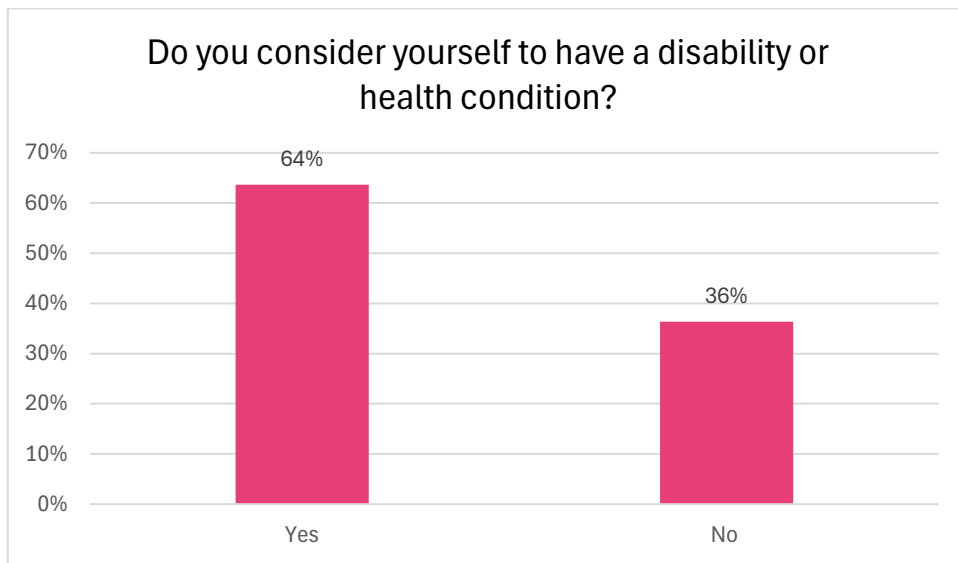
55% were British/English, 18% were Bangladeshi, 9% were Indian, 18% were Pakistani.



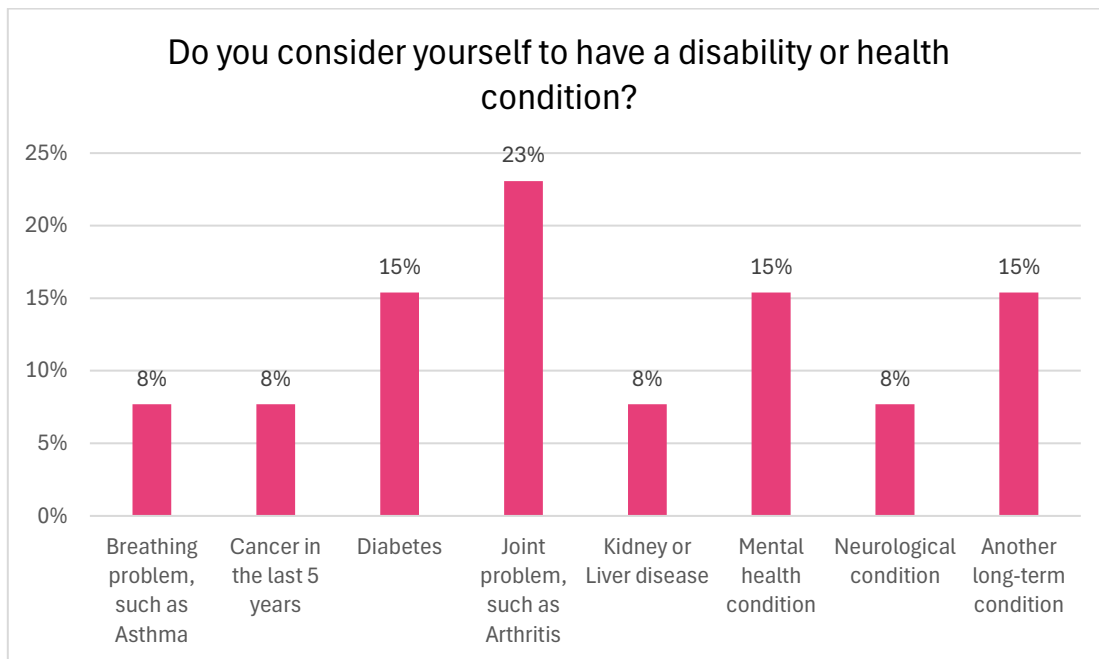
36% said they were a carer, whereas 64% did not consider themselves a carer.



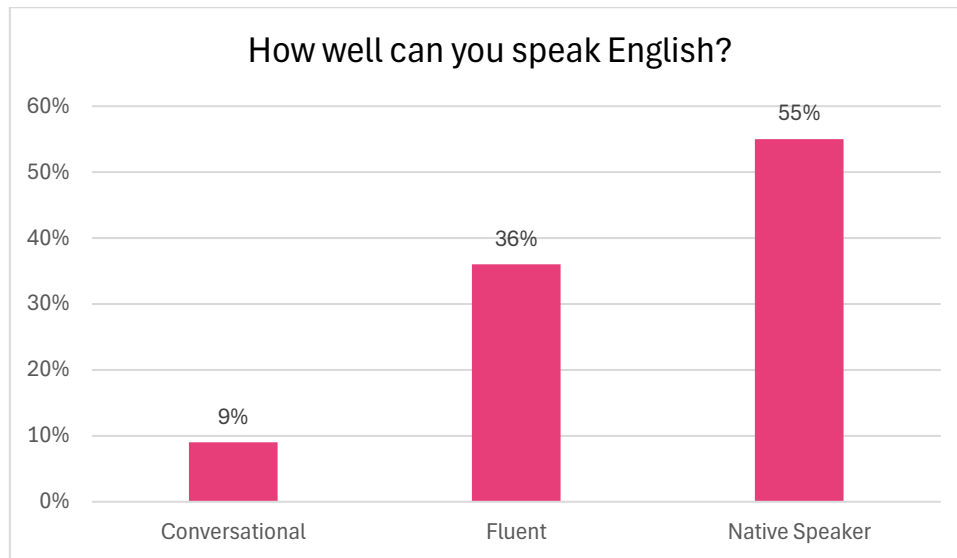
36% were Christian, 36% were Muslim, 9% were Hindu, 9% were Atheist, and 9% preferred not to say what their religion was.



64% confirmed they had a disability or a long-term condition, whereas 36% did not.



The majority (23%) had joint problems, such as arthritis, and 15% had diabetes, a mental health condition or another long-term condition. 8% respectively had breathing problems such as asthma, cancer in the last 5 years, kidney or liver disease, and neurological conditions.



55% of the people we spoke with spoke English at a native level, whilst 36% considered themselves to be fluent, and the remainder were conversational.

3. Summary of Findings

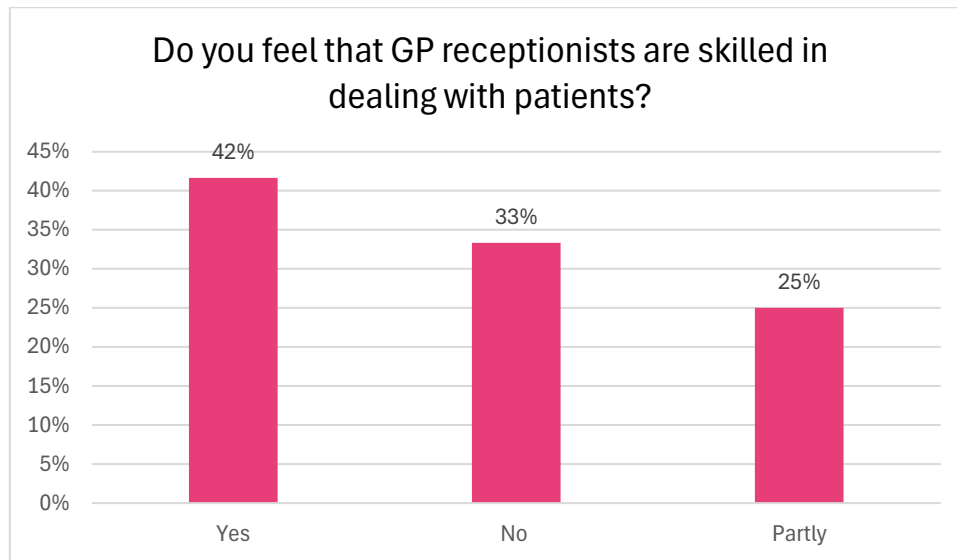
- Respondents view the receptionists as both skilled and unskilled, with mixed reviews on their levels of helpfulness.
- Common issues include difficulty in getting appointments, perceived inappropriate medical advice from receptionists, and a lack of privacy at the reception desk.
- Interpretation services were not needed by the respondents.
- Most appointments are booked by phone, with significant challenges including long wait times on the phone and unavailability of slots.
- Same-day or emergency appointments are difficult to secure, often dependent on the patient needing to call the surgery precisely at 8 am.
- Patients often experience delays, ranging from 5 to 50 minutes when they arrive for their appointment.
- The waiting area is generally considered uncomfortable and small.
- Patients rarely see the same GP, which is a concern for continuity of care, as they must accept an appointment with any available doctor if they require it quickly
- Respondents had mixed feelings about the time allowed to discuss issues with their GP; some feel rushed and unable to address multiple concerns.
- Trust and confidence levels in GPs vary, with some patients feeling unheard or rushed and some of them saying they can trust some doctors only.

- The majority of patients require repeat prescriptions, with occasional issues in obtaining medications promptly.
- The process of ordering prescriptions is generally understood, though some people encounter delays and miscommunication.
- Awareness of the complaint process is mixed; some know how to complain while others do not.
- Complaints that patients made had varying levels of resolution.
- 11 responses were taken from patients.
- 3 responses were taken from staff.
- The majority of respondents are aged 25 to 64, with a balanced gender distribution.
- Ethnic diversity includes predominantly White British/ English and Asian/ Asian British Groups.
- Several respondents consider themselves carers and have disabilities or long-term health conditions.
- Most respondents are fluent or native English speakers.

4. Detailed Findings

4.1 Experience with reception staff

Skill Level of Receptionists



There is an equal split on whether receptionists are skilled in dealing with patients, with 5 (42%) respondents answering 'yes', 4 (33%) saying 'no' and 3 (25%) saying 'partly'.

Common issues that were mentioned include:

- Difficulty in getting appointments
- Perceived inappropriate medical advice from reception staff
- Negative interactions, especially at peak times like 8 am.

Here is what some of the respondents told us:

"They might have the skills, but I don't know."

"Difficult to get an appointment in the morning, especially at 8 am. It is like trying to win a lottery after COVID."

"After COVID, the appointment booking process is very slow."

"It is highly impossible to get hold of an appointment and it gets quite argumentative at 8 am."

"Not always, sometimes they try to diagnose you and offer medical advice – I don't think they should be doing that."

"Receptionists think that they are medically trained"

These remarks highlight the challenges that residents are facing when attempting to schedule an appointment, which they have observed becoming more difficult as a

result of the COVID-19 pandemic. Additionally, some patients reported that receptionists tried to give them medical advice. Whilst this could potentially be signposting to other services, patients feel that this may prevent their access to doctors and to legitimate medical advice.

Helpfulness of Receptionists

When asked how helpful the receptionist was last time they needed support, experiences varied widely, with some saying they found the receptionists to be helpful and others not. Specific complaints include rudeness, and providing guidance that is not helpful, in addition to long waits to speak to a receptionist.

There were some instances where phone calls were abruptly ended, which added to the frustration of booking appointments.

Here is what the respondents told us:

“Good, there are different people around.”

“The receptionist put the phone down on me when I called this morning.”

“Not helpful, I called 8am to request an appointment, I was number 11 in the queue, and when they answered there were no appointments left.”

“Very unhelpful, very rude, all that I wanted was some guidance on where to go for the blood test, but they would not help me.”

“They are quite good; they can only give you what they have.”

“Good and directed.”

“Reasonably good.”

“Ok, no problems, just delay over the phone for appointment booking.”

“It’s all right.”

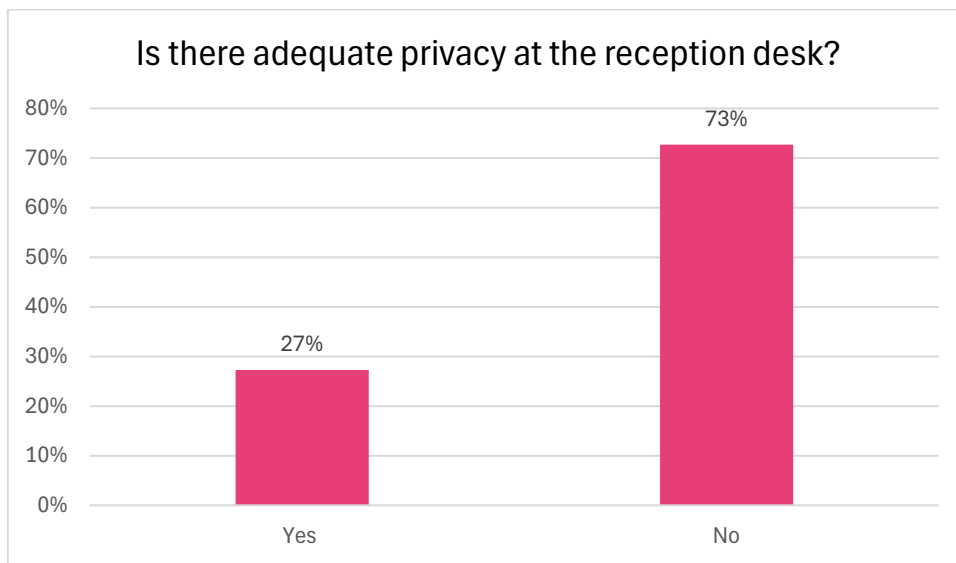
“Helpful.”

“They were not helpful at the time I wanted them to be. I was given an appointment to come back for a review in 5 days, as I have got atrial fibrillation, and when I came back, I was told my appointment was not in the system.”

Provision of Interpretation Services

Respondents were asked if they were provided with interpreting services if they needed them, and all respondents said this did not apply to them.

Privacy at the Reception Desk



8 respondents (73%) felt there was inadequate privacy at the reception desk.

Most concerns voiced by the respondents included the small waiting area, lack of space between seating and the reception desk, and no option to discuss private matters separately.

Here is what the respondents told us:

“Everything is in one small area”

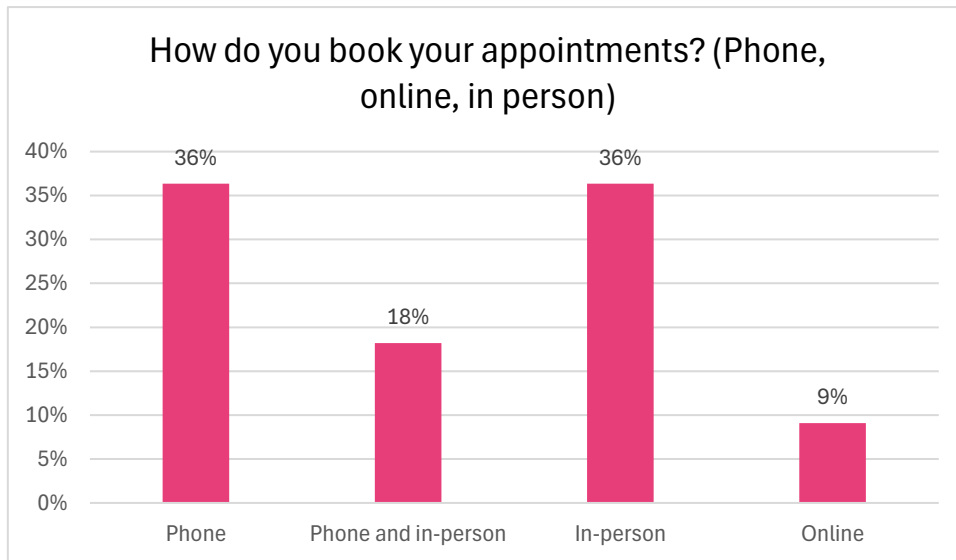
“There is hardly any space between seating and reception”

“There is no option to step to the side to discuss private matters”

These remarks suggest that respondents would benefit from being able to speak in private with a receptionist about any issues; this is particularly important for discussing delicate health issues.

4.2 Booking Appointments

Methods of Booking Appointments



Booking methods included via phone (4 respondents – 36%), in-person (4 – 36%), a mix of phone and in-person (2 – 18%), and only one respondent (9%) booking appointments online.

Most respondents would start queuing outside early and calling at the same time at 8 am to increase the chances of landing an appointment.

Respondents told us:

“We start queuing up outside at 7:30 and start making a call at 8 am and see whichever is quicker.”

“It is impossible to get through to them on the phone, last time I called I was number 37 in the queue, I have to come here before 8 am and book it that way.”

“I have been ringing them for 6 weeks and could not get through. Eventually, I did it online.”

These remarks show that residents are having difficulty scheduling appointments over the phone and in person, which becomes more challenging because of the high demand.

Healthwatch did not see any promotional materials encouraging residents to book appointments online to make their experience easier and to ease the burden on the telephone system.

Challenges in Booking Appointments

We then were asked the patients what challenges are faced are when it comes to booking appointments. Some of the major challenges expressed included long phone queues, inability to get through on the phone, and lack of appointment slots.

Some respondents mentioned needing multiple family members to call at the same time to secure an appointment.

Here are the responses:

"They don't answer the phone."

"I have to come here when I cannot get through to them."

"They never pick up, there are always difficulties getting appointments on the phone."

"I can never get hold of phone appointments and there is a lack of availability for in-person appointments."

"8 am queue"

"You have to be on the phone at 8 am, sometimes three of us (family members) start ringing them at the same time to see who will get to speak to reception first."

"Everything on the day – routine issues are a challenge."

"Long queueing system."

"Long queue, and when they answer, no appointments are left."

"Quick queue, but no appointment was offered."

The remarks made by residents highlight the challenges that the current appointment-booking system is posing, and highlight the need for a more equitable approach to improve the management of both phone and in-person lines.

Accessibility of Same-Day or Emergency Appointments

All respondents told us that same-day or emergency appointments are very hard to access,

Respondents have provided these comments:

“Demand impacts this severely, but they are accessible.”

“Not always able to get”

“Easy to get a same-day appointment but difficult if it is an emergency.”

“Never.”

“Only if you get to speak to them at 8 am.”

“Depends what is on their computer.”

“50 minutes on the phone and still no appointment offered, early morning line up 45-50min. Long wait for GP.”

Successful booking was often dependent on the patient calling exactly at 8am, and even then, it was not guaranteed that they would be given an appointment. Data gathered from respondents show that difficulties in contacting the surgery due to a high demand hinder the accessibility of emergency and same-day appointments.

4.3 Waiting for an appointment

Wait Times for Scheduled Appointments

Respondents were asked if they had to wait long to be seen for their scheduled appointment when they arrived at the clinic. Responses varied a lot, with some patients experiencing minimal delays (5 minutes) while others waited up to 45 minutes

Overall, there was a trend of experiencing delays, but some found the wait times reasonable.

Here is what the respondents had to say:

"20min"

"Always 15-20min wait."

"On-time or 5min wait"

"Always delayed."

"Reasonably on time."

"30 minutes wait for max."

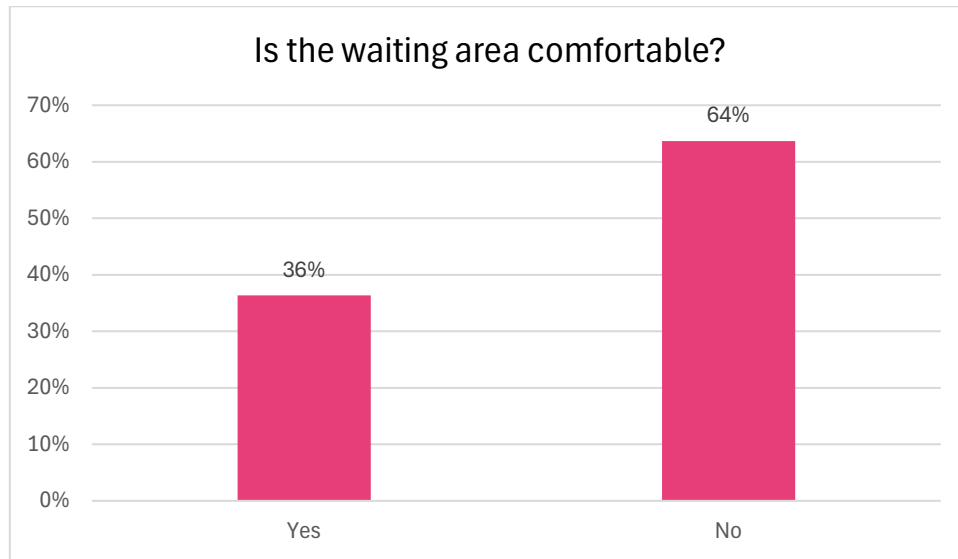
"Mostly on time, but unforeseen circumstances can happen."

"Long wait, not always on time, usually 30-45 minutes, but today it was 10 minutes."

"Very slow processing always delayed."

Respondents' comments indicate that everyone has different experiences when it comes to waiting times at the clinic, with some people waiting longer than others.

The Comfort of Waiting Area



Respondents were asked if they found the waiting area comfortable. Opinions on the waiting area were mixed; some found it comfortable, but others cited issues like insufficient seating and a small, unwelcoming space.

Here is what the respondents had to say:

"Yes, no problems"

"No"

"Not enough chairs, but comfortable"

"Yes, relatively"

"Too small, but otherwise fine."

"Not comfortable, the waiting area in another branch is better."

"Quite small."

"Comfortable"

"Uncomfortable and not appealing"

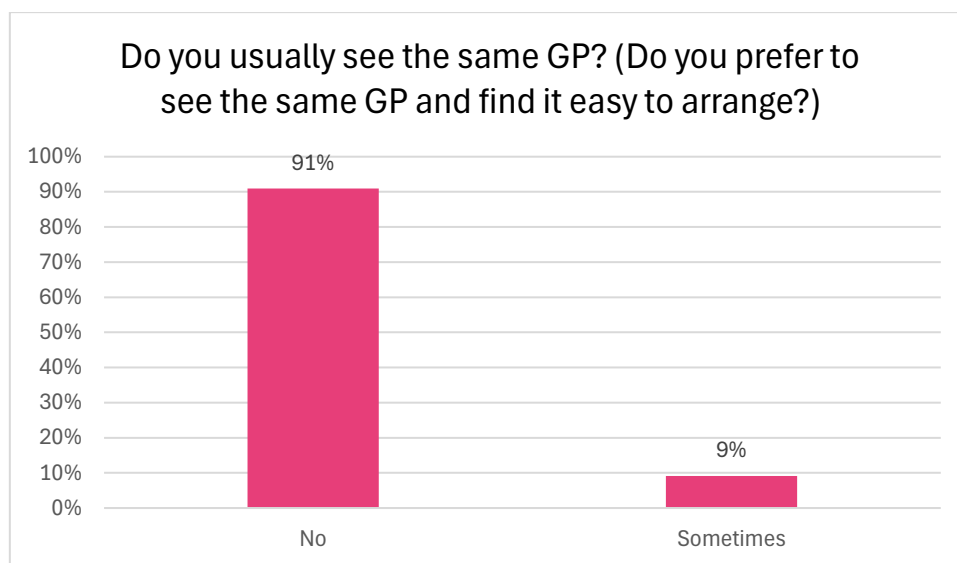
“Not very welcoming”

“Not much seating”

It appears that the area can get very busy if there are a lot of people visiting the surgery, as the room is small with limited space.

4.4 GP appointment experience

Seeing the Same GP



The majority of respondents did not see the same GP consistently, which was a concern for some who preferred to have the same doctors take care of them.

Here are their answers:

“I never see the same GP; the same GP would know about my issue.”

“Never, it is horrible, I always must explain myself to different people. There were previously two long-term doctors and I had excellent relationships with them, but they are both gone.”

“No, I have to bring my mum quite often and she is very old and vulnerable, she should be seeing the same person.”

“Sometimes”

“No, GPs keep changing and usually, it is hard to get hold of preferred ones.”

“No, different every time, I would prefer the same one.”

“No, but I don’t mind seeing a different one.”

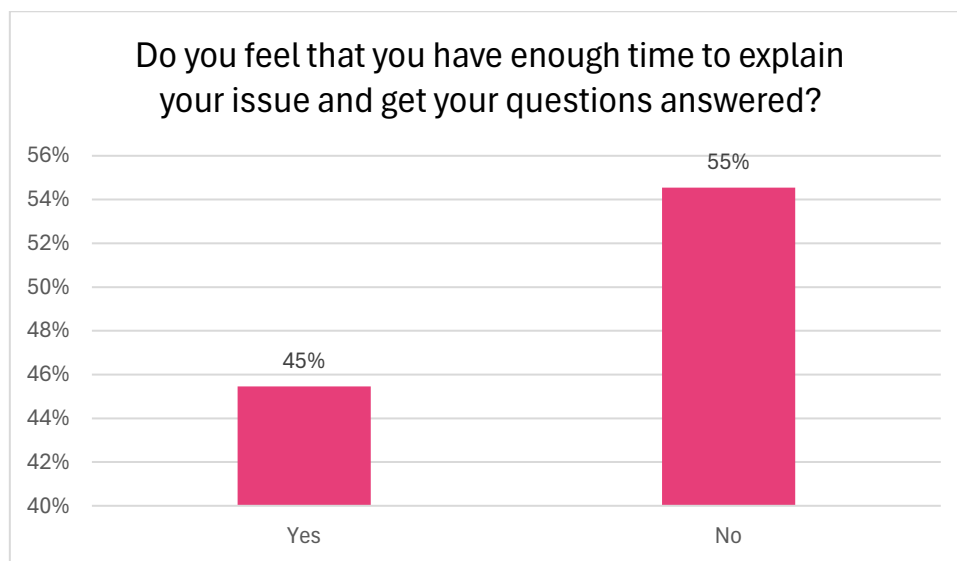
“Not the same for a few years comes down to routine issues.”

“No”

“No, most GPs are new”

“No, I frequently switch when she cannot find appointments with one GP.”

Time to Explain Issues



Just over half of the respondents felt that they did not have enough time to explain their issue to the GP and have their questions answered. Some respondents did feel that they had enough time, however people spoke of their concern about being limited to discussing only one issue per visit.

Here are their responses:

“Yes, no issues when explaining problems.”

"No, you are allowed to discuss only one issue."

"Yes" (2 responses)

"No, it gets like Aldi checkout. Understanding pressures, but they might need more appointments. Self-conscious about taking time for others."

"I did today, they are ok."

"Not enough time"

"Yes, most of the time"

"No, because I have found out that I have type 2 diabetes, this was explained to me by a nurse, GP told me I was borderline."

"No, I only get 5 minutes for one thing, and then they just cut you off."

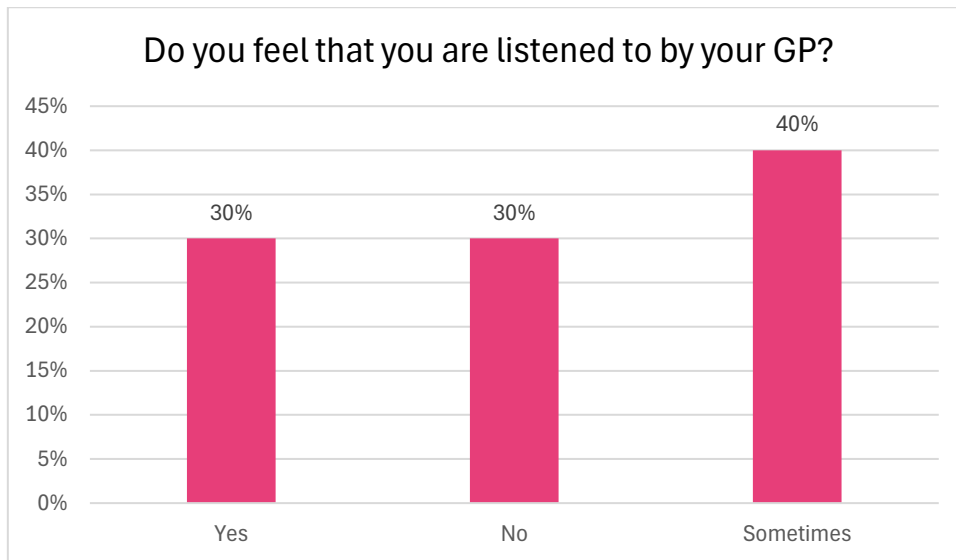
"Depending on the doctor, some GPs have language barriers."

"Not enough time, they do not allow questions, and they don't ask about other issues. I have to make another appointment."

"Mostly, an extra 2 minutes would have been helpful, as I was prescribed antibiotics that were not good for my diabetes, but the pharmacists picked up on that."

Being Listened to by the GP

Next, respondents were asked to provide information about their experiences relating to being listened to by their GP. 3 (30%) respondents indicated that they felt listened to by their GP.



An equal number of residents (3 – 30%) expressed that they did not feel listened to by their GP and 4 respondents (40%) felt that they were only listened to by their GP sometimes.

Here is what the respondents had to say:

“Sometimes, they just need to be more professional, usually you feel like you are the problem and just in a way of what they are doing.”

“No, I have to repeat myself, and they rush you. There are a couple of them that care.”

“So so. They gave my husband an appointment but said he didn’t have one once we arrived.”

“Not listening when I try and discuss other issues.”

“It is rushed.”

“Sometimes, one is rude, but the knowledge is good”

“Sometimes”

Overall, there were mixed responses here, with some feeling listened to while others felt rushed or ignored. The quality of interaction seemed to vary significantly among different GPs.

Trust and Confidence in GPs

Respondents were asked to provide information about how they felt trusting and having confidence in their GP. The majority (50%) said that they sometimes trusted their GP and 33% (3 respondents) expressed that they did trust their GP. 17% said that they did not trust their GP and did not have confidence in them.



When asked to provide more information, respondents provided these comments:

"Not really, used to previously"

"Mostly, an extra 2 minutes would have been helpful"

"Sometimes, if they know you, some new ones just don't bother"

"Not always"

"Not fully, 50/50"

"No, I don't trust them, they do what you ask, not what they think would be better for me."

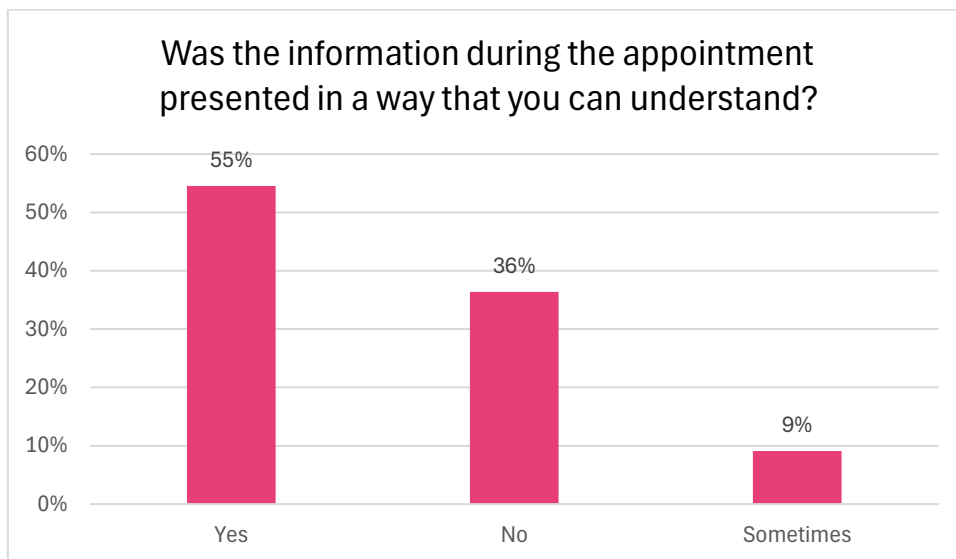
"No. My mum was sent home by this surgery, she had a chest infection, and died three days later."

"I have to trust them."

Trust levels varied, with only a few respondents expressing full confidence in their GP. Some felt uncertain or had mixed feelings about the care they received. One patient expressed a lack of trust and confidence, and said that the practice failed to act on their concerns about their relative, who later died. Other respondents felt that they needed some extra time to ensure they were receiving an appropriate treatment.

Understanding of Information Provided

Authorised Representatives tried to establish if the information that the GP presented during the appointment was told in a way that they could understand. 55% (5 respondents) expressed that they felt they could understand the way the information was presented, whereas 36% said that the information was not presented in a way that they could understand. 9% said the information during the appointment was presented in a way they could understand only sometimes.



Some respondents provided more comments about the information being presented during the appointments.:

“They just read stuff off the screen; it is not very personal.”

“Not always, they use big words, and I don’t understand them.”

“No, it is upsetting, people are being treated differently, GP does not listen.”

“Sometimes, you have to ask. They are quick to medicate you.”

“Clear communication, no problems.”

“Mostly, I normally get answers for clarification.”

Most respondents understood the information provided, but some struggled with medical terminology or felt that the information was impersonal and not customised to their needs. Some also pointed out that the information that was delivered to them was read from the screen by the GP after doing the internet search, as this may potentially add to the patient's lack of confidence and trust towards the GP. Some pointed out that they felt treated differently than others and also felt that the GP should have explored other options before issuing a medical prescription.

Efficiency of Referral Process

Next, respondents were asked if the GP's practice's referral process was efficient if they needed to see a specialist. Experiences with referrals were mixed; some found the process quick, especially for urgent cases like cancer, while others experienced significant delays and communication issues. Here is what the respondents had to say:

“Fairly quick, with a few delays here and there.”

“Slow, quick on cancer. I needed a referral for my feet and had to wait for over a month.”

“Slowish”

“It was good”

“Fast”

“No, very slow”

“I was referred to vascular services, no one knows what is going on with my referral.”

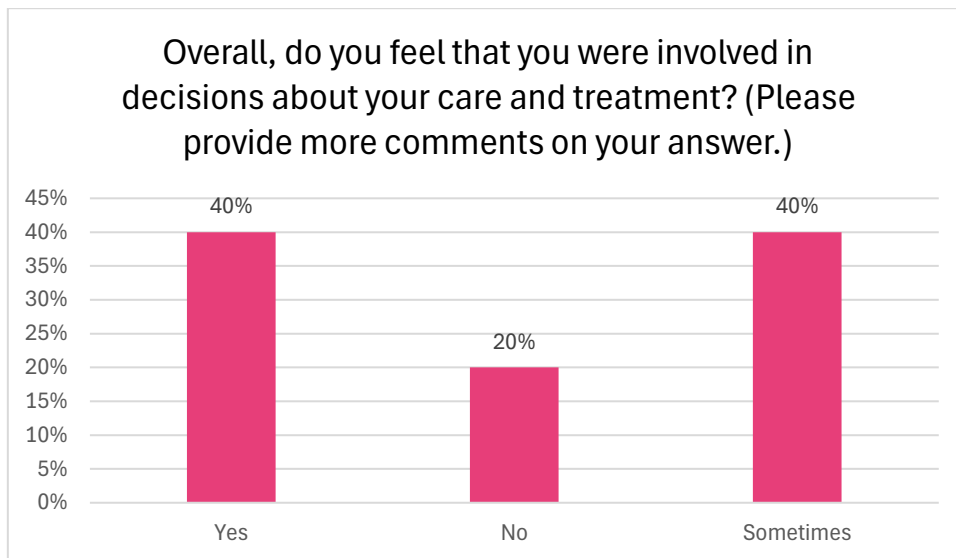
“It was a nightmare, I needed a urology referral, it took 2.5 years to get it, the surgery did not deal with it properly, and the paperwork was incomplete.”

"I was only told to go to A&E on two occasions."

"Took almost a year. Had to be chased up – admin was great."

These experiences indicate that patients experience a wide variation of levels of efficiency when the referral is made. Some expressed that the referral needed to be chased, and some also indicated that the referral appeared to be lost in the system. Some of that can be attributed to admin errors, such as incomplete paperwork. However, the reasons for delays with other referrals seem to be unknown.

Involvement in Care Decisions



An equal number of respondents felt that the practice staff involved patients in the decision-making process and the same amount felt that they were only sometimes included in the decision-making process. 20% of respondents felt that they were not included in the decision-making process.

The respondents made the following comments on the matter:

"Yes and no"

"No, I feel like they are trying to pass the buck, they are putting pressure on hospitals instead of treating people themselves."

“Mostly, I am reassured”

“It’s alright”

“So so, you have to provoke input”

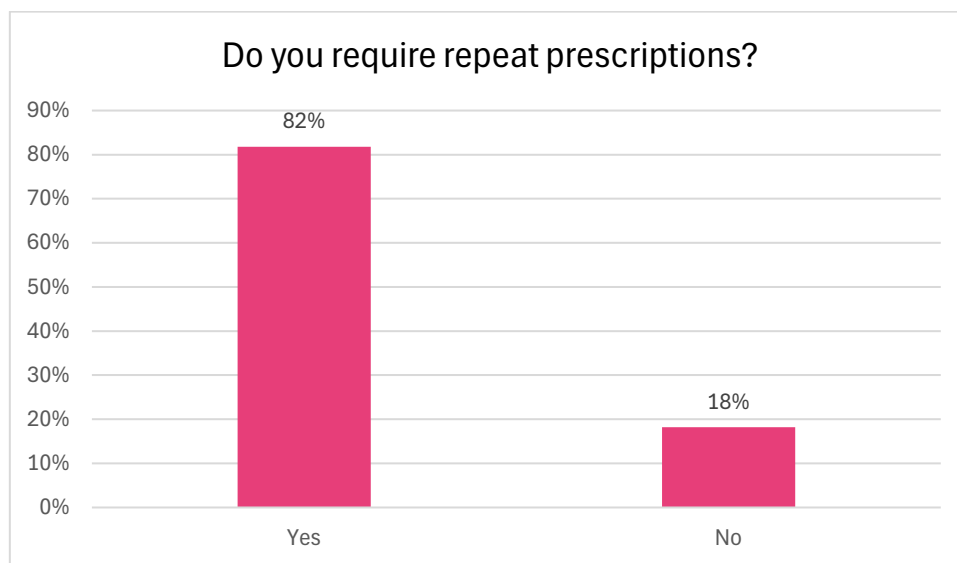
“Not really”

Those, who did not feel included in those decisions, felt this was because they had to ask to be appropriately supported by practice staff and felt also that they were unnecessarily made to attend hospitals due to being unable to see their GP.

4.5 Prescriptions

Need for Repeat Prescriptions

Respondents were asked if they were required to take medication that requires repeat prescriptions.



80% of respondents (9 out of 11) required repeat prescriptions.

Process of Ordering Prescriptions:

Next, those who were required to order repeat prescriptions were asked how the process of ordering prescriptions was, and if there were any issues.

Respondents expressed that the process was generally smooth, but some patients reported delays and communication issues, especially with urgent requests or specific medications like Tramadol.

The patients made the following comments on this matter:

“No problems, just a general 1-week delay”

“Sometimes easy, sometimes not”

“I can’t get medications that I have been taking for a long time, they were not issued, I placed an urgent request and still have to wait 10 days, it felt like no one was communicating with each other.”

“I had issues with Tramadol – I ordered it, but it was not authorised. I get other medications in the dosset box.”

“Never had issues.”

“Easy to understand, not many issues.”

“Prescription clerk – efficient and knowledgeable, empathetic.”

“Issues with child prescriptions. With adults, it is usually good. Detached with pharmacy & GP.”

“Never had problems.”

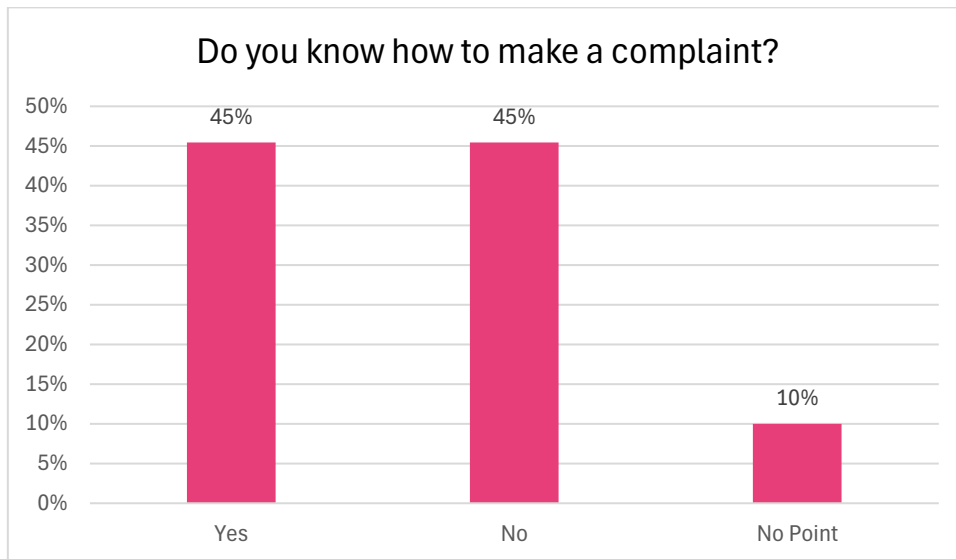
“I had to request another asthma pump for my child, but they are saying they don’t have this on their records.”

These patient experiences indicate that the issues when ordering prescriptions mainly happen when there are communication issues or system issues between the GP and the pharmacy. For one respondent, this was due to the child’s medication not being on the GP’s system and therefore causing difficulties in requesting it.

4.6 Raising Issues and Making Complaints

Knowledge of the Complaint Process

Respondents were then asked if they knew how to make a complaint.



Awareness of how to make a complaint was balanced; some knew how to make complaints through PALS or their local MP, while others did not know how to complain. Curiously, 10% of respondents said knowing how to make a complaint or not would be a waste of time and said, 'no point', which reflects that there is a lack of trust in the complaints process and that it may not necessarily mean a good outcome for the person complaining.

Here is what they told us:

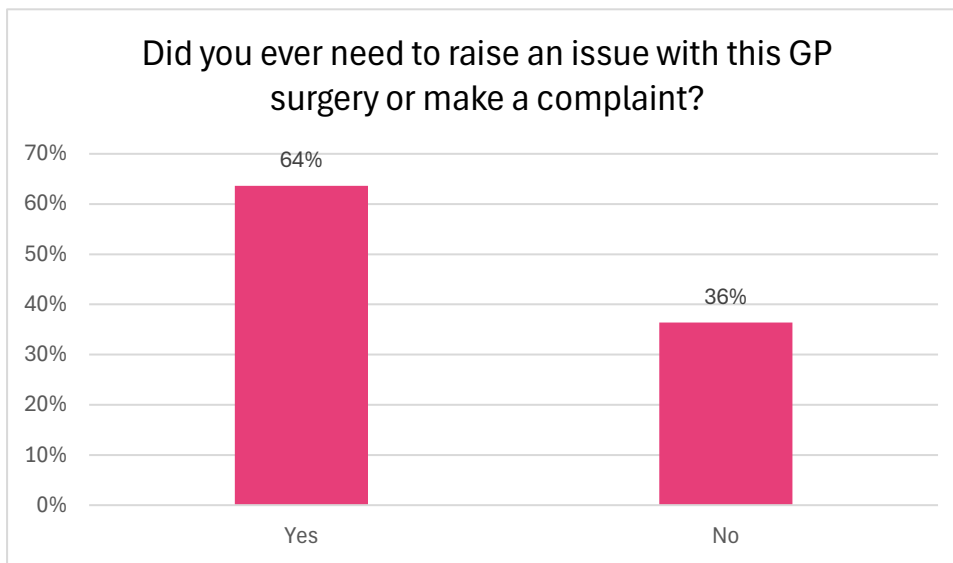
"I have complained through PALS, and I have got an appointment as a result."

"I would find a way."

"Yes, complained to a local MP Margaret Hodge. The outcome was that the surgery said they can serve 80 people a day – backed up by the 8 am call queue."

"I don't see the point."

When asked if they ever had to make a complaint or raise an issue with a GP surgery, 64% of respondents said yes, and 36% said no.



Experience with Complaints

Next, respondents were asked to describe their experience going through the complaint process and if their complaint or concern was resolved. Responses varied; some had positive experiences with complaints being resolved, while others felt it was a waste of time or had unresolved issues.

Here are their comments:

“It was a good experience, PALS sorted it out, it took 4 weeks.”

“Not happy – some explanation from GP to MP. I am expecting to go through this again about the waiting queues outside.”

“Wait for them to answer is too long.”

“Too many patients were taken on and therefore they were not able to offer appointments.”

“I don’t do it because it is a waste of time.”

“I complained because my follow-up appointment was not on the system. I was then contacted by my GP and a follow-up was booked.”

Some comments suggest that a reasonably positive outcome was achieved following a complaint, while others indicated that the process takes too long, and some do not believe that it is worth complaining.

5. Staff feedback

Staff were also approached to provide their feedback using a set questionnaire. The staff requested that we leave the questionnaires with them, as the surgery was during the time Healthwatch Barking and Dagenham conducted their visit. We asked the staff to complete the surveys within seven days.

The survey was answered by two receptionists and one nurse. The following are their answers to set questions.

1. How can patients book appointments?

- a. Online, walk in and call at 8am.
- b. Online via link we send, coming in at 8 am, and calling at 8 am.
- c. For appointments, patients can call or come into the surgery at 8 am. We also have an e-consult that guarantees an appointment.

2. Does the telephone system allow patients to deal with certain requests quicker by pressing a number? For example, if they want to cancel their appointment.

- a. We have different options for different queries, e.g. appointments, referrals, prescriptions and we have a medical professional option.
- b. We have two other options instead of calling reception: the prescription line and the referral line. Anything else is reception.
- c. You can call to speak to a referral clerk or prescription line.

3. What are the approximate waiting times for a routine appointment?

- a&b - 4 working days
 - c. 4 working days if apply online
-

4. **What is the procedure for offering emergency appointments?**
- a. Same day or the next working day
 - b. Same day in an emergency
 - c. Booking on the day at 8 am
5. **How many GPs, locum GPs, nurses and reception staff are employed?**
- a. 5 GPs, around 10 locums, 4 nurses, and 20-25 receptionists.
 - b. 5 GPs average, 9/10 locums, 4 nurses, 20 receptionists.
6. **How many patients access the service?**
- a. 22 000 to my knowledge
 - b. Over 20,000 patients
 - c. Over 20 000
7. **How do you deal with complaints?**
- a. The form on our website, paper form or emailing in. All complaints are resolved by management.
 - b. Send an email, fill out a form at reception, or fill out a form on the website.
 - c. Email, online form or come to reception.
8. **Does the practice provide access to interpreters if needed?**
- a. We book double appointments and have a telephone translating service.
 - b. Yes
 - c. Yes, we book a double appointment, and an interpreter will be provided.
-

9. What programmes are there for staff to learn and develop?

- a. Bluestream and regular meetings
- b. Bluestream
- c. We do regular Bluestream for learning and have regular meetings

6. Recommendations

1. Good experience with reception staff is crucial for patient satisfaction. Healthwatch Barking and Dagenham recommend practice receptionists work on developing a welcoming and helpful culture when dealing with patients in difficult situations. Healthwatch would like to find out what programmes are in place to improve reception skills and what are the guidelines for reception staff signposting to treatment or other services.

2. Healthwatch Barking and Dagenham recommend that the practice considers finding a way for patients to have some privacy if needed while speaking to the reception staff.

2. Healthwatch Barking and Dagenham recommend the promotion of online booking services to manage live and telephone queues. Streamlining the appointment booking process is crucial and therefore implementing queue management systems and promoting online booking options may significantly reduce wait times, improve accessibility and reduce patient dissatisfaction. Authorised Representatives have not observed any posters that would advise patients how to book an appointment or contact the surgery online.

3. To ensure continuity of care and patient satisfaction, Healthwatch Barking and Dagenham recommend assigning patients to specific GPs wherever possible.

4. Healthwatch recommends considering how to involve patients in care decisions and the use of clear, plain language which can help to build trust and understanding between the patient and GP.

5. Healthwatch Barking and Dagenham recommend looking into the prescription process and improving communications with pharmacies to ensure timely access to medications for the patients. Healthwatch Barking and Dagenham also recommend ensuring that any changes to prescriptions are directly communicated with patients.



6. Healthwatch Barking and Dagenham recommend strengthening the complaint-handling process by making it transparent and accessible which will build confidence in patients that their concerns will be addressed. Authorised Representatives have not observed any guidelines displayed that would inform patients how to make a complaint.

7. Healthwatch Barking and Dagenham recommend the implementation of a system whereby the patient is notified if they face a long wait for the appointment when they arrive at the practice.



healthwatch
Barking and
Dagenham

Healthwatch Barking and Dagenham
Lifeline House
25 Neville Road
Rm8 3QS

www.healthwatchbarkinganddagenham.co.uk
t: 08002985331
e: info@healthwatchbarkinganddagenham.co.uk
 [@HealthwatchBD](https://twitter.com/HealthwatchBD)
 [Facebook.com/Healthwatch.bd](https://www.facebook.com/Healthwatch.bd)